

KNOW YOUR PLAN

Full Value-Driven Health Plan Services (VDHPs)

WHAT ARE VDHPs?

Value-Driven Health Plan services (VDHPs) establish price for services by reimbursing members based on the value and quality of care. The process is fully transparent and based on Medicare and cost information, so the end result is a price that is fair to both the provider and the member.

WHAT DOES THIS MEAN FOR YOU?

Value-Driven Health Plan services are revolutionizing the way you shop for healthcare by bringing transparency and affordability to the consumer. Members enjoy lower out-of-pocket costs, reflected in coinsurance payments, and well educated on how to handle unexpected medical bills.

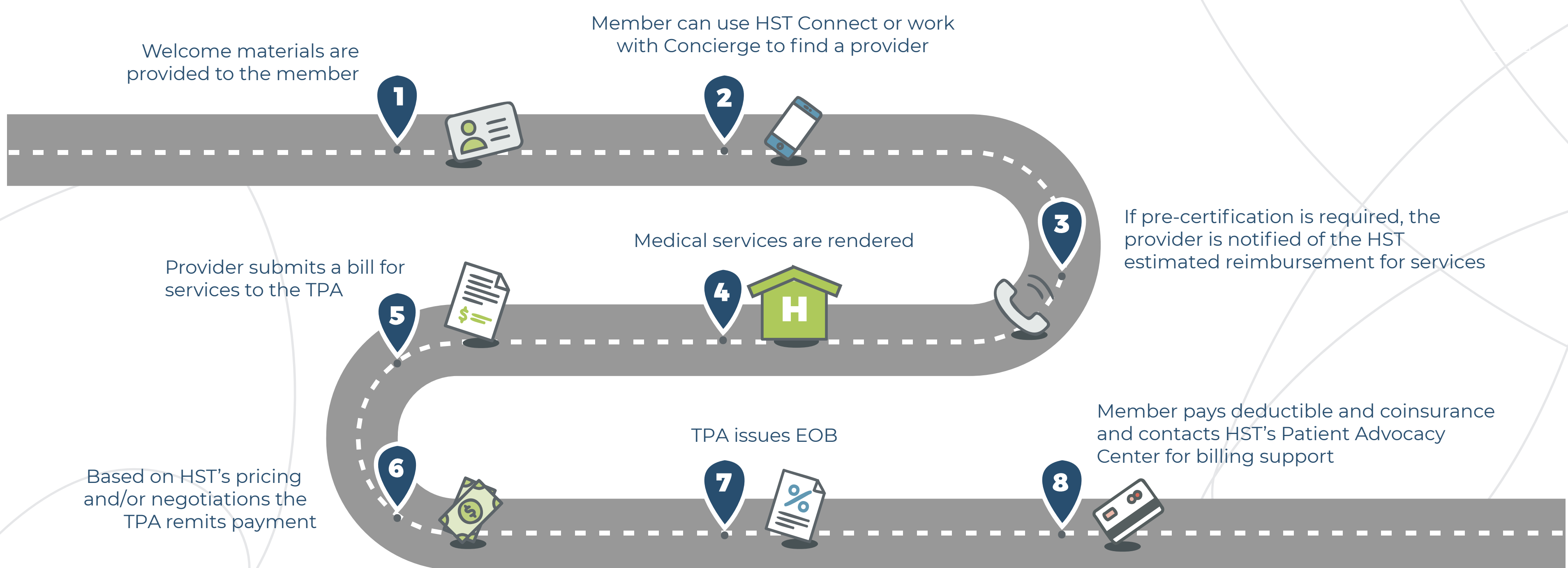
PROVIDERS

Your Value-Driven Health Plan is open access for all providers. This means that there are no network restrictions when selecting a facility or a physician. Therefore there are no additional Out-of-Network costs to worry about.

ARE THERE ANY NETWORK RESTRICTIONS?

No, your Value-Driven Health Plan is open access for all **providers meaning** that there are no restrictions when selecting a facility or physician.

HOW DOES IT WORK?



VDHP FREQUENTLY ASKED QUESTIONS

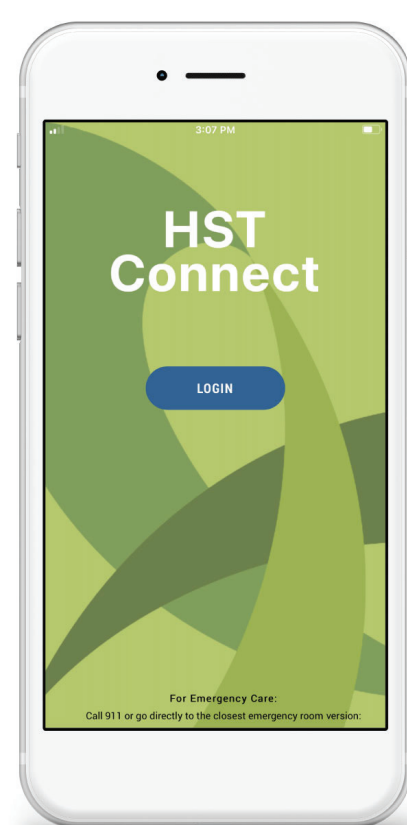
How does HST price claims?

HST's pricing methodology uses Medicare and Cost information (plus a percentage) to determine a fair and reasonable price for medical services.

How do I search for a provider?

Use HST Connect for access to quality, cost effective healthcare in the palm of your hand. The HST Connect mobile app features include:

- ▶ Search for a provider with high acceptance rates
- ▶ Compare quality ratings and pricing for specific procedures
- ▶ View deductibles, copays and other plan information
- ▶ Direct dial providers and get driving directions
- ▶ Prescription pricing estimates
- ▶ Look up information about procedures
- ▶ Communicate and receive notifications from Patient Advocacy Center (PAC)
- ▶ Submit balance bills directly to PAC through the app
- ▶ Access to HST's Provider Acceptance Rates



Will my current providers accept VDHPs?

Providers are required to adhere to your benefit plan. If a provider has questions, they can confirm your coverage by calling the phone number on your identification card. If an agreement can not be made, alternative accepting providers in your area will be recommended.

What happens if a provider balance bills me?

If a provider bills you for an amount above the patient responsibility identified on your Explanation of Benefits (EOB) don't pay the bill! Instead, contact our Patient Advocacy Center (PAC) and a Patient Advocate will take over your case and deal directly with the hospital so you don't have to.

HST's Patient Advocacy Center (PAC)

PAC is an exceptional service HST offers to members of VDHPs if they receive an unexpected bill. PAC's role is to educate, communicate, negotiate on behalf of, and represent the member in the rare instances of balance billing. A Patient Advocate will then contact the provider and act as a liaison between the provider and member. Members can feel confident that they have an advocate making sure they are being billed fairly for medical services and that they are receiving a fair price. PAC communicates with members via: HST Connect, emails, phone calls and text messages.

Phone: (888) 837-2237, Fax: (949) 891-0420

Monday-Friday, 5:30 am - 5:00pm PST

Download the **HST Connect** app

Email: pac@hstechnology.com