

## VANCOUVER FIRE FIGHTERS UNION HEALTH AND WELFARE TRUST

reducing your overall healthcare spend



### What is Reference Based Pricing?

Your employer has chosen to implement an open access plan, meaning you are able to seek care at any facility or physician of your choosing. This provides more freedom and control for everyone.

All payments to providers are based on Medicare pricing, plus an incentive bonus over and above the Medicare allowable amounts.

### Why is my employer offering this plan?

This plan allows your employer to manage the ballooning cost of healthcare while still continuing to provide quality benefits to employees and their families.

### ALWAYS CHECK YOUR MAIL!



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 Loomis, at 800-346-1223.

**When in doubt...**

**Call your TPA with  
any questions!**

**LOOMIS**  
THE LOOMIS COMPANY

# FREQUENTLY ASKED QUESTIONS

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## Can I only go to any Doctor or Hospital that is in network?

Employees enrolled in this health plan have the freedom to seek care at any doctor, hospital or medical facility they choose.

## What should I do if scheduling or billing does not recognize my health plan?

They should collect any applicable copay and submit a claim through the TPA, Loomis, with the information on your ID Card.

If the Provider still has questions, have them call Loomis Customer Service immediately at 800-346-1223. The phone number is also on your health plan ID Card. Make sure you present your ID Card at every visit or service.

## What should I do if a facility requests payments up front?

Do not pay anything other than your copay up front. The facility should call Loomis Customer Service at 800-346-1223.

## Who should I contact for questions about my plan benefits or my medical coverage?

You should call Loomis. There is a dedicated customer service team that is ready to assist you with any questions regarding your medical coverage or plan options. Call 800-346-1223.

## How will I know what my health plan has paid?

After any medical service, you will receive an Explanation of Benefits (EOB) from Loomis. The statement that will be sent by Loomis is a breakdown of what medical treatments were billed and what benefits were paid, along with indicating what you, the patient is responsible for.

# FREQUENTLY ASKED QUESTIONS

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## What is a balance bill?

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 is when the provider charges more than what the Explanation of Benefits (EOB) indicates is patient responsibility.

Example: Your hospital charges are \$100 and the plan allowable at 140% of Medicare is \$70. If the provider bills you the \$30 difference between the charged amount and the plan allowable, they are balance billing.

Deductibles, copays, and coinsurance are not examples of balance billing and you are still responsible for these cost sharing items.

## What should I do if I receive a balance bill?

If you receive a bill from your provider, either a physician or medical facility, you need to compare it to the EOB that you received from Loomis.

If you are asked to pay more money than what is shown as patient responsibility on your EOB, you need to call Loomis at 800-346-1223. You will likely need to send the bill via email or fax.

## What happens when I contact Loomis about a balance bill?

Loomis 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 the process and keep you updated until a resolution is achieved.