

Health Benefit Plan

Frequently Asked Questions

Q: Are all routine/preventive services covered at 100% even if I go out of network?

A: **No, routine/preventive exams are covered at 100% only if you stay in network and they are coded as preventive/wellness. If you obtain routine/preventive care out of network, the copay, deductible and/or co-insurance will apply. First colonoscopy, mammogram and/or prostate exam in the plan year is covered at 100% regardless of coding (in network only).**

Q: If I receive a routine/preventive exam in December, will I have to wait until December of next year to schedule my next exam?

A: **No, you are allowed one routine/preventive exam each calendar year. No need to wait 12-months.**

Q: When does the \$25 office visit copay apply?

A: **The chart below illustrates how the office visit copay will apply**

Does the \$25 office visit copay apply to.....	YES	NO
my deductible?		X
my maximum out of pocket?	X	
preventive or wellness exams – In Network?		X
preventive or wellness exams – Out-Of-Network?	X	
treatment at the County’s Employee Health and Wellness Center?		X
referrals to a second doctor or specialist?	X	
lab work, such as blood draws?		X
visits to mental health providers?	X	
occupational, speech, or physical therapy visits?	X	

Q: How does the provider know not to charge me the \$25 office visit copay if I reach my out-of-pocket maximum?

A: **The \$25 office visit copay should not be paid at the time of service. Wait for your Explanation of Benefits (EOB) and HRA information from Diversified Benefits to determine if you have a patient responsibility.**

Q: How can I find which health care providers are available in network?

- **A: To find out if a provider is in the network**, call UMR Member Customer Service at **800-207-3172** (UMR's phone number is also on the back of your ID card) or login to www.umar.com and:
 - Click on Find a Provider
 - For a medical provider:
 - Click on View Providers
 - Select Medical
 - Provider Network: UnitedHealthcare Choice Plus Network
 - Click View Providers
 - You can change the location (city/state)
 - Then you are ready to search for a provider
 - **NOTE: Many providers sign up with the network individually. If you are looking for a particular provider, enter their first and last name. If you do not find them, try the clinic name**
 - For a behavioral health provider (for mental health or substance abuse):
 - Click on Behavioral Health Directory
 - Click on the city/state/zip shown and change it to your or your provider's city/state or zip
 - Then you are ready to search for a provider
 - **NOTE: Behavioral health providers sign up with the network individually or under their clinic name. If you don't find them under their name, try the clinic name.**

Q: I understand the Employee Health & Wellness Center is available at no cost to employees. Are my dependents allowed to go there too?

A: Yes, anyone covered under the Group Health Trust Health Plan, including dependents, are able to take advantage of the Employee Health & Wellness Center. All at no cost to you.

Employee Health & Wellness Center
1000 Lakeview Drive
Suite 200
Wausau, WI 54403
North Central Health Care Campus

Clinic Hours: Monday - Wednesday - Friday: 8 am - 4:30 pm
Tuesday: 6:30 am - 3:00 pm
Thursday: 9:30 am - 6:00 pm
For appointments call: 715-843-1256
or visit www.myaspirus.org

Q: I have children who go to college out of the area, what options for in-network coverage do they have?

A: UMR offers the UHC Choice Plus network which is a nation-wide network. This network offers in-network coverage. To search for providers go to www.umar.com (select the UnitedHealthcare Choice Plus Network) or call the number on the back of your ID Card.

Q: Do I have two separate deductibles, one for in-network charges and one for out-of-network charges?

A: No, you do not have to meet two separate deductibles. But you will be responsible for any additional out-of-pocket deductible amounts.

Q: If the cost of my generic prescription is less than \$5, do I still pay the \$5 copay?

A: No, you would pay the lesser of the cost of the drug or the \$5 copay.

Q: How does the pharmacist know not to charge me the \$5 copay for generics, \$20 copay for preferred brand or \$40 copay for non-preferred brand if I reach my out-of-pocket maximum?

A: The pharmacy should have that information available to them on-line as they fill your prescription through CVS Caremark.

Q: Does it pay for me to get my prescriptions through mail order?

A: Yes, mail order is typically more cost effective and convenient for anyone prescribed a maintenance medication. For generic medications, you will receive a 90-day supply for a \$5 copay. For preferred brand, you will receive a 90-day supply for a \$40 copay and for non-preferred brand you will receive a 90-day supply for a \$80 copay. To enroll in mail order, visit <https://www.caremark.com/manage-prescriptions/rx-delivery-by-mail> online or call the number on your member ID card for live help in getting set up.

Benefit information can also be found on Marathon County's website at <https://www.marathoncounty.gov/about-us/careers/employee-benefits-311>

Contact Human Resources for more information or questions.