High 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. $30
    b. $25
    c. $20
    d. No copay

2. How much is the in-network Deductible, if applicable?
    a. Self Only: $350; Self Plus One & Self and Family: $700
    b. Self Only: $250; Self Plus One & Self and Family: $500
    c. $0 Deductible
    d. Self Only: $500; Self Plus One & Self and Family: $1,000

3. For in-network diagnostic services, how much is your coinsurance?
    a. 30%
    b. 15%
    c. 10%
    d. No coinsurance

4. What will not accumulate toward your Catastrophic out-of-pocket expenses?
    a. $500 precert penalty
    b. $300 Non-PPO hospital admission fee
    c. Expenses in excess of benefit limitations
    d. All of the above

5. What is the Catastrophic Out-of-Pocket maximum?
    a. In-network: Self Only $5,500; Self Plus One & Self and Family: $9,000
       Out-of-network: Self Only $10,000; Self Plus One & Self and Family: $15,000
    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. In-network: Self Only: $5,500; Self Plus One & Self and Family: $5,500
       Out-of-network: Self Only, Self Plus One, & Self and Family: $5,500
    d. $10,000 per membership

6. How much coinsurance do you pay for a Tier 3 drug?
    a. 40%
    b. 30%
    c. 45%
    d. Nothing

7. What is the benefit for Virtual Visits?
    a. No benefit; in-network only
    b. 30% coinsurance
    c. $15 copay for American Well; $25 copay PPO: NO out-of-network benefit
    d. $20 copay

8. True or False. MRIs do not require pre-certification.

9. What additions were made to the Preventive Care benefit for 2019?
    a. Cologuard colorectal screening
    b. All bloodwork requested by an in-network provider
    c. Whole body scans
    d. CBC, Hemoglobin A1c, chest X-ray, EKG, 3D Mammograms

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

11. 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

12. What is covered under the $2,500 maximum infertility benefit?
    a. Artificial insemination
    b. In vitro fertilization (IVF)
    c. Infertility services after voluntary sterilization
    d. Diagnosis and treatment of infertility

13. Yes or No. For 2019, does Physical Therapy (PT) and Occupational Therapy (OT) require pre-authorization?

14. Yes or No. For 2019, does Speech Therapy (ST) require pre-authorization?

15. What is the benefit maximum for PT, OT and ST combined?
    a. 30 visits
    b. 60 visits
    c. 40 visits
    d. 90 visits

16. What is the maximum limit for acupuncture visits?
    a. 12 visits
    b. 60 visits
    c. 26 visits
    d. 90 visits

17. What statement is true regarding the new benefit for 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; deductible then 10% coinsurance
    d. Only payable for the enrollee

18. True or False. Orthotics are covered under routine foot care for Postal Employees only.

19. What is the annual visit limit for chiropractic visits and/or manipulations?
    a. 12
    b. 24
    c. 60
    d. There is no visit/manipulation limit

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

21. After 1 refill at the in-network retail pharmacy, what are your options?
    a. Move your prescription to CVS or Walgreens and get a 90-day supply at retail
    b. Move your prescription to mail order and get a 90-day supply
    c. Continue at your current retail pharmacy (not CVS or Walgreens) where benefits will revert to out-of-network; you will be responsible for 50% of the cost of the drug
    d. All of the above

22. True or False. Skilled Nursing Facility following transfer from acute care will be covered in 2019. Prior authorization is required.

23. If you are compliant in the Diabetes Management Program, which of the following $0 copay incentives are available to participants?
    a. $0 copay for formulary generic medications for the specific purpose of lowering blood sugar via Express Scripts by Mail; formulary blood glucose test strips and lancets via Express Scripts by Mail
    b. $0 copay for Insulin pumps and pump supplies obtained through a PPO provider
    c. $0 copay for office visits to an endocrinologist for the diagnosis of Diabetes
    d. None

24. What is the incentive if you complete the Health Risk Assessment?
    a. Additional PCA dollars will be put into your PCA account
    b. Members will have access to the CignaPlus Dental Discount Program
    c. You will receive a free gym membership
    d. None of the above

25. Yes or No. If you go to an urgent care center and have a high-tech radiology imaging procedure (CT, MRI, MRA or PET scan), do you need prior authorization?

26. Yes or No. Are the high-tech radiology imaging procedures (CT, MRI, MRA or PET scan) covered under the $40 copayment for urgent care centers?