

Lafayette County Board of Supervisors

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Major Medical Benefits January 1, 2015

Plan with Blue Cross Blue Shield 5,000 Ded 80/20% \$6,450 Maximum OOP

Benefit with AmFirst Premium Saver \$3,950

Plan with AmFirst & BCBS \$500 Ded 80/20% \$2,000 OOP

BCBS Dr. Office Visit Copays: \$15 Primary Care Physician
\$25 Specialist

Healthy You Exam - 100% (In Network Only)
No Copay, No Deductible, No Coinsurance!

BCBS Drug Card Copays: After a \$50 drug deductible (Waived for Category 1),
Category 1 \$10 - Most Generic Drugs
Category 2 \$25 - High Cost Generic & Many Brand Name Drugs
Category 3 \$50 - Some Brand Name Drugs
Category 4 \$100 - High Technology Drugs (10% up to \$200 for DSD)

For Doctor office visits and Prescription Drugs: You present your BCBS card only. If you have any other services rendered in the doctor's office that apply to coinsurance, they will need to be filed with AmFirst as well (ie: lab, x-rays, injections, surgery etc.). Claims can be filed electronically by the provider, or you may fax to (601) 956-1147 a copy of the BCBS Explanation of Benefits and an itemized bill.

Anywhere else (ie: inpatient or outpatient of a hospital, MRI facility, etc.): You present both your BCBS card and your AmFirst Premium Saver card. Claims can be filed electronically by the provider, or you may fax to (601) 956-1147 a copy of the BCBS Explanation of Benefits and an itemized bill.

Please see your Blue Cross Blue Shield and Amfirst Summary Plan Description for a detailed schedule of benefits.

Claims Payment

The Premium Saver Plan pays the benefits directly to the provider. Paying the provider directly saves the insured time and it is the quickest way for the provider to receive payment.

Claims Submission

Always give your Premium Saver insurance card to the provider.

The Medical Provider will file the claim. This is the easiest and best method of claims submission.

- Electronic Claims Submission

Claims can be filed electronically by the provider. This means no paperwork and quick payment of your claim to the provider. We are contracted with some of the largest claims clearinghouses in the country.

- Email, Mail or Fax Claims Submission

Providers can email, mail or fax your claim information to us if they are not contracted with our clearinghouses. We will be glad to contact providers that want to contract with our clearinghouses.

If the insured files the claim, they need to submit the 2 forms described below:

Major Medical EOB

The Explanation of Benefits is a form provided by your major medical carrier that describes the procedures covered, facility used, benefit paid and the amount applied to the insured's deductible or coinsurance.

Hospital form UB04 or Doctor form CMS 1500

These forms describe the procedures codes, provides us with the address and the provider's federal identification number so we can pay the claim for you.

<u>Mail</u>	<u>Phone</u>	<u>Email</u>	<u>Fax</u>
Morgan White Administrators Attn: Claims Department P.O. Box 16708 Jackson, MS 39236	(888) 888-2519	claims@morganwhite.com	(601) 956-1147

Administered by:



Underwritten by:



AmFirst Insurance Company

Administrative Office: 5722 I-55 North Frontage Road
Jackson, Mississippi 39211
Telephone: 800-800-1397
or 601-956-2028