

**Ventura County Community College District
Human Resources Department**

Frequently Asked Questions Regarding the Blue Cross Plan Modifications

- 1. I met my \$50 medical deductible prior to the plan modifications. Will this \$50 be applied towards the new deductible?**
Yes, it will be applied towards the new medical deductible balance, but not the prescription deductible.
- 2. I only have two people on my plan, do I have a \$600 Family Maximum Deductible?**
No, for two people, your family maximum is \$400.
- 3. Will I have to meet the medical deductible again in January?**
The Blue Cross plan has always had a last quarter carryover provision. If you have services during the months of October, November or December, and, if any amount from those charges is applied towards your medical deductible, that amount will carryover into the next calendar year, then you will only need to meet any remaining balance for the next calendar year. Otherwise, your medical deductible will begin again on January 1. The carryover provision does NOT apply to the prescription deductible.
- 4. Is the \$50 prescription deductible charged per prescription?**
No, the prescription deductible is an annual calendar year deductible. This annual deductible will apply to each individual on the subscriber's plan.
- 5. Will any of the prescription charges that I incurred prior to the plan modifications be applied to my new prescription deductible?**
No.
- 6. Will I have to meet the prescription deductible again in January?**
Yes, it is a calendar year deductible.
- 7. Why would I want to take a generic versus a brand if both are available?**
Less cost to you, and same active ingredient as in the brand prescription.
- 8. Can I elect to take a brand when there is a generic equivalent?**
Yes, you will pay the brand co-payment, plus the difference in cost between the brand and generic.
- 9. What if my physician tells me I can not take the generic equivalent?**
If the physician specifies "dispense as written" on the prescription, you will pay the brand co-payment, but not the difference between brand and generic.
- 10. If I take a brand prescription that does not have a generic equivalent, will I pay the generic co-payment?**
No, you will pay the brand co-payment.
- 11. Can I offset any of my out-of-pocket expenses?**
You can offset some of these expenses by enrolling in the District's Section 125 plan during open enrollment in November. If you enroll in the Medical Expense Reimbursement account, you can pre-tax up to \$3600 of out-of-pocket expenses each calendar year. You will need to

estimate what you think your out-of-pocket expenses will be for health (include deductibles and co-payments), vision, dental, eligible over-the-counter products and expenses for the next plan year. Whatever amount you elect, it will be divided by the months you work, and deducted from your payroll check before tax, lowering your taxable income. You will then submit a claim form and required documentation to American Fidelity and they will reimburse you for your expenses. The reimbursed amount will not exceed what you elected for the plan year. You will be notified in October by campus flyer/e-mail on how to enroll.

12. With the 7/01/06 plan modification of a \$15 doctor's office visit co-payment, does that mean I do not have a medical deductible anymore?

No, you still have a medical deductible for all other services such as x-ray, lab, hospital, etc. For doctor office visits you will have a \$15 co-payment for in-network providers. This co-payment is not applied to the medical deductible.