THE MAROON SAVINGS CHOICE - FREQUENTLY ASKED QUESTIONS

1. **What is the Maroon Savings Choice?**

   Maroon Savings Choice is a consumer driven health plan, that will give you greater control and flexibility over how your health care dollars are spent, that will consist of two components.

   **Component 1:**
   It will be a preferred provider organization administered by Blue Cross Blue Shield of Illinois that will offer the same broad network of physicians and care providers, similar to the current Maroon Plan. The prescription drug coverage will also be administered by CVS Caremark.

   Unlike the current Maroon, it will offer lower payroll contributions and will have higher annual deductibles and out-of-pocket maximums.

   **Component 2:**
   It will include a Health Savings Account (HSA) to which the University will contribute to for each eligible employee enrolled. Employees will have the option to contribute additional funds to their HSA, but contributions are not mandatory.

2. **How will the Annual Deductible Work?**

   The Maroon Savings Choice annual deductible will operate like any traditional deductible, you must first pay the deductible then the plan will cover a percentage of the cost of your Medically Necessary Care. Participants can use either their HSA funds or pay out-of-pocket to satisfy the deductible. All medical services, including prescription drug costs, count toward the medical deductible and the out-of-pocket maximum amounts.

3. **What is my cost for Preventative Care Before and After I Satisfy My Annual Deductible?**

   All University medical plans, including the Maroon Savings Choice, provide 100% coverage for all preventive care, with no deductible or co-insurance.

4. **When I Satisfy My Annual Deductible, what do I have to Pay?**

   Once you meet your annual deductible, you will pay a percentage of the charge for each office visit, emergency room visit, and hospital stay. You will also only pay a copayment for prescription drugs. The cost of each prescription will depend upon the type of drug (generic, preferred brand, non-preferred brand), which pharmacy the drug was purchased (in or out-of-network), and where the drug was purchased (retail pharmacy or mail order service).

   Remember, the amount you pay in coinsurance and prescription copays accumulate toward your annual deductible and out-of-pocket maximum.
5. **I have NOT Satisfied My Annual Deductible, will I have to pay when I’m at the Doctor’s Office?**

   Generally, no payment is due at the time you receive medical care. You should:
   - Ask the doctor to submit the claim to Blue Cross Blue Shield of Illinois;
   - Obtain an Explanation of Benefits (EOB) from Blue Cross Blue Shield of Illinois that shows the network discount and the amount remaining until you reach your deductible; and
   - Pay the balance due from the doctor’s office when you receive a bill that lines up with your EOB.

6. **I need Prescription Drugs, and I have NOT Satisfied My Annual Deductible, do I have to pay the pharmacy when I pick up my medicine?**

   Yes, but make sure to show your CVS Caremark prescription identification card to get the discounted cost of the prescription. You can use your HSA to pay these costs. Prescription drug costs count toward the medical deductible.

   Remember, you may also obtain medications through Caremark’s mail order service.

7. **What is an Out-Of-Pocket Maximum?**

   This is the maximum amount you will pay for medical and prescription drug expenses in a calendar year. Once you have met the out-of-pocket maximum, the plan will cover medical and prescription costs at 100% with no additional copays or coinsurances.