



Frequently Asked Questions MCC Medical Plans

- Q. What medical plan does the Michigan Catholic Conference (MCC) offer?**
A. MCC offers two medical plans: the PPO 1 Plan and the PPO 2 Plan. Both are administered through Blue Cross Blue Shield of Michigan (BCBSM).
- Q. Who is eligible to participate in the medical plans?**
A. All full-time employees who are scheduled to work 20 or more hours or more per week are eligible to participate in MCC's medical plans. Part-time (those who work less than 20 hours a week), 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, one Legally Domiciled Adult, and your dependent children, up to the age of 26.
- Q. What is my payroll deduction amount for medical coverage, and when does this amount change?**
A. Check with your employer to find out if and/or when your contributions for medical coverage are changing.
- Q. Is my premium payroll deduction taken before taxes?**
A. Yes, medical benefit premium costs may be 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, 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 who participates with the PPO network through BCBSM. If you choose a nonparticipating provider, in addition to any copayment or deductible you may have, you will be responsible for any difference between the amount BCBSM allows and the amount the nonparticipating provider charges. In other words, it is financially beneficial for you to use a participating provider.
- Q. How do the PPO 1 and PPO 2 plans differ?**
A. A comparison of the PPO 1 Plan and the PPO 2 Plan can be found [here](#). You may also call MCC Benefits at 800-395-5565 or email your request to Benefits@MICatholic.org.

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Q. Which plan is better?

A. Both 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 need to use medical services. If you elect PPO 2, you will pay less each month in medical premiums but more when you need to use medical services.

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

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, PPO 1 has an in-network individual calendar year deductible of \$250. Once the deductible is met, the plan will pay 80 percent.

Q. What does the term “Coinsurance” mean?

A. Coinsurance is the amount a patient must pay for covered medical services after he or she has satisfied the required deductible. For example, if PPO 1 covers 80 percent of the allowable charge for a specific service, you would be responsible for the remaining 20 percent 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 PPO 1 in-network calendar year out-of-pocket maximum is \$1,250. This out-of-pocket limit includes the \$250 deductible and any 20 percent coinsurance 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 percent for the remaining 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 two plans for in-network coverages:

	PPO 1		PPO 2	
	Individual	Family	Individual	Family
Deductible	\$ 250	\$ 500	\$1,500	\$3,000
Out-of-Pocket	\$1,250	\$2,500	\$4,000	\$9,000

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

A. Replacement cards can be requested by calling BCBSM at 877-354-2583. If you do not have your Enrollee ID number, BCBSM will be able to find it with your name and date of birth or Social Security Number.

You may also call MCC Benefits at 800-395-5565 or email your request to Benefits@MICatholic.org.

You can also view your card on MCC's Mobile App.

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, both 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 both plans, office visits are covered for the treatment of illnesses and injuries. Under the PPO 1 plan, you pay \$25 per office visit. With PPO 2, office visits are subject to the calendar-year deductible and out-of-pocket copayment amounts.

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
	Prescription Copayments	Prescription Copayments
Generic	\$ 7	\$ 15
Formulary	\$ 30	\$ 50
Non-Formulary	\$ 50	\$100

Q. Does Express Scripts offer a mail order service?

A. Yes. You may receive a 3 month supply of prescription drugs for the price of two months 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. Provide them with your name and date of birth or Social Security Number.

You may also call MCC Benefits at 800-395-5565 or email your request to Benefits@MICatholic.org.

You can also view your card on MCC's Mobile App.

Q. How can I prepare for the higher deductible and out-of-pocket amounts of the PPO 2 Plan?

A. You can elect to participate in the Flexible Benefit Plan to cover out-of-pocket medical costs from either the PPO 1 or the PPO 2 plan. To learn more about the Flexible Benefit Plan, click [here](#).

Q. When may 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 in October every year. No changes are permitted outside of Open Enrollment, unless you have a Qualifying Life Event (QLE), such as a marriage or birth or adoption of a child.

Q. I am retired. Does MCC offer medical coverage 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](#). You may also call MCC Benefits at 800-395-5565 or email 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. If you have explanation of benefits questions, you will need your Enrollee ID number, which begins with "XYQ."