

Frequently Asked Questions

Members



Q. What is different about my medical plan?

A. There are some important differences between the new medical plan and a traditional Preferred Provider Organization (PPO) plan. The new plan was chosen to better manage costs and provide a greater level of support to all plan members.

- **Imagine360 is the new plan administrator.** We will process medical claims, send payments to providers and send you Explanation of Benefits (EOBs) documents. In addition, we provide price protection. We help to lower out-of-pocket costs by reviewing all medical claims for errors or overcharges and verify that provider reimbursements do not exceed the plan's allowable limits.
- **Quantum Health will provide customer service.** Quantum Health was selected for our industry-leading care coordination services. The Quantum Health Care Coordinators will help you find providers, manage complex diagnoses, and answer claims, benefit and billing questions.



Q. How can I find providers or check to see if my current doctors work well with my new plan?

A. Call your Care Coordinator and they can look up your current doctors and/or help you find new providers. 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. What should I do if a provider says they don't recognize or accept my insurance?

A. It's possible that the office staff will not recognize your ID card, but they simply have to call the number on your ID card to verify your benefits. You can call as well and a Care Coordinator will help you resolve the issue.

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 your Care Coordinators at the number on your benefits ID card to confirm amounts or if the facility will not perform treatment without additional funds.

This is important because the price protection feature of your plan includes the review of provider claims for errors and overcharges. If you do pay upfront, you may overpay and it is likely that the facility will not reimburse you.

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 if you have a question about a bill, call your Care Coordinators 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
- physicians (depending on your plan)

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

A. Most of the time, providers accept the adjusted payment. Sometimes when you see a provider, they may bill you the difference between what they charged and what the plan paid. This is called a "balance bill." If you receive one, call your Care Coordinators at the number on your benefits ID card and we'll start the process of working to resolve it on your behalf.

There is a team of advocates to help resolve billing issues and contact providers. You simply need to look out for balance bills and notify a Care Coordinator.

Q. How do you help with balance bills?

A. If you receive a balance bill, call your Care Coordinators 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 care coordination team specializes in assisting members with specific care needs to receive support. We have programs and services to support chronic conditions, and other medically complex patients specializing in their area of need.

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

Call your Care Coordinator at the number on your benefits ID card.

