

Frequently Asked Questions for Reference Based Pricing Plans with HealthSCOPE Benefits

What is a Referenced Based Pricing Plan?

Your health plan has eliminated Preferred Provider Networks (PPO) for facilities and physicians allowing you to access any provider you so choose. All payments to any provider are based off of 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 still continuing to provide quality benefits for you and your family.

Can I only go to a Doctor or Hospital that is in network?

No. There is no network.

Employees enrolled in the HealthSCOPE Basic, Standard and Premier plans have the freedom to go to any doctor, hospital or facility they choose.

What should I do if my Provider doesn't recognize my insurance?

Please tell your Provider that your health plan is an open access plan and that there are no reduced out-of-network benefits. They should collect the applicable copay and submit a claim through HealthSCOPE.

If the Provider still has questions, have them call HealthSCOPE immediately at 800-592-3612. The phone number is also on the front of your Health Insurance ID card. Make sure you present your ID card at every visit or service.

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

You should call HealthSCOPE. There is a dedicated customer service team at HealthScope that is ready to assist you with any questions regarding your Medical coverage or plan options. Call 800-592-3612.

How will I know what my Health Insurance has paid?

After any medical service, you will receive an Explanation of Benefits (EOB) in the mail from HealthSCOPE. The statement that will be sent by HealthScope is a breakdown of what medical treatments were billed and what benefits were paid, along with indicating what you, the patient, is responsible for.

What is a balance bill?

A balance bill is when a Provider bills a member for the difference between what the health insurance 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 Benefit (EOB) indicates is patient responsibility.

Example: Your hospital charges are \$100 and the plan allowable at 150% of Medicare is \$70.00. If the facility 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.

What should I do if I receive a balance bill?

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

If you are asked to pay more money than what is shown as patient responsibility on your EOB, you need to call HealthSCOPE at 800-592-3612. The customer service team will likely need you to send the bill via email or fax.

What happens when I contact HealthSCOPE about a balance bill?

HealthSCOPE's customer service team will work with your provider directly regarding the balance bill. You will be updated along the way.

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 HealthSCOPE at 800-592-3612.

IMPORTANT: It is important for employees to open any and all mail in order to check for any balance bills. If they receive a balance bill for any medical services, it is VERY important that the employee call HealthScope at 800-592-3612.