# Medical FAQ

**Q. Who administers the medical plan? How do I contact them for assistance?**
A. Your medical plan administrator is Anthem. Their number is on the back of your ID card. You can contact Anthem at 866-251-1779, or visit them online at www.anthem.com.

**Q. What levels of coverage are available under HealthSpan?**
A. You can cover:

- Yourself only
- Yourself and your children (no spouse)
- Yourself and your spouse (no children), or
- Yourself and your entire family (spouse and children).

**Q. What services are covered under preventive benefits?**
A. Preventive benefits include physical exams, well child care, mammograms, Pap smears, vaccines and other preventive care tests connected to the physical exam. And, they are only covered if your care is given by a network provider. There is a list of approved preventive services that will be paid at 100%. Contact Anthem for specific information.

**Q. What should I do if my health care provider accidentally bills my preventive care benefits incorrectly causing it to be subject to the deductible?**
A. You should speak directly to the doctor's office and ask them to review if your claim was filed with the correct procedure code.

**Q. How is an office visit covered?**
A. Office visits are treated the same as any other expense – subject to the deductible and coinsurance. Once the deductible has been met, office visits are 80% plan/20% participant in-network.

**Q. How does the plan pay for benefits if I go to hospital?**
A. The plan covers hospital care according to the plan's deductible and coinsurance rate (in-network 80%/20% for both medical options).

**Q. Assume that I elect one plan during open enrollment; can I switch to another medical plan during the year?**
A: No. You cannot switch medical plans during the year. You will have to wait until the next open enrollment period in the fall to enroll in a new medical plan. The only opportunity to make a change mid-year is if you have a qualified life event such as marriage, death, divorce, loss of other group coverage and make an election within 31 days of the event. A life event only allows you to switch coverage levels, i.e. employee to employee + spouse, it does not allow you to change plans.

**Q. Does Cummins have information about my claims?**
A. No. You need to contact Anthem. You can access your claims history online by going to www.anthem.com or by calling Anthem at 866-251-1779.

**Q. Where can I get information on how much I spent in out-of-pocket costs the previous year?**
A. You can check your claims history online by going to www.anthem.com.

**Q. How can I find out what providers are in the network in my area?**
A. Call the Anthem Care Advocate Program at 866-251-1779. Or for the most up-to-date provider information, search online at www.anthem.com. There you will be able to view the provider directory.

**Q. What if my doctor isn't listed as a network provider?**
A. Both plans provide coverage for in- and out-of-network care. That means that you can use any provider you want (except for preventive care, which is not covered out-of-network). Out-of-network providers will cost you more money out of your pocket than seeking care in-network. That's because network providers' fees are negotiated with Anthem.

If you are seeing a doctor who is not in the network, the first thing you should do is determine if the out-of-network coverage provided by the plan is sufficient for your needs. If not, then approach your current provider about joining the Anthem Blue Cross Blue Shield network. Or, you can find a new provider that is part of the plan's network and take advantage of the in-network level of coverage.

**Q. Do I need a referral to see a specialist?**
A. No. You can see any doctor you want. You will receive higher benefit coverage if you seek care from a network provider and your out-of-pocket costs may be lower because network providers have negotiated fees with Anthem.

**Q. Can I opt-out of medical insurance?**
A. Yes. You must elect "waive coverage" during the enrollment period.

**Q. Can I be charged a higher rate for services than the amount Anthem negotiates for the same services?**
A. If you seek care from an out-of-network provider, you can be charged higher rates. You are also responsible for any charges about reasonable and customary charges (R&C). That's because out-of-network providers have not negotiated fees with Anthem. HealthSpan only covers 50% of R&C for out-of-network covered services and supplies.

**Q. What if I'm out of town and I get sick? Is that considered out-of-network?**
A. Out of state non-emergency care must be rendered by a network provider in order to be paid at in-network discount rates. Ask the facility if they are an Anthem network provider, go online to www.anthem.com or call the Anthem Care Advocate Program at 866-251-1779, to request a network provider at your location.

**Q. How long can I cover my child under my medical benefits?**
A. Your child can remain on your coverage until his or her 26th birthday.

**Q. My children attend colleges in other states. Would they be in- or out-of-network? How do I get a list of providers for those areas?**
A. The children may see Anthem network providers in the areas where they are attending college or where they reside. They can call the Anthem Care Advocate Program at 866-251-1779 or check online at www.anthem.com to locate a provider in their areas.

**Q. What happens if I am covered under HealthSpan as well as my spouse's benefits plan? How are my benefits paid?**
A. When you have two forms of coverage, you need to check the Coordination of Benefits (COB) provisions under both HealthSpan and your other coverage to see how the plans pay benefits. In general, the plan that covers you as an active employee will be the primary payer on expenses.

**Q. With different medical plans, how do I choose which is right for me?**
A. Making an informed choice will require you to look beyond what the contribution level is for one option or another. Use the Coverage Advisor tool. It is an online decision tool at http://mywellbeing.cummins.com. Based on your personal health care situation, you can compare medical plan options to see which one is the best plan for you. With Coverage Advisor, you can:

- Determine the type of health care consumer you are
- Estimate your total out-of-pocket costs for health care
- Select the plan that provides the coverage you need
- See your tax savings through contributions to the Health Care FSA or HSA.

**Q. Why does the cost of health care appear on my W-2?**
A. The Patient Protection and Affordable Care Act requires employers who distribute 250 or more Form W-2s for the tax year to include the value of applicable employer-sponsored coverage on each employee's W-2 Form. This is not considered taxable income and is for information purposes only.

**Q. What does SBC mean?**
A. SBC is short for Summary of Benefits and Coverage. It is intended to help you understand your health coverage and compare health plans. The Cummins SBC is located on the My Wellbeing website. The SBC includes a summary of the services covered by the plan, services not covered by the plan, copay and deductible amounts, information about your appeal rights, and examples of how the plan will pay for certain services.

**Q. How does Health Care Reform affect me?**
A. The Affordable Care Act was signed into law in March 2010. A few provisions of the law have already taken effect such as coverage for preventive benefits and coverage for dependents to age 26. The remaining provisions of the Affordable Care Act are scheduled to occur over the next few years. Many provisions of the Affordable Care Act are still being debated, so there could be more changes to come.