



Value-Driven Health Plan

with the PHCS Network for Value-Driven Health Plans

Open Enrollment Information

Welcome to Open Enrollment!

We have worked hard to provide you excellent benefits packages that provide quality care at an affordable price.



Each year during open enrollment you have the opportunity to:

- Enroll in the health plan (if you're not already enrolled)
- Change coverage options
- Add or remove dependents (spouse or children)
- Waive your benefits if you receive coverage elsewhere

Please read this guide carefully to learn about your health plan options. Remember the next opportunity you will have to make changes to your benefits will be during next year's open enrollment.



Your Plan Providers:



HST

HST, a MultiPlan Company, has been at the forefront of providing Value-Driven Health Plan services that reduce healthcare costs while establishing sustainable benefit plans. HST's pricing technologies provide cost benchmarks to objectively determine the value of medical services and introduce pricing accountability.



The PHCS Network for Value-Driven Health Plans

The PHCS Network for Value-Driven Health Plans is the only independently-contracted primary PPO network designed exclusively for use with HST's Value-Driven Health Plan services and to have been accredited by NCQA for credentialing – a status we've held continuously since 2001.

Features of Your Plan

Value-Driven Health Plan services – VDHPs – are a transparent way to determine the price of service by reimbursing providers based on the value and quality of care that they provide. HST’s pricing methodology uses Medicare+ and Cost+ information to determine a fair and reasonable price for medical services.

VDHPs allow you to search for healthcare by providing access to mobile and web-based provider searches that focus on the quality of care, cost estimation, and HST acceptance ratings. You also have access to personalized communications regarding your plans and to HST’s Patient Advocacy Center – dedicated to negotiating with providers/facilities on your behalf in the unlikely case of a balance bill.

What will you pay for care?

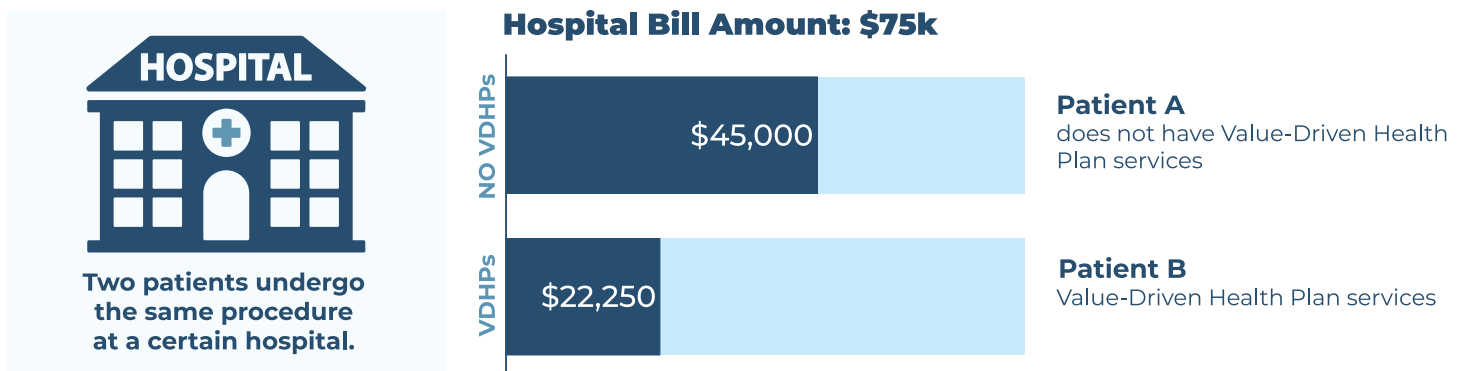
Your costs will vary based on procedure and hospital, but they may be lower with your new plan. As you can see, VDHPs can save you hundreds of dollars. You would only be responsible for your deductible and coinsurance, up to the annual out-of-pocket maximum. The end result is a price that is fair to both the provider and the member.

Member A&B are both billed \$75,000 for a procedure.

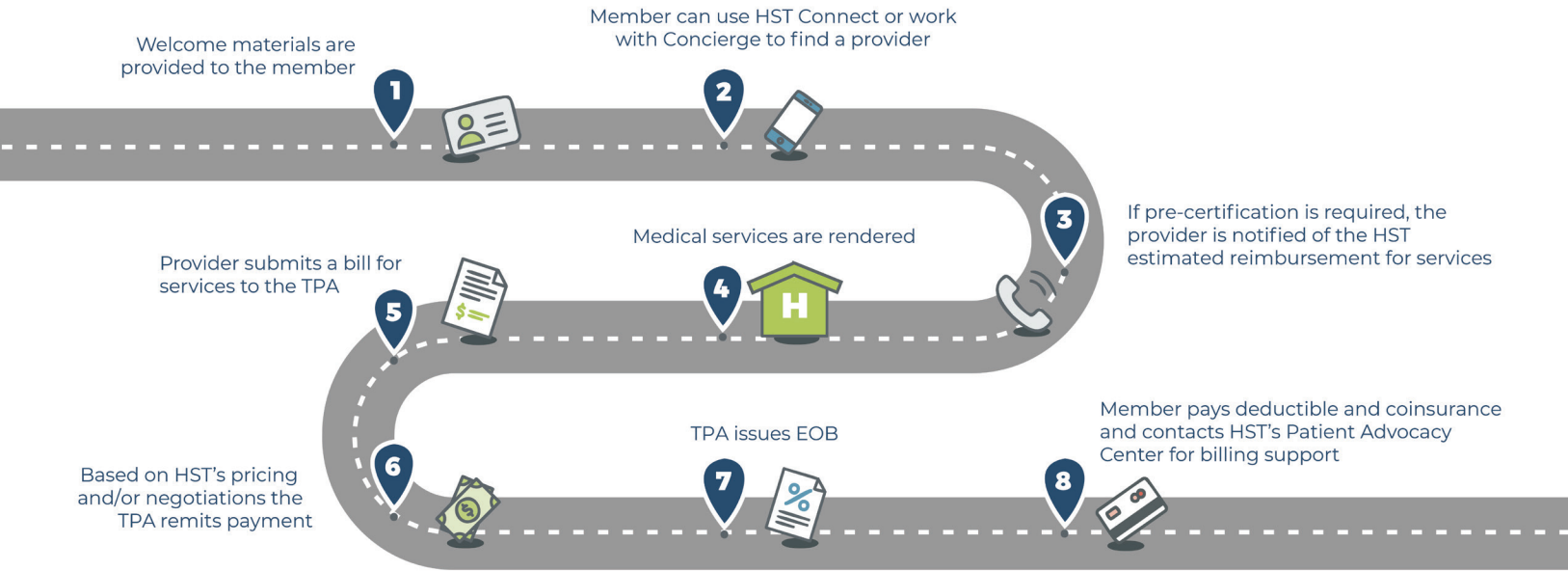
Member A’s plan pays \$45,000 which is paid based on a 60% discount off of billed charges (traditional approach).

Member B’s plan pays \$22,250 which is based on 140% of Medicare (VDHPs approach).

The difference between the payments or the savings achieved by using Value-Driven Health plan services is \$22,750.



The Member Experience



Physicians still use the PHCS Network for Value-Driven Health Plans

Value-Driven Health Plan services payments only affect care at hospitals (and out-of-network physician claims).

Physicians and other non-hospital providers are covered under the PHCS Network for Value-Driven Health Plans. You may pay less for care when you see a physician within that network.

Patient Advocacy Center

HST's Patient Advocacy Center (PAC) is a service available to you for those rare instances of balance billing. A balance bill is a bill you may receive for an amount above what is listed as the patient responsibility on your Explanation of Benefits. PAC's responsibility is to ensure that excessive hospital charges are not passed on to you. Since our plan is based on fair and transparent pricing, you should not have to worry about any unexpected bills.



What should I do in the rare instance I receive a balance bill?

If you receive a balance bill, DO NOT PAY IT! Instead immediately contact PAC. You do not need to contact your provider. A Patient Advocate will be assigned to your case and will directly deal with the provider to resolve the issue while keeping you informed every step of the way.

Will my credit be affected?

No, the Federal Fair Credit Reporting Act mandates that the provider nor their agent may threaten your credit rating or report you as delinquent while your claim is being disputed.

Will the provider know an HST Patient Advocate is involved in my case?

Yes, an HST Patient Advocate will contact the hospital via phone and in writing informing them that they will be the liaison between you and the provider. The Patient Advocate will insist that all communication with you cease immediately.

Will I be notified when the dispute has been resolved?

Yes, an HST Patient Advocate will notify you of the final resolution.

Information to Provide PAC

PAC understands your situation and is there to help you. In order to best assist you, please provide the following information:

- Your full name
- Your employer's name
- The date(s) services were provided
- A copy of the bill
- A copy of the EOB (if available)
- Your phone number and email address so we can update you throughout the process.

Contact Patient Advocacy Center (PAC)

PHONE: (800) 440-7427

FAX: (949) 891-0420

pac@hstechnology.com

HST Connect Mobile App or

HSTconnect.com



Healthcare Pricing At Your Finger Tips!

HST brings pricing transparency and comparative shopping to healthcare services! HST Connect is a mobile app as well as a web-based provider look up tool which offers you 24/7 access to pricing comparisons, key health plan information, and provider acceptance and quality ratings. This tool is offered in both English and Spanish.

Comparative Shopping for Care

When you are scheduling a service at a hospital, for example knee surgery or maternity care, where you go will affect what you pay. Usually your doctor will recommend a facility for your procedure. Using the HST Connect App you can view facility costs and identify hospitals that accept VDHPs. By choosing wisely, you can keep your costs as low as possible.

App Features

Find a Procedure or Provider

Search for a provider in your geographic area, by specialty or procedure.

Procedure Price Comparison

You can search for the procedure you need, view the estimated out-of-pocket cost and total price difference at each facility in your area.

Member Information

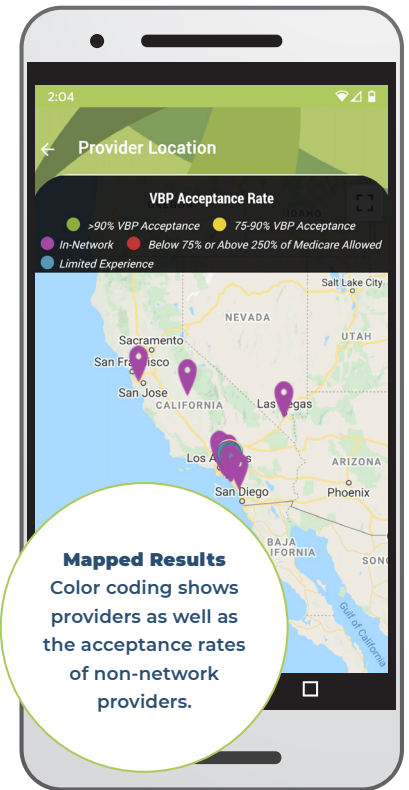
Select a primary care provider, access your insurance card, and view your deductible, copays, and co-insurance information.

Procedure Information

Learn about procedure costs and gain access to medical reference articles and detailed descriptions of the procedure from MedlinePlus.

Review Quality Ratings

Review the star rating of providers in your area to find the one with the highest quality of care as reported by the Centers of Medicare & Medicaid Services (CMS).



Turn-by-Turn Directions

Navigation from your location to a provider is available through Google and Apple Maps.

Review VDHPs Rate

View providers that have experience with Value-Driven Health Plan services in your area. Color coding on the app will show you providers that accept VDHPs.

Prescription Pricing Information

Look up prescription pricing estimates from FamilyWize.

Notifications

Receive secure updates from your Patient Advocate.



Scan here to
download, or find it
in the App Store or
Play Store

Value-Driven Health Plan Services Frequently Asked Questions

What are Value-Driven Health Plan services?

Value-Driven Health Plan services (VDHPs) establish prices for the services offered by providers under a health plan. Plan services work by reimbursing providers based on the value and quality of care. The process is fully transparent and based on Medicare and Cost+, so the end result is a price that is fair to both the facility and the patient.

Are VDHPs applied to all medical claims?

No, VDHP pricing only applies to facility claims such as hospitals, surgery centers, outpatient facilities, and dialysis. Unless specified by your PPO Plan, physician claims will still be priced based on your PPO network. Your normal physician access has not changed.

What are the benefits of Value-Driven Health Plan services?

We're always checking to make sure providers are charging you a fair price for your medical services and not billing you for anything above your patient responsibility. VDHPs allow you to compare prices for medical services the same way you would shop for any major purchase. Think of it like buying a car. You compare prices to make sure you are getting the best price available.

Are providers familiar with Value-Driven Health Plan services?

Yes, providers are required to file their costs and pricing information with the Centers for Medicare & Medicaid Services (CMS) and comply with numerous state pricing transparency requirements.

Will my provider accept VDHPs?

Providers are expected to adhere to your benefit plan and if they have questions they can obtain clarification of your coverage by calling the telephone number indicated on your ID card.

What happens if a provider balance bills me?

If the provider attempts to balance bill you for an amount above what is listed as your patient responsibility, immediately reach out to the Patient Advocacy Center. A Patient Advocate will work directly with the provider to resolve the discrepancy and handle all inquiries from the provider while keeping you informed. With our Balance Bill Protection Service, you will not be responsible for any amount above your patient responsibility (co-pay, deductible and co-insurance).

What if a provider does not accept VDHPs?

If the provider and the plan can not come to an agreement we will assist you with choosing an alternate provider.

Contact Patient Advocacy Center (PAC)

PHONE: (800) 440-7427

FAX: (949) 891-0420

pac@hstechnology.com

HST Connect Mobile App or

HSTconnect.com

Find a Provider

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