Make the Most of Your Health Plan

A helping hand when you need it.



Welcome to the Ardent Open Access Plan (OAP) with Value-Based Pricing.

Your well-being is the top priority. The plan gives you the support you need to stay healthy and pay less for healthcare.

UMR/Healthscope or HealthFirst is your health plan administrator.

Your plan administrator processes your medical claims. They also send payment to providers and send you any Explanation of Benefits (EOBs). An EOB shows how your benefits were applied to the provider's claim.

Quantum Health provides you personalized support.

The OAP includes a team of nurses, benefits experts and claims specialists committed to your well-being. These compassionate Care Coordinators can:

- Connect you to quality providers
- Answer benefits questions
- Issue/replace Benefits ID cards
- Help manage medical conditions, like asthma, diabetes, heart disease and more
- Provide billing support



One Phone Number for All Your OAP Questions

Don't know where to begin? Call Your Quantum Health Care Coordinators. $888-295-9299 \mid M-F, 7:30 \text{ a.m.} - 9 \text{ p.m.}$ CT



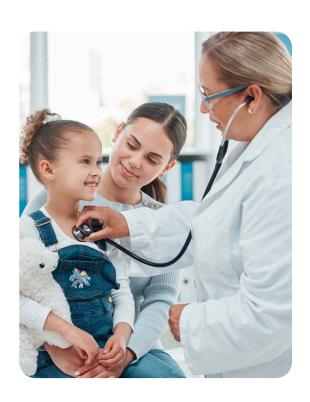
Your Provider Options

You have access to Ardent's network of quality healthcare providers, which is your most affordable option. Plus, the OAP includes Value-Based Pricing so you won't overpay no matter where you choose to go.

Seeing a Provider

Your plan doesn't require a referral from your primary care physician. Out-of-pockets costs are determined by the network tier in which a healthcare provider is included. The plan offers two tiers:

- Tier 1: Ardent Network Providers and Facilities The OAP features the great care you'll receive when visiting an Ardent physician or facility. The Ardent network offers you the best costs, and you'll pay the least out of pocket when you see Ardent providers.
- **Tier 2: Open Access** In addition to Ardent providers, you can select contracted providers through Partners Direct Health (PDH). You can also see any other provider, with built-in price protection, i.e., Value-Based Pricing. That means your medical claims are reviewed to make sure you only pay what's fair and reasonable.



Benefits of Value-Based Pricing

Healthcare providers can charge drastically different prices for the same care. For example, the cost of an MRI may range between \$900 - \$5,000+. Value-Based Pricing eliminates the difference in pricing with a set amount. As a result, you receive quality care at a more affordable price, and providers are paid a fair amount for their services.



Learn how to find a provider right for you on Page 3.



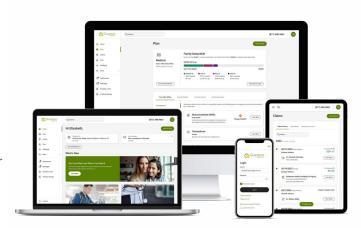
See how Value-Based Pricing works for you on Page 4.

Quantum Health Portal

Your secure online benefits portal gives you 24/7 access to important health plan information and resources.

Easy-to-navigate features include:

- Find a provider using an advanced search
- Get a copy of your Benefits ID card
- View and track claims in real time
- See deductibles and copays
- Schedule a call or chat with a Care Coordinator





Register for the Portal

Go to: ardentcarecoordinators.com

- 1. Click "Register."
- 2. Enter requested information.
- 3. Enter the verification code you receive you're done!



Download the Portal App

Manage your benefits anywhere, anytime. Download the free "Quantum Health" app: Charles App Store





Need Help? Call Quantum Health

When you want live support, call your compassionate Care Coordinators at 888-295-9299. They're standing by to help you make the most of the portal and your plan with expert service and guidance. They'll help you find providers, manage complex diagnoses, and answer claims, benefit and billing questions.

Value-Based Pricing Protection & Billing Support

No matter what provider you see, Value-Based Pricing keeps costs affordable. That's because your plan's health partner, ELAP Services, reviews every claim for charges that are inaccurate or exceed reasonable limits set by your plan.

How Value-Based Pricing Works



Provider submits a medical claim.

ELAP reviews the claim for errors and overcharges.

Provider sent payment and explanation of any reductions - most accept the plan's payment.

You're sent an Explanation of Benefits (EOB) that shows the amount you owe the provider.

For most medical claims, this is where the process ends. Occasionally, a provider may bill you the difference between what they charged and what your plan paid. This is called a balance bill. If you think you have one or aren't sure, call your Care Coordinators at 888-295-9299 right away. With your permission, they'll engage the expert advocates at ELAP, who will work to resolve billing issues directly with the provider on your behalf.



From your health plan (not a bill)

Shows you what your plan covered and what you'll owe. If you owe money, you'll get a bill from the provider.

From the healthcare provider

If this does not match your EOB, simply call your Care Coordinator at 888-295-9299. We'll take care of it.

Billing Support Made Simple

You're never alone in working to resolve a balance bill. The OAP supports you with:

- A dedicated advocate to manage the bill resolution process on your behalf
- Regular phone, email or mail updates
- Free legal support, if needed



Watch a short video on price protection and the important role you play.

