

Health Insurance Frequently Asked Questions

How can I get a health plan member ID card or a replacement card quickly?

Log in to MyHealthToolkitLA.com/links/FMOLHS and register with your social security number and date of birth for their online services as a member.

Do I need to see a provider within the FMOLHS Customized Network in order for my claim expenses to be covered?

- If enrolled in EPO plan, no Out-of-Network coverage is available. You must use a network provider for claims to process.
- If enrolled in PPO or HDHSA, while members who utilize in-network providers
 - FMOLHS Providers (Tier 1) and Preferred Provider Network (Tier 2) have less out of pocket expenses for their covered claims
 - The FMOLHS Health Plan does provide a reduced level of coverage for out-of-network providers - Non-Preferred Provider Network (Tier 3) and Out-of-Network Providers (Tier 4)

For example: If you are enrolled in the PPO Plan and visit a Tier 1 PCP, you will pay \$5 for the visit. If you are enrolled in the PPO Plan and visit a Tier 4 PCP, the plan will only pay 40% of the allowed amount after you pay your deductible. Tier 3 and Tier 4 providers can also bill you for any portion of the claim that is not paid by the Plan.

How can I find a network provider for the FMOLHS Health Plan?

To access our Network Guides, simply call (855) 875-6265. You will then be prompted to select a Network Guide for either our Louisiana or Mississippi network. Our Network Guides are available in most locations 7 days a week, 24 hours a day.

What if there are no providers in the specific city for which I am searching?

If you do not locate a provider in the specific city searched, expand your search to surrounding cities. You can also access our Network Guides, simply call (855) 875-6265. You will then be prompted to select a Network Guide for either our Louisiana or Mississippi network. Our Network Guides are available in most locations 7 days a week, 24 hours a day.

The plan requires that an in-network provider be utilized when there is a provider available. Otherwise, claims are paid at the lower benefit level.

What if there are no in-network providers who can provide the services or care I need?

For help finding an in-network provider, you can access our Network Guides, simply call 855-875-6265. You will then be prompted to select a Network Guide for either our Louisiana or Mississippi network. Our Network Guides are available in most locations 7 days a week, 24 hours a day.

Although this is not common, there are times when a specialist may not be available within the FMOLHS customized network. In addition, an in-network facility may not be available for a specialized type of service.

In these cases, you may be able to receive care from out-of-network providers and arrange for your claim to be paid at the in-network level of coverage. This arrangement is called a Tier Exception. A Tier Exception identifies the services from the out-of-network provider as in-network and will ensure your claim is processed at the in-network level. This means your co-payment, deductible and out-of-pocket maximum will be the same as if you received services from an in-network provider.

Approval for a Tier Exception for services not available within the FMOLHS Customized Network must take place prior to the delivery of the service, otherwise the claims will be processed as out of network. Please contact askHR@fmolhs.org or call (833) 482-7547.

What happens if my physician is no longer an option in the FMOLHS Customized Network?

You would need to choose another physician in the FMOLHS network or your physician services would no longer be covered at the in-network (Tier 1 and Tier 2) benefit level.

What if I am traveling in the United States but outside of Louisiana and need medical care?

In the case of a true emergency, an acute injury or illness that arises suddenly and poses an immediate risk to a person's life or long-term health, e.g. deep cuts requiring stitches, severe bleeding, broken or displaced bones, seizure, loss of consciousness, etc., the plan will pay according to the schedule of benefits (see the Medical Plan Summary in the Team Member Guide to Benefits for details).

How does my medical plan work outside of the United States? The FMOLHS Health Plan has a customized Louisiana and Mississippi network and does not have provider network contracts outside of the United States. If you have a true medical emergency, an acute injury or illness that arises suddenly and poses an immediate risk to a person's life or long-term health, e.g. deep cuts requiring stitches, severe bleeding, broken or displaced bones, seizure, loss of consciousness, etc., outside of the United States, the Plan will reimburse eligible medical expenses under the tier 2 benefit coverage level. The provider will most likely require you to pay for the services. Once you return to the United States, you may submit a claim to Blue Cross Blue Shield for reimbursement directly to you.

What is Healthy Lives and how do I participate?

Healthy Lives is our partner offering screening and wellness services to FMOLHS team members. You can participate in the Healthy Lives offerings (such as incentive programs, wellness activities and the weight management program) and begin earning points towards rewards. Visit healthylives.org for further details.

How do I use the Provider Search options on the website?

With the provider search function, you can search by network tier, specialty AND location by completing all the required field. If you are unable to locate a provider through the website search you can access our Network Guides, by simply calling (855) 875-6265. You will then be prompted to select a Network Guide for either our Louisiana or Mississippi network. Our Network Guides are available in most locations 7 days a week, 24 hours a day.