

INSURANCE CARD:

- Show this card to staff at the pharmacy, doctor's office and hospital for any medical services, even during your six month pre-existing condition waiting period.

Call the **1-800 number on your card** if you have questions or need help using your benefit plan.

PRE-EXISTING WAITING PERIOD:

- If you did not have health insurance before your OMIP coverage, you probably have a six month pre-existing condition waiting period. This means:

- OMIP will not pay medical bills for the first six months for any condition(s) for which you received any medical advice, diagnosis, care, or treatment in the six-months before OMIP coverage began. Any dollar amount you pay for these services will NOT apply toward your deductible. You are not prevented from seeking any medical services during this period; however, OMIP will not pay for services related to any pre-existing conditions. Please call the 1-800 number on your card if you have any questions.

Example: *You are diabetic and you are following a treatment plan. This is a pre-existing condition and OMIP will not pay for any treatment related to diabetes during the first six months of your insurance coverage. If you go to the doctor for the flu, this would be covered. The flu is not a pre-existing condition.*

Note: If you had six months of prior health insurance coverage and applied to OMIP within 63 days of losing that coverage, your pre-existing waiting period may be waived. Please call the 1-800 number on your card, for further details.

DEDUCTIBLE:

- This is the amount you pay to medical providers before OMIP begins to pay for covered medical services. In some cases, a medical bill for a single visit may be higher than the deductible amount; in other cases, it will take several medical visits to satisfy the deductible requirement. If you can't pay a bill all at once, ask your doctor's office for a payment plan.
- If you have the 500 medical plan, this means you pay the first \$500 for all covered medical expenses before OMIP pays any part of the medical bill.

Example: *You go to the doctor for the flu; you pay that entire bill, which will be applied toward your deductible. This process will continue until you have reached your total deductible amount.*

- **YOU DO NOT HAVE TO PAY OR MEET THE DEDUCTIBLE PRIOR TO OBTAINING PREVENTATIVE CARE.** To find out what is included in preventative care, see the 'Preventative Care Treatment and Services' section of your contract.

- The deductible starts over in January of each year. Each member of your family who is on the OMIP plan has his

or her own deductible. The maximum family deductible will be three times the individual medical deductible for your plan (for example \$1500 is the maximum a family of three or more will pay in Plan 500).

Emergency room copays, out of pocket prescription drug payments, transplants performed at non-contracting facilities, and disallowed charges do not apply to the medical deductible or out-of-pocket maximum.

Each time Regence BCBSO processes one of your medical claims, you will be sent a statement that reflects how much of your deductible has been met and how close you are to reaching your deductible amount (this form is titled Explanation of Benefits). You can also contact Regence BCBSO or you can visit the Web site (www.myregence.com).

COINSURANCE:

■ Coinsurance is the percent that you pay for medical expenses once you have met your deductible. You'll pay less if you use a doctor in the RBCBSO network. If you don't know if a doctor is in this network, call Regence at the **1-800 number** on your insurance card.

FAMILY HEALTH INSURANCE ASSISTANCE PROGRAM (FHIAP):

■ If you are a FHIAP member, you pay your portion of the monthly premium to FHIAP. Watch your mail for a FHIAP bill. FHIAP does NOT help pay other medical expenses such as deductibles, co-pays or coinsurance. If you get billed the full monthly premium from OMIP please call FHIAP at 1-888-564-9669.

THE MOST YOU WILL PAY FOR MEDICAL EXPENSES:

Your policy has a "maximum annual out-of-pocket." If you have Plan 500, for example, this means that the most you'll pay in covered medical services in a year is \$1,500 for "in-network" providers (the \$1,000 out-of-pocket maximum plus your \$500 deductible). This \$1,500 is for each family member on the OMIP plan (up to three people). Please see your contract regarding "in-network" vs. "out-of-network".

HELPFUL WEB SITES:

OMIP'S Web site – www.omip.state.or.us

Regence BCBSO Member Web site – www.myregence.com

Regence BCBSO Pharmacy Web site – www.RegenceRx.com

FHIAP's Web site – www.fhiap.oregon.gov