

# Pave The Way™



## A guide to your network-free medical benefit plan

We are excited to introduce your new medical benefit plan. The ClaimDOC team is here to support you through this transition as you navigate through its new features.

### ✓ **Open-Access: More Choice For You & Your Family**

Your new Open-Access medical plan does not utilize a network for providers nor facilities, this means that you have the freedom to choose any provider you wish, whether it is a primary care physician, specialist, clinic or facility. All benefits are paid at the same benefit level and there are no out-of-network penalties. As long as your provider accepts the plan and submits claims to your third-party administrator, you are only responsible for your applicable co-pays, deductibles and co-insurance.

### ✓ **Introducing the Plan to Your Providers**

As part of ClaimDOC's Pave the Way™ program, a ClaimDOC Member Advocate will reach out to your providers to ensure they have all of the necessary information regarding your new insurance plan.

**In order to avoid confusion or issues surrounding access, please allow a Member Advocate to contact your providers BEFORE your first appointment by submitting a Provider Nomination Form or giving us a call directly at 1 (888) 330-7295**

### ✓ **Balance Bills: Open Your Mail & Communicate**

Your medical plan utilizes a claim review and audit program that determines the fair and reasonable costs for the medical services you receive. A balance bill occurs when a provider or hospital receives the fair and reasonable payment from your insurance but seeks to collect additional amounts directly from you. The balance sought to be collected against you will match the "discount" determined by your plan as reflected on the Explanation of Benefits (EOB) you receive from your TPA. If you receive a bill for anything beyond your patient responsibility, immediately contact your ClaimDOC Member Advocate. We will vigorously defend you against unfounded collection activity.

# Member Advocates

Understand your benefits and get the help you need. Your ClaimDOC Member Advocates are prepared to support and assist you with your benefits questions.

- ✓ Questions related to your providers and plan acceptance.
- ✓ Assistance with finding the right provider for you and your family.
- ✓ Coordinating with your physicians to schedule appointments.
- ✓ Understanding your medical bills.



Get to know your insurance card

1 (888) 330-7295

Monday - Friday

8:00AM - 7:00PM EST

## Associate

Group #: SampleClaimDOC

Associate: John Sample  
Associate ID: SMPL0001

Office Visit Copay \$XX  
Specialist Copay \$XX  
ER Copay \$XX

### Members:

Contact Care Coordinators for any healthcare questions:  
X-XXX-XXX-XXXX  
sample.com

## Medical Plan

Submit Claims To:	Address
<b>Sample Company</b>	City, State, Zip
	EDI: XXXXX
	X-XXX-XXX-XXXX

## Pharmacy Plan

Rx Bin: XXXXXX	<b>Sample Company</b>
PCN: MRX	
Pharmacy Providers needing assistance please contact Sample at X-XXX-XXX-XXXX	

## Pre-Certification Requirements

The following procedures require pre-certification:

- In-patient admissions
- In or out-patient surgery
- Skilled Nursing Facility Admissions
- Home Health Hospice
- Durable Medical Equipment over \$500
- Oncology Therapy
- Dialysis
- Transplants
- Genetic Testing
- Partial Hospitalization Intensive Outpatient or Mental Health/Substance Abuse

## Medical Providers

For assistance with patient logistics, benefits, referrals, and pre-certification contact:  
X-XXX-XXX-XXXX  
sample.com

## Note to Providers



This Commercial Self-Funded Plan does not utilize a PPO network. All Physician charges are paid at 125% of Medicare or UCR equivalent. All other claims are reimbursed per the terms of the plan document, up to the Maximum Allowable Claim Limit and in compliance with ERISA.