Consumer Driven Option Review Questions – Basic and Refresher Class

33rd Annual APWU Health Plan Open Season Seminar 2018

1. How much is the in-network Office Visit copay?
    a. $18
    b. $25
    c. $20
    d. No copay

2. How much is the in-network Deductible?
    a. Self Only: $2,000; Self Plus One & Self and Family: $4,000
    b. Self Only: $1,800; Self Plus One & Self and Family: $3,600
    c. $0 Deductible
    d. Self Only: $800; Self Plus One & Self and Family: $1,600

3. Yes or No. Do covered in-network preventive care costs deduct anything from your PCA?

4. True or False. The maximum account balance (including rollover) in your PCA can never exceed $5,000 for Self Only, or $10,000 for Self Plus One & Self and Family.

5. How much of your PCA account is funded by the Health Plan?
    a. Self Only: $1,800; Self Plus One & Self and Family: $3,600
    b. $10,000 per membership
    c. Self Only: $1,200; Self Plus One & Self and Family: $2,400
    d. Nothing

6. How much of your PCA dollars can be used toward dental/vision services?
    a. Dental and vision services are not covered
    b. No restriction
    c. Self Only: $600; Self Plus One & Self and Family: $1,200
    d. Self Only: $400; Self Plus One & Self and Family: $800

7. Yes or No. If you do not want certain expenses paid from your PCA account, can it be turned off?

8. Yes or No. If you are able to "turn off" your PCA for certain expenses, can you turn it off for prescription drugs?

9. For in-network diagnostic services, how much is your coinsurance after your PCA is exhausted and your deductible has been met?
    a. 15%
    b. 40%
    c. 25%
    d. No coinsurance

10. What will not accumulate toward your Catastrophic out-of-pocket expenses?
    a. In-network preventive care
    b. Drugs purchased at non-network pharmacy
    c. Dental and vision care above limitations of PCA
    d. All of the above

11. What is the Catastrophic Out-of-Pocket maximum?
    a. In-network: Self Only: $5,000; Self Plus One & Self and Family: $10,000
       Out-of-network: Self Only: $10,200; Self Plus One & Self and Family: $13,700
    b. In-network: Self Only: $5,500; Self Plus One & Self and Family: $6,500
       Out-of-network: Self Only, Self Plus One & Self and Family: $10,000
    c. $15,000 per membership
    d. In-network: Self Only: $10,000; Self Plus One & Self and Family: $10,000
       Out-of-network: Self Only, Self Plus One & Self and Family: $10,000

12. How much is the coinsurance for Tier 3 Drugs at Retail and at Mail Order?
    a. No coinsurance
    b. Retail: 40% of the cost with a $15 minimum up to a maximum of $200 for a 30-day supply, $400 for a 60-day supply, $600 for a 90-day supply
       Mail: 40% of the cost with a $10 minimum up to a maximum of $200 for a 30-day supply, $400 for a 60-day supply, $600 for a 90-day supply
    c. Retail: 25% of the cost with a $15 minimum up to a maximum of $200 for a 30-day supply, $400 for a 60-day supply, $600 for a 90-day supply
       Mail: 25% of the cost with a $10 minimum up to a maximum of $200 for a 30-day supply, $400 for a 60-day supply, $600 for a 90-day supply
    d. $100 copay per prescription

13. What is covered under Family Planning?
    a. Contraceptives, voluntary sterilization
    b. Reversal of sterilization
    c. Diapers and strollers
    d. Gift card to Babies“R”Us

14. What is the benefit for out-of-network Virtual Visits?
    a. No benefit; in-network only
    b. 40% coinsurance
    c. Deductible, then 40% coinsurance
    d. $20 copay

15. Yes or No. Is Cologuard Screening for Colorectal Cancer covered under routine preventive care for 2019?

16. Yes or No. Is genetic screening a covered benefit?

17. What is not covered under the $2,500 maximum infertility benefit?
    a. Artificial insemination
    b. In vitro fertilization (IVF)
    c. Cost of donor sperm/egg
    d. All of the above

18. Do PT/OT/ST require pre-authorization? And what is the benefit maximum?
    a. No; 60 visits combined
    b. Yes; 60 visits combined
    c. Yes; 20 visits each
    d. No; 20 visits each

19. What statement is true regarding the new benefit for care in a Residential Treatment Facility?
    a. No authorization needed
    b. Pre-authorization required through Beacon Health Options; covered both in-network and out-of-network
    c. Pre-authorization required through Beacon Health Options; in-network only
    d. Payable only for the enrollee

20. True or False. Skilled Nursing Facility following transfer from acute care for non-custodial care will be covered in 2019. Prior authorization required

21. What is the annual visit limit for chiropractic visits and/or manipulations?
    a. No limit restriction
    b. 12
    c. 6
    d. 24

22. True or False. Pre-authorization is required for medical inpatient confinement, but not if treatment is for behavioral health.

23. Yes or No. Can specialty drugs be obtained at the retail pharmacy?

24. What is the incentive if you complete the Health Risk Assessment?
    a. $50 gift card for medical expenses, per member
    b. There is no incentive other than learning how to better your health
    c. $100 Visa gift card
    d. Self Only: $50 added to your PCA, Self Plus One & Self and Family: $50 added to your PCA for each covered person 18 years or older