

FAQ Regarding New Health Network with MagnaCare PPO, Physician Access Only And Hospital Administration through Independent Design Administrators

NOTICE: ALL CLAIMS MUST BE SUBMITTED TO the new Third Party Administrator, Insurance Design Administrators (“IDA”) in order to timely pay claims.

Due to changes at the DC 37 – Local 95 Head Start Employees Welfare Fund:

1. Will I still have access to my doctor and specialist?

Answer: The Fund has a two-tiered network, medical and hospitalization. (See, question #2 explaining hospital coverage.) If your doctor or specialist is in the MagnaCare PPO network, they will be treated as in-network physicians. The Plan **does not** cover doctors or specialists who are not in the MagnaCare PPO network.

The Plan never covered out of network doctors or specialists. This was applicable when the Plan previously retained the Anthem Blue Cross/Blue Shield network as well.

To find a participating MagnaCare physician/specialist/independent laboratory/free standing X-ray diagnostic – www.idatpa.com

2. Will I still have access to the hospital I was using?

Answer: The hospital network is **not** being administered through MagnaCare. However, you have open access to area hospitals across the country. Your hospital coverage will be available but must be pre-certified through **MedWatch**. Pre-certification can be obtained by calling MedWatch at **1-866-255-0793**. The Fund will administer the hospital coverage through IDA and a company known as ClaimsBridge. ClaimsBridge will work with the hospital to provide coverage provided under the Plan.

Under certain circumstances, the services that are being provided to you in a hospital setting will require you to share financial information with ClaimsBridge. If you meet a certain financial threshold, the hospital may be required to charge the Fund for their services at a lesser rate.

3. Are my co-payments, deductibles, and employee contributions the same?

Answer: Your copayments, deductibles, and employee contributions remain the same as of September 1, 2023. The Fund’s Trustees reserve the right to make amendments to the Plan if necessary, which may include a change in copayments, deductibles, or your employee contribution in the future.

4. Should I use the MagnaCare network for my future provider for doctors and hospitalization?

Answer: Yes and No. The MagnaCare network is a Physician Access Network only. You will receive coverage through the access network for major medical benefits that are **outside** the hospital setting. This includes diagnostic services (including laboratory services, x-rays, etc.) that are not administered in the hospital setting.

Your hospital network is an open network. Therefore, the cost associated with the services provided to you will be reviewed and negotiated on behalf of the Fund through the Fund’s Third Party Administrator. You should contact MedWatch (see, paragraph 2), for pre-certification.

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Out of Network services in a non-hospital setting will not be covered by the Plan.

5. Will there be a letter sent that includes information on a list of in-network providers and a website that provides this information in detail?

Answer: For non-hospital services, you will be able to access this information on the MagnaCare network website at www.idatpa.com.

6. Will I have a new medical identification card?

Answer: Yes. A new medical identification card will be mailed to you in the month of May. All of the information and contacts needed to obtain your benefits are on the new medical card.

If you don't receive it, please contact the Fund and let us know so that we can ensure that you do. Please also contact the Fund if your address has changed so that we can update our records.

7. I emailed the copy of my claim from a medical matter that occurred between February 1 and April 30. Do I need to fill out the new claims form sent to participants in the welfare fund?

Answer: In order to process the reimbursement of the claim either to you or the provider, the Fund's Third-Party Administrator, IDA PO Box 793 Arnold MD 21012 they will need a copy of the Physicians bill which contains the date of service, diagnosis, and charges. In addition, if you are requesting reimbursement for the payment you made, we will need to see proof of payment made. These claims will be prioritized based on the completeness of the information submitted. If a claim is pending and has not been processed through the doctor, it will be reviewed and paid according to the MagnaCare network. If a claim was paid by the member up front, it will be paid based upon the amount that was paid by the member.

8. Will spouses be covered again by the Fund?

Answer: The Fund excluded coverage for spouses effective, September 1 2023. However, the trustees and Fund will continue to monitor this and explore restoring the spouses as the Fund becomes more financially stable.

9. Do I still have prescription and dental benefits?

Answer: Your drug and dental benefits remain the same and were never terminated. For prescription drugs you can contact **Navitus at: 1-866-333-2757**. The website is at: www.navitus.com. For your dental benefit you can check the website at **HealthPlex Benefits at: www.healthplex.com**. See also the Fund website www.DC1707L95WF.net for additional information.

10. What is the best number to reach the welfare fund?

Answer: You can call **212-343-1660**. Please leave a clear voicemail message, include your name and a phone number where you can be reached. Please be patient as we are receiving a number of inquiries from member/participants, and we will get back to you as quickly as possible as we know your health care is vital to you and your family as an informed consumer. You can also email any question or request utilizing the contacts page of the Fund's website. The Fund's fax number is **212-274-0104**.

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11. What is the Fund's website address:

Answer: www.DC1707L95WF.net.

12. What is the best email address to forward claims forms or inquiries to the welfare fund?

Answer: Claims for the period of February 1st through April 30th 2024 should be submitted to **Insurance Design Administrators, P.O. Box 793, Arnold, MD 21012**
Inquiries to the Welfare fund should be directed to the Funds general mailbox at: **info@dc170795wf.onmicrosoft.com**

13. How do I update my mailing address?

Answer: All changes to your enrollment status should be made through your Human Resource Manager. Address changes can be sent to **District Council 37, Local 95 Head Start Employees Welfare Fund 420 West 45th Street, 3rd Floor, New York, NY 10036**.
You can also email your changes to: **Dspatta@dc1707L95wf.org**

14. How do I reach MagnaCare if I have questions regarding my coverage and covered providers?

Answer: The Fund purchases the MagnaCare network of physician and diagnostics, so it is not helpful for you to reach out to MagnaCare directly. You should contact **IDA at 1-800-225-1345** or the Fund for eligibility and coverage questions.

15. Will there be informational meetings and webinars scheduled to share information with participants regarding the new network?

Answer: Yes. Informational meetings, webinars and site meetings will be scheduled over the next few months to ensure that you have the vital information you and your family need to make the important decisions regarding your health care.

16. If I have an emergency and/or an urgent matter requiring medical attention before May 1, what should I do to ensure that I am reimbursed?

Answer: If you have an emergency, you can access medical services through the emergency room. Reimbursement for any claims will be handled as previously discussed in item 7. If you have an emergency and/or an urgent matter requiring medical attention after May 1, you or the hospital should notify IDA within 24 hours of admission. Any visit to an emergency room is subject to the Federal No Surprises Act and you will only be required to pay out of pocket based upon the Plan limitations for in-network services.

17. How long will it take to reimburse a claim I submit to the Fund that involved a medical matter I had between February 1 and April 30?

Answer: It is anticipated that these claims will be paid within 120 days from the date of a submitted bill, depending on the completeness of the information.

18. Will there be an open period to change or waive my insurance?

Answer: Waivers of coverage can only occur during the open enrollment period, which is to be determined.