

## RECOSA Benefits FAQs

### **1) We might briefly go over the ID cards given to us by the provider(s). What do all these abbreviations and numbers mean and how do we use them?**

**Aetna:** The group number is on the ID card in the upper left hand side of the card, below is the Member name and ID, RX information for the pharmacy. On the lower right is the copay for primary care, specialist, outpatient surgery, emergency care and Inpatient hospital. Phone numbers on the back of the card for members and providers. I also attached a sample card.

**BCBSTX:**

### **2) How do we use the other written materials provided? (Comprehensive Formulary, Evidence of Coverage, Changes to Your Employer Group Medical Plan, etc.)**

**Aetna:** All provide information on the benefits and plan, for questions contact customer service.

**BCBSTX:**

### **3) What should we bring when we go for medical care? (insurance card, list of prescriptions, list of other doctors and their contact information, location and contact number of pharmacy normally used, etc.)**

**Aetna:** Provide all of the above and any new health information.

**BCBSTX:** All of the above.

### **4) How do we know if our doctor, lab, emergency room, hospital, etc. is in the network?**

**Aetna:** Member can call customer service and request a director, ask for providers to be looked up while on the phone or go on line and utilize DOC find. This is an open access plan members can see any provided that accepts original Medicare, the provided must agree to accept the plan and bill Aetna.

**BCBSTX:** Provider Finder on the BCBSTX.com website

Ask your provider

Ask the provider of where services are being received.

### **5) Will our insurance cover another doctor if we want a second opinion?**

**Aetna:** Yes, appropriate Co-pay will apply.

**BCBSTX:** Yes.

### **6) How can we get the best value for laboratory and other tests required by the doctor? (i.e. Do we need to go to the facility that the doctor recommends or can we go elsewhere? How do we ensure that we stay within the network for all procedures and follow up care?)**

**Aetna:** Members should ask if the plan is accepted by the provider, if in doubt contact customer service.

**BCBSTX:** Stay within the network.

Provider Finder on the BCBSTX.com website

Ask your provider

Ask the provider of where services are being received.

**7) What do we do when we believe that we are being overcharged?**

**Aetna:** Contact Aetna customer service and request the claim to be reviewed.

**BCBSTX:** Look at your EOB's.

Call Customer Service number on the back of your ID card.

**8) How do we read the EOB?**

**Aetna:** Each EOB has instruction provided with it, also members can contact customer service with questions.

**BCBSTX:** See attach communication piece.

**9) How do we protect ourselves when we travel overseas? Should we buy the insurance offered by the travel company? What do we need to be concerned about when we need medical care when travelling in the U.S.?**

**Aetna:** The Medicare Advantage plan provides worldwide emergency coverage outside of the US. It is up to the member if they should buy additional coverage.

**BCBSTX:** See attach communication piece. We cannot advise on buying travel insurance.

**10) What local hospitals, emergency rooms, urgent care facilities, and "doc-in-the-box" clinics are NOT in our network?**

**Aetna:** As mentioned above this is an open access plan, members should ask if the provider accepts the plan or contact customer service.

**BCBSTX:** The ER standalone providers are not in the network. Always check with your providers to check if they are in-network.

**11) How do we protect ourselves when we visit an emergency room that is in network, but the attending physician is not and does not even accept Medicare?**

**Aetna:** With the Medicare Advantage plan provider are not allowed to bill members for out of network service.

**12) Do all pharmacies charge the same for the medications obtained? If not, how do I get the best value?**

**Aetna:** The plan has member co-payments per tier, Aetna has over 68,000 pharmacies in network The member will have the appropriate co-payment for the tier the drug fall within.

**CVS/Caremark:** Though cost may vary by pharmacy, CVS Caremark has contracted with the pharmacies to provide a contracted rate. To verify your copayment, our recommendation is to check the drug cost of your medication. See below for more details.

**13) What should I do when the doctor writes me a new prescription? Should I check right away to see if my insurance will cover it and at what tier? Or should I take it to the pharmacy and see what happens? How do I go through the approval process, if necessary?**

**Aetna:** When in doubt contact customer service, you can also look up the drug in the Aetna navigator or refer to the printed formulary.

**CVS/Caremark:** Recommendation, you can utilize a number of items to verify your coverage; we offer our APP available to smart phone users so while on the go they can check drug cost, go to [www.caremark.com](http://www.caremark.com) and check your drug cost before walking in the pharmacy or contact our Customer Care and let us assist you in your questions. Our phone number is # 1-866-808-7470.

**14) What programs are available to help me if I cannot afford my insurance premiums or drug costs?**

**Aetna:** Member with limited income may be eligible for extra help programs to pay for drug premiums and prescriptions. Members should contact Social Security to find out if they qualify through Social Security.

**CVS/Caremark:** There are no specific programs available to help support drug cost.

**15) How does our responsibility for medical costs change when we use an out of network provider or pharmacy?**

**BCBSTX:** When Out of Network providers are use you will be responsible for any balance billing.

**CVS/Caremark:** We do have 56,000 network pharmacies across the nation. There is no coverage for Out Of Network pharmacies.

**16) Is there any difference in the claims processing procedure used by BCBS from UHC that impacts the amount paid out-of-pocket by a member after processing? If so, why the difference in processing procedures?**

**BCBSTX:** No.

*Last updated on March 30, 2017*