

Frequently Asked Questions

Q. What if I need help finding a provider?

A. Finding the right provider for your needs is so important. We are here to help you get the most out of your health plan — just call at the number on your benefits ID card.

We will help you compare providers based on their location, quality ratings and estimated cost so you can make an informed choice. We will also check to see if the provider works well with your plan.

Q. My provider is stating that they don't recognize my ID card. What do I do?

A. Explain that you have health benefits and request they call the number on your benefits ID card to verify eligibility. You can call us at that same number if you have any difficulties.

Q. What if the provider asks me to pay for my procedure upfront?

A. The only out-of-pocket expense you should pay at the time of service is a copay or deductible (if applicable). Please call us at the number on your benefits ID card to confirm amounts or if the facility will not perform treatment without additional funds.

Q. What should I do in a medical emergency?

A. If you have a medical emergency and a facility is making it difficult to seek immediate treatment, please call at the number on your benefits ID card and we will contact a representative at the facility.

Q. What does it mean that my health plan includes price protection?

A. Overinflated hospital bills cause health plans to raise rates and members to pay more. We help to lower your out-of-pocket costs by reviewing medical claims to make sure you only pay what is fair and reasonable.

If you are ever billed for more than the out-of-pocket responsibility that is listed on your Explanation of Benefits, or have a question about a bill, notify us right away at the number on your benefits ID card.

Q. What types of medical bills are reviewed?

A. We review expenses from facilities including:

- hospitals
- outpatient surgery centers
- skilled nursing facilities

Q. I received a provider bill that doesn't match my Explanation of Benefits. What should I do?

A. Sometimes when you see a provider, they may bill you for charges that exceed your plan's allowable limits. This is called a "balance bill". If you receive one, call us at the number on your benefits ID card and we'll start the process of working to resolve it on your behalf.

Q. How do you help with balance bills?

A. If you receive a balance bill, call us at the number on your benefits ID card. We will work on your behalf to resolve billing issues directly with healthcare facilities, including with legal representation if needed. It is very important that you send us any bills or notices as you receive them so we can get to work on your behalf right away. We'll keep you updated throughout the process.

Q. What if I have a question about a chronic condition or newly diagnosed medical issue?

A. Our team specializes in assisting clients with specific care needs to receive support. We have programs and services to support oncology patients, diabetic patients, and other medically complex patients specializing in their area of need.

We're here for you with expert service and support.

Use the contact information on your **Benefits ID card** to get in touch with a member experience representative.

