Welcome to the Catholic Diocese of Jackson Employee Health Benefit Plan!

This member education packet provides you with resources to navigate your health plan.

Assured Benefit Administrators (ABA) is the claims administrator for the Catholic Diocese of Jackson Employee Health Benefit Plan, (the "Plan").

Here's what's included in your education packet:

- ✓ A Step-by-Step Guide to How Your Plan Works
- ✓ FAQs

Your Plan is a **Reference-Based Pricing (RBP) plan** that bases payments to facility providers on the Medicare fee schedule plus an incentive bonus over and above current Medicare allowable amounts.

Your Plan has selected CareValent, a Payer Compass Company, as your Patient Advocacy program partner. As your Patient Advocates, they can assist you in several ways:

- Offer guidance and assistance with referral to facility providers that will accept your Plan's reimbursement rate as payment in full
- Educate you and your facility providers about your Health Plan payment methodology
- Advocate on your behalf as a liaison between you and your facility providers about your Plan
- Provide assistance and support should you receive a balance bill from your facility provider

TAKE NOTE - **Assignment Of Benefits (AOB)** means that you give your right to receive payment of eligible plan benefits to your provider, less your personal responsibility for any deductibles, copays, or coinsurance.

If your facility provider accepts the AOB from you, their rights to receive benefits from the plan are the same as yours. The Plan Document, your ID card, and other correspondence advises facility providers that they can only accept AOB from you if they agree to treat the AOB as payment in full. Despite accepting AOB as payment in full, some facility providers may attempt to further collect funds from you, above and beyond the maximum amount payable by the Plan or any copay, coinsurance, or deductible you may owe. This is called **balance billing**.

Remember - you are responsible for any amount applied to your deductible, copay, or co-insurance.

Patient Advocates are available to answer your questions at the toll-free number 866-347-4551.

GUIDING YOU TO A BETTER UNDERSTANDING OF YOUR EMPLOYEE HEALTH BENEFIT PLAN

Catholic Diocese of Jackson Employee Health Benefit Plan

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HOW YOUR REFERENCE-BASED PRICING PLAN WORKS

Confidence and Care for Plan Members

Your Health Plan will no longer use a PPO Network for facilities (hospitals, surgical centers, etc.).

You can go to any covered facility you choose and receive full plan benefits

Call your Patient Advocate for questions about your plan and assistance with your facility providers

Facility providers may contact Patient Advocacy for questions about your plan

Most facility providers accept the plan allowable amount as payment in full

Should you receive a balance bill from your facility provider, the *difference between plan allowable and provider's charge*, there is a process in place to assist you

If you do receive a balance bill, contact your TPA immediately using the Customer Service toll free number on your ID card

Your Patient Advocate will contact you with next steps

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FREQUENTLY ASKED QUESTIONS ABOUT REFERENCE-BASED PRICING PLANS

Q: Why is my employer offering this plan instead of a PPO plan?
A: This program allows your employer to continue providing you with quality benefits while controlling costs for you and your family.

Q: Is there a network or list of facilities that I can choose from?
A: This plan does not use a PPO Network; it allows you to go to any covered facility you choose, so there is no network list you have to keep track of.

Q: Who is the Patient Advocate?
A: CareValent, a Payer Compass Company, will assign a Patient Advocate to you for support and guidance with facility providers for your new plan. Here are a few of the services the Patient Advocate can provide:

- Help you understand your plan and how it works
- Support you if you receive a balance bill from your facility provider

Q: What is a balance bill?
A: When a facility bills you for any amounts over the plan's allowance for the service rendered, this is called a balance bill.
Example: Hospital charges are $100 and the plan allowance at a certain percentage of Medicare is $70.00. If the facility provider bills you the $30 difference, they are balance billing. You will be able to see the amount that exceeds your plan maximum and the allowable amount on the explanation of benefits (EOB) received from your TPA.

Q: What should I do if I receive a balance bill?
A: Contact the TPA at the **Customer Service** toll-free number on your ID card, and they will have you send them a copy of the balance billing from your facility provider. The TPA will then review the bill to make sure it's an actual balance billing scenario and not something such as owed co-pays, deductibles, or coinsurance. If it's a true balance bill, the TPA will forward the information to CareValent. A CareValent Patient Advocate will contact the facility provider on your behalf. The Patient Advocate may send a letter to the provider addressing the balance bill, and you will receive a copy of that letter. Your Patient Advocate will keep you informed on the status of your balance bill.

Please feel free to contact your Patient Advocate with any other questions you may have about your plan at the toll-free number on your ID card.

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