VERY IMPORTANT INFORMATION - PLEASE REVIEW

Westbrook Service Corporation Health Benefit Plan
Reference Based Pricing Plan

Frequently Asked Questions

Q. Who handles the administration of the Westbrook Service Corporation Health Benefit Plan?

A. Preferred Benefit Administrators is the Claims Administrator for the Westbrook Service Corporation Health Benefit Plan. Preferred handles all medical claim processing, eligibility determinations and prescription drug plan coordination. Please remind your medical providers to contact Preferred Benefit Administrators when verification of coverage / benefits is needed.

Q. How do I contact Preferred Benefit Administrators?

A. The toll-free telephone number for Preferred is 888-524-2777. This telephone number is printed on your ID card. You can also go online to **www.PreferredTPA.com** to find information about all the benefits offered through the Westbrook Service Corporation Health Benefit Plan. **By creating a member account, you will be able to view your coverage details, review the benefits of your plan, view the status of your claims, print an Explanation of Benefits (EOB) and so much more.**

Q. Who is AIMM and why does my Schedule of Benefits say to call AIMM before all medical services to get the highest level of benefits available through the health plan?

A. AIMM is the medical management piece of your health plan. AIMM will coordinate all of your medical care services. By calling AIMM prior to all medical services needed, your calendar year deductible will be waived, co-payments will be reduced and many services will be paid at 100%. Your Schedule of Benefits clearly shows the added plan benefits you will receive by calling AIMM before you seek medical care.

Q. How do I contact AIMM?

A. The toll-free phone number for AIMM is 877-269-6877. The phone number for AIMM is also printed on your medical plan ID card.

Q. What if I need medical care in the evening or weekend when AIMM is closed?

A. We recognize there are times when getting prompt medical care may prevent you from contacting AIMM. If you have an urgent medical condition and AIMM is not available, you should get the care you need. Treatment options include Convenience Care Clinics, Urgent Care Centers or if necessary, the Emergency room.

Q. Am I required to use the services offered by AIMM?

A. No, you are not required to use AIMM services or recommended medical providers, but in order to receive the highest level of benefits available through the health plan, you must contact AIMM prior to all medical care and follow their recommendations. If you don't contact AIMM or choose not to follow AIMM recommendations, benefits shall be payable at the Base Medical Benefit level specified on the Schedule of Benefits. Remember, AIMM services are a valuable resource and offer the greatest savings.

Q. How will Preferred Benefit Administrators know that I called AIMM prior to receiving medical care so my claims are processed at the highest benefit level?

A. AIMM will send a report to Preferred Benefit Administrators advising that you contacted them prior to receiving medical care. This will allow your claims to be processed at the highest benefit level.

Q. Who is our PPO Provider Network?

A. Your health plan has eliminated the use of a Preferred Provider Network (PPO) for facilities and medical providers which allows you to access any provider you choose. All payments to medical providers are based on Medicare pricing, plus an incentive bonus over and above the Medicare allowable amounts.

Q. Why is my employer offering this plan instead of the previous PPO?

A. This Plan allows your health plan to manage the ballooning cost of healthcare while still continuing to provide quality benefits to employees and their families. Without making this change, your health plan may have to increase patient financial responsibility (co-pays, deductibles, out-of-pocket maximum).

Q. Can I only go to a Hospital that is in network?

A. No. There is no PPO network for medical facilities and providers. As an enrolled Employee in the Westbrook Service Corporation Health Benefit Plan, you have the freedom to go to any doctor, hospital or facility you choose. Please remember, in order to receive the highest level of benefits through the Plan, you should contact AIMM to find the most appropriate provider for your medical needs.

Q. What should I do if scheduling or billing at a medical facility doesn't recognize my health plan?

A. Please tell your provider that your health plan is an open access plan and there are no reduced out-of-network benefits. Your medical provider should collect your applicable co-payment and submit a claim to Preferred Benefit Administrators. Your ID card contains all the necessary claim filing information a medical provider may need. If a hospital or medical provider still has questions, **please do not leave the facility**, instead, have them call AIMM immediately at 877-269-6877.

This phone number is also on your Health Plan ID card. Make sure you present your ID card at every visit or service.

Q. How will I know when my Health Plan has paid my claim?

A. After any medical service, you will receive an Explanation of Benefits (EOB) from Preferred Benefit Administrators. This EOB is a breakdown of the medical services billed by your provider and the benefits paid by the Plan. It also indicates what your patient responsibility is for these medical services.

Q. What is a balance bill?

A. A balance bill is when a provider bills a member for the difference between what the health plan allows for a medical service versus what the provider chooses to charge. In essence, it's when the provider charges more than what the Explanation of Benefit (EOB) indicates is your patient responsibility.

Example: Your hospital charges are $100 and the plan allowable rate is $70. If the medical provider bills you the $30 difference between the charged amount and the Plan allowable, they are balance billing. Deductibles, co-pays, and coinsurance are not examples of balance billing and you are still responsible for these cost sharing items.

Q. What should I do if I receive a balance bill?

A. If you receive a bill from a medical facility, you need to compare it to the EOB that you received from Preferred Benefit Administrators. If you are asked to pay more money than what is shown as patient responsibility on your EOB, you need to call AIMM at 877-269-6877. The customer service team will likely need you to send the bill and EOB via email or fax.

Q. What happens when I contact AIMM about a balance bill?

A. AIMM and your other health partners will work on your behalf to resolve the billing dispute with the provider. A customer service representative will walk you through our process and keep you updated until a resolution is achieved.

Q. What should I do if a facility requests payment up front?

A. Do not pay anything other than your co-payment up front. The facility should call AIMM at 877-269-6877.

Important Notice: It is important for employees to open any and all mail in order to check for any balance bills. If you receive a balance bill for any medical services, it is VERY important that you call AIMM at 877-269-6877.