

Frequently asked questions

What is a Referenced Based Pricing Plan?

Your health plan has eliminated Preferred Provider Networks (PPO) for medical facilities and physicians, allowing you to access any provider you choose. All payments to providers are based on Medicare pricing, plus an incentive bonus over and above the Medicare allowable amounts.

Why is my employer offering this plan instead of the previous PPO?

This plan allows your employer to manage the ballooning cost of healthcare while providing quality benefits to employees and their families.

Can I only go to a doctor or hospital that is in network?

No. There is no network. Employees enrolled in the health plan have the freedom to seek care at any doctor, hospital, or medical facility they choose.

What should I do if scheduling or billing doesn't recognize my health plan?

Please tell your provider that your health plan allows you to seek care from any provider and that there are no reduced out-of-network benefits. They should collect any applicable copay and submit a claim through the TPA, HealthComp, with the information on your ID card.

If the provider still has questions, have them call HealthComp Customer Service immediately at 800-843-3831. The phone number is also on your health plan ID card. Make sure you present your ID card at every visit or service.

Who should I contact for questions about my plan benefits or my medical coverage?

You should call HealthComp. There is a dedicated customer service team that is ready to assist you with any questions regarding your medical coverage or plan options. Call 800-843-3831.

How will I know what my health plan has paid?

After any medical service, you will receive an Explanation of Benefits (EOB) from HealthComp. Your EOB statement is a breakdown of what medical treatments were billed and what benefits were paid, along with an indication of what you, the patient, are responsible for.

What is balance billing?

Balance billing is when a provider bills a member for the difference between what the health plan allows for a medical service versus what the provider chooses to charge. In essence, it's when the provider charges more than what the Explanation of Benefits (EOB) indicates is patient responsibility.

Example: Your hospital charges are \$100 and the plan allowable at 140% of Medicare is \$70.00. If the provider bills you the \$30 difference between the charged amount and the plan allowable, they are balance billing.

Deductibles, copays, and coinsurance are not examples of balance billing, and you are still responsible for these cost-sharing items.

Frequently asked questions

What should I do if I receive a balance bill?

If you receive a bill from your provider, either a physician or medical facility, you need to compare it to the EOB that you received from HealthComp.

If you are asked to pay more money than is shown as patient responsibility on your EOB, you need to call HealthComp at 800-843-3831. HealthComp will review and validate if you've received a balance bill before transferring you to our Balance Bill Support Team. You will then likely need to send the bill to this team via email or fax.

What happens when I contact HealthComp about a balance bill?

HealthComp and your other health partners will work on your behalf to resolve the billing dispute with the provider. A customer service representative will walk you through our process and engage the Balance Bill Support Team, who will keep you updated until a resolution is achieved.

What should I do if a facility requests payment up front?

Do not pay anything other than your copay up front. The facility should call HealthComp Customer Service at 800-843-3831.

IMPORTANT:

It is important for employees to open any and all mail in order to check for any balance bills. If you receive a balance bill for any medical services, it is VERY important that you call HealthComp at 800-843-3831.