

PPO Participant Education Brochure

Cost-Effective Care

In today's Managed Care world, there is no magic formula that applies to health care expenses. The simple fact, the more a Benefit Plan pays out in claims the higher the cost of providing health care benefits! 4-MOST Health Network was developed to help Benefit Plans control the financial cost of healthcare. Simply stated, 4-MOST has developed working relationships with physicians, hospitals, and ancillary providers who will provide a range of healthcare services for discounted fees specified in a formal contract and performed according to agreed upon standards. These discounts result in major savings for both the individual and the Benefit Plan. Savings achieved by the Benefit Plan come back to you in the form of lower premiums, better benefits and reduced out-of-pocket expenses.

Freedom of Choice

A directory listing the contracted health care providers, *as of the time of printing*, may be provided to you. These contracted health care providers are Preferred Providers. Should you not have a printed directory, you may look up Preferred Providers at www.4mosthealth.com. You do not have to restrict yourself to using only Preferred Providers, but you should definitely consider it. When Network providers are used, it most often saves money out of your pocket and also reduces the expenses of the Benefit Plan. If the amount a Benefit Plan pays out in claims is reduced, the Benefit Plan is better able to control the cost of providing you with quality healthcare coverage. It's just that simple!

Physicians are Key

Since 4-MOST Health Network is a mature comprehensive Network, there is a good chance your personal providers are already members. If you find your provider is not a member, please contact us at 888-258-6477 or www.4mosthealth.com and we will solicit them on your behalf to see if they are interested in joining the Network. Please rest assured, their participation will help ensure maximum savings but if you decide to use a physician who is not in the Network, you will still have the option of using a 4-MOST hospital or other health care provider to achieve such savings.

Referrals

You will want to keep the complete Network in mind when any physician refers you to another provider for lab tests, X-rays, hospitalization, specialized care, etc. If you suspect that the recommended provider is not in the 4-MOST Health Network, simply explain to the referring physician that you can control your health care costs if you are able to use a 4-MOST provider. If you are unsure whether any provider is currently part of the Network, you can contact us at 888-258-6477 or www.4mosthealth.com to check

our latest listings.

Eight Key Advantages

1. You always have the freedom to use the provider of your choice, inside or outside the Network.
2. Most often, you do not have to select a Gatekeeper or primary care physician with whom you must remain, or get approval from, when you want to see a specialist or other health care provider. You should however obtain verification through your Benefit Plan administrator.
3. There is no Balance Billing of discount amounts. All Network providers will accept our fee schedule as payment in full. You will only be responsible for Co-payments, co-insurance or deductibles as specified in your Benefit Plan.
4. There is no Up-front billing. Providers are prohibited from collecting their fee in advance (except if there is a designated Co-payment). Please address this with your provider or request that they contact 4-MOST if you are asked for payment, other than the Co-payment, at the time of service.
5. You have confidence in all 4-MOST providers knowing that each has been screened for proper licensing and other applicable credentials.
6. Most 4-MOST providers do not require claim forms. Usually, you need only to present your Benefit Plan ID card and the claim will be submitted on your behalf.
7. You have easy access to the 4-MOST referral system. For help in locating a provider, please [contact us](mailto:4most@4mosthealth.com) at 888-258-6477 or www.4mosthealth.com.
8. You are doing something about controlling health care costs!

Precertification

Your Benefit Plan may require you to precertify for hospital admissions and/or other procedures. Please consult your summary plan description, insurance certificate, plan document or Human Resources Department for a complete explanation of your Precertification requirements. Additional verification can be obtained through your Benefit Plan administrator.

Benefits and Claims

Remember, a Benefit Plan features the 4-MOST Health Network. 4-MOST Health Network is not a Benefit Plan, insurance company or claims payor. We do not maintain data on eligibility or benefits, or pay claims. For answers to these types of questions, please consult your Benefit Plan. Your Human Resources Department will instruct you where to call or consult the number listed on your ID card or in your summary plan

description, insurance certificate, plan document or plan booklet. The questions that should be addressed to 4-MOST are those that concern the provider Network only.

Health Care Glossary

Balance Billing – The process of a provider trying to collect from a patient, the PPO Discount, the difference between what is allowed per the 4-MOST contract and what they normally charge. Balance Billing is not permitted when a 4-MOST member and a Network provider are involved.

Benefit Plan – An entity that pays claims; which can either be an insurance company third party administrator or the employer itself. 4-MOST Health Network is not a Benefit Plan.

Co-payment – Some plans have a benefit where there is a set amount you pay when visiting certain providers. This amount is the Co-payment.

Gatekeeper – A primary care physician who must give you a referral when you want to see a specialist or other health care provider. 4-MOST does not use a Gatekeeper system; members are free to visit any provider they wish.

Managed Care – The process of controlling health care costs while helping to ensure the quality of care.

Network – Used to describe providers who are participating in the 4-MOST Health Network.

Precertification – Notification to a Benefit Plan advising them that you are seeking certain types of medical treatment.

Preferred Provider – Network hospitals and physicians who will provide a range of healthcare services for discounted fees specified in a formal contract and performed according to agreed upon standards.

Up-front Billing – When a provider tries to collect for services rendered before the bill is submitted to a payor. Up-front Billing is not allowed by Network providers.