

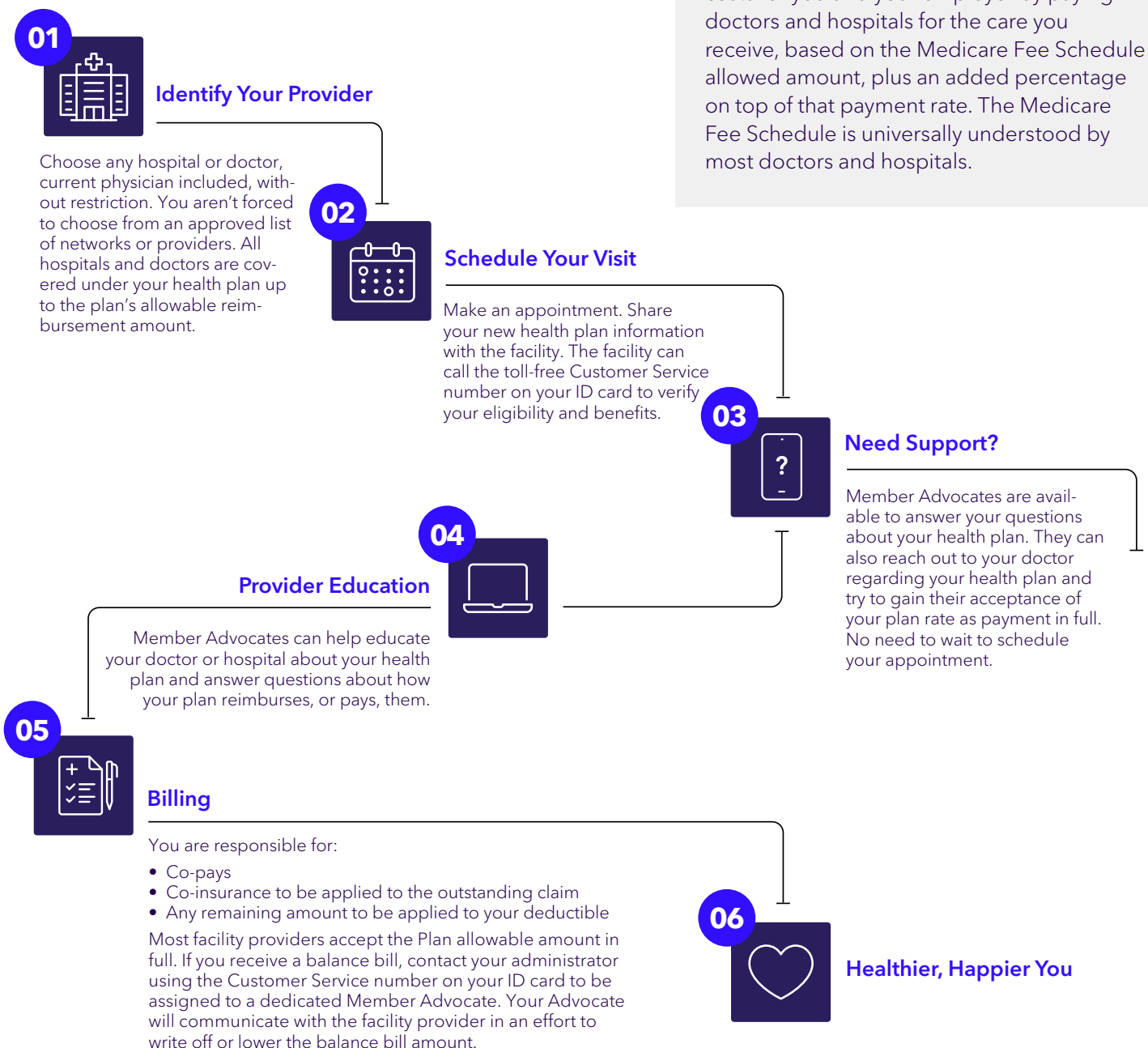


How Your Reference Based Pricing Plan Works

With a clear understanding of your Reference Based Pricing health plan, you'll be more comfortable using your health benefits to seek care, supporting a healthier version of you!

What is a Reference Based Pricing Health Plan?

It's a smarter way to do healthcare. A Reference Based Pricing health plan lowers costs for you and your employer by paying doctors and hospitals for the care you receive, based on the Medicare Fee Schedule allowed amount, plus an added percentage on top of that payment rate. The Medicare Fee Schedule is universally understood by most doctors and hospitals.





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Frequently Asked Questions

What if my doctor asks if they are in my health plan's provider network?

Simply tell your doctor that your health plan does not have any networks and that all providers (doctors/hospitals) are covered under your health plan up to the plan's allowable amount. Share with your doctor that your plan's Member Advocate can give them a call to further explain the plan. Then, call a Member Advocate to provide them with your doctor's information and ask them to reach out to your doctor. A Provider Outreach Request form is attached for you to complete and email to pc-providerrequest@zelis.com

What if my doctor asks what type of health plan I have?

Let your doctor know that your health plan is a self-funded plan provided through your employer. Point out the toll-free customer service phone number on your ID card that they can call to verify your eligibility and benefits.

What if my doctor tells me that they do not accept my health plan?

Suggest that your doctor call the toll-free customer service phone number on your ID card to verify your eligibility and benefits. Advise your doctor that a Member Advocate with your health plan will be reaching out to them to educate them about the plan and answer their questions. Then, call a Member Advocate to provide them with your doctor's information so that they can reach out to your doctor. A Provider Outreach Request form is attached for you to complete and email to pc-providerrequest@zelis.com

Member Advocates can also refer you to a Safe Harbor Provider if one is available. Safe Harbor Providers are plan-accepting doctors and hospitals that are close to home, meet your health needs and accept your RBP plan.

Do I need to wait to schedule an appointment with my doctor until a Member Advocate reaches out?

The beauty of your health plan is that all doctors and hospitals are covered under it up to the plan's allowable amount. Seek care and schedule your appointment at any time.

Do I need to wait to schedule an appointment with my doctor until I know if they will accept the reimbursement rate of my health plan as payment in full?

No, all doctors and hospitals are covered under your health plan up to the plan's allowable amount. You are free to schedule your appointment at any time and do not need to wait on any prior rate acceptance or member advocacy outreach.

What happens if my doctor will not accept my health plan's reimbursement rate as payment in full?

You can still go to your doctor since all hospitals and doctors are covered under your health plan up to the plan's allowable amount.





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Frequently Asked Questions

What is a balance bill?

A balance bill is the difference between your doctor's charge and your RBP plan's allowable amount. It is not:

- Any remaining amount you are responsible for applying to your deductible
- Any co-pay you owe
- Any co-insurance to be applied to the outstanding claim amount
- Services not covered by your health plan

If you receive a balance bill, contact your health plan at the toll-free customer service number on your ID card to guide you through the process. Follow these steps to help you if a balance bill occurs:

1. Contact your health plan as soon as you receive notification that you are receiving a balance bill from your doctor or hospital. They can look it over to see if you have the member responsibility to pay a deductible/copay/coinsurance.
2. If this applies to you, pay the doctor the amount owed from your deductible/copay/coinsurance.
3. If, after you pay your member responsibility, you still receive a balance bill from your doctor or hospital, send this to your health plan upon receipt.
4. Your health plan will communicate with Zelis Member Advocacy Team, and they will send you paperwork to complete and return. If you have questions, please contact your assigned, dedicated Member Advocate, and they will be happy to help you. The phone number and email address are listed on all paperwork.
5. Send all correspondence concerning the balance bill to your Member Advocate at this email address:
pc-patientadvocacy@zelis.com

