

# Information About the Consumer Choice Option



## Questions & Answers

### What is Consumer Choice?

Georgia law requires insurers to offer a “Consumer Choice” option to members enrolling in an insured HMO, POS or PPO plan. This option allows members to receive services from a non-network provider (physician, hospital or other provider) while still being covered at an in-network level.

Although you may “nominate” any non-network provider, the nominated doctor or hospital must first agree to the following in order for your services to be covered at the in-network rate:

1. accept Blue Cross and Blue Shield of Georgia’s (BCBSGA) reimbursement as payment in full (in addition to the member’s usual copayments, deductibles and/or coinsurance);
2. comply with BCBSGA utilization management programs.

### Is there a charge to elect the Consumer Choice Option?

**Yes.** The law allows insurers to increase the monthly premium rate for employees who elect this offering. The amount of the monthly premium increase is 17.5% for Consumer Choice Option HMO and POS benefit plans, and 10% for Consumer Choice Option PPO plans. Because these amounts are billed to the employer, the amount an employer may charge its employees will differ from company to company. Please check with your employer to determine the exact amount you will contribute if you elect a Consumer Choice Option plan.

### How do I choose the Consumer Choice Option?

Selecting the Consumer Choice Option is just like selecting any other benefit option. You must do so either at open enrollment, if you are newly hired, or when your employer’s eligibility rules allow you to do so. To select the Consumer Choice Option:

1. *Newly applying members* must complete BCBSGA’s Member Enrollment Application and select the Consumer Choice Option plan they desire. (You must still select a network Primary Care Physician for each person enrolled if you selected the HMO or POS Consumer Choice Option.)
2. *Currently enrolled members* must complete a Member Change Form and select the Consumer Choice Option plan they desire.

### How is Consumer Choice different from a PPO or POS plan?

A PPO or POS plan allows members access to out-of-network providers at an out-of-network benefit level.

When a member utilizes the services of an out-of-network provider, the member usually pays more in the form of increased copayments, deductibles and/or coinsurance.

Under the Consumer Choice Option, members may utilize the services of an out-of-network provider at in-network benefit levels only when that provider has:

1. been nominated by the member;
2. signed a form accepting BCBSGA’s conditions; and
3. been approved by BCBSGA.

After a provider has been approved, the member’s benefits are paid as though the provider were part of the BCBSGA network.

### Once I elect the Consumer Choice Option, can I go to any doctor and get benefits paid at in-network levels?

No. First, you must complete a Provider Nomination Form and receive notification from BCBSGA that the nomination has been accepted before out-of-network providers can be reimbursed at in-network benefit levels.

For any nomination to be approved, the provider must sign the nomination form agreeing to BCBSGA’s terms and conditions before that provider’s services will be covered at in-network levels. The provider has absolute discretion regarding whether he or she wishes to participate in the Consumer Choice Option.

### How do I nominate my physician?

Call customer service at 1-800-441-2273 to request a Consumer Choice Physician Nomination Kit. The kit includes a provider nomination form and pre-addressed return envelope. Members must complete the provider nomination form, which is a two-step process:

1. The provider must sign the nomination form and request details about BCBSGA’s reimbursement rates for the services he or she intends to provide.

# Information About the Consumer Choice Option



2. The provider must sign the form again to indicate his or her acceptance of the rates and other terms and conditions, once he or she has reviewed them.

After you have completed these steps, please return the completed nomination form to BCBSGA for approval by mail in the pre-addressed envelope or fax directly to 1-877-541-1162.

## **How long will it take to get approval of a nominated provider?**

Once BCBSGA Georgia has received a completed nomination form — completed and signed by both the provider and the member — we will respond by mail or fax within three business days.

## **What if I select the Consumer Choice Option and then decide I want to return to a non-Consumer Choice Option plan?**

Under most employers' rules, you may make a plan election only once during each year. If your employer's rules allow you to switch plans other than during your open enrollment period, you may move from the Consumer Choice Option plan you elected back to the non-Consumer Choice version of that plan within 31 days of enrolling. Please check with your employer for details. Your employer must submit any such requests in writing to BCBSGA.

## **What if my doctor doesn't want to accept reimbursement terms or comply with utilization management guidelines required by BCBSGA?**

The law does not obligate a provider to accept our terms and conditions or our reimbursement rates. If a provider elects not to sign the Consumer Choice Option Provider Nomination Form, he or she is under no obligation to do so.

If you are seeking services from a specific provider, we recommend that you check with that provider before completing the Consumer Choice Option application and making a final plan election. Once you have selected a Consumer Choice Option plan, you cannot switch plans until the following open enrollment, except within the 31-day grace period described above.

## **Once a doctor has agreed to your terms, can I receive services from that doctor or hospital for the remainder of the time I'm enrolled in a BCBSGA health plan?**

Once the provider has signed the form agreeing to BCBSGA's reimbursement and other terms and conditions, you may utilize the services of the provider until your plan's anniversary the following year. You will need to repeat the nomination/approval process each year for the out-of-network provider's services to be covered at in-network benefit levels.

## **Will prescriptions written by a non-network doctor be covered?**

If you nominate a provider and that provider is ultimately approved under the Consumer Choice Option, he or she may write prescriptions that will be covered at in-network benefit levels. Remember, if your plan restricts you to having prescriptions filled at network pharmacies, you must either use only network pharmacies or have a completed and approved Provider Nomination Form for any non-network pharmacy. (Note: This requirement does not apply to PPO plans.)

## **If my doctor admits me to a non-network hospital, will the hospital charges be covered?**

Any services must be provided by either a network hospital or a hospital for which a Provider Nomination Form has been completed and approved by BCBSGA. This form must also be completed and approved for any other providers rendering services — for example, radiology, anesthesia services, physical therapy or lab work. To be subjected to in-network benefit levels, all services must be provided by either in-network providers or providers approved under the Consumer Choice Option.

*For additional information about the Consumer Choice Option, please call Customer Service at 1-800-441-2273.*