

FREQUENTLY ASKED QUESTIONS

Reference-Based Pricing



WHAT IS REFERENCE-BASED PRICING?

Reference-Based Pricing (RBP) is an objective methodology used to calculate the amount a healthcare provider is paid for a specific service. Instead of using a standard PPO network discount (from what is often an inflated billed charge), an RBP-based plan pays claims based on a “maximum allowed charge” - defined as a percentage above what Medicare pays the provider for the same service. Medicare rates are the most widely accepted payment methodology.



PPO COSTS



IS A REFERENCE-BASED PRICING PLAN RIGHT FOR ME?

Under a RBP plan, employees are not bound by a network and may see the provider of their choice. The providers they select are paid a predefined amount for each service, which is typically less than what is paid under a traditional PPO plan. As such, employees generally see lower premiums or out-of-pocket costs under these plans.



LOWER RATES & OOP COSTS



IS THERE A SPECIFIC NETWORK I MUST USE?

RBP plans do not use a network, so you are allowed to use any provider of your choosing and receive equal benefits.



NO NETWORK & WIDER PROVIDER ACCESS



WHAT IF MY PHYSICIAN HAS QUESTIONS ABOUT MY PLAN OR WON'T AGREE TO ACCEPT THE MEDICARE REFERENCE-BASED REIMBURSEMENT?

You may call or have your provider call the number on your ID card. A Patient Advocate will answer any questions regarding plan payments, and if necessary, they can assist you in finding another provider.



WHAT IF I RECEIVE A BALANCE BILL?

Please contact Gilsbar at 877.301.2988, and we will review the bill to make sure it is a true balance bill and not attributable to patient responsibility such as copays, deductibles or coinsurance. If it is a balance bill, we will have a Patient Advocate contact the provider on your behalf, work to settle your bill and keep you informed of the status.



WHAT IS A BALANCE BILL?

It is when a provider bills you for any amounts over the plan's allowance for the service rendered. For example: A doctor's charge may be \$100, but the plan allowance is \$70. If the provider bills you the \$30 difference, this is the balance bill. You will be able to see the amount that exceeds your plan maximum and the allowable amount on your Explanation of Benefits (EOB).