

April 27, 2021  
Health Insurance Presentation

## Questions & Answers / Health Insurance Effective 7/1/2021

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**1. What happens if the \$4,000/\$8,000 funds on your Nonstop Wellness Visa Card is completely used?**

If the Nonstop Wellness Visa is fully used, the remaining deductible exposure is the employee responsibility. After the full \$5,000 deductible is met, copays apply for some services. See the BCBSMA Benefit Summary for details.

**2. Can the FSA be used with this plan?**

Yes. The American Fidelity Flexible Savings Account (FSA) offering allows you to enroll in pre-tax savings to reimburse yourself eligible health care expenses. Deductible expenses, copays, dental, vision, orthodontia, over the counter medications are some of the many eligible expenses.

The 2021 maximum allowed for FSA pre-tax savings is \$2750. Up to \$500 is allowed to rollover into the following plan year. You must enroll each year to participate in the FSA.

There will be an open enrollment in May to elect or change your FSA contributions.

**3. What is the rate charged for services that apply to my BCBSMA plan deductible?**

Your provider will submit the claim to BCBSMA. Claims are processed based on the contracted rates with BCBSMA. BCBSMA will then apply your deductible. If the \$5,000 deductible is not met, you are responsible for charges based on the BCBSMA contracted rates.

You will be billed by the doctor's office or hospital for the amount due. Use the funded Nonstop Wellness Visa card to pay the invoice.

Use [BCBSMA.org](http://BCBSMA.org) MyBlue portal and app, to track your claims and deductible.

**4. What is the cost of an Emergency Room Visit?**

E.R. visits are subject to \$150 copay if the patient is not admitted to the hospital for inpatient care.

Services provided in the Emergency Room will be charged to BCBSMA. If your deductible is not met the services will first apply to your deductible and be billed at the BCBSMA contracted rates.

**5. Is there a way to find out the BCBSMA contracted cost for services?**

There are excellent resources through the MyBlue portal. If you have not yet registered you can go to [bluecrossma.com/login](http://bluecrossma.com/login). Register with a username and password to access your account. Once registered that same username and password also provides access to the MyBlue app.

Once in your account you can select “Year to Date Summary”. This will show you the services provided as well as the cost paid by BCBSMA. You can also see the “previous year summary”.

**6. Will this plan make costs higher for the sicker among us in exchange for others paying less?**

Costs under the current tiered plan vary based on the location of your care. For example Enhanced Tier hospitals such as Wing and Cooley Dickinson do not apply to the \$500/\$1000 deductible for services. However, if the sicker patients ever use Standard or Basic Tier hospitals such as UMass Med Center, Baystate Health, Mass General Brigham they will be subject to the deductible plus the highest tier copays.

The proposed plan will not change costs based on the location of services. There is deductible exposure of \$1,000 and then copays.

Each situation is unique. Overall the estimates in the presentation cover the variation in cost. There are situations with high cost utilization that could pay less with this proposed plan and others that could pay more.

**7. Does this plan cover dependents outside of the New England Service area?**

The same HMO Blue NE network will be offered along with the higher cost PPO network.

If you live and access care in New England you are best served using the HMO Blue network since your Nonstop Wellness Visa funding will stretch farther using the HMO contracted rates for services.

PPO access is intended to allow for those who have dependents living outside of the HMO service area. This also provides an out of area option for retirees not yet eligible for Medicare.

**8. Does this option save Ware money?**

Yes, this proposed option saves premium for both Ware and employees for the coming year. The purpose of this plan is to increase the value provided for the premium dollars being spent.

**9. Does this plan cover holistic health care?**

Benefits coverage is determined based on the BCBSMA plan. Acupuncture is a covered benefit up to 12 per year, with an in-network provider. Anything that is not listed as a covered benefit in the BCBSMA benefit summary is not covered.

Nonstop Wellness is a MERP (Medical Expense Reimbursement Plan) that will pay the first dollar expenses of your health plan. Only expenses of the covered BCBSMA health plan will be paid or reimbursed using Nonstop Wellness.

FSA funding could be an option for funding your holistic care that is not covered by the BCBSMA health plan.

**10. What happens to unused funds on the Nonstop Wellness Visa?**

Rates are quoted with a “reserve funding” for the Nonstop Wellness Visa debit cards. Any balance in the reserve funding will be applied to the 7/1/22 reserve. This can assist in keeping the next year premiums lower. The Insurance Advisory Committee will be updated on reserve balances and resulting premium impact.

**11. Are there any holistic benefits covered under this plan?**

Acupuncture is covered up to 12 visits per calendar year. Services covered by the health plan are eligible to be covered by your Nonstop Wellness Visa.

Additional information as well as discount programs can be found at:  
<https://www.bluecrossma.org/myblue/find-care/care-options/find-holistic-care>

**12. Does this plan continue to offer ahealthyme rewards?**

Yes. This plan does continue the ahealthyme rewards program.

This program rewards employees up to \$100 per quarter for healthy lifestyle engagement. Approximately 50% of Ware subscribers are engaged in the program, earning an average of \$261 a year in reward dollars.