

You May Have Questions

Common Questions and Concerns

As the new year brings into effect your election changes from the Annual Open Enrollment, you may have several questions as you, and your family, transition into your new plan. Below are several scenarios that you may encounter. However, if you have additional questions you may seek guidance through **HealthAdvocate** (1-866-695-8622) or your insurance carrier – **Highmark** or **UPMC Health Plan**.

Question: I switched to UPMC Health Plan effective 1/1/2019. Can I still use my Highmark Primary Care Physician and Highmark Specialists until the Consent Decree expires on 6/30/2019?

Answer: Technically yes, as your plan does provide out-of-network coverage. Since your UPMC Health Plan became effective on 1/1/2019, you and your covered family members must receive care from UPMC doctors at UPMC locations in order to receive **in-network** benefits. Seeking care with any provider outside of the UPMC network will be considered out-of-network and will cost **YOU** significant out-of-pocket costs, including potential balance billing. If you need help finding a UPMC provider, please contact HealthAdvocate, search for a provider on UPMC's website, or contact UPMC's Member Services for assistance – telephone number can be found on the back of your ID card. Once you have found the right physician, it is important to transfer all of your medical records to your new physician's office.

Question: I elected a Highmark Plan effective 1/1/2019. If I have an emergency and the closest hospital is a UPMC hospital, can I go there?

Answer: Yes. In the event of an **emergency**, you are allowed to seek care from the closest emergency room to you. Upon stabilization, the patient may then be transported to a Highmark facility where they will continue to receive in-network care.

Question: I elected UPMC Health Plan effective 1/1/2019, but I received a Highmark Prescription Drug card. Why?

Answer: If you have a UPMC medical coverage, you will receive a UPMC medical ID card. However, the pharmacy benefits are provided by Express Scripts (ESI), through an arrangement with Highmark. This means you will receive a second ID card for your pharmacy benefits from Highmark. The pharmacy coverage is determined by the pharmacy network, not the physician writing the prescription, whether it be a Highmark or UPMC doctor. Present your Highmark Prescription Drug card at the pharmacy for your medications. *Exception: if you have a UPMC Qualified High Deductible Health Plan, pharmacy benefits will be integrated with your medical plan so you will have only one ID card from UPMC.*

Question: Can I change back to my old health insurance plan if I do not like the one that I chose during Open Enrollment?

Answer: No. Open Enrollment is the time to make your elections for the next calendar year. Because the MBS Trust follows the IRS Section 125 Cafeteria Plan regulations, certain rules must be followed, such as keeping these elections in place for the year, unless you experience a qualifying status change – and, even then you can only make certain changes.

The prior Consent Decree newsletters, including **How to Search for a Provider** and **Hospital Network Listing** are available on the MBS website for your reference at: <http://municipalbenefitsservices.com/consent-decree-newsletters/>