

FREQUENTLY ASKED QUESTIONS

The following FAQs may assist in answering questions you may have regarding the health plan.

Q: When will I get my ID card?

You will receive a new identification (ID) card on or around your effective date or anytime a change is made to your enrollment or plan. Please review this card for accuracy since this is your proof of coverage. Keep the most current version of the ID card in your wallet and present it during your office visit. If you need an additional card, please contact our office.

Q: How do I update my personal information?

If you moved, got legally married, had a child (dependent), or have a new registered domestic partner to add to your health plan, you'll need to let us know. You'll also need to let your employer know. If you're adding a newborn baby to your health plan, you'll need to do it before your baby is 31 days old. Please fill out the Enrollment Card (see pages 9 & 10) sign it, and give it to your employer. They'll send it to us.

Q: When can I add or remove someone from my plan?

There are two main times that you may make changes to your enrollment: when you are hired and during the Open Enrollment period each year. There are also special circumstances during the year when you can add or remove eligible dependents such as your legal spouse, domestic partner or children. These are usually life-changing events like getting married or divorced, having a baby or losing other health coverage. You'll need to fill out a new enrollment card and provide supporting documentation within 30 days of a qualifying life event. Please give this to your employer and they will send it to us.

Q: Can you help me find a doctor?

Yes, please contact us and we can prepare a list of physicians and/or hospitals near you.

Q: I don't have a family doctor. Should I go to the emergency room instead?

The emergency room is for actual emergencies. Difficulty breathing, a serious burn, bleeding that won't stop, poisoning and broken bones are examples of emergencies. If you go to the emergency room when you don't have an emergency, it will probably cost more money and take a lot more time. Plus, it's important to build a relationship with your family doctor or your specialist. That way, you'll have someone you know and trust, and someone who knows your preferences and concerns.

If you can't get to the doctor or aren't sure if you need to go – and if it's not an emergency – you can use the telemedicine service, Doctor on Demand. This lets you talk to a doctor, 24 hours a day, 365 days a year, without leaving your house.

Q: What is the Explanation of Benefits document that I received from Western Growers Assurance Trust?

Your Explanation of Benefits (EOB) is not a bill. It's a document that explains how much Western Growers Assurance Trust paid for your medical treatments. It is for your information only, and you do not need to pay anything on it. If you owe money, you will get a bill from your doctor, hospital, other healthcare provider.

You should keep a copy of your EOB in case you need it in the future. It should match any invoices you receive from your medical care provider. If you have questions about it, contact us at (800) 282-2603 or AGCS@aghealthbenefits.org. If you prefer to get your EOBs by email, you can register at HealthView.

Q: I submitted a medical claim. What is its status?

It usually takes 30 days to process a claim. Sometimes claims are delayed because they need more information from your doctor, or for other reasons. You can also look at the status of your claim online at HealthView or call us at (800) 282-2603 and we can research your claim for you.

Q: Is my privacy protected?

We take your privacy very seriously and are very careful to protect your personal and private information. All of your health information is confidential and we will not share it with anyone or any organization without your permission. If you would like to share your private health information, please contact us for an authorization form.

Disclaimer: The answers to these questions are to help you understand more about your health plan. They are not a substitute for advice from your health plan, your doctor or other medical providers.