



Frequently Asked Questions (PPO)

My son/daughter goes to school in another state. How do I find a provider for him/her? Concert Health Plan has partnered with PHCS for your health plan. PHCS is the nation's leading health care network. In order to locate a provider in any region of the country, simply go to the PHCS web site (www.phcs.com). You will also have an option to print out a "personalized directory" based on the area in which you are seeking a provider.

To reduce your personal healthcare cost, always confirm with the PHCS Network that the provider is still participating in the PPO Network at the location you have chosen. If you participate in a PPO plan, call (800) 457-1309 to confirm provider network status.

My provider is not in the PHCS network. How do I get them in the network? Please call 800-457-1309. The PHCS representative will take the provider's information and will contact that provider directly. It typically takes 90 days for a provider to go through the entire process and join the PHCS network.

What if I, or a family member, get sick on vacation or while traveling for business? Call 800-457-1309. Tell the representative where you are, and they will be able to find you the nearest in-network physician or facility. If it is an emergency, go to the nearest facility. Then, make sure to call the phone number on the back of your ID card within 48 hours of your visit.

What if I lose my card or need additional ID cards? Simply contact Concert Health Plan's customer service department toll-free at 866-818-3106 and they will be happy to assist you.

I went to the pharmacy to get my blood pressure medication and the pharmacist told me that I have exceeded my limit. What does that mean? Under your health care plan, all maintenance drugs must be ordered from Caremark through the mail. A mail-order form has been distributed in your initial enrollment packet. This is not a new concept to your provider. When your physician is writing out a prescription for a maintenance drug, ask him/her to write one prescription for a 1-month supply (that you can take to the pharmacy) and another prescription (that you can send to Caremark) for a 90-day supply plus refills. Be sure the prescription is written legibly and that the quantity and dosages are clear. Following these instructions will save you money.

What if my pharmacist gives me a brand name drug? When a generic is available, but the pharmacist gives you a brand name drug, you will pay the difference between the cost of the brand name drug and the cost of the generic, plus the generic co-payment amount.

How are charges from Radiologists, Anesthesiologists and Pathologists handled? Many of these specialists do not join provider networks even when they work at in-network facilities.

1. All charges from IN-NETWORK providers will be paid at the contracted rate at the IN-NETWORK level.
2. All charges from OUT-OF-NETWORK providers at IN-NETWORK facilities will be paid at the IN-NETWORK level, subject to our Maximum Allowable Fee.
3. All charges from OUT-OF-NETWORK providers at OUT-OF-NETWORK facilities will be paid at the OUT-OF-NETWORK level, subject to our Maximum Allowable Fee.

What about lab charges? Any lab and diagnostic testing done by and/or billed by the in-network physician will be covered under the office visit co-pay. If the provider orders any lab and diagnostic tests and does NOT bill for them under his tax identification number, they will be subject to either in-network or out-of network benefit levels.