

**Missionary at Doctor’s Office (has family insurance)**

What should a missionary do in the following scenario? Missionary is going to a doctor’s office for an office visit. His family insurance is Blue Cross and Missionary Medical (through UHSS) is secondary. The provider is contracted through UHC.

**Anthem BlueCross**  
 Member Name: \_\_\_\_\_  
 Identification Number: JQMxxxxxxxx  
 Effective Date: 01/01/2014  
 Contract Code: 0RXX  
 Rx Bin: 003858  
 PCN: A4  
 Rx Group Plan: WLHA 040  
 Deductible: \$2000/\$4000  
 OOP: \$6350/\$12700  
 Co-Insurance: 20%  
 Office Visit Copay: \$45  
 Pathway PPO

Use as Primary (provider bills first)-#1

**Medical Services ID Card**  
 Name: <<Card Name>>  
 Issuer: DMBA  
 ID: <<ID2>>  
 Group: <<Group1>>  
 Rx ID: <<ID1>>  
 RxBin: 610245  
 PCN: 05490000  
 UnitedHealthcare Options PPO Network  
 Card issue date: <<Date>>  
**MISSIONARY MEDICAL**  
 Serving those who serve  
**YOUR COPAYMENTS:**  
 Primary Care.....\$10  
 Specialist.....\$10  
 Urgent Care.....\$10  
 Emergency Room.....\$10  
 Prescriptions.....\$10

Use as Secondary (provider bills second after 1<sup>st</sup> insurance has processed)-#2 in order.

Because the care is considered primary care (office visit) only a \$10 copayment is required not \$45-always use the Missionary Medical copayment to determine copayment amount.

**Missionary at Doctor’s Office (for pre-mission condition, has insurance)**

Missionary is going to the Doctor’s office related to a pre-mission condition; a pre-mission condition is something they have been treated for prior to serving. His insurance is Blue Cross and the provider is contracted through UHC. How would the missionary present information to the Doctor?

Anthem Essential DirectAccess  
cbmq

Member Name

Identification Number  
JQMxxxxxxxx

Effective Date	01/01/2014	Deductible	\$2000/\$4000
Contract Code	0RXK	OOP	\$6350/\$12700
Rx Bin	003858	Co-Insurance	20%
PCN	A4	Office Visit Copay	\$45
Rx Group Plan	WLHA 040		

Select Rx List

Dental Program: Prime

Pathway PPO

Use only the family insurance since Missionary Medical does not cover pre-mission conditions

Medical Services ID Card

Name: <<Card Name>>

Issuer: DMBA

ID: <<ID2>>

Group: <<Group1>>

Rx ID: <<ID1>>

RxBin: 610245

PCN: 05490000

Card issue date: <<Date>>

UnitedHealthcare Options PPO Network

MISSIONARY MEDICAL  
Serving those who serve

YOUR CO-PAYMENTS:

Primary Care	\$10
Specialist	\$10
Urgent Care	\$10
Emergency Room	\$10
Prescriptions	\$10

**Missionary at Doctor's Office (has only Missionary Medical card)**

Missionary is going to the doctor's office for care that was approved by a medical nurse and has no family insurance. What should he do?

Medical Services ID Card

Name: <<Card Name>>

Issuer: DMBA

ID: <<ID2>>

Group: <<Group1>>

Rx ID: <<ID1>>

RxBin: 610245

PCN: 05490000

Card issue date: <<Date>>

UnitedHealthcare Options PPO Network

MISSIONARY MEDICAL  
Serving those who serve

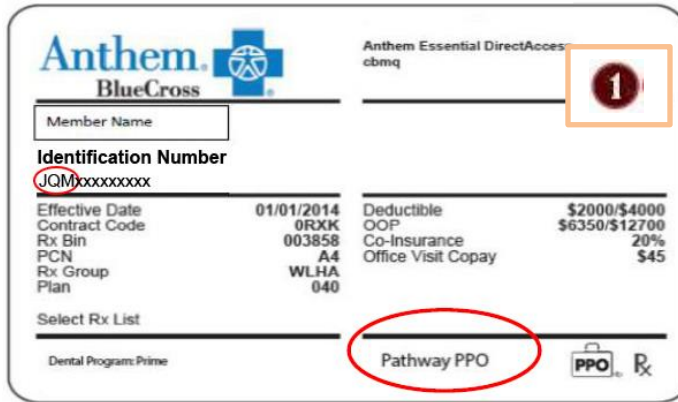
YOUR CO-PAYMENTS:

Primary Care	\$10
Specialist	\$10
Urgent Care	\$10
Emergency Room	\$10
Prescriptions	\$10

Use the Missionary Medical card and only pay a \$10 copayment

**Missionary at Pharmacy (has family insurance)**

What should a missionary do in the following scenario? Missionary is going to a pharmacy for a prescription. His family insurance is Blue Cross and Missionary Medical (through UHSS) is secondary. The pharmacy accepts both cards.



Use as Primary (provider bills first)-#1 in order.



Use as Secondary (provider bills second after 1<sup>st</sup> insurance has processed)-#2 in order.

Because the care is considered a prescription only a \$10 copayment is required not anything more- always use the Missionary Medical copayment to determine copayment amount.



(Back of Card)

Frequently Asked Questions

Questions	Answers
What if a higher copayment is requested?	Explain to the medical provider that only a \$10 copayment is required. If they won't comply have them contact Missionary Medical.
What if the medical provider or pharmacy does not accept the primary (family) insurance?	Utilize the Missionary Medical card to pay first since the medical provider won't bill the primary insurance. This will at least utilize the contract used by Missionary Medical.
What address should the Missionary use when completing paper work with the medical provider?	<b><u>The Mission office address should always be used</u></b> so in the event a billing statement occurs it can be sent to Missionary Medical to be resolved.
Should missionaries have a copy of their family's medical insurance card?	Yes, this is critical to have. Medical providers rely on the information on this card to bill appropriately.
What if the pharmacy can't run two cards?	Default to the Missionary Medical card to obtain the prescription.
What is considered a pre-mission condition?	Any medical, dental, or mental health condition that was diagnosed, treated, or has had treatment recommended, within two years prior to entering the MTC or mission, whichever happens first. If you're not sure contact Missionary Medical Nurses.
Should I use the primary (family) insurance provider network when obtaining care?	Typically no. The standard procedure is to use the Missionary Medical contracts through UHC or DMBA. However, for high dollar care this should be done. Missionary Medical nurses will advise on when this is appropriate.

## Document History

Guideline #: MD-00171	Last Reviewed: N/A	Scheduled Review Date: 09/28/2020
Status: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	Last Revised: N/A	Origination Date: 09/28/2018

09/28/2018	New document.
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