FREQUENTLY ASKED QUESTIONS
Medical Plans

Who is my medical plan administrator and how do I contact them?
UnitedHealthcare (UHC) is your medical plan administrator and you may contact them at 844-210-5456 or www.myuhc.com.

What hours are customer service representatives (Advocate4Me) available?
Advocate4Me is available M - F 7:00 am to 10:00 pm Central Time.

How do I locate in-network providers?
You may locate in-network providers at www.whyuhc.com/plexus , select "Search for a Provider". Select the medical plan you would like to search under (the network is the same under each plan). Change the location to search providers near you. You may also call UHC's Advocate4Me Line at 844-210-5456.

Will there be any changes in the provider network?
While we are not aware of any significant changes in the provider network, contract negotiations with providers is an on-going responsibility for UHC. As a commitment to our plan participants, UHC does their best to contain rising health care costs, through negotiated contracts with providers. UHC successfully negotiates thousands of contracts each year with physicians and hospitals that do a great job of providing high-quality, low-cost services. There are some instances where UHC simply cannot accept unreasonable requests for cost increases which are not in line with market rates. We encourage you to contact your provider before your first appointment in the new calendar year to ensure they are still an in-network provider.

What if my doctor refers me to another provider such as a specialist, how do I know if they are in the plan? It is recommended that you always check the website or call Advocate4Me to verify provider participation.

What if my doctor sends my lab work or x-rays to be analyzed or read to an out-of-network provider?
We are aware that there are instances when a member has no control over where his/her provider may outsource certain items, such as lab work or x-rays. UHC is able to assist you with having these services covered as in-network. This *does not* apply to provider referrals.

What are my deductibles, co-pays and maximum out-of-pocket costs?
These vary based on plan (CMP or Consumer Choice plans) and coverage level. Review the Medical Plan Grid on usbenefits.plexus.com under "How your Medical Coverage works".

How are deductibles applied?
Each plan has different deductibles based on coverage level (see listing above). This is the amount you must pay for eligible expenses before the medical plan begins to pay benefits. Co-pays exist in CMP only and do not accumulate toward your deductible. Deductibles do not apply to preventive services.

How does my out-of-pocket maximum work?
The out-of-pocket maximum is the most you would pay in any given plan year. Once the out-of-pocket maximum is met, the plan pays 100% of the costs of covered benefits for the remainder of the plan year.

If I utilize UHC's tools and store my personal health record (PHR) online, who can see it?
You control who views or has access to your PHR. You must authorize your doctor to have access.

Can I see my entire family's personal health record online?
You may have the ability to see dependent claims; however, there may be diagnosis restrictions that may be blocked. Adult children or spouses must authorize access for anyone else to view his/her personal health information.

When will I receive a new ID card?
You should receive your ID card within 15 days of enrolling in the health plan. If you switch from one plan to another, add dependents or have a name change throughout the year, you will receive new ID cards. You are able to retrieve a new ID card online via your UHC Member account.

How many ID cards will I receive?
You will receive two cards per family that will cover all family members (up to five members). If you have more than five family members, you will receive additional cards.

How do I obtain a new ID card if mine is lost or stolen?
You should login to your UHC account at www.myuhc.com to print off temporary ID cards and/or request new ID cards, or call Advocate4Me at 844-210-5456.

I am in enrolled in my spouse's medical plan (outside of Plexus), is it possible to also be enrolled in Plexus' plan?
You may be enrolled in two medical plans at the same time. Keep in mind that the plan in which you are considered the employee is always primary. If you are covering more than one dependent on multiple plans, coordination of benefit rules will likely apply and vary based on how a plan is written; refer to the Summary Plan Description for both plans to determine how coordination of benefits applies.

Does UHC pend claims to verify other medical plan coverage?
If UHC is not notified of other coverage, the first claim may trigger a pend status until you confirm whether or not there is other coverage. You can be proactive and supply the information to UHC ahead of time; that information will be stored in your record.

Are there hearing aid and/or vision care discounts with UHC?
You can call the Advocate4Me line to discuss whether or not there are hearing aid and/or vision care discounts.

Consumer Choice Plans

If I elect a Consumer Choice plan, can I have secondary medical coverage through my spouse?
You may be enrolled in both plans. However, if you elect a Consumer Choice plan and have secondary medical coverage through your spouse, you are only eligible to contribute to the Health Savings Account (HSA) if your secondary coverage is also a High Deductible Health Plan (HDHP). If the coverage is not a HDHP, then you are not eligible to contribute to the HSA or receive the company contribution.

If I am enrolled in single coverage in a Consumer Choice plan and my dependent child/spouse lose their medical coverage, may I add them to my plan?
Yes, by entering a life event in Workday. You must provide proof that they lost coverage elsewhere (i.e.: Certificate of Credible Coverage showing the loss of coverage date) within 31 days of them losing coverage. Once a life event change occurs, and your coverage level increases, so does the deductible. The new deductible amount is not prorated. The amount you have already paid toward a single deductible will apply to the family deductible.

What is considered a high-deductible health plan?
Per IRS guidelines, a high deductible health plan must have a minimum deductible of $1,400 for single coverage and $2,800 for family coverage.

Is the deductible applied individually to each person covered under the plan?
For single coverage, the deductible is for the individual covered under the plan. The Consumer Choice family deductible is for the entire family, as a unit. If one person reaches the deductible limit, everyone in the "family" has.

Is the out-of-pocket limit shared by the entire family or is it applied separately to each family member?
For family coverage, your out-of-pocket limit is considered "embedded" if it is over the $7,150 IRS limit.

If you are enrolled in family coverage, one individual covered under the medical plan cannot exceed the $7,150 limit. Under the Consumer Choice 2000 Plan, our out of pocket maximum is $8,000 for family coverage in-network. This means, one individual would be able to satisfy up to $7,150 of the limit and then be covered at 100%, and the other family members would need to satisfy the remaining $850 before coverage is paid at 100% for them.

Conventional Medical Plan (CMP)

How are office visits covered under the CMP (i.e. if I go to the doctor with a sore throat)?
You are responsible for the co-pay ($30) as well as 20% of the remaining cost of the office visit. For example, if the visit costs $150, you will pay a $30 co-pay (reducing the cost of the visit to $120) and $24 (which is 20% of $120) so your total cost is $54.

Do co-pays reduce my deductible?
Co-pays do not reduce your deductible.

Does the 20% I pay towards my office visit reduce my deductible?
No. Since there is no deductible for office visits, specialist visits, chiropractic care, mental health or emergency room visits, the costs do not apply towards your deductible. However, it will apply to your out of pocket maximum.

If I have a family of four, are our claims added together to reduce the family deductible or do we each need to meet the individual deductible of $1,500?
Any combination of family members can meet the family deductible. No one family member will exceed the individual deductible of $1,500.

I have a family of two and carry Employee + Spouse. I expect to have more than $1,500 in expenses next year. Is it possible for me to satisfy the full $3,000 deductible or is each person responsible for an individual deductible?
An individual may not exceed a $1,500 deductible; therefore, with Employee + Spouse, each individual would be required to meet a $1,500 deductible. The plan will start to pay its portion of expenses on an individual once they have met their individual deductible.

Miscellaneous

Does the deductible apply to my maximum out-of-pocket?
The deductible met for in-network services applies to your maximum out-of-pocket. See the Medical Plan Grid for specific information on the out-of-pocket maximum levels for each plan.

Can I cover a dependent child over the age of 18?
Yes. The Affordable Care Act (Health Care Reform) contains provisions which allow you to cover your adult children as a dependent under your Plexus health plans (up to age 26). If your dependent child is disabled, you may *continue* coverage past the maximum age of 26.

Is there a maximum allowance for preventive care?
There is not a maximum limit for preventive care; it is currently covered at 100% under all Plexus medical plans (in and out-of-network); however, certain age and frequency limits may apply to some services (i.e. well child visits, immunization schedules).

Does Plexus offer disease management programs?
Plexus offers a voluntary disease management program through UHC covering over 30 different diseases/conditions such as congestive heart failure, diabetes, hypertension, asthma, COPD, breast cancer, lung cancer, prostate cancer, colorectal cancer, rheumatoid arthritis, migraines, cystic fibrosis, end stage renal disease, IBD, chronic kidney disease and more.

If I receive medical care from an out-of-network provider, will this amount apply to my deductible?
As long as the claim is submitted to UHC, out-of-network services will apply to your deductible.

How are pre-existing conditions handled when switching plans?
Based on legislation passed under the Affordable Care Act pre-existing condition limitations can no longer be assessed.