**ABC Company - Medical Plan Details Supplement**

This FAQ supplement provides more specific details about the cost-sharing features of the ABC Company medical plans offered through **BlueCross BlueShield (BCBS)**. Think of this as a quick reference guide, similar to the information found in a Summary of Benefits and Coverage (SBC).

**Remember:** This is still a summary. For the complete official details, always refer to the official **Summary of Benefits and Coverage (SBC)** and **Plan Documents** available on the **ABC Company Benefits Portal:** https://benefits.abccompany.com/medical. In case of any discrepancy, the official documents govern.

**I. Key Plan Financial Features (In-Network)**

**Q1: What are the main annual cost differences between the PPO and HDHP plans for in-network care?**

A: Here's a comparison of the primary cost-sharing features when you use **in-network providers**:

|  |  |  |  |
| --- | --- | --- | --- |
| Feature | BCBS PPO Plan (In-Network) | BCBS HDHP with HSA (In-Network) | Notes |
| **Annual Deductible** | **1,000∗∗Individual/∗∗1,000\*\* Individual / \*\*1,000∗∗Individual/∗∗**    **2,000** Family | **3,000∗∗Individual/∗∗3,000\*\* Individual / \*\*3,000∗∗Individual/∗∗**    **6,000** Family | Amount you pay before the plan starts paying for *non-preventive* services. |
| **Annual Out-of-Pocket Maximum (OOP Max)** | **3,000∗∗Individual/∗∗3,000\*\* Individual / \*\*3,000∗∗Individual/∗∗**    **6,000** Family | **6,000∗∗Individual/∗∗6,000\*\* Individual / \*\*6,000∗∗Individual/∗∗**    **12,000** Family | The absolute most you'll pay for covered services in a year (includes deductible, copays, coinsurance). |
| **Coinsurance** | Plan pays **80%**, You pay **20%** | Plan pays **80%**, You pay **20%** | Your share of costs *after* meeting the deductible (for services subject to coinsurance). |
| **HSA Eligible?** | No | Yes | Only the HDHP allows you to contribute to a Health Savings Account (HSA). |
| **ABC Company HSA Contribution?** | N/A | Yes ($500 Ind / $1,000 Fam annually) | Helps offset the higher deductible. |

* **Family Deductible/OOP Max:** These plans use an "embedded" individual deductible/OOP Max within the family limits. This means if one family member reaches the *individual* deductible or OOP Max, the plan starts paying for *their* services accordingly, even if the family limit hasn't been met. The family limit applies to the combined expenses of all family members.
* **Preventive Care:** Covered at 100% (no cost to you) *before* the deductible on both plans when received in-network.

**II. Coverage for Common Services (In-Network)**

**Q2: How is Preventive Care covered? (e.g., annual physicals, well-child visits, mammograms)**  
A: **Both Plans (PPO & HDHP):** Covered at **100% (no charge)** when received from an **in-network** provider. This coverage applies *before* you meet your deductible. A list of covered preventive services is available via healthcare.gov or the BCBS member portal.

**Q3: How are visits to my Primary Care Physician (PCP) covered for illness or injury?**  
A:  
\* **PPO Plan:** You pay a **$30 copay** per visit. The deductible does *not* apply to these visits.  
\* **HDHP Plan:** You pay the **full BCBS-negotiated cost** of the visit until you meet your **deductible**. After the deductible is met, you pay **20% coinsurance**. (You can use your HSA funds to pay these costs).

**Q4: How are visits to a Specialist covered? (e.g., cardiologist, dermatologist)**  
A:  
\* **PPO Plan:** You pay a **$60 copay** per visit. The deductible does *not* apply to these visits.  
\* **HDHP Plan:** You pay the **full BCBS-negotiated cost** of the visit until you meet your **deductible**. After the deductible is met, you pay **20% coinsurance**. (HSA funds can be used).

**Q5: How is Urgent Care covered?**  
A:  
\* **PPO Plan:** You pay a **$75 copay** per visit. The deductible does *not* apply.  
\* **HDHP Plan:** You pay the **full BCBS-negotiated cost** until you meet your **deductible**. After the deductible is met, you pay **20% coinsurance**. (HSA funds can be used).

**Q6: How is Emergency Room (ER) care covered?**  
A:  
\* **PPO Plan:** You pay a **$250 copay** per visit, **plus 20% coinsurance** after the deductible is met for any hospital charges beyond the initial ER physician visit/facility fee. The copay is often waived if you are admitted to the hospital directly from the ER.  
\* **HDHP Plan:** You pay the **full BCBS-negotiated cost** until you meet your **deductible**. After the deductible is met, you pay **20% coinsurance**. (HSA funds can be used).

* *Note:* Emergency care is generally processed based on in-network benefit levels regardless of the hospital's network status, but out-of-network providers may still balance bill you for amounts beyond what the plan pays (check state laws).

**Q7: How is Inpatient Hospitalization covered? (e.g., staying overnight in a hospital)**  
A:  
\* **PPO Plan:** You pay your

**1,000deductible∗∗(ifnotalreadymet),then∗∗20∗∗∗HDHPPlan:∗∗Youpayyour∗∗1,000 deductible\*\* (if not already met), then \*\*20% coinsurance\*\* until you reach your OOP Max.**

**\* \*\*HDHP Plan:\*\* You pay your \*\*1,000deductible∗∗(ifnotalreadymet),then∗∗20∗∗∗HDHPPlan:∗∗Youpayyour∗∗**

**3,000 deductible** (if not already met), then **20% coinsurance** until you reach your OOP Max. (HSA funds can be used).

**Q8: How is Outpatient Surgery covered? (e.g., surgery at a facility where you go home the same day)**  
A:  
\* **PPO Plan:** You pay your

**1,000deductible∗∗(ifnotalreadymet),then∗∗20∗∗∗HDHPPlan:∗∗Youpayyour∗∗1,000 deductible\*\* (if not already met), then \*\*20% coinsurance\*\* until you reach your OOP Max.**

**\* \*\*HDHP Plan:\*\* You pay your \*\*1,000deductible∗∗(ifnotalreadymet),then∗∗20∗∗∗HDHPPlan:∗∗Youpayyour∗∗**

**3,000 deductible** (if not already met), then **20% coinsurance** until you reach your OOP Max. (HSA funds can be used).

**Q9: How is diagnostic testing covered? (e.g., X-rays, blood work)**  
A:  
\* **PPO Plan:** Generally subject to the **deductible**, then **20% coinsurance**. Some basic lab work might be covered via office visit copay if done during the visit - check SBC.  
\* **HDHP Plan:** Subject to the **deductible**, then **20% coinsurance**. (HSA funds can be used).

**Q10: How is coverage for Mental Health and Substance Use Disorder services handled?**  
A: Both plans provide coverage for mental health and substance use disorder services that is comparable to (in parity with) coverage for medical/surgical care.  
\* **PPO Plan:** Outpatient office visits typically require the relevant **PCP (**

**30)orSpecialist(30) or Specialist (30)orSpecialist(**

**60) copay**. Inpatient stays are subject to the **deductible and 20% coinsurance**.  
\* **HDHP Plan:** All services are subject to the **deductible**, then **20% coinsurance**. (HSA funds can be used).

**III. Prescription Drug Coverage**

**Q11: How does prescription drug coverage differ between the plans?**  
A: Prescription drug costs count towards your *overall* annual Out-of-Pocket Maximum on both plans.  
\* **PPO Plan:** Uses a tiered copay system, generally *after* meeting a potential separate or combined (medical/Rx) deductible (check SBC for specifics - assume for this example they apply *without* meeting the main medical deductible):  
\* Tier 1 (Generic):

**10copay∗∗∗Tier2(PreferredBrand):∗∗10 copay\*\***

**\* Tier 2 (Preferred Brand): \*\*10copay∗∗∗Tier2(PreferredBrand):∗∗**

**35 copay**  
\* Tier 3 (Non-Preferred Brand): **$60 copay**  
\* Tier 4 (Specialty): **25% coinsurance** (up to a per-prescription maximum, e.g.,

250)∗∗∗HDHPPlan:∗∗Youpaythe∗∗fullBCBS−negotiatedcost∗∗for∗all∗prescriptions(exceptcertainpreventivedrugsmandatedbytheACAwhichmaybecoveredpre−deductible)untilyoumeetyourcombinedmedical/pharmacy∗∗250)

\* \*\*HDHP Plan:\*\* You pay the \*\*full BCBS-negotiated cost\*\* for \*all\* prescriptions (except certain preventive drugs mandated by the ACA which may be covered pre-deductible) until you meet your combined medical/pharmacy \*\*250)∗∗∗HDHPPlan:∗∗Youpaythe∗∗fullBCBS−negotiatedcost∗∗for∗all∗prescriptions(exceptcertainpreventivedrugsmandatedbytheACAwhichmaybecoveredpre−deductible)untilyoumeetyourcombinedmedical/pharmacy∗∗

3,000 deductible\*\* (individual). After meeting the deductible, you generally pay **20% coinsurance** for prescriptions until you reach your OOP Max. (HSA funds are crucial here).

**Q12: Does the HDHP cover any prescriptions before the deductible?**  
A: Generally, no. Most prescriptions are subject to the deductible. However, certain preventive medications as defined by the ACA (e.g., specific statins for certain age groups, tobacco cessation drugs, certain women's contraceptives) may be covered at no cost or low cost before the deductible. Check the BCBS formulary and preventive drug list specific to the HDHP.

**IV. Using the Plans & Network**

**Q13: How does the HSA help me pay for costs under the HDHP?**  
A: The Health Savings Account (HSA) is designed to work with the HDHP. You contribute pre-tax dollars (and receive ABC Company contributions) into your HSA. You can then use these tax-free funds via your HealthEquity debit card or reimbursement to pay for your deductible, coinsurance, and other qualified medical, dental, and vision expenses throughout the year. The goal is to use these tax-advantaged funds to cover your costs until you reach your deductible and OOP Max.

**Q14: What happens if I use Out-of-Network providers?**  
A: Using out-of-network (OON) providers is significantly more expensive on both plans and generally discouraged.  
\* **Higher Cost-Sharing:** Both plans have *separate, much higher* deductibles and OOP Maximums for OON care (e.g., PPO OON Ded

2,000/2,000/2,000/

4,000; HDHP OON Ded

6,000/6,000/6,000/

12,000 – check SBC for exact figures). Coinsurance is often lower (e.g., plan pays 60%, you pay 40%).  
\* **Balance Billing:** OON providers can bill you for the difference between their full charge and the amount the plan pays (known as the "allowed amount" or "usual, customary, and reasonable" (UCR) charge). This difference can be substantial and does *not* count towards your in-network OOP Max (and sometimes not even the OON OOP Max).  
\* **PPO Advantage:** The PPO offers *some* level of OON coverage, whereas some plan types (like HMOs, not offered here) might offer none except for emergencies. The HDHP also offers some OON coverage, but costs are high.

* **Action:** Always try to use **in-network BCBS providers** to maximize your benefits and minimize your costs. Use the BCBS Provider Finder tool (www.bcbs.com/find-a-doctor or call **1-800-555-BCBS (2227)**).

**Q15: Where can I find the official Summary of Benefits and Coverage (SBC)?**  
A: The SBC is a standardized document required by law that details plan specifics. You can find the SBCs for both the BCBS PPO and BCBS HDHP plans on the **ABC Company Benefits Portal:** https://benefits.abccompany.com/medical. You can also request a paper copy from the HR/Benefits team (HRHelp@abccompany.com).

**Disclaimer:** This FAQ supplement provides summary-level details for comparison purposes. Benefit plan provisions are complex. The official Summary of Benefits and Coverage (SBC) and governing Plan Documents contain the full details, definitions, exclusions, and limitations, and are the ultimate authority. Please refer to those documents on https://benefits.abccompany.com/medical.