



REFERENCE BASED PRICING (RBP) FREQUENTLY ASKED QUESTIONS

The following is an overview of RBP and what it means for you and your medical coverage. If you have any questions, please reach out to **[CONTACT]** at **[CONTACT INFORMATION]**.

What is Reference-Based Pricing (RBP)?

When you visit your doctor or healthcare facility, RBP uses Medicare and other sources to ensure that the price you pay stays consistent and fair. RBP is a fair and reasonable reimbursement equivalent to XXX% of what Medicare would pay.

How will this affect my coverage?

Your coverage will not change, nor will RBP affect providers like your primary care doctor, OB/GYN, specialist, physical therapist, chiropractor or home health nurse.

Does RBP limit what health facilities I can use?

No. You may use any hospital, ambulatory surgery center or imaging center of your choice, for both inpatient and outpatient services.

What happens if my facility does not accept RBP and bills me the amount the plan does not cover?

The practice of charging you the difference between the original charge and what the plan pays is called balance-billing. In the event of a balance bill, our patient advocacy team at xxx will work with the provider to explain the reimbursement and resolve the balance. Do not pay any more than the Patient Responsibility on your Explanation of Benefits (EOB) from **xxx**. Call **xxx** at 800-**xxx-xxxx**.

NOTE

For certain claims, ELAP Services (ELAP) has entered into an agreement with the Plan. ELAP will audit hospital, surgical or ambulatory facility claims to determine the allowable claim limit under the Plan. **However, if the facility attempts to bill you for more than the allowable claim limit, you will need to contact ELAP immediately at x-xxx-xxx-xxxx.**

WHAT SHOULD I DO IF I NEED TO RECEIVE CARE FROM A DOCTOR OR HEALTH FACILITY?

- Your provider will need to first call xxx at 800-xxx-xxxx to start the pre-certification process.
- Your provider will then be notified of the RBP pricing.
- If accepted, you will receive services as usual.
- After your treatment, check your mail for a bill from the facility.
- If it does not match your EOB from **xxx**, contact the patient advocacy team at **xxx** or, **xxx-xxx-xxxx**.



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