



Frequently Asked Questions Medical Plans

Q. What medical plans does Michigan Catholic Conference (MCC) offer?

A: MCC offers three plans: the PPO 1 Plan, PPO 2 Plan and the PPO High Deductible (HD) Plan. All three plans are administered through Blue Cross Blue Shield of Michigan (BCBSM).

Q. Who is eligible to participate in the plan?

A: All full-time employees, 20 scheduled hours or more per week, are eligible to participate in MCC's medical plan. Part time, seasonal and temporary employees are not eligible.

Q. I am a new hire. When may I begin participating in the plans?

A: As a new hire, you may begin participating in the plans the first of the month following your date of hire. If your date of hire is the first of the month, you may begin participating on that day.

Q. Who can I cover under the plan?

A: You can cover yourself, your spouse and your dependent children, up to the age of 26.

Q. What is my payroll deduction, and when does this change?

A: Check with your employer to find out if and/or when your contributions for medical and dental coverage are changing.

Q. Is my premium payroll deduction taken before taxes?

A: Yes, medical benefit premium costs are eligible for pre-tax payroll deduction.

Q. I am a new employee. How will my bookkeeper know what benefits I enroll in?

A: After you enroll in your medical plan, either online or over the phone with the MCC Benefits Team, a benefit confirmation will be sent to your bookkeeper which includes the details of all the benefit programs you elect.

Q. Do I have to go to a specific provider to be covered?

A: No, under the PPO coverage you can select any provider. If, however, you select one who participates with the PPO network through BCBSM you will pay less out of your own pocket.

Q. How do these three plans differ?

A: A side by side comparison of the PPO 1, PPO 2 and PPO HD Plans can be found [here](#). You may also contact the MCC Benefits Team at 800-395-5565 or Benefits@MICatholic.org with any questions you may have.

Q. Which plan is better?

A: All of the PPO plans offer exceptional coverage. You will need to decide what works best for you based on you and your family's health and finances. If you elect PPO 1, you will pay more

in monthly medical premiums but less when you get sick and receive medical treatment. If you elect PPO 2 or PPO HD, you will pay less each month in medical premiums but more when you get sick and receive medical treatment.

Q. What is the difference in payroll deductions between PPO 1, PPO 2 and PPO HD?

A. Consult with your employer to find out what portion of the monthly premium you are responsible for paying.

Q. What does the term ‘Deductible’ mean?

A. The deductible is a specific dollar amount that BCBSM requires a patient to pay out-of-pocket each year before his or her BCBSM plan begins to make payments for claims. For example, PPO1 has an in-network individual calendar year deductible of \$250. Once met, the plan will pay 80%.

Q. What does the term ‘Co-Insurance’ mean?

A. Coinsurance is the amount a patient must pay for covered medical services after he or she has satisfied any co-payment or deductible required. For example, PPO1 covers 80% of the allowable charge for a specific service, you would be responsible for the remaining 20% as coinsurance.

Q. What does the term ‘Out-of-Pocket’ mean?

A. Out-of-Pocket is an annual limitation on all cost-sharing for which a patient is responsible under his or her BCBSM plan. For example, the individual PPO1 in-network calendar year out-of-pocket maximum is \$1,250. This includes the \$250 deductible and any 20% co-insurance amounts you pay, as well as any flat-dollar copays for office visits, urgent care, etc. Once the out-of-pocket limit is met, benefits are payable at 100% for the remainder of the calendar year.

Q. What are the different plan deductibles and out-of-pocket amounts?

A. The table below shows the differences between the three plans for in-network coverages:

	PPO 1		PPO 2		PPO HD	
	Individual	Family	Individual	Family	Individual	Family
Deductible	\$ 250	\$ 500	\$1,500	\$3,000	\$5,000	\$10,000
Out-of-Pocket	\$1,250	\$2,500	\$4,000	\$9,000	\$6,350	\$12,700

Q. I lost my card, what do I do?

A. Replacement cards may be requested by calling BCBSM at 877-354-2583, or by contacting the MCC Employee Benefits Department at 800-395-5565 or Benefits@MICatholic.org. You can also view your cards on MCC’s Mobile App, available through the App Store and Google Play.

Q. Where can I check to see if my doctor is ‘In Network’?

A. You can check to see if your doctor is an In Network participating physician by going to the BCBSM or by clicking [here](#).

Q. Do the medical plans pay for routine screenings?

A. Yes, all three PPO plans pay 100 percent of adult and childhood preventive services, pre- and post- natal care, well-child care and immunizations.

Q. My daughter is often sick. Are her office visits covered?

A. Yes. Under all three plans, office visits are covered for the treatment of illnesses and injuries. Under the PPO 1 in-network plan, you pay \$25 per office visit. With the PPO 2 and PPO HD plans, these same office visits are subject to the calendar-year deductible and out-of-pocket copay.

Q. Do the medical plans include prescription coverage?

A. Yes, both plans provide prescription drug coverage through [Express Scripts®](#).

Q. What are the prescription copay amounts?

A. The table below shows the differences between the two plans for in-network coverages:

	PPO 1	PPO 2	PPO HD
Prescription	Copayment	Copayment	Subject to:
Generic	\$ 7	\$ 15	Deductible and Coinsurance
Formulary	\$ 30	\$ 50	Deductible and Coinsurance
Non-Formulary	\$ 50	\$100	Deductible and Coinsurance

Q. Does Express-Scripts offer a mail order service?

A. Yes. You receive a 3 months' supply of prescription drugs for the price of two when you use the Express-Scripts mail order service.

Q. I have lost my Express Scripts® ID card; what should I do?

A. Replacement cards can be ordered through Express Scripts® at 877-798-8454, or by contacting the MCC Employee Benefits Department at 800-395-5565 or Benefits@MICatholic.org. You can also view your cards on MCC's Mobile App, available through the App Store and Google Play.

Q. When can I make changes to my medical plan?

A. You may make changes to any of your benefit plans during the Open Enrollment period, which is held every year in October. No changes are permitted outside of Open Enrollment, unless you have a Qualifying Life Event (QLE), such as the birth or adoption of a child.

Q. I am retired. Does MCC offer medical for its retirees?

A. No, MCC does not offer medical coverage for its retirees.

Q. I am no longer actively working. Does MCC offer medical coverage for former employees?

A. No, MCC does not offer COBRA.

Q. I have questions about the Medical Plans. Where can I find additional information?

A. You can find specific information online by visiting [here](#), by calling the MCC Benefits Team at 800-395-5565, or by emailing your request to Benefits@MICatholic.org.

You can also find additional information on BCBSM's website, or by calling BCBSM at 877-354-2583. The Michigan Catholic Conference's Group Number is 007001434.