



# 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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### Identify Your Provider

Choose any hospital or doctor, current physician included, without restriction. You aren't forced to choose from an approved list of networks or providers. All hospitals and doctors are covered under your health plan up to the plan's allowable reimbursement amount.

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### Schedule Your Visit

Make an appointment. Share your new health plan information with the facility. The facility can call the toll-free Customer Service number on your ID card to verify your eligibility and benefits.

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### Need Support?

Member Advocates are available to answer your questions about your health plan. They can also reach out to your doctor regarding your health plan and try to gain their acceptance of your plan rate as payment in full. No need to wait to schedule your appointment.

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### Provider Education

Member Advocates can help educate your doctor or hospital about your health plan and answer questions about how your plan reimburses, or pays, them.

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### Billing

You are responsible for:

- Co-pays
- Co-insurance to be applied to the outstanding claim
- Any remaining amount to be applied to your deductible

Most facility providers accept the Plan allowable amount in full. If you receive a balance bill, contact your administrator using the Customer Service number on your ID card to be assigned to a dedicated Member Advocate. Your Advocate will communicate with the facility provider in an effort to write off or lower the balance bill amount.

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### Healthier, Happier You





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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 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](mailto: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](mailto: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?**

Contact your health plan as soon as you receive notification that you are receiving a balance bill from your doctor or hospital. 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.





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### 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](mailto:pc-patientadvocacy@zelis.com)

