

PAVE THE WAY™ WITH ClaimDOC®

A GUIDE TO YOUR OPEN-ACCESS MEDICAL PLAN

✓ **Open-Access: More Choices For You & Your Family**

Your new Medical Plan is Open-Access, which means that you have the freedom to choose any provider you wish, without restrictions or limitations from your plan. Services are paid at the same benefit level and there are no out-of-network penalties. As long as your provider accepts the plan and submits claims to Group Benefit Services, your plan's administrator, you are only responsible for your applicable co-pays, deductibles, and co-insurance.

For non-hospital providers, your employer has partnered with Multiplan Practitioner & Ancillary Only. To check if your provider is in-network, please visit the website below and perform a provider search:

<https://www.multiplan.com>

If your provider is not participating with Multiplan Practitioner & Ancillary Only, please call your ClaimDOC Member Advocate.

✓ **Introducing the Plan to Your Providers**

If your provider is not in the Multiplan Practitioner & Ancillary Only Network, that's okay! Remember, your plan doesn't impose out-of-network penalties. As part of ClaimDOC's Pave the Way™ program, we will reach out to your healthcare providers to educate them on your new plan and to ensure they have all of the necessary information to accept and submit your claims.

Submit your provider nomination request by using any of the following options:



Submit an online form on:
claim-doc.com/pnf



Email your form to:
membersupport@claim-doc.com



Call a ClaimDOC Member Advocate:
1 (888) 330-7295



Download the:
ClaimDOC Mobile Application

✓ **Balance Bills: Open Your Mail & Communicate**

Your medical plan utilizes a claim review and audit program that determines the fair and reasonable costs for the medical services you receive. A balance bill occurs when a provider or hospital receives the fair and reasonable payment from your insurance but seeks to collect additional amounts directly from you.

The balance sought to be collected against you will match the "discount" determined by your plan as reflected on the Explanation of Benefits (EOB) you receive from Group Benefit Services.

If you receive a bill for anything more than your patient responsibility, immediately call 1 (888) 330-7295 and ask to speak to ClaimDOC. You are held harmless and will be defended against unfounded collection activity.