

Better



HEALTH

for all, *Together*

PROGRAM OVERVIEW
For Employees and Dependents



Welcome Home!

Homestead Smart Health Plans enables you to enjoy:

1. FREEDOM FROM NETWORK RESTRICTIONS

No referrals needed! With Homestead Smart Health Plans, we help you receive care within a growing community of premier facilities and providers.

2. BETTER BENEFITS

Lower costs! Our plan offers you better benefits at a lower price because all claims are paid as in-network.

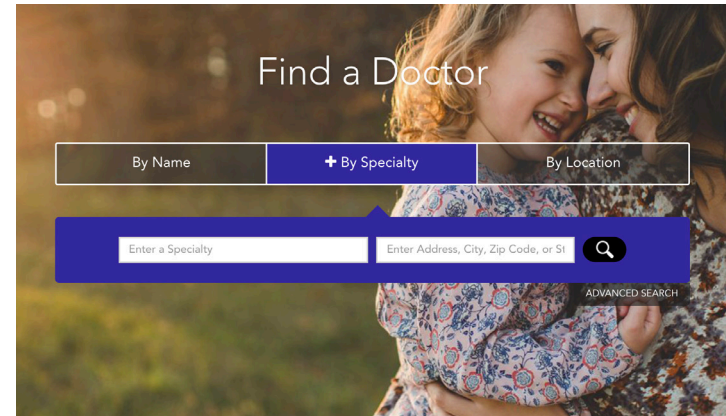
3. CARING CUSTOMER SERVICE

Let us help you! New members will be getting a call from us to welcome you to your new health benefits plan or call us at the phone number on your medical ID card.

HOW CAN I FIND A PROVIDER?

For your convenience, search for providers and facilities through our directory at www.homesteadproviders.com.

Homesteadproviders.com is our online provider look up tool. Providers can be searched by name, specialty, and geographic location. The directory includes providers that participate in the national PHCS - Practitioner Only program, a MultiPlan® program, and our own Claim Watcher program.



This directory is provided as a convenience to you. It indicates the affiliation of the provider. When you call a new provider to make an appointment, be sure to mention the Claim Watcher or PHCS - Practitioner Only affiliation when asked about your benefits coverage.

- Not able to find a specific provider?
- Concerned about an upcoming appointment?

We are with you every step of the way - just call your dedicated Concierge Team. Or you can fill out the provider assistance form included in these open enrollment materials.

If you have an upcoming appointment, please reach out to us to help facilitate your visit.

HOW DOES IT WORK?

When you visit a medical facility, tell them that you have coverage through your employer, and always present your Medical ID card. It provides the claims submission address and important phone numbers that may be needed to coordinate care with your plan. The facility should make a copy of your ID card for their records.

If you encounter any issues at your provider's office, please call us. Our Member Services team is well prepared to discuss any questions the facility may have. The facility may also choose an automated option when they call to have a statement of your eligibility and coverage faxed to them.

We encourage you to reach out to us in advance to help facilitate your visit.

PREFERRED PARTNERS

Below is a list of suggested providers who provide quality health services at low cost.



MultiPlan® PHCS-Practitioner Only network is a national network. The PHCS network offers access in all states to over 700,000 healthcare professionals, including both primary care and specialist practitioners. To look up participating providers in the MultiPlan® PHCS - Practitioner Only network, call MultiPlan® at 866-930-7427, visit www.homesteadproviders.com, or visit www.multiplan.com. On the MultiPlan® website, click on the **PHCS Network - Practitioner Only** buttons and follow the prompts to enter your search criteria.



Homestead is a preferred partner with **CVS Minute Clinic**. Visit any location inside select CVS Pharmacy® and Target stores to receive the care you need, on your schedule, for everything from minor illnesses and injuries to physicals, screenings, chronic condition monitoring, vaccinations, and more. Tell them you are a member of a Claim Watcher plan. To find the nearest Minute Clinic, go to www.minuteclinic.com.



While you can use any lab, we recommend **Quest Diagnostics Lab Card Select program**. For convenient locations, check out their website at www.labcardselect.com.

While we offer these preferred providers as a convenience, we will assist you in receiving care from the provider or medical facility of your choice. Just call the Member Services number on the front of your member ID card.

WHAT WILL THIS COST ME?

You are still responsible for any copayments, coinsurance, and deductibles just as in your old plan. The amount you are responsible for will be clearly shown on the Explanation of Benefits (EOB) you receive for a claim and marked as "Patient Responsibility." You must either pay the full amount or enter into a payment plan for this amount within 30 days of the date of the provider's bill.

WHAT HAPPENS IF I AM REFUSED TREATMENT?

If a facility refuses to see you, call Member Services immediately for assistance while at the provider's office.

WHAT IF I RECEIVE BILLS OR COLLECTION NOTICES FOR UNPAID CHARGES?

Be sure to open your mail! In the rare event this occurs, contact our Claim Watcher service at 844-307-6755 immediately, so we can help you with a balance bill or collection notice. Balance bills and collection notices are time sensitive, so it is very important that you contact us immediately. You are not responsible for anything other than your patient responsibility, but we need to see any bills to protect you.

Explanation of Benefits

*This is not a bill.
Retain for tax purposes.*

John Sample
123 Main Street
City, State 12345

Group Name: ABC Company, Inc.
Member: John Sample
Member ID: 81000-000000
Date: 01/01/2020

Employee Copy

Claim #: 2020-215001882-0000	Provider: Dr. Jane Sample MD	Provider #: 111112222222
Claimant: John Sample	Patient Acct: XXXXXXXX2	

Dates of Service:	Service Description:	Total Charge:	Not Covered:	Eligible Amount:	Remark Code:	Co-pay Amount:	Co-Insurance:	Plan Payment:
1/1/2020	Office Visit	\$249.55	\$0.00	\$102.09	956	\$0.00	\$20.42	\$81.67
1/12/2020	Injection	\$24.00	\$0.00	\$4.9	956	\$0.00	\$1.10	\$3.39
1/1/2020	Injection	\$55.05	\$0.00	\$27.92	956	\$0.00	\$5.58	\$22.34
Totals:		\$328.90	\$0.00	\$130.50		\$0.00	\$26.10	\$104.40
		Patient's Responsibility: \$26.10						

Code	Description
956	Paid per Claim Watcher Audit/Review

STATEMENT

Date: 3/3/2020
Statement # [100]

Dr. Jane Sample MD
123 Town Street
Anytown, State 12345
555-666-7777
drsample@doctor.com

Bill To: John Patient
1234 Main Street
Anytown, State 12345
666-777-8888
Customer ID: 123456789

Date:	Description:	Payment/Adjustment:	Amount Due:
1/1/2020	99214 - Office Visit		\$249.85
1/1/2020	J1885 - Injection		\$24.00
1/1/2020	96372 - Injection		\$55.05
Total Bill Amount:			\$328.90
2/2/2020	INS. PMT Adjustment - Check #30069	-\$104.40	
2/2/2020	Patient Responsibility/Co-Pay	-\$26.10	
			\$198.40

Current	1-30 Days Past Due	31-60 Days Past Due	61-90 Days Past Due	Over 90 Days Past Due	Amount Due
					\$198.40

Remittance	
Statement #	100
Date	3/3/2020
Amount Due	\$198.40
Amount Enclosed	



OEGuide2020TH



www.homesteadplans.com

Better health for all, together.