

## Health Wellness Benefits

**In-Area Adults** will be provided at 100% of the allowable charge for office visits and certain diagnostic tests. These diagnostic tests are based on the participant's age and gender. These services are not subject to the calendar year deductible. Any unused benefit amounts do not carry over into subsequent years. Any wellness services that exceed the \$1,000 annual limit are not covered under the Plan. **Benefits are only provided when a participating provider renders the services.** A complete list of the covered wellness services for adults can be found at the Plan's web site, <http://knowyourbenefits.dfa.state.ms.us>. Select the "Wellness/Preventive Coverage" option then "Adult Care" or the list can be obtained by calling Blue Cross & Blue Shield of Mississippi at 1-800-709-7881.

### *Out-of-Area Participants*

An out-of-area participant is a participant whose principal/primary residence is located outside the State of Mississippi. The enrollee's address on file with Blue Cross & Blue Shield of Mississippi will determine whether the enrollee and their covered dependents are out-of-area participants. Any covered dependent of an enrollee whose principal/primary residence is located outside the geographic boundaries of the State of Mississippi is an out-of-area participant. The Plan reserves the right to require proof of residence for any participant. For information on coverage levels for out-of-area participants, refer to the Summary of Base Coverage or the Summary of Select Coverage at <http://knowyourbenefits.dfa.state.ms.us>.

### *Out-of-Area Adults*

Benefits will be provided at 75% of the allowable charge, up to the \$1,000 maximum, for office visits and certain diagnostic tests when services are rendered by a non-participating provider. These diagnostic tests are based on the participant's age and gender. These services are not subject to the calendar year deductible. Any unused benefit amounts do not carry over into subsequent years. Any wellness services received that exceed the \$1,000 annual limit are not covered under the Plan. A complete list of the covered wellness services for adults can be found at the Plan's web site, <http://knowyourbenefits.dfa.state.ms.us>. Select the "Wellness/Preventive Coverage" option then "Adult Care" or the list can be obtained by calling Blue Cross & Blue Shield of Mississippi.

### *Wound Vacuum Assisted Closure*

Benefits are provided for Wound Vacuum Assisted Closure services when prescribed by the attending physician and certified by CareAllies (1-800-523-8739) to be medically necessary prior to initiation.

### *Emergency Care*

Emergency care received from a non-participating provider may, under certain circumstances, be paid at the in-network benefit level. However, the participant is still responsible for amounts charged by the non-participating provider that exceed the allowable charge. If a claim for emergency care is processed at the out-of-network benefit level, the participant may appeal the percentage paid on the claim for emergency services by making a written appeal to BCBSMS. Only emergency services payable at the 60% coverage level may be appealed for the in-network coverage level.

### ***Out-of-Network Review Services***

If a Plan participant needs specialty services that are not available from participating providers, he should call CareAllies and request a review of the availability of the needed services. This is called an “out-of-network review” and must be requested **prior to** receiving medical services. If CareAllies certifies that the service is not available in the Network, then that service is covered at the in-network benefit level, even if provided by a non-participating provider. Services approved through an out-of-network review are subject to the in-network calendar year deductible and coinsurance. Although approval to use a non-participating provider may be granted, the participant is responsible for amounts charged by the provider that exceed the Plan’s allowable charge. Out-of-network review requests will not be approved for follow-up testing after active treatment is complete. Out-of-network approval does not guarantee that services are covered. Benefits are subject to the patient’s eligibility at the time charges are actually incurred, and to all other terms, conditions, and exclusions of the Plan. *Only services that have a 60% coverage level are eligible for an out-of-network review. Out-of area participants are not eligible to request an out-of-network review.*

### ***Well-Child Care***

Benefits are provided for well-child care services for covered dependents until they turn 26 years of age. These services are not subject to the calendar year deductible. **Benefits are only provided when a participating provider renders services.** Well-newborn nursery care while a newborn is hospital-confined after birth is covered at 100%. Well-newborn nursery care includes room, board, and other normal care provided for which a participating hospital or physician makes a charge. Also, well-child physician office visits, certain diagnostic tests, and immunizations are covered at 100%. A complete list of the covered wellness services for adults can be found at the Plan’s web site, <http://knowyourbenefits.dfa.state.ms.us>. Select the “Wellness/Preventive Coverage” option then “Well Child Care” or the list can be obtained by calling BCBSMS.

## Contact information

To complete the Health Risk Assessment for Wellness Benefits and coverage information regarding Wellness Benefits

Phone 1-866-789-4594

Website <http://knowyourbenefits.dfa.state.ms.us>

BlueCross/BlueShield of Mississippi (Third Party Administrator)

Phone 1-800-709-7881

Fax Claims to 601-664-5342

Precertification (for certain procedures and case management)

CareAllies (Precertification) 1-800-523-8739

CareAllies-SMART STEPS Program for Diabetics 1-800-523-8739