

Answering Your Employees' Questions

How Can I Help My Employees?

At the beginning of this month, some of your employees may have changed health insurance carriers and may have some questions as they transition from their old medical coverage. These questions can vary in complexity, and MBS wants to remind you that if you do not know the answers or if you do not feel comfortable addressing the questions then you should contact your Client Manager. You may also advise your employees to direct their question(s) to either **HealthAdvocate** (1-866-695-8622) or their 2019 medical carrier, **Highmark** or **UPMC Health Plan**.

What are Some Questions I Could Be Asked?

There is no way to prepare you for every question that your employee may ask regarding their health insurance plan. However, listed below are some of the most common questions some employers have received so far from their employees and how MBS encouraged them to answer.

- ✓ **When does my new health insurance plan become effective?**
 - If you selected a new plan during the fall Annual Open Enrollment, your plan became effective on January 1, 2019. New hires or newly eligible employees will have benefits effective based upon the rules of the plan.
- ✓ **Can I still go to the doctor if I do not have my new health insurance card(s)?**
 - **Yes.** You can still attend your doctor appointments because you are covered under the plan effective January 1, 2019. Additionally, you are able to access a temporary medical ID card through the Highmark or UPMC website.
- ✓ **Can I change back to my old health insurance plan if I do not like the one that I chose during Open Enrollment?**
 - **No.** The plan and carrier that you elected during the Annual Open Enrollment will be your insurance coverage for all of 2019. Because the MBS Trust follows the IRS Section 125 Cafeteria Plan regulations, certain rules must be followed, such as elections remaining in place for 12 months unless you experience a qualifying event. Your next opportunity to make a change will be during the next Open Enrollment period.
- ✓ **If I changed to the UPMC Health Plan for 2019, can I still use my Highmark physician and specialist until the Consent Decree is over on 6/30/2019?**
 - **Technically yes, as your plan does provide for out-of-network benefits.** However, your out-of-pocket costs will be significantly higher, and you could be subject to balance billing. Since your new insurance plan became effective on January 1, 2019, you are no longer able to receive care from Highmark physicians or facilities at in-network benefit levels. You will have to find UPMC physicians and facilities to receive the in-network benefits under the plan. Once you find the right UPMC physician, it is important to transfer all of your medical records to your new doctor. *However, in cases of emergency, you should go to the nearest facility.*
- ✓ **I have UPMC health insurance, but I was given a Highmark Prescription Drug Card. Why, and how does it work?**
 - 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. At the pharmacy, present your Highmark Prescription Drug card 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.*

If you have questions, please contact your Client Managers:

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