

FREQUENTLY ASKED QUESTIONS REGARDING INSURANCE BENEFITS

I am a new employee. When will my insurance coverage begin?

Your insurance coverage begins on the first day of the fourth month of employment. For example: My first day of Gila County employment is April 12, my insurance coverage will become effective on August 1.

If I were to resign, when would my insurance terminate?

Your insurance terminates the last day of the month in which you resign. For example: My last day of work is April 12, my insurance coverage will remain in effect until April 30.

When will I receive my insurance cards and information?

In order to qualify for medical insurance benefits you must be employed as a regular status, full time employee working a minimum of 30 hours per week. You will be notified by the Personnel Department of your date to attend New Employee Orientation. At Orientation you will receive all information regarding insurance benefits. Your insurance cards will be mailed to your home once your waiting period has ended. The return address on this piece of correspondence will read: Arizona Local Employee Benefit Trust, Kingman, Arizona, please do not discard this mailing. You should receive your card no later than the 15th day of the month in which your insurance benefits take effect. Please do not make appointments for medical services until you have received your cards. Upon receiving your card, notice that one side of the card contains your prescription information and the other side of the same card contains your medical benefit information. Present this card when obtaining prescription drugs and when visiting medical, dental and vision providers. If you have included your dependents on your medical insurance plan, please note that their information will not appear on your card. Your covered dependents will use your card to obtain services; they will not receive separate cards.

What do I do if I have lost my cards?

If you have misplaced your cards, please call Personnel so that we may order you a replacement. Your new cards will take approximately 30 days to arrive. Your cards will be mailed directly to your home.

What do I do if I have a name change or a change of address?

It is important that you notify Personnel of a change of name or address change. If you have a change of name, you must complete a new enrollment form that we will send to AEI. Please bring any documentation reflecting your name change with you (marriage license, divorce decree, order changing name). If you have an address change, you must complete an address change form that we will send to AEI.

When can I make changes to my insurance?

Open enrollment is the month of June every year. At this time you can make changes to your insurance coverage without having a change in status. All open enrollment changes become effective on July 1.

What is a change in status or qualifying event?

If the Plan Member has any of the following qualifying change in status situations during the year, the Plan Member will be allowed to make a mid-year change in their coverage selections and change who is covered under the medical coverage:

- a. Change in legal marital status: Marriage, divorce, legal separation, annulment, death of spouse.
- b. Change in the number of dependents: birth, adoption, or death of dependent child.

- c. Change in employment status or work schedule: Start or termination of employment or change in employment status of the employee, their spouse or their dependent child.
- d. Change in dependent status.
- e. Change in residence or worksite: If the change impairs the Plan Member's ability to access the services of In-Network providers.
- f. Change required under the terms of a Qualified Medical Child Support Order (QMCSO).
- g. Cancellation of coverage under Medicaid or Medicare.
- h. Change in the cost of the benefits.
- i. Significant change in the benefits.
- j. Changes in spouse's, former spouse's or dependent's coverage through their employer.

If you encounter one of these changes and need to make a mid-year change, please contact the Personnel Department immediately.

What is the difference between In-Network and Out-of-Network?

The difference between In-Network and Out-of-Network is simple. In-Network is any provider listed as a Blue Cross Blue Shield of Arizona Provider (we lease the BCBS Provider Directory only – BCBS is *not* our insurance carrier). Any provider not listed as a Blue Cross Blue Shield Provider is an Out-of-Network provider.

How can I check if the provider I wish to see is considered In-Network?

Yes. You may search the Blue Cross Blue Shield website at: www.bcbsaz.com. Select *Search the Provider Directory*, scroll down to “*Not a Member Yet?*” section and click on *Search the Provider Directory*; select *PPO*. From this screen you can search using various options to see which BCBS provider participates in that area.

You may also call BCBS at (800)232-2345. Please note: When calling you will be asked what BCBS plan are you a member of. You should state that you are a member of the Arizona Local Government Employee Benefit Trust, Group 7000 sponsored medical program. This should clear up any confusion you may experience when calling.

Do I need to take any claims forms with me to the dentist or eye doctor?

No. The only reason you will need a claim form for services from a dentist or eye doctor is if they are not going to submit a claim to AEI for the services they have provided. If you see a provider that requires you to pay the full cost at the time of service, you will need to submit a Medical Claim Form. You may pick up this form in the Personnel Department. You simply complete the form, attach your receipt and mail to AEI – you will receive reimbursement up to the allowed amounts, minus any co-pay or overages that you are responsible for.

Do co-pay services count against my deductible amount?

Any amount you pay for a co-pay service does not count against your calendar year deductible.

When do I start paying towards my deductible?

All deductibles are based on a calendar year. Each January you begin paying towards your deductible.