

## You're in Good Hands!

Your plan pays providers based on a multiple of the Medicare reimbursement rate<sup>1</sup> for each service you receive. There is no network<sup>2</sup>, so you can go to any provider you want. Here's how it works:



### Seek Care

You can go to any doctor or hospital<sup>2</sup>; simply show your Medical ID card to the provider. If they have any questions, they can call the Customer Service number on the back of your card.



### Receive Your EOB

You will receive an Explanation of Benefits (EOB) showing your Patient Responsibility. This includes copays, coinsurance, charges for non-covered services and deductible amounts.



### Review Your Bill

Your provider will send you a bill for any amounts due to them. This bill should not exceed the Patient Responsibility as shown on your EOB.



### When to Call

If your bill shows an amount that exceeds the Patient Responsibility on your EOB, call the MAP Team immediately.



### The Team Gets to Work

MAP will work with your provider to resolve any inconsistencies on your bill. Afterward, you'll receive a letter explaining the resolution.

### The Member Advocacy Program<sup>3</sup> (MAP) is here to:

- Answer questions about billing
- Clarify your EOB
- Find providers
- Help you understand your benefits and how to use your plan

**Call at 888-306-0905**

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<sup>1</sup> Or a derived equivalent of the Medicare reimbursement rate.

<sup>2</sup> Pharmacy benefits and transplants still rely on the use of network providers.

<sup>3</sup> Non-covered services and certain other charges are not eligible for the program.