

KNOW YOUR PLAN

Value-Driven Health Plan with PHCS Network for Value-Driven Health Plans

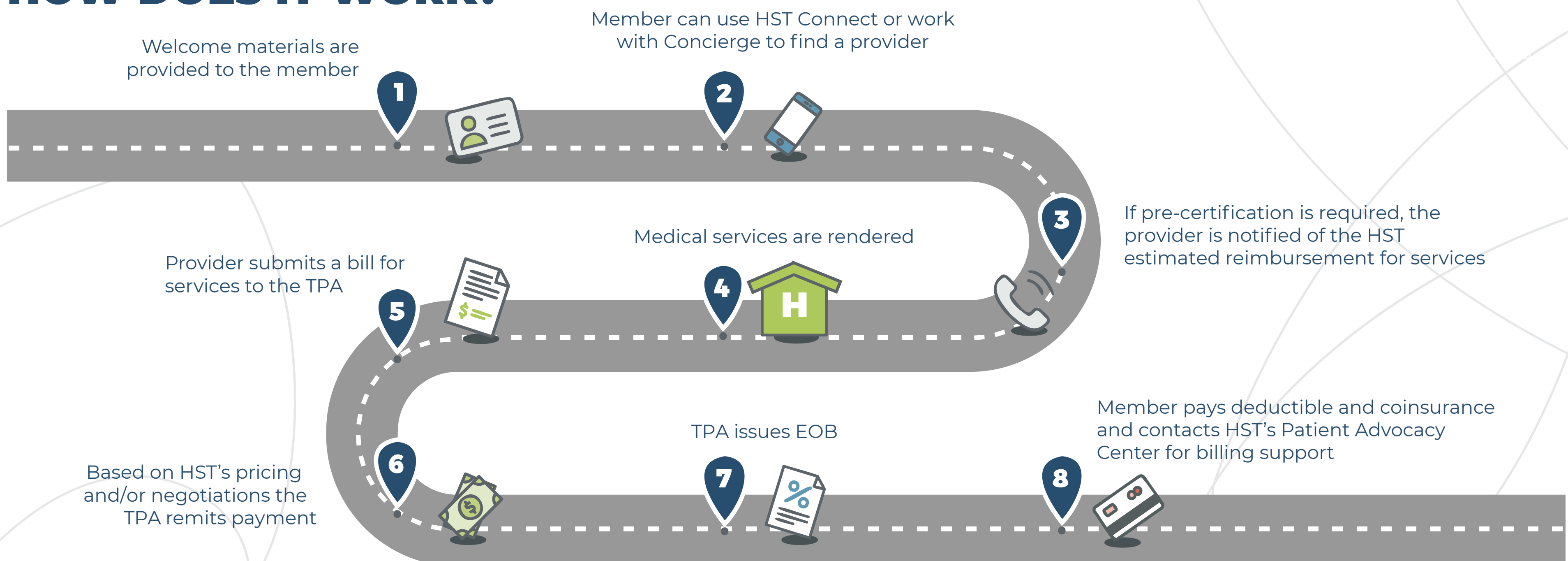
WHAT ARE VDHPs?

Value-Driven Health Plan services (VDHPs) establish price for services by reimbursing facilities based on the value and quality of care. The process is fully transparent and based Medicare and Cost information plus a percentage. The end result is a price that is fair to both the facility and the member.

WHAT DOES THIS MEAN FOR YOU?

Value-Driven Health Plan services are revolutionizing the way you shop for healthcare by bringing transparency and affordability to the consumer. Members enjoy lower out-of-pocket costs at facilities, reflected in coinsurance payments, and are well educated on how to handle unexpected medical bills.

HOW DOES IT WORK?



PHYSICIANS

The PHCS Network for Value-Driven Health Plans will still be utilized for physician and other non-hospital provided services. Your out-of-pocket expenses will be less when you see a physician within the network.

Here are a few examples of covered services:

- Primary Care Physician
- Specialist
- Pediatrician
- Chiropractor
- Dermatologist
- PT/OT
- OB/GYN
- Therapist
- Urgent Care
- Laboratory

FACILITIES

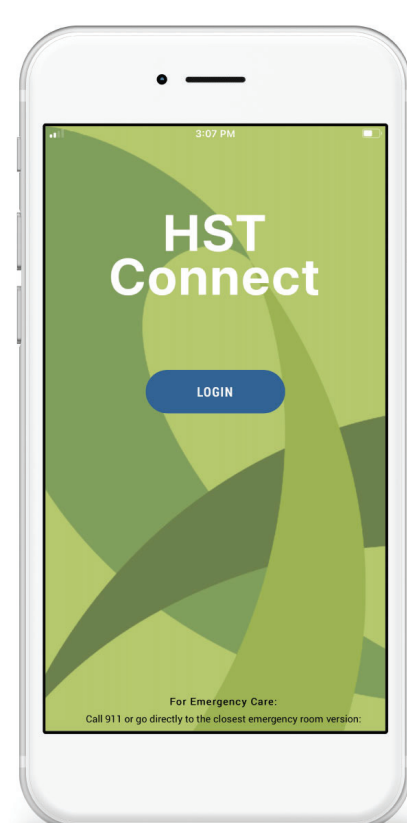
For inpatient and outpatient services, your Plan is open access, allowing you to choose any facility. VDHPs ensure that you are not over paying for your medical services. Here are few examples of covered services: **Hospitals, Surgery Centers, Emergency Room**

VDHP FREQUENTLY ASKED QUESTIONS

How do I search for a provider?

Use HST Connect for access to quality, cost effective healthcare in the palm of your hand. The HST Connect mobile app features include:

- ▶ Search for a provider in-network or with high acceptance rates
- ▶ Compare quality ratings and pricing for specific procedures
- ▶ View deductibles, copays and other plan information
- ▶ Direct dial providers and get driving directions
- ▶ Prescription pricing estimates
- ▶ Look up information about procedures
- ▶ Communicate and receive notifications from Patient Advocacy Center (PAC)
- ▶ Submit balance bills directly to PAC through the app
- ▶ Access to HST's Provider Acceptance Rates



Will my current providers accept VDHPs?

Providers are required to adhere to your benefit plan. If a provider has questions, they can confirm your coverage by calling the phone number on your identification card. If an agreement can not be made, alternative accepting providers in your area will be recommended.

What happens if a provider balance bills me?

If a provider bills you for an amount above the patient responsibility identified on your Explanation of Benefits (EOB) don't pay the bill! Instead, contact our Patient Advocacy Center (PAC) and a Patient Advocate will take over your case and deal directly with the provider so you don't have to.

HST's Patient Advocacy Center (PAC)

PAC is an exceptional service HST offers to members of VDHPs if they receive an unexpected bill. PAC's role is to educate, communicate, negotiate on behalf of, and represent the member in the rare instances of balance billing. A Patient Advocate will contact the provider and act as a liaison between the provider and member. Members can feel confident that they have an advocate making sure they are being billed fairly for medical services. PAC communicates with members via: HST Connect, emails, phone calls and text messages.

How does HST price claims?

HST's pricing methodology uses Medicare and/or cost plus a percentage to determine a fair and reasonable price for a medical services.

How do I know how much I will be charged for my procedure?

By utilizing HST Connect you can view your estimated cost up front. You will be responsible for your copay, deductible and coinsurance up to the annual out-of-pocket max.

Phone: (800) 440-7427

Monday-Friday, 5:30 am - 5:00pm PST

Download the [HST Connect app](#)

Email: pac@hstechnology.com