

## SEBAC 2.0 ENHANCEMENT Q&A's

1. How will an employee know if they should pay a co-pay or not when there are multiple physicians in a group and some have 2 blue hearts and some only have 1 or none? What if you can't choose which provider you see and you get scheduled with someone that doesn't have the 2 blue hearts?  
Preferred provider only applies to PCP or Specialists within the 10 specialties. If the provider falls in this group look them up online the same way you would look to see if they are in-network. If they don't have the 2 blue hearts then you would pay the same \$15 copay.
2. My Doctor's office has no idea what I'm talking about when I tell them they have 2 blue hearts so I shouldn't have a copay, I still had to pay it; will I get reimbursed? And, how is this information being shared with the physician offices/staff since most of them have off-site billing offices?  
Communications are being sent to the providers. If an employee is charged the \$15 copay and the provider they saw ends up being a preferred provider (2 blue hearts), the insurance company will pay the extra \$15 to the provider and the provider's office should reimburse the employee.
3. Is this going to impact how long it will take to get an appointment scheduled with my Doctor since he has 2 blue hearts? Will their office be overwhelmed with new patients switching because of this new copay structure? How is this going to affect my care?  
No, preferred provider has been applicable to Oxford plans prior to the state adopting this. It is merely a rating of certain types of physicians based on quality and cost.
4. My specialist has an in-office lab/x-ray if they draw my blood or take an x-ray while I am there being seen will I have to pay the additional 20% co-insurance?  
As long as the provider is in-network and the lab/x-ray is completed as part of your office visit, it will be continued to be covered at 100%. The site-of-service additional fees are on hold until further notice.
5. What happens when you are inpatient and you have diagnostic testing done (i.e. CTscan, special labs, etc...) and they are not done by or sent to Advanced Radiology or Quest? Patients can't tell the hospital what provider to use, will we be penalized and have to pay 20 - 40% for each test?  
If you are inpatient at an in-network facility you are covered 100%.
6. Are Non-Medicare eligible retirees or dependents of active employees that live out of state affected by the pharmacy tier changes?  
If you retired prior to 10/1/17 you are in a "grandfathered" plan and will only be affected by the preferred provider copay for Doctor visits in Connecticut. Your pharmacy benefit is not changing.  
Anyone that retires after 10/1/17 is subject to all of the plan changes including pharmacy. However, all of these changes only apply to those individuals being treated in CT.
7. If my specialist isn't on the list of 10 types of specialists (i.e. dermatologist), do I need to worry about hearts since he's not part of this enhancement?  
No, all other in-network specialists will continue to be covered with a \$15 copay.
8. Did my copay change for urgent care centers?  
No

9. How can my Doctor get the preferred designation?

The designation is based on claims data – cost effectiveness and quality of care, this list is subject to change.

10. If I am sent to an Emergency room by a physician or because it's an emergency after hours and I am not admitted to the hospital, do I still need to pay the increased \$250 copay?

Not necessarily, there is a copay waiver on the website that you fill out, answer the questions and fax it to Oxford. If there was no other way to receive treatment because of the time of day or you were referred to the ER by a physician or went via ambulance Oxford will review the information and pay the facility directly. If you have already paid the \$250 copay you will be reimbursed by the facility.

11. I'm scheduled to have required pre-op testing done at the hospital prior to my surgery date; will I be responsible for a 20% copay?

No, the site-of-service portion of the SEBAC enhancement is on hold until further notice.

12. If I am on vacation out of state or out of the country and get injured or sick, do these changes apply to me?

No, this is for providers and facilities in Connecticut only.

13. I have a history of cancer and need to follow up at one of the well-known cancer hospitals (i.e. Smilow or Sloan Kettering). Am I going to have to pay extra 20% because of the site of service rule?

No, the state of Connecticut has put the site-of-service rule on hold until further notice.