Plan 1 Pro Care Basic Plan

Frequently Asked Questions

Powered by **1-800 MD** convenient care

What is 1-800MD?

1-800MD is a national network of board certified licensed Internal Medicine and Emergency Room physicians that diagnose illnesses, recommend treatment, and prescribe medications when appropriate for its members over the telephone, through secure bi-directional video and email.

How does 1-800MD improve quality of care?

Immediate access to medical attention can often resolve problems that, if left untreated, could eventually result in hospitalization. 1-800MD provides convenient, affordable access to healthcare at any time, to anyone and from anywhere! 1-800MD provides 24/7 access to a physician without ever having to leave your home or office. No waiting rooms or office visits! Prescriptions, if needed and appropriate, are sent to the local pharmacy of your choice.

How does 1-800MD reduce health care costs?

1-800MD's programs reduce unnecessary doctor's office and emergency room visits and allow members alternatives to visiting their primary care physician for purely informational and other basic reasons. Data shows up to 70% of all doctor visits may be superfluous, costing billions, and can be handled with a 1-800MD telephone or video consultation.

What about the doctors?

1-800MD uses a third party credentialing agency to ensure that only the best providers are servicing our clients. The credentialing process is comprehensive and includes license verification, reference checks, and background checks. In fact, the process is fully in accordance with the American Association of Preferred Provider Organization (AAPPO) standards and is the same criteria used by hospitals to grant privileges.

Is there a minimum age requirement?

No, there is not a minimum age to consult with a 1-800MD physician regarding your medical concern. However, the physician's ability to provide information or diagnose and treat is dependent on the nature of the symptoms and the patient's ability to communicate his/her condition to the doctor.

I have a pre-existing condition. Will 1-800MD still accept me?

Absolutely! 1-800MD is not insurance. We do not deny access to quality care because of pre-existing conditions.

Can I get a consultation after hours or on weekends?

Yes. 1-800MD services are available 24/7.

Are there any restrictions on how many times I can use 1-800MD?

No. As a member, you have access to unlimited telephone consults anywhere, anytime.

How are prescriptions filled?

If after consult with the physician, he/she decides that a prescription medication is indicated as part of your treatment, the doctor will electronically send the prescription to a local pharmacy of your choice.

Are there any limitations as to what can be prescribed?

A 1-800MD physician has the ability (if medically appropriate) to prescribe a wide range of products. These include, but are not limited to, drugs such as antibiotics, antihistamines and maintenance medicines. Our physicians do not prescribe medications regulated by the Drug Enforcement Agency or those that pose a potential for abuse or addiction. And, 1-800MD physicians do not prescribe lifestyle drugs.

How 1-800 MD Works



Activate Membership

The member representative will collect via phone the necessary information to set up your 1-800MD account.

• New Group Membership - please have ready the following (found on the front of your member card)

- •Sponsor Name
- •Group Number
- •Member ID



Activate Membership

- New Group Membership
 - •Click on *click here to register*
 - ·Click on activate group membership

 Enter (information can be found on the front of your membership card)

1. Sponsor Name 2. Group Number 3. Member ID •Complete the registration form

•Complete the consultation billing and payment information

•Complete your Personal Health History Disclosure(PHD) •Complete all other active family members PHD.

Request a Consultation

- All active family members must complete a Personal Health History Disclosure (PHD) prior to receiving the first consultation.
- Member Representative collects information to complete or update your (PHD) each time a consultation is scheduled.
- For informational emails only a PHD is not required but is advised.

Request a Consultation

- All active family members must complete a PHD prior to receiving a consultation.
- Under Member log in enter
 User name
 Password
- Click on request consultation
- Click on type of consultation
 Telephone
 Email
 Bi-directional video
- Complete or update your PHD
- For informational emails only a PHD is not required but is advised.

Consultation and Follow-Up

• Your PHD is forwarded to an on call physician located in the State that you are.

• The Physician reviews the PHD form prior to consultation and determines which type of consultation is appropriate, either a telephone or bi-directional video.

• **Telephone consultation**: the physician will call the patient on the number that is provided generally within an hour and guaranteed within 2 hours.

• Video Consultation: the physician will schedule a convenient time (guaranteed same day) to conduct the video consultation. Note you must have a web camera and high speed internet access to participate in a video consultation.

• The physician conducts consultations, recommends treatment or refers the patient to a primary care physician or specialist, if necessary.

• When appropriate, the physician will e-prescribe prescription medications directly to the patient's pharmacy of choice.

• Physician completes a patient encounter form.

• A completed encounter is generated and updated to the patients HIPAA compliant, and secure 1-800MD medical record portal. The patient can forward medical records to their primary care physician or another care provider.



BAY BRIDGE ADMINISTRATORS

"Your solutions begin at the Bridge"®

Part-time Employee Health Care Plan Pro Care Basic Plan



Plan	Costs
Pro Care	Basic Plan

	Per-paycheck deduction
Employee Only	\$34.76
Employee + Spouse	\$54.09
Employee + Children	\$54.67
Family	\$74.00





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Mandated Preventive Services

No Co-Payment, No Deductible

Benefits are only available when these services are delivered by an in-network provider

Covered Preventive Services for Adults

- Abdominal Aortic Aneurysm one-time screenings for men of specified ages who have ever smoked
- Alcohol misuse screening & counseling
- Aspirin use to prevent cardiovascular disease for men & women of certain ages
- Blood Pressure screenings for all adults
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal Cancer screening for adults over 50
- Depression screening for adults
- Diabetes (type 2) screening for adults with high blood pressure
- Diet counseling for adults at higher risk for chronic diseases
- Hepatitis B screening for all adults at higher risk

- Hepatitis C screening for adults at increased risk, & one time for everyone born 1945-1965
- HIV screening for everyone ages 15 to 65 & other ages at increased risk
- Immunization vaccines for adults-doses, recommended ages, and recommended populations vary; Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella
- Lung Cancer screening for adults 55-80 because they're heavy smokers or have quit in the past 15 years
- Obesity screening & counseling for all adults
- Sexually Transmitted Infections (STI) prevention counseling for adults at higher risk
- Tobacco use screening for all adults & cessation interventions for tobacco users

Covered Preventive Services for Women

- Anemia Screening on a regular basis for pregnant women
- Breast Cancer Genetic Test Counseling (BRCA) for women at higher risk for breast cancer
- Breast Cancer mammography screenings every 1 to 2 years for women over 40
- Breast Cancer Chemoprevention counseling for women at higher risk
- Breast feeding comprehensive support & counseling from trained providers, and access to breast feeding supplies, for pregnant & nursing women
- Cervical Cancer screening for sexually active women
- Chlamydia Infection screening for younger women & other women at higher risk
- Contraception: Food & Drug Administrationapproved contraceptive methods, sterilization procedures, and patient education & counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs); this does not apply to health plans sponsored by certain exempt "religious employers"
- Domestic & interpersonal violence screening & counseling for all women
- Folic Acid supplements for women who may become pregnant

- Gestational diabetes screening for women 24 to 28 weeks pregnant & those at high risk of developing gestational diabetes
- Gonorrhea screening for pregnant women
- Gonorrhea screening for women at increased risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- HIV screening & counseling for sexually active women
- Human Papillomavirus (HPV) DNA test every 3 years for women with normal cytology results who are 30 or older
- Osteoporosis screening for women over age 60 depending on risk factors
- Rh Incompatibility screening for pregnant women
- Rh Incompatibility screening follow-up testing for women at higher risk
- Sexually Transmitted Infections counseling for sexually active women
- Syphilis screening for pregnant women
- Syphilis screening for women at increased risk
- Tobacco Use screening & intervention (expanded) for pregnant women
- Tobacco Use screening & intervention for all women
- Urinary tract or other infection screening for pregnant women
- Well-woman visits to get recommended services for women under 65

Covered Preventive Services for Children

- Alcohol & Drug use assessment for adolescents
- Autism screening for children at 18 & 24 months
- Behavioral assessments for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Cervical Dysplasia screening for sexually active females
- Depression screening for adolescents
- Developmental screening for children under the age of 3
- Dyslipidemia screening for children at higher risk of lipid disorders at the following ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Fluoride Chemoprevention supplements for children without fluoride in their water source
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns
- Height, weight, and Body Mass Index measurements for children at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Hematocrit or Hemoglobin screening for children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening
- HIV screening for adolescents at higher risk

- Hypothyroidism screening for newborns
- Immunization vaccines for children from birth to age 18- doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type B, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Meningococcal, Pneumococcal, Rotavirus, Varicella
- Iron supplements for children ages 6 to 12 months at risk for anemia
- Lead screening for children at risk of exposure
- Medical History for all children throughout development at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Obesity screening & counseling
- Oral Health risk assessment for young children Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years
- Phenylketonuria (PKU) screening for this genetic disorder in newborns
- Sexually Transmitted Infection (STI) prevention counseling & screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis at the following ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- Vision screening for all children

Included Additional Benefits

Hospital Indemnity

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Admission Benefit, 2 times per calendar year	\$1,000
Confinement Benefit (Days 2-3), per day	\$1,000
Confinement Benefit (Days 4-60), per day	\$500
Inpatient Surgery, once per calendar year	\$500
Outpatient Surgery, once per calendar year	\$250
Anesthesia Benefit, General/Spinal or Epidural, 2 times per year	\$100
Physician's Visit, 2 times per calendar year (up to 4 per family)	\$100
Diagnostic Procedure, 3 times per calendar year	\$500
Emergency Room, 2 times per calendar year	\$250
Ambulance, up to 3 times per Covered Person per calendar year	Ground - \$50 / Air - \$100

If you receive any of these services or procedures due to an accident or illness, you can file a claim to receive the benefits listed above. These benefits are payable directly to you.



Welcome to ProCare Rx:

How to Use Your Flex Rx Card:

- Present Your Plan ID card along with your prescription to the pharmacy
- Accepted at over 65,000 pharmacies including many
 local, independent, regional, and national chains such as Wal-Mart, Sam's Club, Kroger, HEB, Safeway and many more
- Save up to 85% on your prescriptions
- Take the Flex RX Card Formulary showing samples of the most commonly prescribed drugs with you to your doctor
- Cost-saving, convenient 90 day supply may be available at the pharmacy. Home delivery 90 day supply is also available with Mail Order Service
- When available, clinically equivalent generic drugs provide the best cost savings

Preferred Chain Pharmacies



Some of the Most Commonly Prescribed Medications:

Anti-Depressants Anti-Anxiety Blood Pressure Beta Blockers Pain Relievers Diuretics Antibiotics Antibiotics Anti-Seizure ADHD

Telemedicine through 1-800MD

1-800MD is a national network of board certified physicians that diagnose illness, recommend treatment and prescribe medications when appropriate for the member over the telephone.

Benefits:

- Fast and convenient access to licensed physicians 24/7/365
- Call from work, home or when traveling
- Online health and wellness tools

- Available throughout the United States
- Access to electronic health record (EHR)
- No limit on the number of consultations

Activate Your Membership

You must activate your membership before receiving physician consultations. Log on to www.1800MD.com or call 1-800-530-8666 to activate your membership. Contact 1-800MD anytime you or a covered family member has a medical question or need medical assistance (for non-emergency care).

To Request a Consultation:

Log on to www.1800MD.com or call 1-800-530-8666 to activate your membership. Contact 1-800MD anytime you or a covered family member has a medical question or need medical assistance (for non-emergency care). **Telephone Consultations**: A physician will contact you and conduct a telephone consultation, answer your medical questions, diagnose, recommend treatment, and prescribe medications when appropriate.

How to Use Health Wallet

The Health Wallet app is where you will find details on your Health plan benefits and where you will access your ID cards.

Go to Apple Play Store or Google Play Store.

- Type in "The Health Wallet".
- Download "The Health Wallet" App.
- Open "The Health Wallet" App.

To login, enter your SSN or Member ID, along with your birthday.

- Once logged in, you have four options: My Plan Info, Telehealth, Rx Market and Medical Market
- Click on "My Plan Info" to access your medical, dental, vision ID cards and other lines of coverage information.

To connect to Telemedicine, click on "Telehealth" and it will automatically dial so you can request a consult.

- If it is your first time requesting a consult, you must register yourself first by providing personal information.
- A licensed physician will call you back within 16 minutes on average.

How to Find an In-Network Physician for Your Covered Preventive Services

Click on n more > Click on "Find a Provider" Search for providers in your "Select Network" network Find a Provider PAYORS IDERS Careers KnowledgeHub Investors Select Network Which network would you like to search? × Click on Back (Network logo usually appears on the front or back of your Do you see any of these statements on your benefits ID card) Click on "Preventive benefits ID card? (Statement usually appears below the logo) "PCHS" Services Only" PHCS Out of Area MultiPlan Extended PPO **HealthEOS** Limited Benefit Plan ValuePoint Practitioner Only **Beech Street** Hospital Only Practitioner & Ancillary AMN, RAN, and/or HMN Preventive Services Only **First Choice Health Network Specific Services** I don't see one of these Healthy Directions I don't see any of these statements

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