ANSWERS TO MOST-ASKED QUESTIONS

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HOW TO GET STARTED WITH YOUR HEALTH PLAN

When you first enroll in a health plan with MVP Health Care®, you'll receive your MVP Member ID card in the mail.

This card—and your member information—are the keys to accessing all of your MVP health benefits. Keep your card in a safe place. You will need to present it for services and to reference information such as your Member ID number, your cost-sharing requirements (or where to find that information), as well as our Customer Care Center phone number.

More easy ways to make the most of your MVP health plan:

Download the myMVP mobile application ("app") for quick access to your ID cards, doctor search and more. This is helpful if you forget your card on a trip to the doctor. You can simply pull it up on your smartphone or mobile device with the myMVP app.

To download the free myMVP mobile app, go to the app store on your mobile device and search for **myMVP.**

Register for an online account to manage your benefits and sign up to get communications, such as our member newsletter, by email. All you need is your MVP Member ID number (from your ID card) and a valid email address to get started.

As a registered user of our website, you can view your benefit information, claims status, referrals/prior authorizations and more. MVP makes it easy to manage your health plan online!

To register for an online account, click *Log In* on our homepage at **www.mvphealthcare.com,** then click *Register to Create an MVP Health Care account*.

Questions about your health plan?

Call the Customer Care Center at the phone number shown in the Member section on the back of your ID card.

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MVP® HEALTH CARE

HIGH-DEDUCTIBLE HEALTH PLANS (HDHPs)

FREQUENTLY ASKED QUESTIONS

HOW DO I ACCESS HEALTH CARE WITH AN HDHP?

In many ways, your HDHP with MVP Health Care® works like a traditional health plan. If you need health care, you will visit a provider in your network and present your MVP ID card. The difference is that you will be paying out-of-pocket for any health care services you access until you meet your annual deductible. If you choose to see an out-of-network provider, your benefits are provided at the out-of-network level, with higher out-of-pocket costs. Once you've met your deductible, you will return to a more traditional payment structure—with simple copays or coinsurance, according to the terms of your plan.

Note: Most preventive health services, like regular check-ups and health screenings, are covered in full, not subject to a deductible.

For more information on what is covered under preventive health services, go to **www.mvphealthcare.com** and click *Live Healthy* under *Members*, then *Preventive Health*, Once on the *Preventive Health* page, click *Preventive Health Services for Members*.

WHEN I ACCESS HEALTH CARE, HOW WILL I KNOW HOW MUCH I HAVE TO PAY?

You will receive an Explanation of Benefits (EOB) from MVP in the mail 3-4 business days after the claim has been processed. The EOB shows MVP's negotiated rate for the services you accessed and the amount you are responsible for paying. The EOB may look like a bill, but it is not. Your health care provider will send you a bill for the amount shown on the EOB, and you can pay according to the terms required by the provider (check, credit card, etc.).

Note: If your health plan includes prescription benefits, you will pay at the pharmacy when you pick up your medication.

WHAT IS A DEDUCTIBLE?

A deductible is the amount you must pay out-of-pocket before MVP starts paying any benefits. For example, if the deductible is $3,000 for family coverage, that means you must pay $3,000 before MVP pays a benefit.

WHAT IS COINSURANCE?

After you have met your deductible, you will share the cost of your medical expenses with MVP. This is called coinsurance. For example, after you meet your deductible, MVP will pay 80 percent of your expenses and your coinsurance will be 20 percent of your expenses.

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WHAT IF THE HEATH CARE PROVIDER REQUIRES ME TO PAY AT THE TIME OF MY VISIT?

While most providers will wait until your EOB is processed before sending you a bill, some providers may require full or partial payment at the time of your visit. Any amount you pay will ultimately count toward the bill generated by the provider. If you overpay for the service, the provider should reimburse you for the amount you overpaid.

HOW DO PRESCRIPTIONS WORK WITH AN HDHP?

If your health plan includes prescription benefits, you will present your MVP ID card to your pharmacist, just like you would with a traditional health plan. However, many prescription medications are generally subject to a deductible. So you will pay the full cost of prescriptions out-of-pocket until you meet your annual deductible. Once you've met your deductible, you will begin paying copayments or coinsurance for covered medications, according to the terms of your plan. In either case, you will be required to pay when you pick up your medication. Consult your plan materials or ask your employer for more details.

HOW CAN I KEEP TRACK OF MY DEDUCTIBLE THROUGHOUT THE YEAR?

The best way to stay informed about your deductible, as well all your medical claims and other related information, is to register for an MVP online account. All you need is your Member ID number (found on your ID card) and a valid email address to get started.

To register for an online account, go to **www.mvphealthcare.com** and click *Log In,* then *Register to create an MVP Health Care account*.

As a registered user of our website, you can view your benefit information, claims status, referrals/prior authorizations and track your progress toward your plan's deductible.

Note: It's important to know where you are in relation to your deductible before you visit the doctor.

HOW CAN I USE THE FUNDS IN MY HEALTH REIMBURSEMENT ARRANGEMENT (HRA) OR HEALTH SAVINGS ACCOUNT (HSA) TO PAY FOR MY MEDICAL EXPENSES?

Ask your employer if you have access to one of these spending accounts and for details about how you can use the funds to pay for qualified out-of-pocket medical expenses.

For more information about spending accounts, visit **www.mvphealthcare.com** and click *Learn About Out Plans* under *Members*, then *Spending Accounts*.

Questions about your health plan?

Call the Customer Care Center at the phone number shown in the Member section on the back of your ID card.

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MVP® HEALTH CARE

FIND OUT IF YOUR HEALTH PLAN COVERS OUT-OF-NETWORK COSTS

An important part of understanding health care costs is knowing if you are working with an in-network or out-of-network provider or facility.

An out-of-network provider is one not contracted with MVP.

Typically, if you visit a physician or other provider within the network, the amount you will be responsible for paying will be less than if you go to an out-of-network provider.

Here are three places to learn about your in- and out-of-network benefits:

1. **Certificate of Coverage (Contract)**

   This is a document sent to you by MVP explaining what is covered for a medical service, and how the payment amount and patient responsibility amount are determined. This detailed document will explain if you have any out-of-network benefits and how much they will cost.

2. **Summary of Benefits**

   This short document (usually two pages) was sent to you by MVP and provides a brief summary of your covered services. If out-of-network benefits are NOT listed on this summary, you are not covered, unless it is an emergency.

3. **Your Health Care Providers**

   When you are visiting your doctor or other health care provider, be sure to ask:

   - If they are considered a participating provider for your health plan
   - If the specialists, labs or other health care facilities they refer you to are participating with MVP

Questions about your health plan?

Call the Customer Care Center at the phone number shown in the Member section on the back of your ID card.

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MVP® HEALTH CARE

HMO VERSUS EPO PLANS: OUT-OF-NETWORK BENEFITS

You may see the terms “in-network” and “out-of-network” in your health plan materials and on MVP’s website. But what do these terms mean? And how do they affect how much you have to pay for your care?

Health plans contract with doctors, hospitals, clinics and other health care providers such as pharmacies, labs and medical equipment vendors. This group of contracted health care providers is known as the health plan's "network."

What is an HMO Network?

- Health Maintenance Organizations (HMO) plans typically feature a large, regional provider network. Most HMO plans require members to pay a copay, coinsurance or a deductible for certain medical services.
- Only visits to professionals within the HMO network are covered by the policy. All visits, prescriptions and other care must be cleared by the HMO in order to be covered.
- If your health plan ID card shows your plan type as a health maintenance organization (HMO), then you are required to choose a primary care physician (PCP).
- Your PCP acts as your “gatekeeper” and will refer you to specialists who participate in the MVP network of health care providers, as needed
- Except for certain types of care that may not be available from a network provider (which would require prior authorization to determine coverage), you are not covered for out-of-network services (except for emergency services).

What is an EPO Network?

- If your health plan ID card says EPO or PPO, this allows you to choose from a network of providers with which MVP has contracts.
- It is your (the member’s) responsibility to make sure the providers and facilities you use are in-network. You have to act as your own “gatekeeper” if you decide to go to a different provider.
- You can choose doctors, hospitals and other providers from the EPO network or from out-of-network. If you choose an out-of-network provider, you most likely will pay more.

  Go to **www.mvphealthcare.com** and click *Find a Doctor* to search for health care providers.

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How to Avoid Out-of-Network Costs

- Before you receive care, don't just ask whether your provider "works with" MVP. Instead ask whether they are part of your plan's network.
- Don't assume that anything your provider orders for you will be covered just because your provider participates in MVP's network. Your provider might order a blood test and send you to a lab in the same building. But that lab may not necessarily be covered by MVP.
- Ask MVP! Call the Customer Care Center at the phone number shown in the Member section on the back of your ID card.

Questions about your health plan?

Call the Customer Care Center at the phone number shown in the Member section on the back of your ID card.

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OUT-OF-NETWORK BENEFITS: WHAT YOU NEED TO KNOW

Let's start with "in-network"
An in-network health care provider is one contracted with MVP to provide services to members for specific pre-negotiated rates.

What makes a provider or facility "out-of-network?"

- An out-of-network provider is one not contracted with MVP.
- Typically, if you visit a physician or other provider within the network, the amount you will be responsible for paying will be less than if you go to an out-of-network provider.
- Though there are some exceptions, in many cases, MVP will either pay less or not pay anything for services you receive from out-of-network providers.

Why use MVP in-network providers and facilities?

- MVP has made arrangements with a large number of physicians, hospitals, laboratories and other health care organizations to provide services to our members. If you have an HMO plan, for example, you must use providers who are part of our network.
- When medically necessary, the MVP Medical Director may make arrangements for members to receive care from non-participating physicians and/or hospitals.
- In such cases, prior written approval must be obtained.
- MVP will cover emergency care for members at non-participating hospitals or health care facilities, but you must seek any necessary follow-up care from MVP providers.
- If you have an EPO/PPO plan and go to a provider out-of-network, you may pay more for their services.

What you can do to avoid unexpected costs

There are times when going outside your network for care is simply unavoidable. But the choice should be up to you, and you should make that choice an informed one.

Follow these tips to help manage your costs:

- Go to **www.mvphealthcare.com** and click *Find a Doctor* to search for participating doctors, hospitals, labs and pharmacies.

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- Ask your provider to refer you to an in-network provider first unless there is a specific reason why you need to go out-of-network.
- Before scheduling an appointment with a new provider, ask if they participate in your plan.
- If you're having a complex procedure, like a surgery, ask your doctor if **all** your providers participate, from the hospital to the lab and anesthesiologist. Your doctor may be able to change your care to in-network providers for these services.
- If you choose to go out-of-network, ask the provider's staff how much he or she will charge before your visit. Then talk to MVP to find out how much of the cost your particular plan will cover.

Most importantly, remember that you are your own best advocate. Speaking up and asking questions up-front will help you avoid being surprised at what you may owe.

Questions about your health plan?

Call the Customer Care Center at the phone number shown in the Member section on the back of your ID card.

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MVP® HEALTH CARE

WHAT IS A “PARTICIPATING PROVIDER”?

AND WHY IT MATTERS TO YOU

You may hear MVP or your health care provider sometimes refer to a “participating provider” or “par” provider, but why does this matter to you?

MVP has made arrangements with these “par” physicians, hospitals, laboratories and other health care organizations to provide services to our members for certain contracted fees. These arrangements allow MVP to charge prearranged fees for specific services. These “par” providers are also called “in-network” providers.

If you use a “non-PAR” provider or facility (one that does not have an arrangement with MVP) they will likely charge higher fees for their services. Since MVP doesn’t have an agreement with these non-PAR providers or facilities, we may cover only a portion of their fee, or none at all.

So make sure that every health care provider, specialist and health facility you use knows what health plan you have (show your MVP Member ID card) and ask: **“Are you par?”**

All of the doctors, hospitals, labs and pharmacies listed on our website are MVP-participating health care providers.

To start a search, go to **www.mvphealthcare.com** and click *Find a Doctor.* Enter your Member ID (shown next to your name on your MVP Member ID card) or select your MVP plan type from our list.

Questions about your health plan?

Call the Customer Care Center at the phone number shown in the Member section on the back of your ID card.

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WHAT TO ASK WHILE AT YOUR DOCTOR'S OFFICE

The time you have with your doctor is very important to your health. It also could be important to your financial health.

When you visit, be sure to bring up these topics:

- Make a list of questions or concerns to go over with your health care provider or nurse. It's easy to forget questions if you don't write them down.
- Take notes. This will help you to remember everything your doctor says and to follow your doctor's instructions.
- Ask your doctor to refer you to in-network health care providers first (doctors and health care facilities that have a contract with MVP to serve members of your health plan) unless there is a specific reason why you want to go out-of-network. Fees for out-of-network providers or facilities can be much higher.
- If you're having a complex procedure, like a surgery, ask your doctor if **all** your providers participate with MVP, from the hospital to the lab and the anesthesiologist. Your doctor may be able to change your care to in-network providers for these services.

Remember, you and your doctor are a team. Working closely with your doctor—asking questions, listening carefully and following his or her advice—is good for both your health and your wallet.

You can find more information about making the most of your appointment in our online health encyclopedia. Go to **www.mvphealthcare.com**, click *Members* and then *Live Healthy.* Once on *Live Healthy*, click *Health Encyclopedia A-Z* and then type "appointment" into the search box.

Questions about your health plan?

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