

► INSURANCE CARD & CONTRACT:

Q. *When will I be receiving my insurance card?*

A. Once your application has been approved, your member card will be mailed to you within seven business days.

Make sure you 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.*

You will also be receiving a welcome packet which includes your insurance contract. Please be sure to thoroughly review your contract for covered benefits. If you have questions regarding your benefits please call OMIP Customer Service at 1-800-848-7280.

► SIX-MONTH WAITING PERIOD FOR PRE-EXISTING CONDITIONS:

(if you are on a portability plan this does not apply to you)

Q. *What is the six-month wait period for pre-existing conditions and does it apply to me?*

A. If you did not have a health insurance policy prior to applying to OMIP then you will have a six-month wait period for pre-existing conditions.

This means OMIP will not pay medical bills for the first six months of your coverage for any condition for which you received any medical advice, diagnosis, care, or treatment in the six-months before your OMIP coverage began.

EXAMPLE: You are diabetic and you have been following a treatment plan as prescribed by your medical provider for the last four months before your effective date of coverage with OMIP. This is a pre-existing condition and OMIP will not pay for any treatment related to diabetes during the first six-months of your OMIP coverage. However, if you go to the doctor for the flu, this visit will be covered. The flu is not a pre-existing condition.

In addition, the costs you pay for these services will not apply to your calendar year deductible or your out-of-pocket maximums.

If you had health insurance prior to applying to OMIP you may be eligible to receive credits waiving the six-month wait period for pre-existing conditions.

- You would have had to apply to OMIP within 63 days of losing your prior insurance coverage and your insurance coverage must have been substantially equivalent to OMIP's coverage.

Please contact your insurance agent or representative or OMIP Customer Service at 1-800-848-7280 to learn more.

Q. *Are my prescriptions subject to the six-month wait period for pre-existing conditions?*

A. During the 6-month wait period, prescription medications may be filled under your OMIP prescription benefit. However, OMIP reserves the right to audit your prescription medication claims. If medications are identified that were clearly used for a pre-existing condition prior to your enrollment with OMIP, OMIP could bill you for the full cost of the prescription.

▶ DEDUCTIBLE:

Q. *What's a deductible?*

A. This is the amount you pay to medical providers before OMIP pays for covered medical services. However, there are some benefits in your contract which are not subject to the deductible. *Please refer to Preventive Care Treatment and Services in your contract.*

Q. *How do I know how much my deductible is?*

A. If you enrolled on a 500 plan your calendar year deductible is \$500. If you have enrolled in a 1500 plan your calendar year deductible is \$1,500 and you will also have a separate \$1,000 deductible for prescriptions.

Your deductible amount is also listed on your member card.

▶ CO-INSURANCE AND CO-PAYMENTS:

Q. *What costs will I be responsible for outside of my premiums?*

A. As outlined in your contract you will be responsible for any *co-insurance, co-payment, and deductible amounts* along with your monthly premiums.

Each plan has a maximum amount each enrollee will have to pay out-of-pocket for covered benefits per calendar year (this amount does not include premium payments). *Please refer to the Summary of Maximum Out-Of-Pocket Expenses in your contract.*

Q. *So what does OMIP pay for?*

A. For plans 500, 750 and 1000 once you have paid your calendar year deductible, OMIP pays 80% for in-network covered medical care and 60% for out-of-network covered medical care. For plan 1500 once you have paid your calendar year deductible, OMIP pays 70% for in-network covered medical care and 50% for out-of-network covered medical care. This applies to both the medical and portability plans. Please review the Medical Deductible and Maximum Out-of-Pocket Expenses' section in your contract for additional information and more information as to when OMIP pays 100% for all covered medical expenses.

For prescriptions, once you have paid your required prescription co-payment, OMIP pays for the remaining covered prescription cost. Please refer to the "Prescription Medication Benefit" in contract.

Q. *What is co-insurance and how is it different from a co-payment?*

A. Co-insurance is the percentage you pay once you have met your deductible. The amount you pay will be less if the treatment or services were received in-network. If you received treatment out-of-network you will pay more based on a higher percent of co-insurance.