

F A Q's about Insurance

1. What kind of health related insurance do we have?

We have medical (health), dental and vision insurance.

2. Who are our insurance carriers?

Teaching staff has Anthem medical (health) and Anthem dental. Vision insurance is with VSP (Vision Service Providers) The corporation pays 85% of the premiums.

Non-Teaching staff has Anthem medical (health) and Humana dental and vision. Corporation pays 85% of the medical premium. Dental and vision are paid for totally by Non-Teaching staff.

3. What kind of cards do we have for these insurance plans?

Teaching staff has a card for medical and a separate card for dental. There is no card for vision. With vision, you just tell your optometrist that you have VSP and they do all the rest.

Non-Teaching staff has separate cards for medical, dental and vision.

4. What does being in a consortium for health insurance mean?

The North Central Indiana School Insurance Consortium means that Wabash City Schools has joined with 8 other school districts to create a large group for health insurance purposes. With the consortium, the risk (claims for medical costs) are spread over a larger number of lives and in doing this, the impact on the rates (cost of insurance) should be impacted less. This does not mean that there will not be an increase in cost, but the increase should be lower than if we were a group by ourselves.

5. What does deductible mean?

Deductible means the amount of money you have to pay each calendar year before insurance will pay any amount on a medical bill. If you are on Plan 1, the deductible for a single category is \$500. All other categories {Employee and Spouse, Employee and Children, and Family} are \$1000. If you are on Plan 2, a single category deductible is \$1000 and all other categories are \$2000. If you are on Plan 3, single category deductible is \$3000 and all other categories are \$6000. These amounts are for medical providers that are in the Anthem network. For providers outside the network, the amounts are higher.

6. What does out of pocket max mean?

Once you have met the deductible for the year, the out of pocket max goes into effect. Out of pocket max is the amount you have to pay above your deductible for the year. Our insurance on Plan 1 pays 90% for in-network providers. For example if you have met your deductible and your medical bill is \$100. Anthem would pay \$90 and you would be responsible for the other \$10.

Plan 1 out of pocket max is \$1000 for a single and \$2000 for all other categories in-network. Out of network providers for Plan 1 is \$2000 single and \$4000 for all other categories.

Plan 2 out of pocket max is \$4000 for single and \$8000 for all other categories in-network. Out of network is \$8000 single and \$16,000 for all other categories.

Plan 3 out of pocket max is \$3,000 for single and 6,000 for all other categories in-network. Out of network is \$12,000 and \$24,000 for all other categories.

7. Do I have to pay both the deductible and the out of pocket each year?

Yes, you have to pay the amounts in both according to whatever plan you have chosen.

8. What percentage does insurance pay?

After you have met the deductible, if you are on Plan 1, Anthem will pay 90% for in-network providers and 70% for out of network providers.

On Plan 2, Anthem will pay 80% for in-network providers and 50% for out of network providers.

On Plan 3, Anthem will pay 100% of in-network providers and 70% for of out of network providers.

9. What is the difference between In Network Providers and Out of Network Providers?

An in-network provider is one who has a signed agreement with Anthem to take only a certain amount of payment from Anthem for services provided. An out of network provider is one who does not have an agreement with Anthem.

10. Can I go to an Out of Network provider?

Yes, you can, but you will pay more for their services.

11. How do I find out if a medical provider is an In Network Provider?

If you go to the Anthem website, on the right hand side of the page, you will find a section called Find a Provider. You can put in the medical provider's name and if they are in the network, their name will come up when the page refreshes. If they are not, it will say something to the effect of No Matches Found.