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Member Education

Hoban and Associates

Bringing transparency to your healthcare



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Creating a Better Healthcare System

What Do We Do?

Let's drive down the skyrocketing costs of health care together. Did you know that some opportunistic healthcare Providers charge fees far above market rates, sometimes 20+ times the average cost? Unfortunately, this translates into out-of-control healthcare costs for patients and employers. 6 Degrees Health brings the equity, fairness, and transparency that you and your employer deserve by identifying cost savings in healthcare services, from routine office visits to complex procedures.

Employers are faced with difficult cost decisions every day. Your employer shouldn't bear the brunt of higher healthcare costs, nor should you. Our healthcare cost containment solution is designed to lower costs for your health plan, and therefore, lower costs for you.

Why Are We Involved In Your Health Plan?

It is important to understand that 6 Degrees Health is not your insurance. By implementing a self-insured health plan, your employer has become its own insurance. They partner with The Loomis Company and vendors like 6 Degrees Health to administer the health plan and pay for the services provided to employees and their dependents. 6 Degrees Health's primary responsibility is to reprice medical claims and to resolve any Provider issues that may arise.

Provider Search



Your health plan has eliminated the requirement of going to an in-network Provider (aka Preferred Provider Networks - PPO) for your medical care. This means that you can go to any Provider that you choose. In order to assist you in locating a Provider, we have developed a Provider search tool called MediVI. You can access this tool by downloading the MediVI mobile app or by visiting the MediVI website, medivi.6degreeshealth.com.

Your employer has introduced a plan that is on the cutting edge of healthcare; however, some Providers may not be as familiar with this type of plan. That is what we are here for.

If your Provider is having trouble understanding how this type of plan works, or if there is a billing dispute, 6 Degrees Health will be engaged to facilitate a resolution. By taking a relationship based approach, 6 Degrees Health works cooperatively with Providers to resolve issues instead of becoming adversaries.

What Can You Expect From Our Support Services Team

6 Degrees Health and Loomis have integrated our processes and maintain open communication to ensure your experience is seamless. You can think of 6 Degrees Health as a department that resolves Provider issues on your behalf. With one phone call or a few clicks of a mouse, we'll have all the information necessary to get to work.

- Step 1** If you have a Provider or billing issue, call the number on your ID card or the Customer Service number located on page 13.
- Step 2** Loomis will gather the necessary information from you and engage the 6 Degrees Health team.
- Step 3** A 6 Degrees Health Patient Support Specialist will be assigned to your case and provide you with their direct contact information.
- Step 4** 6 Degrees Health will work directly with the Provider and your employer to resolve the issue on your behalf.

Ongoing Communication:

You will be provided with regular updates throughout the process and upon resolution.

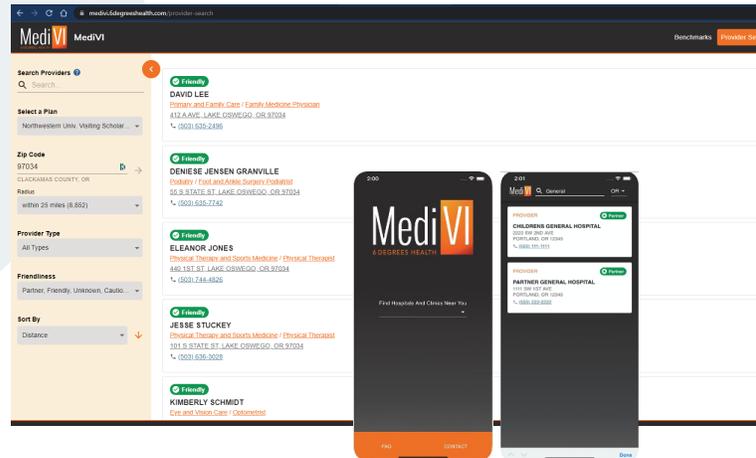


6 Degrees Health prides itself on providing our customers with worldclass support, which provides an exceptional customer service experience with the attentiveness that you expect. Our team is here to work with you and for you.

- ▶ We will assign you a Patient Support Specialist who is acquainted with your plan to be your individual resource.
- ▶ Our team of data analysts, negotiators, and industry experts will be working in the background to facilitate a resolution.
- ▶ Your Patient Support Specialist will be in direct communication with you and will be a single point of contact.
- ▶ We will be there to guide you through the process, preventing any surprises that may come up along the way.

Locating a Provider

Your health plan has eliminated the requirement of going to an in-network Provider (aka Preferred Provider Networks - PPO) for your medical care. This means that you can go to any Provider that you choose. In order to assist you in locating a Provider, we have developed a Provider search tool called MediVI. You can access this tool by downloading the MediVI app or by visiting the MediVI website, medivi.6degreeshealth.com.



How do I find a Provider?

To find a Provider, please utilize the MediVI app on your phone, or through the MediVI website using your desktop, at medivi.6degreeshealth.com

Do I need to use the MediVI Mobile app or MediVI website?

No, you are free to seek care at any Provider you choose. These tools are available to help you locate Providers that are friendly to self-funded plans.

Where do I go to download the app?

The MediVI Provider Search App is available for download at the Apple and Google App Store. You can find the app by typing "MediVI" in the store search bar, or by scanning the QR code at the bottom of page 6.

How do I log into my account?

To access your account, you will need to register using the details on the back of your member ID

Locating a Provider FAQ

What Provider (doctor's office, hospital, etc.) can I go to?

Your employer has chosen to implement an open access plan, meaning you are able to seek care at any Provider you choose. Please note, your employer has chosen an Enhanced Physician Network alongside your open access plan. Choosing a Provider within this network will reduce your risk of potential access issues or balance bills. You are still free to seek care from Providers outside the Enhanced Physician Network; however, there is a small chance that your Provider may not take a self-funded plan. To avoid this issue, we encourage members to use the MediVI Provider Search to locate Providers that we know will accept your plan.

card (Group number & Member ID number). You will also need to provide your first and last name, date of birth, and zip code on file. After your information has been verified, you can create a login using the email address and password of your choosing.

How do I find my physician in the mobile app?

Begin by entering a valid 5-digit zip code to serve as the starting location for your Provider search. You may then narrow the list to Providers by searching via text or utilizing the radius, Provider type, and friendliness filters located above the list on the app or on the left-hand side of the website.

What does do green badges above the Provider's name mean?

Providers with a positive transaction history with 6 Degrees Health or those that have placed a direct contract with us will have a green badge. We encourage you to utilize these Providers as we feel confident there is a low potential of an access issue or additional billing beyond your responsibility under the plan (often referred to as a "balance bill").

What does it mean if a Provider has a yellow badge?

If a Provider has a yellow badge, there is a chance that the Provider could deny access or send a balance bill (see page 9 for definition). However, this does not mean that you cannot see this Provider, so proceed to scheduling with caution. If you experience an access issue when scheduling with any Provider, call the number on the back of your ID card.

What does it mean if a Provider does not have a badge?

If a Provider does not have a colored badge, 6 Degrees Health does not have adequate data to identify the Provider as green or yellow. This does not mean you cannot go to the Provider. Since you have an open-access plan, you can go to any Provider.

Does the color badges represent the best quality Providers?

Badges do not indicate the quality of care, only the Providers' willingness to work with your healthcare plan structure.

What do I do if I cannot find my physician in the MediVI Provider Search?

6 Degrees Health is continuously updating the MediVI Provider search. If you cannot find your Provider in MediVI, this does not mean you cannot seek care from them. Contact your Provider directly.

I've found a Provider, now what should I do?

The MediVI app will provide the contact number for the Provider. Please reach out to the Provider to schedule an appt. Please always confirm the Provider's address as they may have multiple offices.



Access Issue

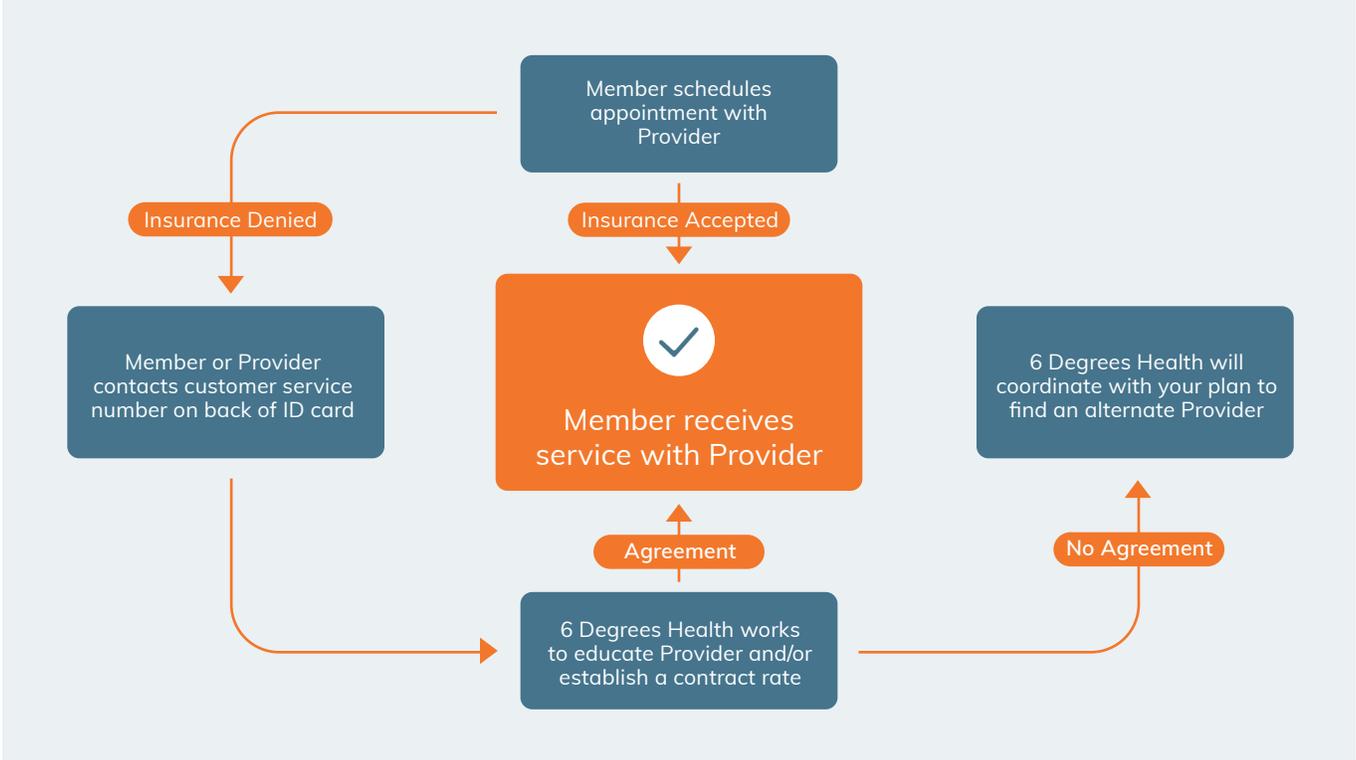
What is an Access Issue?

An access issue occurs when you have tried to schedule an appointment with a Provider, and they do not accept your insurance. If this occurs, call the customer service number listed on the back of your ID card. They will coordinate with our Provider team to establish a verbal or written agreement so the Provider will accept your

insurance. As we are working with the Provider, we will keep you updated.

While a very small percentage of cases result in an access issue, they do occur. This is primarily because front desk agents and schedulers are unfamiliar with this type of plan structure. The experts at 6 Degrees Health are ready to work on your behalf until a resolution is achieved.

Access Issue Process



Which Providers can I see?

Your employer has chosen to implement an open access plan, meaning you are able to seek care at any Provider you choose. Please note, your employer has chosen an Enhanced Physician Network alongside your open access plan. Choosing a Provider within this network will reduce your risk of potential access issues or balance bills. You are still free to seek care from Providers outside the Enhanced Physician Network; however, there is a small chance that your Provider may not take a self-funded plan. To avoid this issue, we encourage members to use the MediVI Provider Search to locate Providers that we know will accept your plan.

What if my desired Provider will not accept my insurance?

If your desired Provider will not accept your insurance, 6 Degrees Health will coordinate with your plan to identify an alternate Provider. However, it is the member's responsibility to make initial contact and schedule their appointment.

How should I go about establishing care with a new Provider?

Call the Provider and register your insurance with them. If they have questions, explain that your insurance is an open access plan, which does not have the restrictions of a network. If they have further questions, ask them to call the customer service number located on the back of your ID card.

Why wouldn't my existing Provider accept my insurance?

Some Providers may be unfamiliar with open access plans like yours. In most cases, we can reach out to the Provider, educate them on your plan type, and resolve the access issue.

If a Provider accepts one member on my plan, will they also accept other members?

If the Provider has agreed to accept your insurance, the other members on your plan should be able to seek care from this Provider as well. If you were seen under a written agreement, additional agreements might be required.

Will I have any issues the next time I need to see this Provider?

You should not have any issues. If the Provider gives any pushback when scheduling future appointments, please call the customer service number located on the back of your ID card.

Balance Bills

What is a Balance Bill?

A balance bill occurs when a Provider believes that additional funds are owed in addition to reimbursement already provided by your insurance plan. This is not a common occurrence, but we are here to resolve the issue when it does. As soon as we are made aware of a balance bill, we will open a case & assign a team to work with your employer-sponsored health insurance plan & Provider to resolve it.

If you receive a balance bill from your Provider (other than a co-pay or deductible), please contact 6 Degrees Health Patient Support Services. Our team will help you through the process and work directly with your Provider to resolve the dispute on your behalf.

Patient Support Specialist

- ▶ Point of contact regarding your balance bill
- ▶ Will update you on the progress and resolution of your case
- ▶ Main point of contact for balance bill questions
- ▶ Please direct any communication that you receive from the billing Provider to your Patient Support Specialist
- ▶ **Questions regarding your plan benefits?** Contact Loomis.



Communication between member & 6 Degrees Health

After we close the case

Throughout this process, it is vital that you continue to let us know if you receive any communication from the billing Provider. This includes all bills, letters, phone calls, or any other communications from the billing Provider or their representatives.

Will 6 Degrees Health work with the Provider to resolve dispute over charges?

Yes. A member of the Patient Support Services team will communicate with the Provider to discuss a resolution. At this point, communication from the Provider should be sent directly to 6 Degrees Health Patient Support Services. You will be contacted with updates throughout the resolution process.

What if the Provider continues to contact me?

If you speak with a representative from the Provider, get their name and phone number and relay that information to Patient Support Services. If the communication came through the mail, you can forward that via email or fax. You can also direct the Provider to contact Patient Support Services directly.

How long will this process take?

Each Provider has different processes for resolving payment disputes. 6 Degrees Health will support you throughout the entire process and work diligently to resolve the matter quickly.

Can I still see my Provider if they've balance billed me?

Yes. If the Provider turns you away because of an outstanding balance, call 6 Degrees Health or your TPA right away. We will work with the Provider to get your access cleared.

What information should I provide?

6 Degrees Health is here to help. To expedite the resolution process, we will need some information from you:

- Your full name and employer's name
- Date(s) of service for the claim
- A copy of any documents received from the hospital or facility
- Daytime telephone number and email address for us to contact you.

Additional FAQ

What type of health plan do I have?

Your employer has chosen to implement an open access plan, meaning you are able to seek care at any facility or physician of your choosing. This provides more freedom and control for everyone.

Can I only go to any Doctor or Hospital that is in network?

No. This is an open access plan for medical facilities or Physicians. Employees enrolled in this health plan have the freedom to seek care at any doctor, hospital, or medical facility they choose. Please note, your employer has chosen an Enhanced Physician Network alongside your open access plan, so please refer to the website on your ID card when searching for a contracted Provider.

What should I do if scheduling or billing does not recognize my health plan?

Please tell the Provider that your health plan allows you to seek care from any Provider and that there are no reduced out-of-network

Support



Always check your mail

It is important for employees to open all mail to check for any balance bills. If you receive a balance bill for any medical services, it is VERY important that you call Loomis at (800) 346-1223. When in doubt, call Loomis with any questions.



benefits. They should collect any applicable copay and submit a claim through the your TPA, Loomis, with the information on your ID Card. If the Provider still has questions, have them call Loomis Customer Service immediately at (800) 346-1223. The phone number is also on your health plan ID Card. Make sure you present your ID Card at every visit or service.

What does the Prime Health logo on the back of my ID card represent?

Prime Health is a part of your health plan and includes a network of Providers for members to seek care from. Providers should contact Prime Health for billing questions.



Who should I contact for questions about my plan benefits or my medical coverage?

You should call Loomis. There is a dedicated customer service team that is ready to assist you with any questions regarding your medical coverage or plan options. Call (800) 346-1223.

How will I know what my health plan has paid?

After any medical service, you will receive an Explanation of Benefits (EOB) from Loomis. The statement sent by Loomis is a breakdown of what medical treatments were billed and what benefits were paid, along with indicating what you, the patient is responsible for.

What is a balance bill?

A balance bill is when a Provider bills a member for the difference between what the health plan allows for a medical service versus what the Provider chooses to charge. In essence, it is when the Provider charges more than what the Explanation of Benefits (EOB) indicates is patient responsibility.

Example: Your hospital charges are \$100 and the plan allowable at 140% of Medicare is \$70. If the Provider bills you the \$30 difference between the charged amount and the plan allowable, they are balance billing.

Deductibles, copays, and coinsurance are not examples of balance billing and you are still responsible for these cost sharing items.

What should I do if I receive a balance bill?

If you receive a bill from your Provider, either a physician or medical facility, you need to compare it to the EOB that you received from Loomis. If you are asked to pay more money than what is shown as patient responsibility on your EOB, you need to call Loomis at (800) 346-1223. You will likely need to send the bill via email or fax.

What happens when I contact Loomis about a balance bill?

Loomis and your other health partners will work on your behalf to resolve the billing dispute with the Provider. A customer service representative will walk you through the process and keep you updated until a resolution is achieved.

What should I do if a facility requests payments up front?

Do not pay anything other than your copay up front. The facility should call Loomis Customer Service at (800) 346-1223.

Stay in Touch

Contact Information

If you're experiencing an access issue or have received a balance bill, please contact The Loomis Company:



Phone: (800) 346-1223

Website: loomisco.com

You should also contact Loomis if you have a question regarding eligibility, benefits, or if you need to check the status of a claim.

We are the future of healthcare.

6 Degrees Health is a group of experienced healthcare professionals that believes it takes a network of industry relationships to deliver optimal health plan solutions. We were built to bring equity and fairness into the healthcare reimbursement equation. 6 Degrees Health works with self-funded organizations as well as health plans to provide the data and insight needed to ensure the smartest decisions about their healthcare and the way they pay for it. Our reference based pricing solution, MediBridge, is a customizable suite of services designed to be your network replacement option that leverages technology and defensible data, providing objectivity and transparency to medical claim reimbursement.