



**Making MUST Health Insurance
Solutions Work for You**



Making MUST Health Solutions Work for You

Having health care coverage means more than just "having insurance."

- Know HOW your health care plan works can help manage health care costs
- Planning ahead can help YOU save money when it comes to your health
- Take full advantage of your health care plan with these helpful tips:



Stay in the network

- Health plans generally use certain groups of doctors, hospitals and other health care professionals called their "provider network"
- If you visit a doctor outside of your network, you may have to pay more for your care. In some cases, you may have to pay the full cost.

Stay in the pharmacy network

- Just as important as making sure that your doctor is in your network, an in-network pharmacy can save you money.
- If you have MUST prescription drug benefits, learn about your pharmacy benefits administered by Prime Therapeutics and the Prime pharmacy network.

Know what's covered

- Make sure services or treatments are covered before you schedule them.
- Pre-authorization (pre-notification) may be needed before you receive certain tests or services. You or your doctor must call the pre-authorization (or pre-certification) number on the back of your member ID card to confirm.
- MUST (through BCBSMT) regularly evaluates the use of new/existing medical technologies to ensure that you have access to safe and effective care.

Understand health insurance costs

- Health insurance costs can be confusing.
- Knowing what premiums, deductibles, copayments and out-of-pocket maximums are and how they all work together can help you understand your plan.

Making MUST Health Solutions Work for You



- Know WHERE your health plan works
- You can help control your health care costs while at home or during travels. Here are ways to keep costs down whenever you need care:

PCP Relationship

Your Primary Care Provider (PCP) will help you stay up-to-date with annual exams and will know who you are if you call with non-emergency questions. Also, your PCP can refer you to a specialist.

Remember, it's easier to get an appointment if you're already a patient with your PCP.

Emergency Rooms

When your injury or illness is serious, call 911 or go to the nearest emergency room. You don't need a referral.

If it's not an emergency, you may be able to save money by seeing your regular doctor for colds, minor sprains and other less serious conditions.

Away from Home

Always carry your member ID card with you at all times, especially when you're traveling. If you have a life threatening injury or illness when you're traveling, go to the nearest hospital.

Please note that if the hospital is out of network, your costs may be higher. If you have questions before getting care, call BCBSMT at 1-855-322-4953.

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COMMON INSURANCE TERMS TO LEARN AND UNDERSTAND

Deductible

- The amount you owe for covered health care services before your health insurance begins to pay.
- For example, if your deductible is \$1000, MUST won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Coinsurance

- Coinsurance is the percentage of the cost that you must pay for a covered service. It applies after you meet your deductible.
- For example, it costs \$100 to see your doctor. If your coinsurance is 20%, you must pay \$20 and the insurance plan pays \$80. If you haven't met your deductible, you must pay the entire amount.

Copayment

- A fixed dollar amount you may have to pay at the time you get care. In most cases, it's a small amount, such as \$20 for a doctor's exam. You won't always have to pay copayments. Applicable copayments or the amounts you pay depends on your health plan and which doctor you see.

Out-of-Pocket Maximum

- Also called OOPM, this is the most you have to pay out of your own pocket for expenses under your MUST insurance plan during the year. Deductibles, coinsurance, copays and other expenses for in-network essential health benefits (EHBs) apply to the OOPM.

Allowed Amount

- Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider is a non preferred provider and charges more than the allowed amount, you may have to pay the difference.

Non-Preferred Provider

- A provider who doesn't have a contract to provide services to you. You'll pay more to see a non-preferred provider as they are able to bill you for applicable deductibles, coinsurance, and/or copays along with any difference in the allowable fee and their charges.

Understanding your Explanation of Benefits

An Explanation of Benefits (EOB) is a notification provided to members when a health care benefits claim is processed by Blue Cross and Blue Shield of Montana (BCBSMT). The EOB shows how the claim was processed. The EOB is not a bill. Your provider may bill you separately.



THE EOB HAS THREE MAJOR SECTIONS:

- **Subscriber Information and Total of Claim(s)** includes the member's name, address, member ID number and group name and number. The Total of Claims table shows you the amount billed, any applied discounts, reductions and payments and the amount you may owe the provider.
- **Service Detail** for each claim includes:
 - Patient and provider information
 - Claim number and when it was processed
 - Service dates and descriptions
 - The amount billed
 - The discounts or other reductions subtracted from amount billed
 - Total amount covered
 - The amount you may owe (your responsibility)
- **Summary** - Shows you what the plan covers for each claim and your responsibility including:
 - Plan Provisions**
 - The amount covered
 - Less any amounts you may owe, like deductible, copay and coinsurance
 - Your Responsibility**
 - Deductible and copay amount
 - Your share of coinsurance
 - Amount not covered, if any
 - Amount you may owe the provider. You may have paid some of this amount, like your copay, at the time you received the service.

THE EOB MAY INCLUDE ADDITIONAL INFORMATION:

- **Amounts Not Covered** will show what benefit limitations or exclusions apply.
- **Out-of-Pocket Expenses** will show an amount when a claim applies toward your deductible or counts toward your out-of-pocket expenses.
- **Fraud Hotline** is a toll-free number to call if you think you are being charged for services you did not receive or if you suspect any fraudulent activity.
- **An explanation** of your right to appeal if your health plan doesn't cover a health care claim.

Understanding your Explanation of Benefits

Sample EOB

BlueCross BlueShield of Montana
 P.O. Box 06004
 Dallas, TX 75266-0044

EXPLANATION OF BENEFITS

An EOB is a statement showing how claims were processed. This is not a bill. Your provider(s) may bill you directly for any amount you may owe. **KEEP FOR YOUR RECORDS.**

Log in to Blue Access for MembersSM at bobsmf.com to see plan and claim details or to contact us through our secure Message Center.

Have questions about this EOB? Customer Advocates are here to help! 800-409-9482

1 Jon Smith
 1234 Cedar Road
 APT #2
 Any Town, MT 59604

Sample

SUBSCRIBER INFORMATION

GROUP NAME HERE

2 Member ID#: BCS888090777V Group #: 000012345

3 TOTAL OF CLAIM(S)

Amount billed	\$7,850.00
Discounts, reductions and payments	- \$6,149.00
You may have to pay your provider	\$1,701.00

We reviewed the claim for this patient based on the additional information received regarding other group health care coverage involvement. Blue Cross and Blue Shield has negotiated discounts with this provider. The following show how this claim was adjusted.

4 SERVICE DETAIL - CLAIM (1)

5 PATIENT: JON SMITH
 SERVICE DATE: 04/04/2016

6 PROVIDER: Ralph Johnston M.D.

7 CLAIM # 012345687
 Processed: 06/20/2016

Service Description	Amount billed	10 PLAN PROVISIONS		11 YOUR RESPONSIBILITY		
		Discounts and reductions	Amount covered (allowed) ¹	Deductible and copay amount	Coinsurance	Amount not covered
Surgical Charges	4,000.00	(1) 1,800.00	2,200.00	1,000.00	240.00	
Recovery Room	900.00	(1) 410.00	490.00		96.00	
Med/Surg Supplies	300.00	(1) 140.00	160.00		32.00	
Med/Surg Supplies	100.00					(2) 100.00
Laboratory Services	1,200.00	(1) 820.00	380.00		76.00	
Laboratory Services	200.00	(1) 160.00	40.00		8.00	
MRI Outpatient	850.00	(1) 440.00	410.00		82.00	
Drugs	200.00	(1) 110.00	90.00	50.00		
Muscle Manipulation	100.00	(1) 50.00	50.00	15.00		
CLAIM TOTALS	\$7,850.00	\$3,930.00	\$3,820.00	\$1,065.00	\$536.00	\$100.00

¹ Amount covered (allowed) reflects the savings we've negotiated with your provider for this service. Your deductible, coinsurance and copay are based on the allowed amount. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.

² The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

³ Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made.

Total covered benefits approved for this claim: \$2,219.00 to Ralph Johnston M.D. on 06-20-16.

12 SUMMARY - CLAIM (1)

PLAN PROVISIONS	YOUR RESPONSIBILITY
Amount covered (allowed) ¹	Deductible and copay amount
\$3,820.00	+ \$1,065.00
Deductible and copay amount	Coinsurance
- \$1,065.00	+ \$536.00
Coinsurance	Amount not covered
- \$536.00	+ \$100.00
Total	You may have to pay your provider
\$2,219.00	\$1,701.00

14 Health Care Fraud Hotline: 800-621-0992
 Health care fraud affects health care costs for all of us. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Montana, please call our toll-free hotline. All calls are confidential and may be made anonymously. For more information about health care fraud, please go to bcbmt.com

13 Benefit Period: 01-01-16 Through 12-31-16 To date this patient has met \$1,000.00 of her/his \$1,000.00 Health Care Plan Deductible.

- Member's name and mailing address
- Member ID and group number
- Summary box for all claims including total billed by the provider, and discounts, reductions or payments made, and the amount you may owe
- Detailed claim information for each claim
- Patient name and service date
- Provider information
- Claim number and date the claim was processed
- Service description
- Amount billed for each service
- The amount covered (allowed) for each service and the discounts or reductions subtracted from the amount your provider billed
- Your share of the costs
- Claim summary with amount covered less your responsibility
- Deductible and/or out-of-pocket expense information
- Health Care Fraud Hotline

Your EOBs Are Available Online!
 Sign up for Blue Access for MembersSM (BAMSM) at bcbmt.com for convenient and confidential access to your claim information and history. Choose to opt out of receiving EOBs by mail to save time and resources. Go to BAM and click on **Settings/Preferences** to change your preferences.