

From coverage to care.

















A Roadmap to Better Care and a Healthier You





Start Earning Rewards

My health pays™ IT PAYS TO TAKE CARE OF YOURSELF

Our My healthpays" program rewards you for keeping up with your health. When you complete certain healthy activities, you can earn rewards. Your rewards will be added to your My healthpays" rewards card. When you complete your first healthy behavior, your card will be mailed to you within a few weeks. Make sure to activate your card when you receive it so that you may begin using your rewards. We will add more reward dollars on to your card as you complete other milestones. It's as simple as that!

\$50	Complete your online Ambetter Welcome Survey	
\$50	Complete your annual wellness exam by going to your primary care provider (PCP)	
\$25	Get your annual flu vaccine in the fall (9/1 - 12/31)	
Up to \$20 a month	Visit the gym at least eight times a month	

There are many opportunities to take charge and earn rewards.

Use your rewards to help pay for:

- Doctor Copays*
- Deductibles
- Coinsurance
- Your Monthly Premium Payments

Learn more about these programs by logging in to your member account at Ambetter.mhsindiana.com.



^{*}My Health Pays rewards cannot be used for pharmacy copays.



Welcome to Ambetter from MHS!

Thank you for choosing us as your health insurance plan. We're excited to help you take charge of your health and to help you lead a healthier, more fulfilling life.

Here are some steps you can take to make sure you're getting the most out of your plan:

- Choose your Primary Care Provider (PCP)
 - If you haven't decided on a PCP, it's helpful to pick one and set up an appointment now.
 - When you see your PCP for your annual preventive wellness visit, you can earn \$50 on your My Health Pays rewards card.
- Sign up for Auto-Pay Billing
 - Never miss your monthly premium when you automatically schedule your payments.
- 3 Complete your Health Risk Assessment
 - The more we know about your health, the better we can serve you. So, stay proactive about your preventive care and complete our online health risk assessment form. Plus, you'll earn \$50 on your My Health Pays rewards card.
- 4 Create your online Ambetter member account
 - Create your own secure account to see all of your healthcare information in one place. With your account, you'll be able to view your Summary of Benefits and Coverage (SBC) and other plan benefit information, review your claims, talk to representatives and much more.

Your health is our priority. If you have questions, we're always ready to help. And don't forget to check out our online video library at Ambetter. mhsindiana.com, It's full of useful information.

Member Services: 1-877-687-1182 (TTY/TDD 1-800-743-3333)

Ambetter.mhsindiana.com



Congratulations on getting health coverage — it's an important first step to better health and well-being!

Coverage isn't only important when you are sick, it's helpful when you don't feel sick. This roadmap explains what health coverage is, and how to use it to get the primary care and preventive services to help you and your family live long, healthy lives.

How it works:

Read the Roadmap from start to finish, or jump to a step for quick reference. You'll find helpful examples throughout the Roadmap, and at the end of it you will find definitions for common healthcare terms and resources.

Start leading a healthier life now ...

QUICK REFERENCE

Your Roadmap to Health

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Your ROADMAP to health



START HERE:

Put your health first

- · Staying healthy is important for you and your family.
- Maintain a healthy lifestyle at home, at work and in the community.
- Get your recommended health screenings and manage chronic conditions.
- Keep all of your health information in one place.
- Visit Ambetter.mhsindiana.com to sign up for the Secure Member Portal, learn more about the My Health Pays rewards program, and access other member resources.



Understand your health coverage

- Read your member handbook to see what services are covered. The latest handbook is always available at Ambetter. mhsindiana.com.
- Be familiar with your costs (premiums, copayments, deductibles, co-insurance).
- · Know the difference between in-network and out-of-network.
- Sign up for the Secure Member Portal to view your benefits, pay your premium and more.



Know where to go for care

- Use the emergency department for a life-threatening situation.
- Primary care is preferred when it's not an emergency.
- Know the difference between primary care and emergency care.
- · Access the Ambetter Video Library to learn about where to go for care, how to find your PCP and more.



Find a provider

- · Ask people you trust and/or do research on the internet.
- Use the Find-A-Provider tool on Ambetter.mhsindiana. com to find an in-network provider close to you.
- If you're assigned a provider, contact Ambetter at 1-877-687-1182 if you want to change.



5 Make an appointment

- Mention if you're a new patient or have been there before.
- · Make sure the provider accepts Ambetter insurance.
- \cdot Tell them the name of the provider you want to see and why you want an appointment.
- · Ask for days or times that work for you.



6 Be prepared for your visit

- · Have your insurance card with you.
- Know your family health history and make a list of any medicines you take.
- Bring a list of questions and things to discuss and take notes during your visit.
- · Bring someone with you to help if you need it.



Decide if the provider is right for you

- \cdot Did you feel comfortable with the provider you saw?
- Were you able to communicate with and understand your provider?
- Did you feel like you and your provider could make good decisions together?
- · Remember: it is okay to change to a different provider!

No? If you want to change your provider, return to Step 4.



Next steps after your appointment

- · Follow your provider's instructions.
- Fill any prescriptions you were given and take them as directed.
- · Schedule a follow-up visit if you need one.
- Review your Explanation of Benefits (EOB) and pay your medical bills. Read more about your EOB on page 36.



Put your health first

Staying healthy increases the chances you'll be there for your family and friends for many years to come. Use your health coverage when you are sick and when you are well, to help you live a long, healthy life.

Here's what you can do to put your health and well-being first:

- Make time for physical activity, healthy eating, relaxation and sleep.
- Get the preventive services that are right for you.
- · Take an active role in your health.
- Learn more about what you can do to stay healthy and share what you learn with your family and friends.
- You can get rewarded for certain healthy behaviors with the My Health Pays program. These rewards can be used to pay doctor copays, deductibles and your monthly premium. Find out more at Ambetter mhsindiana.com.

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WHAT IS A PROVIDER?

We use the term "provider" throughout this booklet to mean a healthcare professional. This may be a doctor, a nurse practitioner, behavioral health professional, or another healthcare professional you see. Your Primary Care Provider will be the provider you see the most, and they will get to know you and help you keep track of your health over time.

Put your health first





Why is preventive healthcare important?

Preventive services include healthcare screenings, like mammograms and blood pressure screenings, check-ups, and patient counseling that are used to prevent illnesses, disease, and other health problems, or to detect illness at an early stage when treatment is likely to work best. Getting recommended preventive services and making healthy lifestyle choices are key steps to good health and well-being. See your member handbook for a complete list of preventive services.



Having a provider who knows your health needs, and whom you trust and can work with, can help you:

- ensure you get the preventive services that are right for you
- · make healthy lifestyle choices
- · improve your mental and emotional well-being
- · reach your health and wellness goals.



Keep all of your health information in one place.

Use this booklet to keep track of your coverage information, your providers, and your health. It is important to keep this information up to date, and you may want to carry a copy with you for an emergency. Remember to protect your identity by keeping your personal information safe!



Our easy to use secure site gives you access to your health information anytime. Log on to Ambetter.mhsindiana.com to access your account.



COST TIP

Preventive care services are regular health checkups that are designed to catch problems before they start. Preventive care is 100% covered by Ambetter from MHS for all ages when you are seen by an in-network provider. Examples of covered preventive services include annual wellness exams, traditional mammography exams for women, well-child visits, and immunizations. You can also earn My Health Pays rewards for having preventive care services, which you can use to pay copays and premiums. Talk to your PCP about what's right for you, and log on to Ambetter.mhsindiana.com for a full list of covered preventive services and in-network providers.



Health coverage pays for provider services, medications, hospital care, and special equipment when you're sick. It is also important when you're not sick. Most coverage includes immunizations for children and adults, annual visits for adults and seniors, obesity screening and counseling for people of all ages, and more for free. Keep your coverage by paying your monthly premiums (if you have them).

Make sure you understand what services and providers your plan includes and how much each visit or medicine will cost. Read your member handbook, visit Ambetter.mhsindiana.com or call 1-877-687-1182 if you have

questions about your coverage.

Ask them for a Summary of Benefits and Coverage document that summarizes the key features of the plan or coverage, such as the covered benefits, cost-sharing provisions, and coverage limitations and exceptions.





Here are explanations of some key health insurance words that you may hear. Other key words are explained in the back of this booklet.

- A Network is the facilities, providers, and suppliers Ambetter has contracted with to provide healthcare services
 - Contact Ambetter at 1-877-687-1182 or go to our website at Ambetter.mhsindiana.com to search for a provider.
 - If a provider is "out-of-network" you may have to pay additional costs out of pocket.
 - Networks can change. Check with your provider each time you make an appointment, so you know how much you will have to pay.
- A Deductible is the fixed amount of money you have to pay for certain services each year before Ambetter begins to pay.

For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered healthcare services subject to the deductible. Some services are covered without having to meet your deductible. See your member handbook for more information

• **Co-insurance** is your share of the costs of a covered healthcare service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe.

For example, if Ambetter's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. Ambetter pays the rest of the allowed amount.





• A Copayment or copay is an amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug. A copayment is usually a set amount, rather than a percentage.

For example, you might pay \$10 or \$20 for a doctor's visit, lab work, or prescription. Copayments are usually between \$0 and \$50 depending on your insurance plan and the type of visit or service.

- A Premium is the amount that must be paid to continue your coverage through Ambetter. You and/or your employer usually pay it monthly, quarterly, or yearly. It is not included in your deductible, your copayment, or your co-insurance. If you don't pay your premium, you could lose your coverage.
- Out-of-pocket maximum is the most you pay during a policy period (usually one year) before Ambetter starts to pay 100% for covered essential health benefits. This limit includes deductibles, co-insurance, copayments, or similar charges and any other expenditure required of an individual for a qualified medical expense. This limit does not include premiums or spending for non-covered benefits.





• Explanation of Benefits (EOB) is a summary of healthcare charges that your health plan sends you after you see a provider or get a service. It is not a bill. It is a record of the healthcare you or individuals covered on your policy got and how much your provider is charging your health plan.

If you have to pay more for your care than what Ambetter pays, your provider will send you a separate bill. If you receive care from an innetwork provider, for covered services, you will not have to pay more than your deductible and co-insurance.

If you receive services from an out-ofnetwork provider, except in the case
of a life threatening emergency
room visit,
you will have to pay your
deductible,
co-insurance and the
difference between what
Ambetter pays and the
billed amount. This could
result in hundreds of
additional dollars.



• **Balance billing** is when a provider bills you for the difference between the provider's charge and the allowed amount.

For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. An in-network provider may not balance bill you for covered services.



Your Insurance Card

You should have received a membership package with information about your Ambetter coverage. Read this information because you will need it when you see a provider or if you call Ambetter to ask a question. If you can't read or understand it, call us and ask us to explain it to you.

You also received a card as proof of your insurance. If you didn't receive a card, contact us.







The following information is included on your insurance card.

- Member name.
- Member number. This number is used to identify you so your provider knows how to bill Ambetter. If your spouse or children are also on your coverage, your member numbers may look very similar.
- **3** Plan type. The name of your benefit plan.
- **Copayment.** These are the amounts that you will owe when you get healthcare.
- Coinsurance. This is the percentage you pay, while Ambetter pays the rest (after deductible is met).
- **Deductible.** The fixed amount of money you have to pay for certain services each year before Ambetter begins to pay.
- **Prescription copayment.** These are the amounts that you will owe for each prescription you have filled.
- 8 In Network Coverage. Remember to only visit providers who are in the Ambetter network.

You can call us if you have questions about finding a provider or what your coverage includes. Our phone number is listed on the back of your card.



The questions below can help you better understand your coverage and what you will pay when you get healthcare. If you don't know the answers to these questions, read your member handbook or contact us at 1-877-687-1182.

- How much will I have to pay for a primary care visit? A specialty visit?
 A mental/behavioral health visit?
- Would I have to pay a different amount if I see an "in-network" or "out-of-network" provider?
- · How much do I have to pay for prescription medicine?
- Are there limits on the number of visits to a provider, like a behavioral health provider or physical therapist?
- How much will it cost me to go to the Emergency Room if it's not an emergency?
- What is my deductible?
- Do I need a referral to see a specialist?
- · What services are not covered by my plan?

PREVENT Healthcare FRAUD

If someone else uses your insurance card or member number to get prescription drugs or medical care, then they're committing fraud. Help prevent healthcare fraud.

- · Never let anyone use your insurance card.
- · Keep your personal information safe.
- Call your insurance company immediately if you lose your insurance card or suspect fraud.





Here are some examples of how Ambetter might use the terms discussed in this section to cover your medical care.

• Ambetter will provide you with a Summary of Benefits and Coverage, which will have these examples showing how the plan might help pay for services.

Having a baby

(normal delivery)

- · Amount owed to providers \$7,540
 - · Plan pays \$5,490
 - · Patient pays \$2,050

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Total	\$2,050
Co-insurance	\$1,320
Copays	\$30
Deductibles	\$700

Managing type 2 diabetes

(1 year of routine maintenance of a well-controlled chronic condition)

- · Amount owed to providers \$5,400
 - · Plan pays \$3,520
 - · Patient pays \$1,880

Sample care costs:

Prescriptions	\$2,900
Medical equipment & supplies	\$1,300
Office visits & procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Total	\$1,880
Co-insurance	\$580
Copays	\$500
Deductibles	\$800

The numbers are not real costs and don't include all key information. Source: https://www.cms.gov/CCIIO/Resources/Files/Downloads/sbc-sample.pdf





NEED HELP?

Call 9-1-1 if you have an emergency or life-threatening situation.

Although you can get healthcare many different places, including the emergency department, it's best for you to get routine care and recommended preventive services from a primary care provider.

There are some big differences between visits to your primary care provider and visits to the emergency department, such as cost, time spent waiting for care, and follow up. The table on pages 18–19 helps you see the many ways in which going to your primary care provider is different from going to the emergency department.





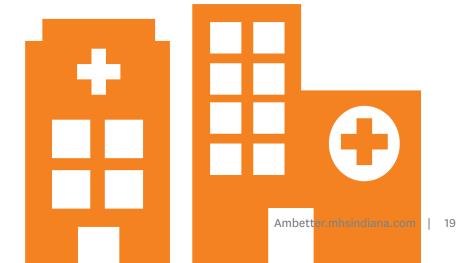
You can find primary care providers in offices, clinics, and health centers in your area. Depending on your coverage and personal circumstances, you might find a primary care provider in:

- · Private medical groups and practices
- · Ambulatory care centers and outpatient clinics
- · Federally Qualified Health Centers
- · Community clinics and free clinics
- · School-based health centers
- · Urban Indian clinics and tribal health centers
- · Veterans Affairs medical centers and outpatient clinics

Primary care providers work with patients every day to ensure they get the right preventive services, manage their chronic conditions, and improve their health and well-being. Some places may offer services and supports that vary based on the needs of the community they serve, like community-based services and supports, mental health, dental, vision services, transportation, and language interpretation.

KNOW BEFORE YOU GO

Not all types of providers and facilities take Ambetter. Call the office before you go to make sure they are an Ambetter provider, or use the Find a Doctor search at Ambetter. mhsindiana.com.



Know where to go for care



Differences Between Your Primary Care Provider and the Emergency Department

Primary Care Provider

You'll pay your primary care copay, if you have one. This may cost you between \$0 and \$50.

You go when you feel sick and when you feel well.

You **call ahead** to make an appointment.

You may have a short wait to be called after you arrive but you will generally be seen around your appointment time.

You'll usually see the same provider each time.

Your provider **will** usually have access to your health record.

Your provider works with you to monitor your chronic conditions and helps you improve your overall health.

Your provider will **check other areas of your health**, not just the problem that brought you in that day.

If you need to see other providers to manage your care, your provider can help you make a plan, get your medicines, and schedule your recommended follow-up visits or find specialists.

If you do not have a life-threatening emergency, but can't see your Primary Care Provider, you may want to visit an **Urgent Care Center**. Use the Find a Doctor search at Ambetter. mhsindiana.com to find one near you.



Emergency Department

You'll likely pay a **copay, co-insurance, and have to meet your deductible** before Ambetter pays for your costs, especially if it's not an emergency. Your copay may be between \$50 and \$150.

You should only go when you're injured or very sick.

You show up when you need to and wait until they can get to you.

You may wait for several hours before you're seen if it's not an emergency.

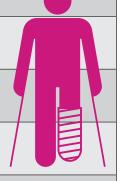
You'll see the provider who is working that day.

The provider who sees you probably **won't** have access to your health records.

The provider may not know what chronic conditions you have.

The provider **will only check the urgent problem** you came in to treat and may not ask about other concens.

When your visit is over you will be **discharged with instructions to follow up** with your primary care provider and/or specialist. There may not be any follow-up support.





Choosing the right provider is one of the most important decisions you'll make about your healthcare, and finding the right one can take a little work.

Remember, you're looking for a partner you can trust and work with to improve your health and well-being, so take time to think about what you need. Depending on how complicated your healthcare needs are, you may need to see more than one type of provider. Two common provider types are listed below

A **Primary Care Provider** is who you'll see first for most health problems. They will also work with you to get your recommended screenings, keep your health records, help you manage chronic conditions, and link you to other types of providers if you need them. If you're an adult, your primary care provider may be called a family physician or doctor, internist, general practitioner, nurse practitioner, or physician's assistant. Your child or teenager's provider may be called a pediatrician. If you're elderly, your provider may be called a geriatrician.

If you don't choose a Primary Care Physician (PCP) Ambetter will assign one to you. If you are not satisfied with the PCP we've assigned you, just call us at 1-877-687-1182 to request a change.

A **Specialist** will see you for certain services or to treat specific conditions. Specialists include: cardiologists, oncologists, psychologists, allergists, podiatrists, and orthopedists.

You can find all of the in-network Ambetter providers in your area by visiting the Find-A-Provider section on Ambetter.mhsindiana.com.

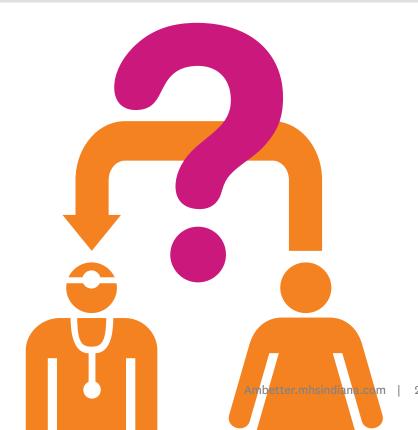
Find a provider



You do not need a **referral** to see an in-network specialist. However, if you are referred to a provider who is out-of-network, you risk being balance billed for any charges that are different than the Ambetter allowed amount. Services provided by an out-of-network specialist must be preauthorized by Ambetter. **Prior authorization** is a decision by Ambetter that a healthcare service, treatment plan, prescription drug, or durable medical equipment is medically necessary. This is also called preauthorization, prior approval, or precertification. Prior authorization does not mean that Ambetter will cover all of the out-of-network provider costs. Call 1-877-687-1182 if you have questions.

THE RIGHT PROVIDER

It might take more than one visit to figure out if a provider is the right one for you.



Find a provider



Follow these four steps to find a provider you can trust and partner with to live a long, healthy life.



Identify providers in your network

- · Check our website at Ambetter.mhsindiana.com or call Member Services if you need help choosing a new PCP.
- · Tell us if you're looking for something particular, like a provider who speaks a language other than English, or one who can accommodate your mobility or other functional impairment.
- · If you already have a provider you like and want to keep working with, call their office and ask if they accept your coverage.
- · Keep in mind, you'll pay more to see a provider who isn't in your network than a provider who is in your network.



Ask around

- · Ask your friends or family if they have providers they like.
- · Ask them what type of provider they are and what they like about them.
- · Sometimes you can look up providers on the Internet to see what other people in the community say about them.







Pick a provider

Call the provider's office and ask them questions to help you decide whom you want for your primary care provider. Some things you might think about include:

- Is the provider accepting new patients, or patients with Ambetter? This may change during the year, so you should always ask.
- · Is the office close to your home or your work? How would you get there?
- · Will the appointment times work with your schedule?
- Does the provider speak your language or have an interpreter available?
- If you have limited mobility or another functional impairment, are you able to get into the provider's office, access the exam tables and scales, and get key information in ways that meet your needs?
- · Which hospital(s) does the provider work with and can you get there?
- · Is the office staff respectful and helpful?



Give them a try

Sometimes it takes more than one visit to figure out if a provider is the right one for you.

COST TIP

Ask your plan if you need prior authorization before you visit your provider. If you don't get preauthorization, you may be charged for things your health plan would have paid for. Also, remember to confirm that any provider you are referred to is in network by asking the office or checking Find-A-Provider on Ambetter.mhsindiana. com. If you visit a provider who is out-of-network, you risk being balance billed for any changes that are different than the Ambetter allowed amount.



Make an appointment

When you make your appointment, have your insurance card handy and know what you want. Make your first appointment before you get sick. If you are a new patient you may need to have an initial appointment, or well visit, before you can been seen for a sick visit. This is the time for you to get your preventive care services, which earn you rewards. (See page 9 for details)

Here are some things you should mention when you call and what you might be asked for

You should say:

- · Your name and if you're a new patient.
- Why you want to see the provider. You might want to tell them you are looking to find a new primary care provider and ask for a "yearly exam," or a "wellness visit," or you might ask to come in because you have a specific concern, like the flu, allergies, or depression.
- The name of your insurance plan and make sure you have the correct information about which providers in the office are in your network.
- The name of the provider you'd like to see. You may have to wait longer for an appointment if you request a specific provider, so they might recommend another provider in your network if you're feeling sick and need to come in sooner.
- If you have a specific need like translation or accessible medical equipment ask whether the provider and the office can meet that need. If they cannot, ask if there's another provider in the office who can.
- The days and times that work for you. Some offices have weekend or evening appointments.



You should also ask:

- If they can send you any forms you need to fill out before you arrive. This will save you time on the day of your visit.
- If you need to bring anything to the visit, like medical records or current medications.
- What to do if you need to change or cancel your appointment. Some offices charge a fee for missed appointments, late appointments, or appointments canceled less than 24 hours before they start. Your insurance plan does not cover the cost of missed appointments.

What to expect when you make an appointment: They might ask you for information about you and your coverage, so have your card or other documentation handy when you call. You may have to wait a few weeks to get an appointment, especially if you're a new patient. If you call your provider's office because you're sick, you may be able to see them the same day.



If this is your first visit to a new provider or you are new to Ambetter, you will need to bring a few things with you.

This will help your provider understand your health and lifestyle, and help you work together to improve your health and well-being during your visit and after you leave.

It is important to show up early for your appointment!

When you get to your provider's office, check in with the front office staff. You may be asked to provide the following:

- Insurance card.
- Photo identification (e.g. driver's license, government or school ID, passport, etc.).
- · Completed forms.
- · Your copay, if you have one. Ask for a receipt for your records.

The staff may ask you to fill out additional forms and to read over their privacy policy, which tells you how they will keep your information private. It is required by law.

COST TIP

If you need to change your appointment, contact your provider's office as soon as possible. Many providers charge a fee if you're late, don't show up for your appointment, or cancel less than 24 hours before it starts. Ambetter will not pay these fees.





• Questions or concerns you have about your health – write them down so you don't forget to ask.

You may want to bring someone with you, like a friend or family member, to help you talk to the provider.

KNOW YOUR RIGHTS

You should be treated with respect and your information kept private. If you're not happy with how you were treated, ask to speak with an office manager or the provider and tell them your concerns. If things aren't resolved, then this office may not be the right place for you. Also, call the Member Services Department at 1-877-687-1182 to let us know.

Be prepared for the visit



Don't be shy!

Your provider is there to help you stay healthy. They can provide better care if you talk with them about your health and well-being and share any questions or concerns you have. If your provider says something you don't understand, speak up!

You should be able to answer these questions before you leave your provider's office:

- · How is my health? What can I do to stay healthy?
- What do I do next? Do I need blood work or another test? If so, what is it for? When and how will I get the results?
- If I have an illness or chronic condition, what are my treatment options? What are the benefits and concerns for each option? What will happen if I don't take care of it?

• If I need to take medicine, when do I take it and how much do I take? Are there any side effects? Is a generic available?





Ask

Ask your provider for written materials you can take home and read, and if there's a phone number you can call if you have questions. Don't leave until all of your questions have been answered and you understand what to do next.

- Do I need to see a specialist or another provider?
 Did I ask my provider for a suggestion?
 Do I need a referral? If so, do I have it?
- · When do I need to come back for my next visit?
- · What do I do if I have questions when I get home?



COST TIP

If you have to take medicine and you're concerned about how much it will cost, tell your provider. They may have cheaper options for your medicine. Remember generic medication will reduce your out-of-pocket costs. Please refer to the Ambetter Drug List on Ambetter.mhsindiana. com for a complete list of all covered medications.



Decide if the provider is right for you

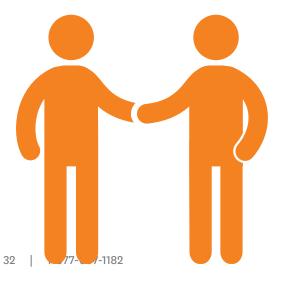
Your health and well-being are important and personal and you should have a provider that you can work with, trust, and feel comfortable talking to.

Remember:

- · It's important to find a provider that meets your needs.
- If you're not happy with your first visit, consider giving them another try. You can call the provider's office and share your concerns. You may also be able to see another provider in that office.

COST TIP

If you were assigned a provider and you want to try someone else, call Ambetter at 1-877-687-1182 or visit Ambetter.mhsindiana.com to make that change. Make sure you choose a provider in your network.



Speak up

If you're not comfortable with your provider, say something! It is okay to ask for changes or to look for another provider. The right provider for you will meet your needs when you ask.

Decide if the provider is right for you



After your first visit, think about these questions:

- Did you trust your provider, and feel they cared about your health and about you as a person?
- · Did you feel that you were listened to and your health needs were addressed?
- Did your provider answer your questions in a way that you could understand?
- Did your provider use words you could understand, speak slow enough, pay attention to what you had to say, and speak in a way that made you comfortable?
- · Did you feel that your provider showed an interest in your concerns?
- When they examined you and talked to you about your health, was the provider respectful of your opinions, culture and beliefs? Is this a place you'd feel comfortable going back?
- Did they provide any assistance you asked for, like an interpreter, translation or alternate form of written materials? Could you move around in the office and use the medical equipment without barriers?
- · Did your provider include you in making decisions about you care?
- \cdot Did you feel you were treated fairly by your provider and the office staff?
- Could you contact your provider or the office staff if you needed to ask a question?

If you answered **"Yes"** to each of these questions, then you may have found a provider that's right for you!

If you answered **"No"** to any of these questions, ask yourself if you think the provider or staff would make changes if you spoke up. Sometimes asking for what you need is the best way to get it.

If you want to change providers, **Go Back to Step 4** and look again at your list of "in-network" providers to find someone you can work with and trust.





Next steps after your appointment

Now that you have found a provider and had your first visit, where do you go from here?

You'll see your primary care provider for your recommended preventive care and for help managing chronic conditions, as well as when you feel sick. Even if you see a specialist for a specific service or condition, you'll always come back to your primary care provider.

Ask your provider or their staff to notify you when your next visit or recommended health screenings should happen. Make an appointment for that visit as soon as you can and write it down someplace where you'll remember it, or in the back of this book.

If you have questions or concerns between visits, call your provider. They can help answer questions you have about your health and well-being and adjust any medications you are taking.





Follow through with your provider's recommendations. For example, if they told you to go to a specialist, did you call for an appointment?

If not, is it because:

You forgot. Do you need a reminder? Put it on your calendar, or use a smartphone app.

You didn't understand what you were supposed to do. Call your provider. Ask them questions until you understand, and take notes. Consider having someone you trust come with you to your next visit.

You were too busy. Remember to put your health first, and make time. Some providers offer extended weekday or weekend hours.

You didn't have the money. If you are worried you cannot afford your care, there may be ways to lower the cost. Your provider may be able to give you a cheaper medication, or you may qualify for programs to help with your costs. Call one of our Care Coordinators at 1-877-687-1182 who can help you find lower cost options. Have you earned My Health Pays rewards? Remember they can also be used to pay doctor copays, deductibles, and coinsurance.

You didn't feel like you were treated with respect and dignity. If the way your provider or office staff spoke or acted made you not want to return or listen to them, speak up or consider changing providers. The right provider will treat you with respect and meet your language, cultural, mobility, or other needs.

You were scared. Many people are worried about getting bad news. Remember that by getting the preventive care that is right for you, your provider is more likely to find an illness or problem early and help you get better faster.

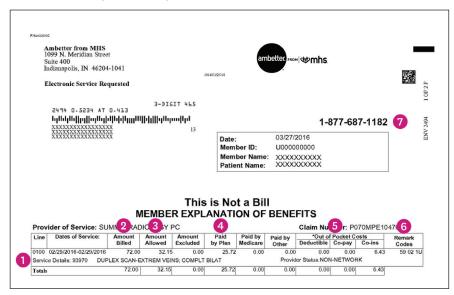
Next steps after your appointment



Reading your Explanation of Benefits (EOB)

After you visit your provider, you may receive an Explanation of Benefits (EOB) from us. This is an overview of the total charges for your visit and how much you and Ambetter will have to pay. An EOB is NOT A BILL and helps to make sure that only you and your family are using your coverage. You may get a bill separately from the provider.

Here's an example of an Explanation of Benefits:



Next steps after your appointment



Pay your bills and keep any paperwork. Some providers will not see you if you have unpaid medical bills. You may be able to go online to look up your own health information, such as screening and test results or prescribed medications. This can help you take charge of managing your health.

APPEALS AND GRIEVANCES

If you have a complaint or are dissatisfied with a denial of coverage for claims, you may be able to appeal or file a grievance. For questions about your rights, or assistance, you can call Ambetter. If you think you were charged for tests or services your coverage is supposed to pay for, keep the bill and call the phone number on your insurance card or plan documentation right away.



- **Service Details** is a description of the healthcare services you received, like a medical visit, lab tests, or screenings.
- 2 Amount Billed is the amount your provider bills for your visit.
- **3** Amount Allowed is the amount your provider will be reimbursed; this may not be the same as the Provider Charges.
- 4 Paid by Plan is the amount Ambetter will pay to your provider.
- 5 Out of Pocket Costs is the amount the patient or insurance plan member owes after your insurer has paid everything else. You may have already paid a portion of this amount, and payments made directly to your provider may not be subtracted from this amount
- **6 Remark Code** is a note from the insurance plan that explains more about the costs, charges, and paid amounts for your visit.
- **7** Ambetter Member Services is the phone number to call with questions about your EOB.

Contact us at 1-877-687-1182 if you have questions about your EOB or to let us know if you believe there is a mistake on your EOB such as services you did not get.

Resources

You can find the answers to your questions and a complete list of words to know in the Member Resources section of Ambetter.mhsindiana.com.

APPEAL

An appeal is a request for Ambetter to review a decision or a grievance again. You can appeal if Ambetter denies one of the following:

- Your request for a healthcare service, supply, or prescription drug that you think you should be able to get
- · Your request for payment for healthcare or a prescription drug you already got
- · Your request to change the amount you must pay for a prescription drug
- · You can also appeal if you're already getting coverage and your plan stops paying.

COINSURANCE

This is the percentage you pay, while Ambetter pays the rest (after deductible is met).

COPAY

The set amount of money you pay at the time of a certain medical service. You also might pay this when you pick up a medication. The copay amount may vary depending on the type of healthcare service.

DEDUCTIBLE

The fixed amount of money you have to pay for certain services each year before Ambetter begins to pay. After you meet your deductible, Ambetter will begin to pay for these services. Plans with high deductibles usually have lower monthly premiums, and vice versa.

EMERGENCY SERVICES

Evaluation and treatment of an illness, injury, symptom, or condition so serious that a reasonable person would seek care right away and treatment to keep the condition from getting worse.

EXCLUDED SERVICES

Healthcare services that Ambetter doesn't pay.

EXPLANATION OF BENEFITS (OR EOB)

A summary of healthcare charges that Ambetter sends you after you see a provider or get a service. It is not a bill. It is a record of the healthcare you or individuals covered on your policy got and how much your provider is charging your insurance company.

FORMULARY

The list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also known as a preferred drug list or PDL.

HOSPITAL OUTPATIENT CARE

Care in a hospital that usually doesn't require an overnight stay.

IN-NETWORK CO-INSURANCE

The percent (for example, 20%) you pay of the allowed amount for covered healthcare services to providers who contract with Ambetter. In-network coinsurance usually costs you less than out-of-network co-insurance.

IN-NETWORK COPAYMENT

A fixed amount (for example, \$15) you pay for covered healthcare services to providers who contract with Ambetter. In-network copayments usually are less than out-of-network copayments.

NETWORK (ALSO REFERRED TO AS IN-NETWORK)

The facilities, providers, and suppliers Ambetter has contracted with to provide healthcare services.

OUT-OF-NETWORK

A provider who doesn't have a contract with Ambetter to provide services to you. You may pay more to see a non-preferred provider.

OUT-OF-NETWORK CO-INSURANCE

The percent (for example, 40%) you pay of the allowed amount for covered healthcare services to providers who don't contract with Ambetter. Out-of-network co-insurance usually costs you more than in-network co-insurance.

OUT-OF-NETWORK COPAYMENT

A fixed amount (for example, \$30) you pay for covered healthcare services from providers who don't contract with your health insurance or plan. Out-of-network copayments usually are more than in-network copayments.

OUT-OF-POCKET MAXIMUM

This amount is the most you pay during a plan period (usually a year) before Ambetter starts to pay 100% of your medical services. This does not include your monthly premiums. It includes co-pays, deductibles and coinsurance that you pay.

PREMIUM

The amount of money you pay each month in order to have health insurance.

PREVENTIVE SERVICES

Routine healthcare that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems or to detect illness at an early stage, when treatment is likely to work best (this can include services like flu and pneumonia shots, vaccines, and screenings like mammograms, depression/behavioral health screenings, or blood pressure tests, depending on what is recommended for you).

PRIOR AUTHORIZATION

A decision by Ambetter that a healthcare service, treatment plan, prescription drug, or durable medical equipment is medically necessary. Sometimes called preauthorization, prior approval, or precertification. Ambetter may require prior authorization for certain services before you receive them, except in an emergency. Prior authorization isn't a promise Ambetter will cover the cost.

PRIMARY CARE PROVIDER

A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of healthcare services.

SPECIALIST

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.



HELPFUL LINKS

Ambetter from MHS

Ambetter.mhsindiana.com

Getting Coverage

How to get coverage through the Health Insurance Marketplace

healthcare.gov/blog/4- steps-to-getting-covered-in-the-health-insurance-marketplace

How much will health insurance cost?

kff.org/interactive/subsidy-calculator

What plans are available in my area? healthcare.gov/find-premium-estimates

Contact Your Insurance Plan

Contacting your health plan's customer service phone number

marketplace.cms.gov/ getofficialresources/publications-andarticles/contact-health-plan.pdf

Value of Prevention

Understanding prevention and the Affordable Care Act

healthcare.gov/prevention

Finding a Provider

Reviews and ratings of local providers

healthgrades.com

Planning Your First Visit

Steps to help you plan your first visit

ahrq.gov/patients-consumers/ patientinvolvement/ask-your-doctor/questionsbefore-appointment.html

Questions to Ask Your Provider

Topics and questions to discuss with the provider during your visit

ahrq.gov/patients-consumers/patientinvolvement/ask-your-doctor/questionsduring-appointment.html

Patient-Provider Relationship

The importance of communicating with your provider

ahrq.gov/patients-consumers/patient-involvement/ask-your-doctor/videos/index.html

Tracking Your Medicine

Patient guide and wallet card to keep a record of all medications

ahrq.gov/patients-consumers/diagnosistreatment/treatments/safemeds/ yourmeds.html

Personal health checklist

This checklist has some common screenings and preventive services that you may receive. You can make a checklist specific to your needs based on your age, gender, and pregnancy status by going to Ambetter.mhsindiana.com.

Protect Your Identity: Keep your personal information safe, whether it is on paper, online, or on your computers and mobile devices. Store and dispose of your personal information securely, especially your Social Security number.

Health Screening	Date	Result
Height and Weight		
Body Mass Index (BMI)		
Blood Pressure		
Cholesterol		
Vaccinations and Immunizations		
Cervical Cancer Screening (women only) - This is sometimes called a Pap Test		
Colorectal Cancer Screening (colonoscopy)		
Breast Cancer Screening (mammogram)		
Other Screenings Recommended for Me		

Personal I	health	chec	klist
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Notes (Is this result good or bad? What should I do about it?)	



Your important information

This Guide Belongs To
Health Plan Name
Policy Number
Group Number
Health Plan Phone Number
Primary Care Provider
Other Providers
Pharmacy
Allergies
Emergency Contact
Medications
Other

Protect Your Identity: Keep your personal information safe, whether it is on paper, online, or on your computers and mobile devices. Store and dispose of your personal information securely, especially your social security number.



From Coverage to Care Roadmap. June 2014. Centers for Medicare & Medicaid Services, Baltimore, MD. go.cms.gov/c2c

