



Framework Medical Plan FAQ'S

Q: Are all types of doctor office visits covered (example: Licensed doctor, nutritionist, family practitioner, etc.)?

Not all are covered; therefore it's important to contact Framework in advance to verify if a specialist is covered. Family practitioner: Yes. Licensed doctor: Yes. Nutritionist: No.

Q: Is chiropractic care to be covered the same as a doctors visit?

No. Chiropractic services are discounted.

Will the Framework plan be considered "creditable coverage" if I am on this plan, leave it and go to another plan (to help with pre-existing conditions on a future plan)?

No. Framework will issue a certificate showing the dates the employee/depenendents were covered but will not generally be considered "creditable coverage" by all carriers if you come off this plan onto another one. You would have to check with that specific carrier, but you should not assume this coverage will be considered creditable coverage.

Q: Does Framework have a pre-existing condition clause?

No.

Q: Do I have to use a network doctor or hospital to receive benefits?

No, you are free to use any doctor or hospital (as defined by the plan policy). However, if you choose to use an approved Beech Street Viant Network provider, you will receive a negotiated discount rate. To verify this in advance of any treatment it is best to talk with your providers used and also you can go to the Beechstreet website: www.beeachstreet.com then put in "primary" as the network to check on Beechstreet providers in your particular area.

Q: Do I have to use a network pharmacy or formulary drug list?

Yes, you will receive a booklet listing drugs covered under the tiers as well as drugs that will be discounted.

Q: Is there a calendar year maximum for the daily in-patient hospital benefit?

There is a 30 day per year maximum.

Q: What are the calendar year maximums for surgical and anesthesiology?

The amount listed with "lump sum" is the calendar year maximum.

Q: What are the lifetime maximums?

There are no lifetime maximums in this plan, rather it has lump sum payments, calendar year maximums and other plan provision maximums that limit payments under the plan. It is considered a Limited Medical Plan versus a catastrophic or comprehensive medical plan.

Q: What if my pharmacy doesn't recognize my card?

Pharmacies may not be familiar with every prescription program in which they participate. If the pharmacist doesn't recognize your Tiered Pricing Pharmacy card or if you encounter a problem at the pharmacy, DO NOT leave without having the pharmacy call the toll-free number printed on the back of the card.