The HPHC Insurance Company PPO

Plan Description

HPHC
Insurance Company

Thank you for your interest in **The HPHC Insurance Company PPO**. *Our preferred provider option (PPO) offers the highest level of choice. Choose to receive* in-network services *from doctors and other providers who participate in our extensive network—or receive* out-of-network services *from those who don't. With no referrals needed, it's entirely up to you, but your out-of-pocket costs can differ depending on what you choose.*

What are in-network services?

In-network services are covered services you receive from HPHC participating providers (the doctors, hospitals and other medical professionals that are contracted to care for our members and belong to HPHC's provider network). Outside of Massachusetts, Maine, New Hampshire and Rhode Island, HPHC participating providers include the Private Health Care Systems (PHCS) network of more than 397,000 providers and 3,600 facilities across the United States.

In most cases, receiving in-network services means **lower out-of-pocket costs**. You can find a participating physician by visiting our online directory at **www.hphc.org**. You can also call to have one of our representatives assist you or to order a printed directory. (See "Questions?" at the end of this document for phone numbers.)

What are out-of-network services?

Out-of-network services are covered services you receive from non-participating providers. Whenever you want to receive care from a non-participating provider (a doctor, hospital or other medical professional that doesn't belong to HPHC's network), it's your choice.

Receiving out-of-network services typically means **higher out-of-pocket costs**. You may need to submit claim forms to HPHC to be reimbursed for covered services. In addition, a non-participating provider may bill you for the difference between his or her charges and HPHC's allowed payment.

Your out-of-pocket costs

Your out-of-pocket costs may include a combination of copayments, deductibles and/or coinsurance. Please see the *Schedule of Benefits* for the specific amounts that apply to your coverage.

What is a copayment?

A fixed dollar amount you pay for certain services.

What is a deductible?

A set amount you must pay each year for certain services. This means you may be required to pay all or part of a bill, up to your deductible amount. Once you have paid the deductible, these services may be covered for the rest of the year, or they may require copayments or coinsurance.

What is coinsurance?

A percentage of a provider's eligible charges that you pay for certain services. Coinsurance amounts may be required in addition to any applicable copayments or deductibles.

Here's an example of a $300 physician office visit to show the differences between *in-network* and *out-of-network* services.

In-network (Visit to a participating provider)	Out-of-network (Visit to a non-participating provider)
copayment: $20	copayment: none
coinsurance: none	coinsurance: $60
total out-of-pocket expenses: $20	total out-of-pocket expenses: $60 (*a yearly deductible has already been paid in full*)

In this example, a member who visits a participating provider pays a $20 office visit copayment. A member who visits a non-participating provider pays 20% coinsurance; If the deductible had not been met, the member's cost for the visit would have been $300. In this example, the non-participating provider's charge did not exceed HPHC's allowable amount. See the *Schedule of Benefits* for the specific copayment, deductible and coinsurance amounts that apply to your coverage.

Going to the hospital

When you're going to be admitted to the hospital, it's important to know that services are covered according to what combination of providers you use. Suppose that you are being sent to a participating hospital by a non-participating doctor. In this case your hospital visit is covered at the in-network benefit level, and the doctor's services are covered at the out-of-network benefit level. Whenever non-participating providers are involved, you must notify HPHC in advance.

If a participating doctor admits you to a participating hospital for a test, surgery or other procedure (including admission from surgical day care), hospital representatives are responsible for notifying HPHC on your behalf. There are a few procedures that require HPHC's authorization, and your doctor is aware of the procedures he/she must discuss with us before they take place.

To find out where doctors admit patients, visit our online directory at **www.hphc.org**. Or you can call to have one of our representatives assist you. (See "Questions?" at the end of this document for phone numbers.)

HPHC's Nurse Care Managers work with your doctors and other providers to ensure you receive the care that you need. When you're hospitalized, Nurse Care Managers may review your record to evaluate the quality and appropriateness of services received. When you no longer need hospital care, Nurse Care Managers work with your medical team to coordinate the services you need in the most appropriate setting (e.g., at home, or in a skilled nursing or rehabilitation facility).

You're covered when you're traveling . . .

Whether you're in another part of the country or another part of the world, you're covered for virtually any care you may need if you become sick or injured. HPHC covers unexpected or unforeseen care (e.g., for earaches, flu, poisoning, broken bones or medical emergencies) at the in-network benefit level when you're traveling outside of the service area (i.e., the state in which you live).

And in an emergency

HPHC covers all medical emergencies (e.g., heart attack, stroke, shock, major blood loss, choking, severe head injury, loss of consciousness, seizures or convulsions) at the in-network benefit level. Just go to the nearest emergency facility or call 911 or another local emergency number.

If you are hospitalized, call HPHC within 48 hours, or as soon as you can (or ask someone to do this for you).

Questions?

We think you'll appreciate the flexibility and choice this plan offers.

- If you're already a member, call Member Services with questions at **1-888-333-4742 (TDD: 1-800-637-8257).** Representatives are available weekdays from 8 a.m. – 5:30 p.m., and until 7:30 p.m. on Monday and Wednesday.
- If you're not yet a member, call **1-800-848-9995** on weekdays from 8:30 a.m. - 5 p.m.
- To learn more about HPHC in general, including our member savings programs and online health support services, visit **www.hphc.org**.

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