

# Welcome to Healthgram

Your guide to making the most of your employer-sponsored benefits



healthgram 



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# Welcome to Healthgram!

Get ready to love your benefits again. We've partnered with your employer to bring you valuable benefits and transform the healthcare experience. Beginning on December 1, 2016, Healthgram will be your new contact for benefits administration and customer service.

Our goal is to help you choose the best benefit options for you and your family and be a trusted resource for your healthcare needs. We look forward to becoming your partner along the way.

## Important information to note:

Your network access will be through Healthgram. You can search providers on our website at: [www.healthgram.com](http://www.healthgram.com)

Your pharmacy provider is Express Scripts, Inc., and the 4-tiered co-pay (generic, formulary, and non-formulary, specialist) for prescription drugs did not change. Your pharmacy information is printed on your new ID Card.

Please be sure to provide your new ID card to ALL of your providers after December 1, and have them make a copy for your file. You may discard your old ID card.

## Contacting Healthgram:

As a Healthgram member, you have access to your online Member Portal. This resource hosts all of your benefits information. From within the portal you may verify coverage, request a copy of your ID card, check on claims status and much more. Turn to page \* to get started. In addition, our customer service team is ready to help you when you need it.

**Pre-certification:** 1-800-472-5001  
**healthconnect Advisor:** 866-904-9081  
**Express Scripts RX:** 1-800-889-0350  
Please have your ID number ready

**Submit claims to:**  
Healthgram, Inc.  
PO Box 11088  
Charlotte, NC 28220-1088



# Your one-stop healthcare resource is here

Healthcare can get complicated.

Help is just a call away.

With healthconnect, one number connects you to your personal health Advisor. Your Advisor is here to answer questions about your plan, help you save money on healthcare costs and make sure you are supported every step of the way.

## Your Advisor can help you:

- ✓ Find the right doctor, hospital and facility for your specific needs
- ✓ Resolve insurance-related issues from claims inquiries to billing
- ✓ Understand your benefits including all coverage questions and issues
- ✓ Estimate medical costs and in some cases, help you earn money
- ✓ Stay healthy with the help of alert reminders for upcoming screenings



Just call!  
866.904.9081



# 10 Insurance Terms to Know

## Financial Terms:



**Premium:** This is the amount you pay each month for your insurance. If your insurance is employer-based, your premium is usually deducted from your paycheck.

**Co-Pay:** A fee paid at the time of service.

**Deductible:** This is the amount you must pay each year for healthcare services before insurance begins paying. For example, if your deductible is \$1000, you must pay for the first \$1000 of your medical services before your insurance will begin covering the costs. Deductibles vary widely depending on benefits.

**Out-of-Pocket Maximum:** This is the most you will pay for medical expenses in a given year. For example, if your maximum out-of-pocket is \$7500, all covered charges after that should be paid by insurance at 100 percent. These vary by plan.

**Co-Insurance:** This is the portion of medical expenses for which you are responsible after you have met your deductible. For example if your co-insurance is 20 percent, then insurance will pay 80 percent of covered expenses after you have met your deductible and you will be responsible for the remaining 20 percent.

**Explanation of Benefits (EOB):** A statement provided by insurance companies that outlines charges, coverage and payments for a particular medical visit or procedure. These receipts let you know what you were charged, what insurance paid and what you must pay.

## Network Terms:

**In-Network:** This is the list of doctors, facilities and providers approved by your insurance company. Your insurance company has negotiated discounts with this group of medical professionals, so charges in-network should always be lower than those out-of-network.

**Out-of-Network:** Those medical professionals not on your insurance company's approved list are out-of-network and will charge higher fees.

**High Deductible Health Plan (HDHP):** HDHPs are plans that offer lower premiums with higher deductibles. In many cases, employees are required to pay a higher rate for each medical service rendered until they reach a deductible set by the employer. After the deductible is met, the plan pays a designated percentage of covered charges. These plans often are linked to health savings accounts (HSAs).

**Preferred Provider Organization (PPO):** PPOs offer discounts when you use in-network doctors, providers and facilities, but they do not bar you from seeing out-of-network medical professionals. However, fees for out-of-network services will be higher.





## Precertification Information

Our pre-certification service reviews prospective inpatient hospitalizations and **outpatient procedures** to ensure that all patients receive optimum-quality and cost-effective care. Prior to a non-emergency admission or an outpatient treatment at a hospital, members are required to contact Healthgram, Inc. for prior approval. Clinical information is transferred between parties to ensure that the member is eligible for admission or treatment.

A penalty may apply if the member or his/her physician does not call and obtain pre-certification prior to hospital admission or surgery.

**For pre-certification, call: 1-800-472-5001**

**8:30am-5:00pm EST Monday-Friday**

The following procedures always need pre-certification:

- Emergency Admissions (see above)
- Non-Emergency Hospital Admissions (including observations)
- Ambulatory Surgery (outpatient surgery)
- Mental Health and Substance Use Treatment Centers
- Rehabilitation Services
- Chemotherapy/ Radiation Therapy
- Durable Medical Equipment (rental or purchase)
- Home Health
- Colonoscopy

# Sample Explanation of Benefits

**healthgram**  
 PO Box 11088  
 Charlotte NC 28220

20160324803  
 102311694

JAA8 [36,360] 1 of 2

## Explanation of Benefits

**RETAIN FOR TAX PURPOSES  
 THIS IS NOT A BILL**



### Forwarding Service Requested

\*\*\*\*\*3-DIGIT 287  
 36360 1 AT 0.416 126  
 DOE, JOHN  
 123 SAMPLE DRIVE  
 CHARLOTTE NC 28704-3039

### Customer Service

Website: www.healthgram.com  
 Phone: (800) 446-5439 or (704) 523-2758  
 Hours: 8am - 7pm EST

### Participant Information

Group Name: ABC COMPANY  
 Group #: 001  
 Date: 03/03/16  
 Employee: DOE, JOHN  
 Employee ID: 123456789  
 Paid Date: 03/03/2016

**Your cooperation is needed to stop fraud!**  
 If these services were not rendered,  
 please contact Healthgram immediately at the Customer Service Number  
 indicated above.

**For the Period: 02/17/2016 through 03/03/2016**

The information below is a summary of your healthcare claims for the period referenced above. This information is commonly referred to as an "Explanation of Benefits" (EOB). This is a summary, followed by the claim details, of how your recent claims were processed. It includes any co-pay, deductible, coinsurance (%) or non-covered amounts that you may owe to the provider(s) of service. Use this EOB to verify the accuracy and validity of any bill you may receive from the provider(s) listed below.

### Claim Summary

Claim Number	Patient Name	Total Charge	Not Covered Amount	Provider Discount	Allowed Amount	Deductible Amount	Co-pay / Co-ins	Payment Amount
010301166058	DOE, JOHN J.	\$432.00	\$0.00	\$0.00	\$432.00	\$0.00	\$0.00	\$425.52
010226166034	DOE, JOHN J.	\$120.00	\$0.00	\$16.01	\$103.99	\$0.00	\$30.00	\$72.43
010304166007	DOE, JOHN J.	\$28.00	\$0.00	\$2.00	\$26.00	\$0.00	\$26.00	\$0.00
010307166028	DOE, JOHN J.	\$136.00	\$0.00	\$5.89	\$130.11	\$0.00	\$30.00	\$100.11
010311166010	DOE, JOHN J.	\$1,145.01	\$0.01	\$651.34	\$493.66	\$113.20	\$76.09	\$296.96
<b>Totals</b>		<b>\$1,861.01</b>	<b>\$0.01</b>	<b>\$675.24</b>	<b>\$1,185.76</b>	<b>\$113.20</b>	<b>\$162.09</b>	<b>\$895.02</b>

Claim: 010301166058		Pat #: 156510		Employee: DOE, JOHN J.		Employee ID: 123456789				
Patient: DOE, JOHN J.		Pat ID: 123456789		Provider: JOHNSON, BOB N., MD		Provider #: 000000001				
Dates of Service	Service Description	Total Charge	Not Covered Amount	Reason Codes	Provider Discount	Allowed Amount	Deductible Amount	Co-pay / Co-ins	Paid At	Payment Amount
02/17-02/17/2016	LABORATORY	\$432.00	\$0.00	CX1	\$0.00	\$432.00	\$0.00	\$0.00	100%	\$425.52
<b>Column Totals</b>		<b>\$432.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$432.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$425.52</b>
Other Credits or Adjustments										\$0.00
Total Net Payment										\$425.52
Payment to Employee:										\$0.00

### Plan Status

Individual	Accumulator	Amount to Meet	Amount Met	Amount Remaining
DOE, J.	Individual Calendar Year Deductible	\$625.00	\$625.00	\$0.00
DOE, J.	Family Calendar Year Deductible	\$925.00	\$625.00	\$300.00



# How to Read Your Explanation of Benefits

## About your EOB

Each time Healthgram processes a claim submitted by you or your healthcare provider, we explain how we processed it in the form of an explanation of benefits (EOB). Your EOB covers all medical claims related to each visit within 15 business days for all family members included on the plan. An EOB outlines how to reach customer service, the participant's information and a complete claim summary for the given time period.

**The EOB is not a bill.** It simply explains how your benefits were applied to that particular claim. It includes the date you received the service, the amount billed, the amount covered, the amount we paid and any balance you're responsible for paying the provider. It also tells you how much has been credited toward any required deductible.

Each time you receive an EOB, review it closely and compare it to the receipt or statement you receive from your provider.

## How to read your EOB

The Claim Summary includes all medical claims that have been processed during the 15 day period indicated on the EOB. Each of the claims are broken down in the chart that follows.

**For the Period: 02/17/2016 through 03/03/2016**

The information below is a summary of your healthcare claims for the period referenced above. This information is commonly referred to as an "Explanation of Benefits" (EOB). This is a summary, followed by the claim details, of how your recent claims were processed. It includes any co-pay, deductible, coinsurance (%) or non-covered amounts that you may owe to the provider(s) of service. Use this EOB to verify the accuracy and validity of any bill you may receive from the provider(s) listed below.

1	2	3	4	5	6	7	8
Claim Summary	Total Charge	Not Covered Amount	Provider Discount	Allowed Amount	Deductible Amount	Co-pay / Co-ins	Payment Amount
010301166058	DOE, JOHN J.	\$432.00	\$0.00	\$0.00	\$432.00	\$0.00	\$425.52
010226166034	DOE, JOHN J.	\$120.00	\$0.00	\$16.01	\$103.99	\$0.00	\$72.43
010304166007	DOE, JOHN J.	\$28.00	\$0.00	\$2.00	\$26.00	\$0.00	\$0.00
010307166028	DOE, JOHN J.	\$136.00	\$0.00	\$5.89	\$130.11	\$0.00	\$100.11
010311166010	DOE, JOHN J.	\$1,145.01	\$0.01	\$651.34	\$493.66	\$113.20	\$296.96
<b>Totals</b>	<b>\$1,861.01</b>	<b>\$0.01</b>	<b>\$675.24</b>	<b>\$1,185.76</b>	<b>\$113.20</b>	<b>\$162.09</b>	<b>\$895.02</b>

Claim: 010301166058	Pat #: 156510	Employee: DOE, JOHN J.	Employee ID: 123456789
Patient: DOE, JOHN J.	Pat ID: 123456789	Provider: JOHNSON, BOB N., MD	Provider #: 000000001

Dates of Service	Service Description	Total Charge	Not Covered Amount	Reason Codes	Provider Discount	Allowed Amount	Deductible Amount	Co-pay / Co-ins	Paid At	Payment Amount
02/17-02/17/2016	LABORATORY	\$432.00	\$0.00	CX1	\$0.00	\$432.00	\$0.00	\$0.00	100%	\$425.52
<b>Column Totals</b>		<b>\$432.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$432.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$425.52</b>
Other Credits or Adjustments										\$0.00
Total Net Payment										\$425.52
Payment to Employee:										\$0.00

**1. Claim Summary:** This outlines all claims that have been processed during a 15 day period.

**2. Total Charge:** The total amount charged by the medical provider for the service.

**3. Not Covered Amount:** This is the total amount that is not covered or eligible for payment under the plan.

**4. Provider Discount:** The amount saved by using an in-network provider.

**5. Allowed Amount:** The portion of the charges eligible for benefits minus the network discount and any non-covered amounts.

**6. Deductible Amount:** This is the amount you must pay each year before certain healthcare services are paid.

**7. Co-pay:** Your cost sharing responsibility of the benefit breakdown.

**8. Payment Amount:** The total paid by the plan.

# How to Read Your Explanation of Benefits

## Claim Summary

Claim Number	Patient Name	Total Charge	Not Covered Amount	Provider Discount	Allowed Amount	Deductible Amount	Co-pay / Co-ins	Payment Amount
0107281660856	DOE, JOHN, B.	\$125.00	\$45.20	\$42.00	\$37.80	\$0.00	\$7.80	\$30.00
0108041660123	DOE, JOHN, B.	\$500.00	\$405.84	\$94.16	\$0.00	\$0.00	\$0.00	\$0.00
0107281660234	DOE, JOHN, B.	\$125.00	\$49.29	\$42.00	\$33.71	\$18.44	\$3.71	\$11.56
0107281660567	DOE, JOHN, B.	\$125.00	\$45.20	\$42.00	\$37.80	\$0.00	\$7.80	\$30.00
0107251670590	DOE, JOHN, B.	\$133.00	\$0.00	\$0.00	\$133.00	\$0.00	\$0.00	\$133.00
0107281667890	DOE, JOHN, B.	\$125.00	\$53.00	\$42.00	\$30.00	\$30.00	\$0.00	\$0.00
0108011661999	DOE, JOHN, B.	\$184.73	\$0.00	\$12.05	\$172.68	\$0.00	\$15.00	\$155.19
0108081664782	DOE, JOHN, B.	\$155.00	\$0.00	\$31.00	\$124.00	\$0.00	\$15.00	\$109.00
<b>Totals</b>		<b>\$1,472.73</b>	<b>\$598.53</b>	<b>\$305.21</b>	<b>\$568.99</b>	<b>\$48.44</b>	<b>\$49.31</b>	<b>\$468.75</b>

Claim: 0107281660234

Pat #: 156789101

Employee:DOE, JOHN, B.

Employee ID:123456789

Patient: DOE, JOHN, B.

Pat ID:123456789

Provider:HEALTHCARE

Provider #:987654251

Dates of Service	Service Description	Total Charge	Not Covered Amount	Reason Codes	Provider Discount	Allowed Amount	Deductible Amount	Co-pay / Co-ins	Paid At	Payment Amount
07/11-07/11/2016	CHIROPRACTIC CARE	\$65.00	\$3.29	RP1, 014, 015	\$28.00	\$33.71	\$18.44	\$3.71	80%	\$11.56
07/11-07/11/2016	PHY/OCC THERAPY	\$35.00	\$28.00	RP1, 015	\$7.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
07/11-07/11/2016	PHY/OCC THERAPY	\$25.00	\$18.00	RP1, 015	\$7.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
<b>Column Totals</b>		<b>\$125.00</b>	<b>\$49.29</b>		<b>\$42.00</b>	<b>\$33.71</b>	<b>\$18.44</b>	<b>\$3.71</b>		<b>\$11.56</b>

Other Credits or Adjustments \$0.00

Total Net Payment \$11.56

Payment to Employee: \$0.00

Payment to Provider: \$11.56

## Calculation Example

\$125.00 total charged

-\$49.29 not covered amount

-\$42.00 provider discount

**\$33.71 allowed amount**

-\$18.44 deductible amount

-\$3.71 Co-pay/ co-ins

**\$11.56 payment amount**

\$33.71 allowed amount

-\$11.56 payment amount

**\$22.15 amount you may owe your provider**

## A note about EOBs:

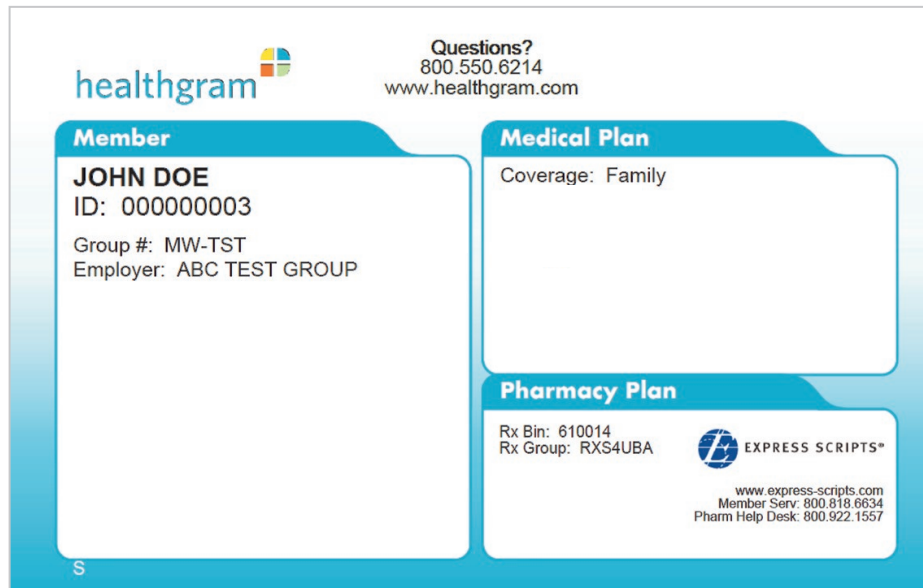
Each EOB you receive will differ depending on the claims processed during the given time period. The amount charged will vary depending on the services provided and your benefits plan. The co-pay and deductible amount will also vary.

If you need additional assistance understanding your EOB, please call your health Advisor at 866.904.9081.


# Your Medical ID Card

This is a sample of your medical ID card. Your medical ID card details the benefits offered to you through your employer. This card is also mailed to your home with accompanying instructions.

Your medical ID card outlines medical coverage for you and any dependents on your plan. Bring this card to your healthcare provider and pharmacy so they are aware of your new benefits.




The front side of the medical ID card features the Healthgram logo at the top left. To the right, contact information for questions is provided: 800.550.6214 and www.healthgram.com. The card is divided into three main sections: Member, Medical Plan, and Pharmacy Plan. The Member section identifies JOHN DOE with ID 000000003, Group # MW-TST, and Employer ABC TEST GROUP. The Medical Plan section indicates Family coverage. The Pharmacy Plan section lists Rx Bin 610014, Rx Group RXS4UBA, and the Express Scripts logo with contact information: www.express-scripts.com, Member Serv: 800.818.6634, and Pharm Help Desk: 800.922.1557. A small 'S' is located at the bottom left corner.

**healthgram** 

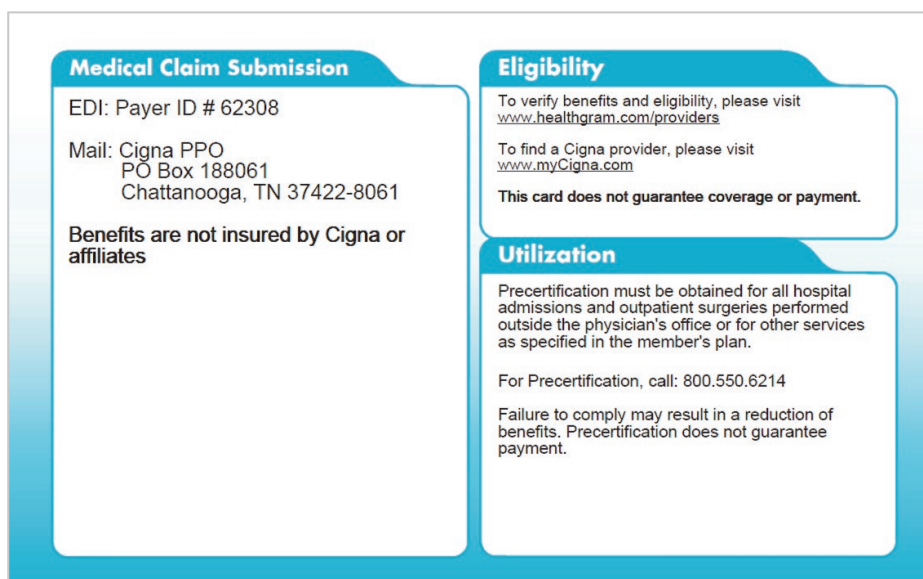
Questions?  
800.550.6214  
www.healthgram.com

**Member**  
**JOHN DOE**  
ID: 000000003  
Group #: MW-TST  
Employer: ABC TEST GROUP

**Medical Plan**  
Coverage: Family

**Pharmacy Plan**  
Rx Bin: 610014  
Rx Group: RXS4UBA  EXPRESS SCRIPTS®  
www.express-scripts.com  
Member Serv: 800.818.6634  
Pharm Help Desk: 800.922.1557

S



The back side of the medical ID card contains information regarding medical claim submission, eligibility, and utilization. The Medical Claim Submission section provides the EDI Payer ID # 62308 and mailing address: Cigna PPO, PO Box 188061, Chattanooga, TN 37422-8061. It also states that benefits are not insured by Cigna or affiliates. The Eligibility section instructs members to visit www.healthgram.com/providers to verify benefits and www.myCigna.com to find a provider, and includes a disclaimer that the card does not guarantee coverage or payment. The Utilization section explains that precertification is required for hospital admissions and outpatient surgeries, and provides the contact number 800.550.6214 for precertification, along with a warning that failure to comply may result in reduced benefits.

**Medical Claim Submission**  
EDI: Payer ID # 62308  
Mail: Cigna PPO  
PO Box 188061  
Chattanooga, TN 37422-8061  
Benefits are not insured by Cigna or affiliates

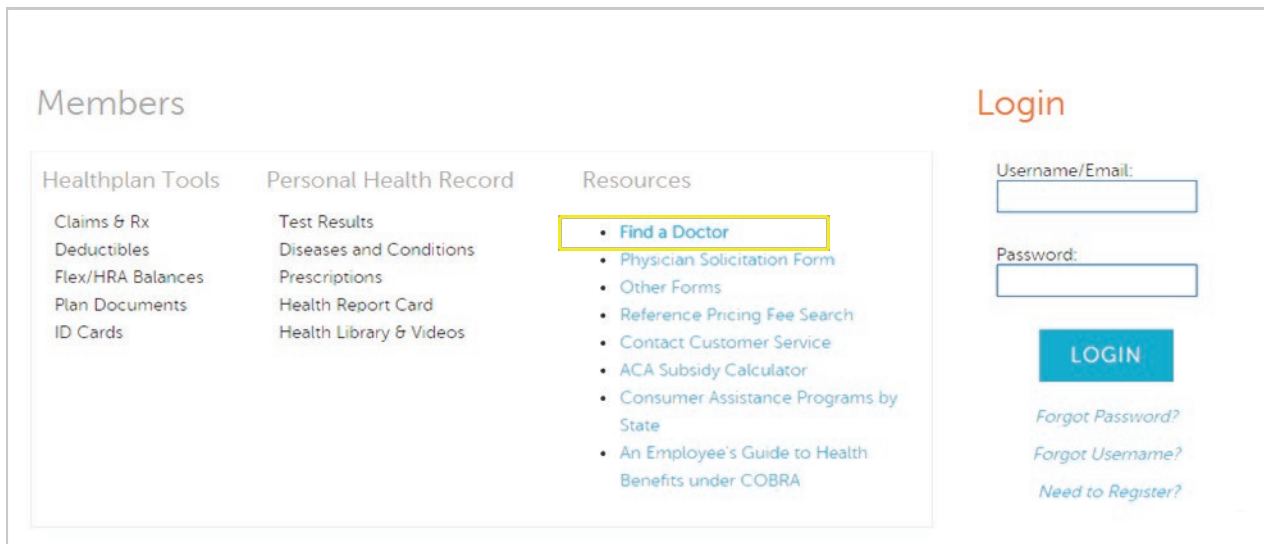
**Eligibility**  
To verify benefits and eligibility, please visit [www.healthgram.com/providers](http://www.healthgram.com/providers)  
To find a Cigna provider, please visit [www.myCigna.com](http://www.myCigna.com)  
This card does not guarantee coverage or payment.

**Utilization**  
Precertification must be obtained for all hospital admissions and outpatient surgeries performed outside the physician's office or for other services as specified in the member's plan.  
For Precertification, call: 800.550.6214  
Failure to comply may result in a reduction of benefits. Precertification does not guarantee payment.

# Finding an In-network Provider






## Instructions:

- 1.) Visit [www.healthgram.com](http://www.healthgram.com), select "Account Login" in the top right hand corner of the home screen. From there, select "Members" from the drop down menu.
- 2.) Under "Resources", select "Find a Doctor"



The screenshot shows the 'Members' section of the Healthgram website. On the left, there are three columns of links: 'Healthplan Tools' (Claims & Rx, Deductibles, Flex/HRA Balances, Plan Documents, ID Cards), 'Personal Health Record' (Test Results, Diseases and Conditions, Prescriptions, Health Report Card, Health Library & Videos), and 'Resources'. The 'Find a Doctor' link in the 'Resources' column is highlighted with a yellow box. To the right, there is a 'Login' section with fields for 'Username/Email:' and 'Password:', a 'LOGIN' button, and links for 'Forgot Password?', 'Forgot Username?', and 'Need to Register?'.

- 3.) Select the Network icon that is the same as the one on your ID Card:

PPO Network	Phone Number	Website	Logo
Atlantic Integrated Health	1-877-514-0057	Website >	 Atlantic Integrated Health
Cigna	1-800-446-5439	Website >	 GWH-Cigna PPO
CIGNA Dental PPO	1-800-446-5439	Website >	 CIGNA DPPO SA PLUS
Community Health Partners	1-888-213-4988	Website >	 Community Health Partners
First Health	1-800-226-5116	Website >	 First Health Network

- 4.) This will redirect you to the website of the network you select. From here, you can find a provider.

# Frequently Asked Questions

1. **What happens to the amounts accumulated toward my annual deductible and coinsurance limits (out-of-pocket max)? Are they reset to \$0?**

No. Your plan runs on a calendar year, so any amounts accumulated toward your deductible and coinsurance limits will carry over to Healthgram.

2. **If I have a procedure that was pre-certified and is scheduled after December 1, do I have to get it pre-certified again?**

No. All pre-certified procedures are sent to Healthgram for handling.

3. **Is there a separate drug card?**

There is only one ID card to carry for your medical and prescription coverage. Please present your ID card to all doctors and pharmacies for the first time to make sure they do not apply the prescription to the plan they have on file.

4. **What do I do if I have a mail order prescription?**

A. If you currently have a mail order prescription, to avoid any disruption, please refill prior to 12/1/16 if possible. The Plan includes a mail order prescription drug benefit program administered by Express Scripts, Inc. Express Scripts also offers online tools to manage prescription needs. To get detailed information via the web and learn about the Express Scripts programs and services, visit [www.express-scripts.com](http://www.express-scripts.com) or call Customer Service at 1-800-889-0350.

We're here for you.



Whenever you need help making sense of your benefits, give our customer service team a call. We're ready to help.

**866.904.9081**

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