YOUR EMPLOYEE BENEFITS NEWS vol 2

Striving to be the Best

Welcome to the second edition of the County's Employee Benefits Newsletter. The County's medical plans, as administered by three different vendors, all have the same benefits and should be administered similarly. However, sometimes the plan administration doesn't go as smoothly and seamlessly as intended. When issues arise, we'll send out one of these Newsletters to help provide clarity around how the plans are supposed to work and what you can do when you encounter a problem.

MATERNITY CARE

Under each of the County's medical plans, charges for "maternity care" or also known as "prenatal care" are covered at 100% (the deductible is waived in the case of the high deductible health plans). This plan feature was included to remove any financial obstacles to obtaining essential, and potentially life-saving, prenatal care.

Over the past few months, there has been some confusion around the definition of "prenatal/maternity care". We thought we'd use this article to clarify what's included in the definition.

Routine prenatal/maternity care includes, but is not limited to:

- **Prenatal testing**
- **Checking the mother's weight and blood pressure**
- **Measuring the mother's belly to see how the baby is growing**
- **Checking the mother's body for swelling**
- **Listening for the baby's heartbeat**
- **Answering questions and concerns and helping educate and prepare the mother for labor and delivery**

What's not included are services outside of the routine care provided to an expectant mother. For example, complications of pregnancy may manifest in a variety of different ways, none of which would be considered routine prenatal/maternity care. These complications are certainly covered, but are subject to plan deductibles and co-payments.

Some of the things excluded from prenatal/maternity care, but covered by the plan (subject to deductibles and co-pays) include (but are not limited to): gestational diabetes, ectopic pregnancy, fetal surgeries, back pain, hemorrhoids and carpal tunnel syndrome.

Don't hesitate to call any of our three plans' member services departments for help on understanding your benefit plans or to check the status of your claims.

Stanislaus County Partners in Health (SCPH)	**877-789-8499 NEW DEDICATED TEAM!**
Kaiser Permanente	**800-663-1771**
Anthem HDHP	**866-207-9878**
Anthem EPO	**800-888-8288**

DOCTOR BILLS

There are few things as aggravating as being billed for a service that you should not have to pay.

Case in point: Healthcare services covered by your *health plan*. Chances are pretty good that the bill in question **IS** covered.

OK – So now what? Do you pay the bill?

NO! Please call the member services number on your identification card and talk to one of the member services representatives who can help you.

Nine times out of ten, here's the sort of thing that happens:

You go to a network doctor and he sends your blood work to a lab that's not in the network. The bill is submitted to the health plan and they deny the charge as "out of network". If the doctor made the mistake of using the wrong lab, that's not your fault! Call member services and let them know what happened.

This situation shows up a lot when someone goes to the Emergency Room (ER). The hospital is in the network, but maybe the doctor isn't. You had no choice of physician and it was an emergency, and then you get a bill. Call member services here too.

Your son is at college and needs to be seen for an illness. You have SCPH and look online to find a doctor on the Multi-Plan directory. You call them to verify they are a covered provider, however two months has past and you receive an Explanation of Benefits (EOB) that shows no payment was made due to out of network provider. Call member services. If you did everything right, even if the provider is no longer part of the network, most likely the claim will be sent back for reprocessing.

While this isn't always the case, more often than not, these eligible charges **WILL** be covered once the health plan has a chance to consider the circumstances.

Again, don't hesitate to call your plan's member services team for assistance. They are quite familiar with the type of glitches cited as examples above.

8/6/12

PREVENTIVE CARE

There have been questions about preventive services and how some charges are being paid. All claims are processed based on the way your provider codes each service. The following article may help explain the process.

This article was taken directly from **healthcare.gov**, a website managed by the U.S. Department of Health & Human Services.

Preventive Care

Under the Affordable Care Act, you and your family may be eligible for some important preventive services — which can help you avoid illness and improve your health — at no additional cost to you.

What This Means for You

If your plan is subject to these new requirements (which all of Stanislaus' plans are), you may not have to pay a copayment, co-insurance, or deductible to receive recommended preventive health services, such as screenings, vaccinations, and counseling.

For example, depending on your age, you may have access — at no cost — to preventive services such as:

- Blood pressure, diabetes, and cholesterol tests
- Many cancer screenings, including mammograms and colonoscopies
- Counseling on such topics as quitting smoking, losing weight, eating healthfully, treating depression, and reducing alcohol use
- Routine vaccinations against diseases such as measles, polio, or meningitis
- Flu and pneumonia shots
- Counseling, screening, and vaccines to ensure healthy pregnancies
- Regular well-baby and well-child visits, from birth to age 21

Some Important Details

Top things to know about preventive care and services:

- **Network providers:** If your health plan uses a network of providers, be aware that health plans are required to provide these preventive services only through an in-network provider.
- **Office visit fees:** Your doctor may provide a preventive service, such as a cholesterol screening test, as part of an office visit. Be aware that your plan can require you to pay some costs of the office visit, if the preventive service is not the primary purpose of the visit, or if your doctor bills you for the preventive services separately from the office visit.
- **Talk to your health care provider:** To know which covered preventive services are right for you — based on your age, gender, and health status — ask your health care provider.