Questions & Answers

Who will be our insurance provider for 2018?
Highmark Blue Shield

What are the plan options?
PPO 500  PPO 1000

What will our network be? What does Global Network mean?
As a Blue Plan, Highmark Blue Shield offers members the assurance that they’re covered — across the state and country, and around the world. Outside the plan area, BlueCard® connects members to participating doctors and hospitals throughout the country. That’s 92 percent of all doctors and 96 percent of all hospitals nationwide. And BlueCard Worldwide® makes getting covered care easy no matter where members travel, with better discounts on average than national carriers. This health care provider access is valued by all members who live and travel beyond their immediate service area.

Will we have Blues on Call?
Yes, Blues on Call health coaches are specially trained to address health-related questions and concerns. The coach offers confidential, compassionate support.

Will we still have access to a Health Risk Assessment / Wellness Profile?
The wellness profile is an online health risk assessment that identifies members’ health strengths and weaknesses and provides recommendations for ways to improve their health. Many of the programs are offered by WebMD, the most widely recognized online health resource. Free member programs include lifestyle improvement classes, tobacco cessation programs, and health management program for chronic and costly conditions. Baby Blueprints a maternity and education program is also available.

Will we have Discounts & Savings through Highmark, like on gym memberships?
Yes, Fitness Your Way by Tivity Health is a program offered by Highmark. Call 1-888-242-2060 to enroll or log in to www.Highmarkblueshield.com.

What is the difference between a deductible, a copayment, and coinsurance?
All three are medical charges you must pay out of your own pocket, even if you have insurance. Your deductible is the initial amount you must pay each year for covered health services before your insurer will start to pay. Our plans have separate individual and family deductibles. A copayment is a fixed amount you pay toward each medical service, such as $20 for a primary care visit. Coinsurance is a fixed percentage, rather than a flat amount, that you pay toward each service.

Who will our Payflex provider be in 2018? What are the FLSA maximums for 2018?
Payflex will continue to be our flex spending provider. The FLSA maximum for health expenses is $2650 maximum in 2017. The dependent daycare maximum is still $5000 per household.

What is the Highmark mail order company name? Do I have to start all over with submitting prescriptions?
Express Scripts, Inc. (ESI) is the pharmacy mail order service for Highmark. Visit the HR website for the enrollment form.
Can I get Flu, Pneumonia, and Shingles at my local retail pharmacy?
Yes, you can go to an approved local retail pharmacy to receive these shots. Please show your Highmark ID card to the pharmacist.

Are my dependents still covered until age 26?
Yes, your dependents may remain covered under the Gettysburg College medical and dental plans through the end of the year in which they turn age 26.

Are domestic partners covered?
Yes, if you provide HR an Affidavit of Domestic Partnership, you may cover your partner on our medical and dental plan. There are tax implications with the premium rate.

Do I need pre certifications for certain tests and procedures? How is this handled with Highmark?
Highmark’s pre-certification (pre-authorization) processes entail evaluating requested services requiring authorization against evidence-based criteria for medical necessity and appropriateness, prior to the completion of service. Emergent/Urgent care requires pre-certification within a 48-hour timeframe of care initiation.

**Urgent Care**—Request for medical care or treatment when the application of the time periods for making non-urgent care determinations:
- Could seriously jeopardize the life/health of the member or the member’s ability to regain maximum function, based on a prudent layperson’s judgment
- In the opinion of a practitioner, with knowledge of the member’s medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request

**Non-Urgent Care**—Routine care needs that do not require immediate attention and are not potentially life threatening. Requests for non-urgent care pre-certification are preferred 7-14 days prior to the receipt of care. Highmark determines pre-certification as promptly as the member's condition warrants, but does not exceed the required timeframe of 15 calendar days from start to finish.

The pre-certification review process begins once treatment information is received from the provider. Highmark conducts the pre-certification process in the same manner regardless of whether the services are performed by an in-network or out-of-network provider.

Do I need a referral to see a specialist?
No

Will we receive ID cards?
For 2018 you will only get a new ID card if you made a change to your medical plan. Please remember to show your new ID card to your physicians and providers as you attend visits in 2018.