

Medical FAQ

Q1: What are the different medical plans offered by BCBSTX?

A1: At Home offers three primary medical plans through BCBSTX: the Premier PPO, the Standard EPO, and the High Deductible Health Plan (HDHP) with a Health Savings Account (HSA). These plans differ in terms of network coverage, cost structures, and the availability of an HSA.

Q2: What is a Premier PPO?

A2: The Premier PPO, or Preferred Provider Organization, offers a wide network of healthcare providers. It allows you to see both in-network and out-of-network providers without needing a referral. This plan generally provides more flexibility but may have higher premiums and out-of-pocket costs.

Q3: What is a Standard EPO?

A3: The Standard EPO, or Exclusive Provider Organization, is a plan that typically requires you to use only in-network providers for non-emergency care. You generally don't need referrals to see specialists within the network. EPO plans often have lower premiums than PPO plans.

Q4: What is a High Deductible Health Plan (HDHP) with HSA?

A4: A High Deductible Health Plan (HDHP) is a plan with a higher deductible and lower premiums. It is paired with a Health Savings Account (HSA), which allows you to contribute pre-tax dollars for medical expenses. The HSA can be used to cover qualified medical expenses, and contributions may be tax-deductible.

Q5: What are the key differences between the plans in terms of costs?

A5: The Premier PPO typically has higher premiums but lower out-of-pocket costs when you receive care. The Standard EPO generally has lower premiums but may require you to pay more when you seek care outside the network. The HDHP with HSA usually has the lowest premiums, but you'll have a higher deductible to meet before coverage fully kicks in.

Q6: Can I see any doctor I want with these plans?

A6: With the Premier PPO, you have the flexibility to see both in-network and out-of-network providers, but your out-of-pocket costs are typically lower when using in-network providers. The Standard EPO usually requires you to use in-network providers for non-emergency care. The HDHP with HSA allows you to see any provider, but costs may vary depending on network status.

Q7: Do these plans cover preventive care?

A7: Yes, all three plans cover preventive care services at no cost to you. This includes vaccinations, screenings, and check-ups designed to prevent or detect health issues early.

Q8: What is a Health Savings Account (HSA), and how does it work with the HDHP?

A8: An HSA is a tax-advantaged savings account that can be used to pay for qualified medical expenses. We have paired it with the HDHP, so you can contribute pre-tax dollars to your HSA. These funds can be used for eligible medical expenses. At Home contributes to your HSA account on a bi-weekly basis, up to \$500 for an individual plan and up to \$1,000 for a family plan. The HSA is portable, so you can take it with you if you change jobs or health plans.

Q9: Can I change my medical plan during open enrollment or due to a qualifying life event?

A9: You can change your medical plan during the annual Open Enrollment period, which is once a year in the fall. Additionally, you may be able to make changes after certain qualifying life events, such as marriage, the birth of a child, or a change in employment status. For Qualifying life events, please make sure to reach out to Benefits@athome.com within 31 days and provide the required documents. Reach out and let the team know what the qualifying event is and they will advise you what documentation is required.

Q10: How can I add my spouse or dependents to my health insurance plan?

A10: During Open Enrollment you can add your spouse or dependents to your medical plan. During the plan year, you can add them following a qualifying life event, such as marriage, the birth of a child, or a change in employment status. Please note that we verify all dependents through a 3rd party vendor, UnifyHR, so after adding your dependents, make sure to follow up with UnifyHR and send in your requested verification documents to ensure your dependents remain covered under your plan.

Q11: Where can I find more information about these plans, including coverage details, premiums, and network providers?

A11: For specific details about the Premier PPO, Standard EPO, and HDHP with HSA, you should refer to the plan documents on the Benefits Website. These documents typically contain information on coverage, costs, network providers, and other plan-specific details. You can also call Health Advocate for additional information or to ask questions about the plan details.

Q12: Are there any wellness programs or initiatives included in the medical insurance plans?

A12: There is the wellness discount program, where upon completion of 2 steps, you and your spouse/domestic partner can earn up to \$600 each towards your bi-weekly medical premiums. Those 2 steps are: complete an annual physical and complete the Health Assessment online at BCBSTX through Well onTarget. There is also the Well onTarget Wellness platform, a weight management program with Wondr, mental health program called learn to live, a chronic health and mental condition management program through VIDA health, discounted gym memberships and discounted fitness equipment and more.

Q13: Do I get an ID Card?

A13: You will get an ID card mailed to you from BCBSTX. If you are on a family plan, please note that you will get only 1 card for the family. If you have medical and dental through BCBSTX, you will get 1 medical and 1 dental card. You can download the BCBSTX mobile app to get a digital ID card and download a copy to your mobile wallet (Apple or Samsung only). If you lose your card, please call BCBSTX or log in to BCBSTX.com to request a replacement.