

Frequently Asked Questions

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How do I submit a Medical and/or Vision claim for reimbursement?

Download a form and submission instructions at www.Premera.com. Click on the Member Services tab > Manage My Account > Forms > Top Requested Forms.

Who should I contact for Medical and Vision benefits as well as claims inquiries?

Call LEOFF Customer Service at Premera at 1-888-202-3571.

Who should I contact for all enrollment and premium questions?

Please contact your HR department or the LEOFF Trust at 509-484-2388.

How do I know if a specific procedure is covered by my plan?

You can refer to the plan document for your particular plan or call LEOFF Customer Service at Premera at 1-888-202-3571. A brief summary of your benefits can be found on this site by clicking on the tab for your plan.

If I have an accident, what do you need to do in order to get my claim(s) processed?

You will be asked to fill out a Premera Blue Cross Incident Questionnaire (IQ). It is required when you have a claim and the treatment or condition has diagnoses that could be related to an accident. They need this information to determine if there are any other parties liable, such as auto/workers compensation coverage. You have 45 days to complete, sign and return the IQ form from the date it was requested. If you do not return the completed form within this time period, your claim(s) may be denied.

How do I know if my doctor is a member of my PPO network?

Visit www.premera.com and click on the Find a Doctor tab. You can also call LEOFF Customer Service at Premera at 1-888-202-3571.

How do I request a new/additional ID card?

Set up/log in to your account at www.premera.com. Scroll down to Account Information > Manage My Account > Print & Order ID Card

Can I look at my Explanation of Benefits (EOB) and member specific information online?

Yes, please visit www.premera.com and register as a new user or log in.

When do I need to add my newborn child to my plan?

Newborn children are covered automatically for the first 3 weeks from birth when the mother is eligible to receive obstetrical care benefits under this plan. To extend the child's coverage beyond the 3-week period, the member should follow the step below. If the mother isn't

eligible for obstetrical care benefits, but the child qualifies as an eligible dependent, the member should follow the steps below to enroll the child from birth.

1. A completed enrollment application to include the newborn's social security number and any required subscription charges must be submitted to us within 60 days following birth. Coverage becomes effective from the date of birth. If we don't receive the enrollment application within 60 days of birth, please see the "Open Enrollment" provision later in this section.

Who is an eligible dependent?

To be a dependent under this plan, the family member must be:

The lawful spouse, state registered or employer approved (if permitted under local bargaining agreement) domestic partner, or widow of a subscriber, unless legally separated or ordered through the court through a qualified domestic relations order. All retiree domestic partners must be state registered to be eligible. Retiree dependents 65 years of age or older must be enrolled in Medicare Part A & B if they are eligible.

Retired LEOFF I spouses are to be allowed to be a subscriber on a LEOFF Trust plan that is different from a Trust plan paid for by the municipal entity of the retired LEOFF I. If a retired LEOFF I and spouse remain on the same plan, they will be considered a subscriber and spouse. If the spouse selects a different Trust plan, the spouse will be considered the subscriber. There will be no coordination of deductibles, co pays or coinsurance between the LEOFF Trust plans. Any dependent child (ren) must be enrolled in the Plan that is selected by the retired LEOFF I spouse.

An eligible dependent child under 26 years of age. (Eligibility and enrollment requirements for children placed for adoption and children covered because of a court decree can be found later in this section.) An eligible child is one of the following:

1. A natural offspring of either or both the subscriber, spouse or state registered domestic partner
2. A legally adopted child of either or both the subscriber, spouse or state registered domestic partner
3. A child placed with the subscriber for the purpose of legal adoption in accordance with state law. "Placed" for adoption means assumption and retention by the subscriber of a legal obligation for total or partial support of a child in anticipation of adoption of such child
4. A legally placed ward of the subscriber, spouse or state registered domestic partner living permanently in the home of the subscriber

State Registered Domestic Partner (if permitted under local bargaining agreement): Domestic Partners are defined as two adults, of the same or opposite sex, engaged in a spouse-like relationship and who have lived together for a period of not less than six (6) months. To qualify for domestic partners coverage, both individuals must meet the following qualifications.

1. At least eighteen (18) years of age.
2. Individuals are each other's sole domestic partner, have been so for a period of at least six months and intend to remain so indefinitely; and have lived together in the same residence for at least six months;
3. Individuals are not married to or legally separated from anyone else;
4. Individuals are not related by blood to a degree that would prohibit legal marriage in the state in which they reside;
5. Individuals are engaged in a committed relationship and are jointly responsible for each other's common welfare and living expenses;
6. Individuals are not in the relationship for the purpose of obtaining coverage
7. Individuals must sign a Declaration Partnership certifying that the relationship exists, and provide sufficient documentation of a domestic partnership, as defined. Written verification will be required on an annual basis.
8. All domestic partners participating in a Trust plan prior to February 1, 2010 will be grandfathered in based on their current "Declaration Partnership" affidavit. After February 1, 2010, new enrollees must provide a copy of a State Certified Registered Domestic Partner Certificate.

Upon termination of a domestic partner relationship, an employee must submit a signed Declaration of Termination of Domestic Partnership acknowledging that the relationship has ended and/or a state certificate of termination. Coverage for domestic partners and dependent children of domestic partners will cease on the last day of the month the domestic partnership has ended. Coverage will then be extended through COBRA.

Children, Spouses or Domestic Partners of a dependent child are not eligible for coverage.

My child is resides in another state, what doctors can they go to?

Visit www.premera.com and click on the Find a Doctor tab. You can also call LEOFF Customer Service at Premera at 1-888-202-3571.

I am a retiree who resides in another state, what doctors can I go to?

Visit www.premera.com and click on the Find a Doctor tab. You can also call LEOFF Customer Service at Premera at 1-888-202-3571.

How does the LEOFF plan coordinate benefits if spouses are both employees of departments on the Trust plan?

If the spouses are both employees of the LEOFF Trust, the Secondary Plans deductible will be waived. The participant will only need to meet one of the deductibles. If it applies to the

deductible under the Primary policy, more than likely it will pay at the Plan percentage under the Secondary Plan (80% for PPO). If the Primary policy pays at 80% (because the deductible has already been satisfied under the Primary Plan) then the 20% will be picked up in full under the Secondary policy. The Secondary Plan will never pay out more than if it were the Primary Policy. The co-pay's will be picked up on the Secondary plan as well.

How does the LEOFF plan coordinate benefits if the Trust plan is secondary coverage?

If the Trust is the Secondary Plan the deductible will be waived. The participant will only need to meet one of the deductibles. If it applies to the deductible under the Primary policy, more than likely it will pay at the Plan percentage under the Secondary Plan (80% for PPO). If the Primary policy pays at 80% (because the deductible has already been satisfied under the Primary Plan) then the 20% will be picked up in full under the Secondary policy. The Secondary Plan will never pay out more than if it were the Primary Policy. The co-pay's will be picked up on the Secondary plan as well.

What do calendar year deductible, individual deductible and family deductible mean?

A calendar year deductible is the amount of expense you must incur in each calendar year for covered services and supplies before this plan provides certain benefits. An individual deductible is the amount each member must incur and satisfy before certain benefits of this plan are provided. A family deductible is when the total of individual deductibles equals a set maximum, or Family Deductible. When this occurs we will consider the individual deductible of every enrolled family member to be met for the year. Please refer to your plan summary to see the deductibles that apply to your particular plan.

What is an Explanation of Benefits (EOB)?

The Explanation of Benefits (EOB) is an explanation of how your claim was processed. It will include the total billed charge submitted by the Provider and will identify any ineligible charges, discounts, amounts applied to the deductible and the patient responsibility. Any amounts shown as "patient responsibility" should be paid directly to the physician, hospital or other service provider once you receive a bill from that provider.

What does copayment mean?

Copayments (or "copays") are fixed up-front dollar amounts that you're required to pay for certain covered services. Your provider of care may ask that you pay the copay at the time of service. Please refer to your plan summary to see the copays that apply to your particular plan.

Who do I contact with a question about my HRA?

Please contact your department's HR office.

Who should I contact if I have an address change?

Please contact your department's HR office.