# Diocese of Wheeling-Charleston Silver Deductible Assistance (SDA)

## Health Insurance and Deductible Assistance Frequently Asked Questions on the Back

# Your health insurance plan with Highmark has the following major benefits: In-Network Only

Blue Card PPO Network: Blue Cross/Blue Shield National Network Deductible (In-Network): \$7,400 Individual \$14,800 Family

Coinsurance (In-Network): None

Max Out Of Pocket (In-Network): \$9,450 Individual \$18,900 Family

PCP/Specialist Copay: \$20/\$40

Rx Copay 30/60/90-Day Supply: Generic Formulary \$3/\$6/\$9

Brand Formulary \$10/\$20/\$30

Specialty Formulary \$175/\$350/\$525

Non-Formulary Specialty 25% to \$350 Maximum

#### Silver Deductible Assistance (SDA) Benefit - Terms and Definitions:

Upfront SDA Deductible: This is what you pay towards your Highmark deductible:

\$3,000 Individual \$6,000 Family (More than 1)

SDA Benefit: This is what OptiMed pays after you pay your upfront deductible:

\$4,400 Individual \$8,800 Family (More than 1)

#### How the Silver Deductible Assistance policy works with your Health Insurance

You will have an upfront SDA deductible of \$3,000 for an individual or \$6,000 for family for all eligible in-network inpatient and outpatient services with your SDA benefit. *This upfront SDA deductible is applied to your Highmark major medical deductible.* It is NOT in addition to your Highmark deductible. After you satisfy your upfront SDA deductible, the SDA benefit will pay the next \$4,400 for individual or \$8,800 for family of eligible in-network deductible eligible claims. *The SDA plan does not pay for office visit copays or retail/mail-order prescription copays.* 

# With the Silver Deductible Assistance (SDA) Plan

\$7,400 Individual Highmark Deductible (\$14,800 for Families (More than 1)

\$3,000 Upfront
Deductible Paid By You
(\$6,000 for Family)

The Next \$4,400 Paid by The SDA Plan (\$8,800 for Family)

Employee Subject to Total Out of Pocket Deductible Maximum of \$3,000 for Eligible Inpatient & Outpatient Claims
\$6,000 for Family

### **Frequently Asked Questions**

#### Q. I have a Highmark card and an OptiMed card. How do I use them?

**A.** Present both cards at the doctor's office or hospital. Your Highmark card is your major medical insurance and your OptiMed card is a secondary payor. Inform the person at the desk your OptiMed card is a supplemental benefit plan that will pay them directly if they file the claim with OptiMed along with Highmark. There is a number on the back of the OptiMed card the staff can call for instructions if needed.

#### Q. What if the provider's office refuses to file the claim?

**A.** First ask the person to call the number on the back of the OptiMed card. If they refuse, contact Envoy Benefits at 877-289-7010 let us know the name of the provider and their telephone number. Once you receive your EOB (Explanation of Benefits) from Highmark contact Envoy Benefits and we will submit the claim and EOB on your behalf. You can download your EOB from the member portal site at www.myhighmark.com. To register on the member portal, use the link provided or contact Highmark customer service on the back of your ID card. Payment will be made directly to you and not the provider. It is then your responsibility to pay the provider.

#### Q. You said the SDA does not cover office visits. Why do I need to present it at the doctor's office?

**A.** In some cases your provider may perform a procedure in the office that is billed as a diagnostic or outpatient procedure which may be subject to your deductible. In those instances, the procedure(s) would be covered up to your SDA benefit limit once you meet your upfront SDA deductible.

#### Q. How do Highmark and OptiMed work together to pay my claim?

**A.** Highmark and Optimed do not coordinate or pass any information to one another. Envoy Benefits acts as the coordinator between the two plans.

#### Q. How do I know if I've met my upfront SDA deductible?

**A.** On the back of the last page of your Explanation of Benefits (EOB) is a section titled "Patient Benefit Summary". There will be a line indicating how much you have satisfied toward your Highmark in-network deductible of \$7,400. If that number is less than \$3,000 (\$6,000 for family) you have not met your SDA upfront deductible. You can also call Highmark customer service and they will tell you how much of your Highmark major medical deductible has been satisfied.

#### Q. How do office visits and prescription copays affect my deductible?

**A.** Your office visit and prescriptions are not part of your deductible and not applied toward your deductible. Office visit copays and prescription copays are only applied to your Out-of-Pocket Maximum and not paid by your SDA benefit.

# **To Upload EOBs**

www.envoyftp.com

For Assistance or Questions with Claims Contact Envoy Benefits at 877-289-7010

Or Email

claims@envoybenefits.com