Medical Plan
Frequently Asked Questions

Q. Who is MedCost?
A. MedCost Benefit Services is the third party administrator (TPA) hired to process claims and answer customer service questions for the Vidant Health Medical Plan. The Vidant Health Medical Plan utilizes MedCost's provider network to provide services to employees at lower than usual fees.

Q. What does it mean that our health plan is self-funded?
A. The cost of the plan is paid directly from the Vidant Health budget, not from an insurance carrier.

Q. How do I access the MedCost website?
A. www.medcost.com

Q. Who do I contact with questions about our medical plan?
A. Contact MedCost customer service, 8am to 5pm at 1-800-795-1023 with questions (how plan pays, claim status, network physicians, etc.). The MedCost telephone number is also on the back of your insurance ID card. To find a participating network provider logon to the MedCost website, www.medcost.com, click on "locate a provider", then select MedCost Ultra.

Q. How do I know if my physician is in the network?
A. To find a participating network provider logon to the MedCost website, www.medcost.com, click on "locate a provider", then select MedCost Ultra. Also ask your physician's office before receiving services.

Q. What services are available through MedCost's website?
A. When you visit the MedCost website you are able to:

- Check the status of your medical claims for all covered dependents
- Locate a MedCost network provider
- Print a copy of your explanation of benefits (EOB)
- Contact customer service

Q. Where can I get a summary of medical plan benefits?
A. For specific details always refer to your medical plan booklet.

Q. Am I required to use in-network providers?
A. No, however you will pay more out-of-pocket costs. Services from out-of-network providers are subject to a separate deductible and co-insurance.

Q. What are usual customary and reasonable (UCR) charges?
A. The average fees charged by providers with the same geographic are for the same service as determined by MedCost.

Q. If I am traveling and need to see a physician, what do I do?
A. Contact MedCost customer service at 1-800-795-1023. Customer service can advise you of physicians in the area in which you are traveling that will qualify for in-network services.

Q. What if I am traveling, have an emergency and I am rushed to the hospital. Will I have to pay out-of-network fees for my services?
A. No. Emergencies are always covered as in-network services.

Q. Do I need a referral from my primary physician to receive services from a participating specialist?
A. No referral is needed.

Q. What is the difference between deductible and co-pay?
A. A deductible is the dollar amount that you must pay before the medical plan will begin paying. The deductible does not apply to any services where the co-pay applies. The co-pay is a fixed dollar amount you pay for some office visits. The provider will collect your co-payment at the time of service.

Q. What is co-insurance?
A. The percentage amount that you are responsible for paying after you have met your deductible and the plan has paid a percentage.

Q. What is coordination of benefits?
A. When you or your dependent(s) are covered by more than one insurance plan, benefits under one plan are determined and paid before the second plan's benefits are determined and paid. The plan that determines benefits first is call the primary plan and the other is the secondary plan.

Q. If my spouse or dependent(s) have other primary medical coverage, can they use the employee pharmacy?
A. The employee pharmacy does not file with other insurance. Therefore, the employee pharmacy co-pay is not available to members with other medical coverage. You may purchase the prescription for cost plus $5.

Q. How do I get a new medical ID card?
A. You may contact MedCost at 1-800-795-1023, call the benefits department at 847-4479, or send an email to benefits@vidanthealth.com.

Q. What is the age limit for my dependent children to remain on the medical plan?
A. Coverage for dependent children ends at age 26. If your dependent is physically or mentally disabled, contact the benefits department for more information.

Q. When am I permitted to make changes other than during open enrollment?
A. You must experience a qualifying life event that includes the following: marriage, change in employment status, change in work scheduled, divorce, birth/adoption of a dependent, death of a dependent, dependent child gain or loss of eligibility, difference in spouses open enrollment period, gain or loss of coverage. You have 30 days from the date of the event to make eligible changes.