

SECTION 5.D.

Medical/Dental/Prescription Drug Insurance

Fully paid medical and dental insurance is provided through *Anthem Blue Cross & Blue Shield* for all residents. There is a pre-tax payroll deduction per paycheck to cover a spouse and/or children. Coverage begins on the first full day of employment and includes a small co-pay for office visits. The insurance includes hospitalization, medical-surgical, major medical, prescription drug and dental.

Each new resident will receive a complete package of medical and dental coverage information and it is the responsibility of the resident to review this material and keep it nearby while employed. Included with this information is a list of *Blue Cross* participating providers. Identification cards will be sent to the resident directly from the *Blue Cross* office. If necessary, individuals may begin using medical services without the card but may have to resubmit a bill to *Blue Cross*. Contact the Capital Area Health Consortium office, (860-676-1110), if necessary.

The Capital Area Health Consortium must be made aware of any changes in dependent status (i.e., marriage, birth, divorce). When a change occurs, please contact the Consortium for a new application. The Consortium must receive the signed application within 30 days of any change.

Marriage: An application to add a spouse must be returned to the Consortium within 30 days of the marriage.

Birth/Adoption: The Consortium must be contacted immediately after the birth/adoption of a child if insurance coverage is desired. An application must be completed and returned to the Consortium office no later than 25 days after the birth.

A *BC&BS* participating provider is one who has signed an agreement with *Anthem Blue Cross and Blue Shield* to accept its payment allowance as full payment for covered services. Payment is made directly to the provider from *BC&BS*. If an out-of-state hospital has a participating agreement with an approved *Blue Cross* plan, that hospital is accepted as a participating provider. A non-participating provider is one who does not have a payment agreement with *BC&BS*. In this case, it may be necessary for the resident/fellow to personally complete and mail the claim forms to *BC&BS* in order to receive reimbursement.

Reviewed 4/08