



Family Medical Care Plan

IMPORTANT REMINDERS FROM YOUR HEALTH PLAN

NECA/IBEW Family Medical Care Plan (FMCP)

The fact that the facility has called the FMCP and verified your benefits does NOT guarantee payment. Unless the facility tells the FMCP representative that it is not in the network, “verifying benefits” just means the FMCP told the facility the amount of your deductible and coinsurance.

OUT-OF-NETWORK SURGERY CENTERS ARE EXCLUDED

The NECA/IBEW Family Medical Care Plan (FMCP) does **NOT** cover charges by ambulatory surgical centers that are outside the Anthem/Blue Card network. This is because many of them submit outrageously high bills and the FMCP does not want to overpay for medical services. In-network facilities have agreed to charge negotiated (lower) rates.

Out-of-network facilities—some of which are doctor-owned—can charge anything they want. You cannot assume that your surgery center is in the Anthem network just because your in-network doctor or surgeon recommends the facility.

MAKE SURE YOUR FACILITY IS IN-NETWORK

You should double-check that the facility is in-network by calling them before you have the procedure.

You can also check a provider’s network status by going to www.anthem.com, or calling Anthem at 1-800-810-2583.

There are an ample number of in-network facilities, so every participant should have access to a covered surgery center.



EXAMPLES

Example 1 - Routine Colonoscopy Costs Participant \$7,000

55-year-old Kathy was advised by her in-network doctor to have a colonoscopy. Kathy agreed. When the outpatient facility's admissions clerk called her, Kathy was told that although it was not in the Anthem network, they would accept the FMCP's benefit as payment in full. Kathy assumed this meant that the facility would discount the difference between her in-network and out-of-network coinsurance. Reassured, Kathy went ahead with the procedure.

A few weeks later Kathy received the denial from the FMCP and an \$11,000 bill from the facility. She was able to negotiate with the facility on the basis that she was misled, and her balance was reduced to \$7,000.

If Kathy had used a surgical facility in the Anthem network, the charge would have been \$2,500 and she would have paid about \$673—\$6,327 less than the out-of-network facility.



Example 2 - Patient Pays \$16,000 for Arthroscopy

Doug, a 45-year old journeyman, tore a ligament in his knee, and was able to see an orthopedic doctor two days later. The doctor told Doug that one of his options was to have the knee repaired surgically right away at a certain facility. Doug was in pain and wanted to get back to work, so he opted for the surgery. Like Kathy in the first example,

Doug assumed that the doctor would never recommend an out-of-network facility. The facility took Doug's FMCP I.D. card and his credit card information, and had him sign a stack of papers. Doug, who was anxious to get the procedure over with, signed without reading or asking questions.



Doug was shocked when he found out that the facility was not covered by the FMCP and that the facility wanted him to pay \$32,000! After several weeks of phone calls, the facility agreed to give him a 50% discount if he paid within 10 days. Not wanting to ruin his credit rating, Doug paid the \$16,000 out of his savings account.

The same procedure would have cost \$8,000 at a nearby in-network facility, and Doug would have had to pay 15%, or \$1,200. Doug could have saved \$14,800 by insisting that the surgeon use an in-network facility.

PRE-CERTIFICATION IS NOT A GUARANTEE OF PAYMENT!!!

The FMCP's medical review organization pre-authorizes surgical procedures based on medical necessity, not on the location of the procedure. Like Doug and Kathy in the examples, your procedure may be medically necessary, but if the facility is not in the Anthem/Blue Card network, its charges will not be covered by the FMCP.