

Backup Care Connection

Frequently Asked Questions

What Qualifies as Backup Care?

- Backup Care is temporary or short-term care for a child or adult that you have primary caregiving responsibilities for on those days when you are scheduled to work and your regular care arrangements are disrupted either unexpectedly (due to illness, inclement weather, family or other emergencies, etc.) or expectedly (due to scheduled school closing, holidays, vacations, etc.) Please note that the Backup Care program will not cover the expense for evening/weekend care or for any time that you are not scheduled to work.

** Backup Care is available to US-based Regular Full-Time and Part-Time employees and US-based Project/Supplemental Full-Time and Part-Time employees. Eligibility may depend on job status, location and terms of any applicable collective bargaining agreement.*

I Don't Have a Specific Date That I Need Care, but I Would Like to Pre-Plan and Learn about the Care Providers in My Area. What Do I Need to Do?

- **Call** your dedicated toll-free Backup Care Connection number to obtain referrals on care providers in your area.
- **Review** the referrals and material provided by your specialist. Consider visiting and/or interviewing the providers to make sure they meet your needs and complete any enrollment or medical forms.
- **Prepare** for future care by ensuring that any required registration forms for the provider are completed and that you have a copy of medical records on hand.

I Need to Reserve Care for a Particular Date. What Do I Need to Do?

- Call your dedicated toll-free Backup Care Connection number whenever you have a need for backup care. **You must call the Backup Care Program directly; reservations made directly with a provider are not covered.** A specialist will access your record and make all care reservations. Once an opening has been confirmed, your specialist will contact you with the specifics and process your co-pay amount over the phone for an in-network provider or send the appropriate reimbursement forms for an out-of-network provider.

How Many Times Can I Use Backup Care?

- Each employee is allowed 15 days of care, per dependent, per year.

What Is My Co-Pay?

- Co-pays are \$5 per half day of care, \$10 per full day of care. In some situations, additional co-pays will apply.
- Please call a Backup Care Connection specialist for details about your specific care needs.

How Is My Co-Pay Collected?

- If you are using a network provider, the co-pay will be collected via credit card once care has been reserved with the provider.
- If you are not using a network provider, the co-pay will be deducted from your total reimbursement amount.
- Contact your Backup Care Connection specialist for details about your specific plan.

What If My Dependent Needs Skilled Care or Medication Administration?

- Administration of medication is a service that requires skilled care. Skilled care is available at \$50.00 per day, in addition to your regular co-pay. Contact your Backup Care Connection specialist for details about your specific plan.

Do I Need to Call a Backup Care Specialist Each Time I Need Care?

- Yes. Care must be authorized by Backup Care Connection in order to be covered under the plan.
- Unauthorized arrangements made directly with a provider will not be covered.

How Do I Prepare for Backup Care in the Home?

- Schedule time to become acquainted with the caregiver upon arrival.
- Review care instructions that include a schedule for the day with meals and activities.
- Review the rules of the house including, the use of television and electronics.
- Review safety information for your home including, alarms, visitors or scheduled repairs, etc.

What If I Need to Cancel Care?

- If a confirmed backup care reservation is not needed, members must call Backup Care Connection to cancel immediately.
- Care scheduled with a network provider requires a 24-hour cancellation notice in order to receive a refund on the co-pay and backup care visit.

Are There Any Additional Costs, besides My Co-Pay, That I Am Responsible for?

- There are certain ancillary programs that the backup care providers may offer to children on the day that you are using the Backup Care Connection service. These ancillary programs may include a special music class or field trip, for example. Although you are not required to have your child participate in these additional activities, if you choose to have your child participate, the backup care provider will require payment at the time of service. In most cases, cash or check only is accepted.

Is the Caregiver Allowed to Provide Transportation for My Dependent?

- No. Transportation by the caregiver is not allowed and is not covered under your backup care benefit.

Can I Be Denied Services through the Backup Care Program?

- Yes, care scheduled to be provided by a network in-home agency or child care center can be denied if the Backup Care specialist or caregiver is uncomfortable with the safety of the care situation. In such instances, you can be reimbursed for using an out-of-network option available under your benefit. Authorization is necessary prior to care taking place.
- Care may be denied in instances where it is being requested for non-covered services or situations, or if the care is being requested for non-covered recipients.
- Scheduled care may be canceled prior to caregiver arrival if co-pay has not been paid in full. Also, care will be denied if any balance of outstanding co-pays from previously arranged visits exist.
- Use of the Backup Care Program or schedule care may be denied if information or documentation submitted by you is thought to be false. Suspected abuse of the program can be reported to your employer and may result in being denied reimbursement or repayment of funds. Your employer has the right to request an audit of forms to ensure appropriate use of the program.

Can I Use My Own Personal Caregiver under the Backup Care Program?

- Yes, you can use a trusted caregiver such as a babysitter, family member or friend and qualify for reimbursement.
- The following exclusions apply to the Personal Caregiver option and are not eligible for reimbursement: the care provider cannot be the parent/legal guardian or the spouse/domestic partner of the member.

How Does the Reimbursement Process Work?

- All reimbursement forms must be returned within 60 days of the date that care was provided.
- After all requested care dates have occurred log into the Personal Life Resources website, navigate to the Backup Care Center and submit the Claim Reimbursement form.
- Reimbursement takes approximately 4 weeks to be processed from the time that the forms are received. Reimbursement forms with missing information may be delayed.
- We encourage you to thoroughly review paperwork to be sure all required fields and signatures are complete prior to submitting forms.

What Do I Need for Reimbursement?

- Proof of payment may be requested for processing reimbursement. Please retain proof of payment that clearly demonstrates a payment made, by you, directly to the care provider on the last day of care or the day after care was provided. Cash payments are not reimbursable.

Is There a Limit on the Reimbursement Amount?

- Care provided by a state licensed child care provider or home care agency that is considered out-of-network will be reimbursed the full cost of care, minus the copay.
- When using a personal caregiver, members are eligible for reimbursement up to \$75.00 per visit.

The final decision about the quality and appropriateness of any Provider is and must be made and monitored solely by you. You expressly assume any and all risk and liability arising out of or resulting from your choice or use of any Provider. Should you exceed your annual allotment, all fees for back up care shall be your responsibility.

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** These FAQ's are subject to change. For the most updated version please log in to the member website at member.lifecare.com*