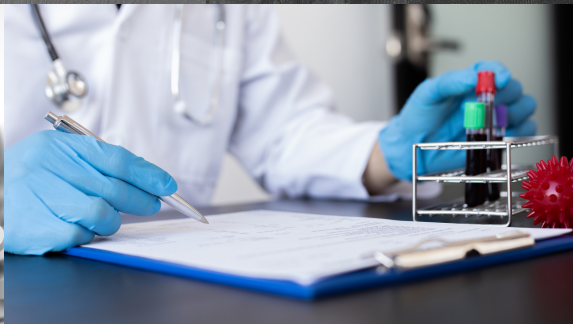


BENEFITS

Frequently Asked Questions



TO WHOM SHOULD I ASK MY BENEFIT QUESTIONS?

A benefit contact sheet is posted on the Benefits Section of the [Employee Portal](#).

- All medical claim questions should be directed to the Claims Account Manager at Unified Group Services by calling 800-291-5837.
- All vision claim questions should be directed to VSP at 800-877-7495 to speak with Member Services.
- All dental claim questions should be directed to Delta Dental at 800-524-0149. The Group/Client # is 0916, and the Sub-Client # is 0001.
- Contact your Benefits Specialist, Stephanie Ford, for any general benefits questions you may have! 317-873-2858 x11330 or sford@zcs.k12.in.us

WHERE CAN I GO FOR LAB WORK?

The most cost-friendly place to have lab work done is the ZCS Wellness Center. MidAmerica Clinical Labs is the preferred lab provider for the plan. Ameripath should be used for pathology labs. You can also go to any Ascension St. Vincent hospital lab facility when referred by your physician and have lab costs covered at 100%. This includes lab work that a provider takes during an office visit. *It is the covered member's responsibility to inquire where providers send lab work.*

IS IT MY RESPONSIBILITY TO KNOW WHAT IS COVERED?

Yes, it is the covered member's responsibility to know what coverage level a provider and/or facility falls under to ensure they are billed correctly. *It is important to note that medical billing separates physician and facility charges.*

Example: If I elect to have a surgery with a St. Vincent physician who only performs surgery due to preference at IU Health, I would be billed in the network level for the physician charges and out of network level for the facility charges.

WHAT IF THE ADVANTUS NETWORK IS NOT AVAILABLE WHERE I LIVE?

The facility and physician charges would be considered in the network level should any of the following situations occur:

- If service is not offered by a provider in the network.
- If member lives outside of network area.
- Visits to health centers on college campuses
- Emergency situations and ancillary services

HOW IS THE DEDUCTIBLE CALCULATED IF GO TO BOTH IN AND OUT OF NETWORK?

Deductibles co-mingle. If you meet your deductible under the network, it carries over toward your deductible out of network services.

WHAT DOES COINSURANCE MEAN?

The coinsurance is the percentage amount you pay towards your out-of-pocket expenses after you have reached your deductible. Once you have reached the maximum out-of-pocket, services within the in network level are covered at 100%.

NOTE: prescription costs and copays do not apply towards your deductible or total out-of-pocket limits.