



**MICHIGAN
CATHOLIC**
C O N F E R E N C E

Health Plans Frequently Asked Questions

- Q. What health plans does the Michigan Catholic Conference (MCC) offer?**
A. MCC offers four health plans through Blue Cross Blue Shield of Michigan/Blue Care Network, three are Preferred Provider Organization (PPO) plans and the other is a Point of Service Plan. The plans are: PPO1 Plan; PPO2; PPO High Deductible (HD) and Blue Care Network Blue Elect Plus.
- Q. Do all four plans include prescription drug coverage?**
Yes, all plans include coverage for prescription drugs but at differing copays and coinsurance amounts. Please refer to each plan benefits at a glance for details.
- Q. Who is eligible to participate in the health plans?**
A. Employees at participating units (parish, school, or other Catholic organization) who are scheduled to work 20 hours or more per week are eligible to participate in MCC's dental plan. 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. How do I enroll in the dental plan?**
A. Newly eligible employees will have 30-days from date of hire (or date MCC is notified of your eligibility) to enroll in benefits. You may also enroll during the annual open enrollment period. Enrollment may be completed through Employee Self-Serve (ESS) or by calling the MCC Benefit Team at 800-395-5565.
- 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 employee contribution?**
A. Please check with your employer to find out if you are required to contribute to the health plan and if so, the amount. Contributions may vary based on which plan you select and if you enroll dependents.
- Q. If there is an employee contribution to the health plan, is my cost payroll deducted before taxes?**
A. Yes, your health benefit contributions are a pre-tax payroll deduction.

Q. How will my bookkeeper know what benefits I enroll in?

A. For newly eligible, your bookkeeper can retrieve a change report on Bookkeeper Self-Serve informing them of your benefit enrollment. Open enrollment changes are reported to your bookkeeper through BSS as well. You are also encouraged to notify your bookkeeper of your benefit plan elections and any changes you make.

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

A. For the three PPO plans, there are providers who participate in the BCBSM PPO networks and others that do not – In-Network and Out-of-Network. You are not required to see participating providers, but your benefits are greater when using in-network providers. (Please refer to health plan comparison chart). **Please be aware some services are only covered when received in-network.**

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. How do the four plans differ?

A side by side comparison of plans can be found [here](#). You may also call MCC Benefits at 800-395-5565 or email your request to Benefits@MICatholic.org.

Q. Do the health plans pay for routine screenings?

A. Yes, all plans pay 100 percent of adult and childhood routine physicals, preventive services, pre- and post-natal care, well-childcare and immunizations when services are received in-network.

Q. Does BCBSM/BCN have a mobile app where I can access my ID cards and explanation of benefits?

Yes, BCBSM/BCN app is available on your app store. Search for “BCBSM”. The BCBSM app provides you access to your ID card, plan coverage and claims, plus you can find a doctor, link to your MCC Flexible Spending Account, and find health and well-being resources.

Q. If my health plan needs change, can I change my health plan elections.

A. You may make changes to your benefit plans elections during the annual Open Enrollment period, which is held in October. Open Enrollment changes are effective on January 1 of following year. No changes are permitted outside of Open Enrollment unless you have a Qualifying Life Event (QLE).

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 health 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 the total annual amount you will pay in deductibles plus coinsurance in your health plan. For example, the individual PPO1 in-network calendar year out-of-pocket maximum is \$1,250. This out-of-pocket limit includes the \$250 deductible, and all 20% coinsurance amounts you pay. Once the out-of-pocket limit is met, covered services subject to deductible and coinsurance are payable at 100% of approved amount for the remaining of the calendar year.

Q. What does the term “Aggregate Out-of-Pocket” mean?

A. The aggregate out-of-pocket maximum is the most you will pay out-of-pocket per year in for deductibles, coinsurance payments and flat dollar copayments for health and prescription drug expenses. Once you reach your aggregate out-of-pocket maximum, all covered health plan expenses will be covered at 100% of approved charge.

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

A. Replacement cards may be requested by calling BCBSM at 877-354-2583, or by contacting the MCC Employee Benefits Team 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. I am retiring. Does MCC offer health coverage for its retirees?

A. MCC does not offer retiree health coverage for lay retirees.

Q. I am terminating employment. Does MCC offer continued health coverage to former employees?

A. As a church plan, MCC is not required to and does not offer the ability to continue health plan coverage (COBRA).

Q. 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.