

Important Employee Reminders Concerning Your Group Health Insurance

Below are things to know about your new employer-sponsored Group Health Insurance

ID Cards

You and your enrolled dependents should take the following actions after receiving your new health insurance policy Medical ID Cards:

- Expect to receive your Medical ID card in the mail within 10 business days after your coverage is approved and your policy is issued.
- Cards typically arrive in an unmarked envelope for security purposes.
- If you do not receive your ID card within the expected timeframe, contact your HR department or insurance carrier.
- Many of our carrier partners offer plan members the opportunity to download an ID Card using the carriers' mobile app. (See additional information on back page.)

Primary Care Physician (PCP) Selection

- If your plan requires a PCP selection, verify that your selected PCP and medical group are listed correctly on your ID card. PPOs do not require a PCP.
- If any information is not correct, reach out to your insurance carrier and ask that your ID card be updated and a new card is sent to you.

Plan Verification

- Confirm that your ID card reflects the correct plan and coverage in which you enrolled. If information is not correct, please contact your HR department.

Dependent Coverage Confirmation

- If you included dependents on your policy, ensure that they are listed as covered on your ID card.
 - Some plans may issue a separate ID card for each covered dependent. Others may not.
- Contact your HR department if any dependents are missing or listed incorrectly.

Pharmacy Information

- Update your new insurance information with your pharmacy to ensure seamless access to prescription drugs.
- Be prepared to show your new ID card at your next visit to your pharmacy.

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Specialist Referrals Vary by Plan Type

- Your selected health plan and type of coverage may limit your access to specialist.
- If you have an HMO, your Primary Care Physician (PCP) must approve your referral before your visit for diagnosis or treatment.
- If you have PPO coverage, you can refer yourself to a specialist; however, it is important for you – prior to making an appointment *and* in advance of your treatment – to confirm that your referral doctor or specialist and facility location are part of your health plan's provider network. Not doing so can increase your out-of-pocket costs.
 - Some providers may operate from multiple locations, but not all may be part of the insurance carrier's provider network.

Deductible Credits

- If your plan allows deductible credits from prior coverage, submit your most recent Explanation of Benefits (EOB) from your previous carrier to the new carrier for processing.

Annual Deductible Reset

- Deductibles and out-of-pocket maximums typically reset on January 1 of each year.

Online Member Portal and Mobile App Registration

- Register for your carrier's online member portal or download the carrier mobile application (if available).
- Doing so will provide you with easy access to your benefits, claims history, ID card, participating provider information, and carrier contact information.