

Welcome to Blue Cross and Blue Shield of Minnesota's Alternative Health Plan, designed by Coupe Health

Below are the most common frequently asked questions regarding services available in this plan.

1. What is the Alternative Health Plan, designed Coupe Health?

- It is a new healthcare model that supports Blue Cross and Blue Shield of Minnesota (Blue Cross) to provide access to Blue Cross' Aware® PPO Network and offers an easy, integrated member experience with cost certainty.

2. Is there someone I can call for my questions regarding what is included?

- The Health Valet Team will be available during Open Enrollment to answer your questions. The Health Valet team can be contacted at HealthValet@CoupeHealth.com or **833-749-1969**. Health Valet hours are Monday through Friday 8AM-8PM CST, but an after-hours answering service is also available.

3. What pharmacies are considered Tier 1?

- Tier 1 pharmacies are all in-network pharmacies except for Walgreens. Examples of Tier 1 pharmacies would include local pharmacies, grocery store chains, COSTCO, Walmart, and Sam's Club. Walgreens is considered Tier 2. CVS pharmacies are excluded from the pharmacy network unless your plan offers a 3RD Tier option. If you are taking a maintenance medication, we recommend enrolling in the mail order program (this could actually be required by your plan). Mail order instructions will be included in the materials you receive during open enrollment.

4. I am going to have a procedure at the beginning of the plan year. Will that be covered? How much will it cost?

- If you are looking to have a procedure at the beginning of the plan year, please reach out the Health Valet team as soon as Open Enrollment begins at HealthValet@CoupeHealth.com or **833-749-1969**. They can assist with transition of care situations as well as pricing for the services you are considering receiving.

5. What criteria is used to tier providers?

- One of the largest healthcare databases in the country is used when evaluating what tier a provider will fall into. Providers are tiered at the procedure level. The quality metrics used to determine provider tiers include, but are not limited to, the following:
 - i. Medical Board Certified
 - ii. Patient Outcomes
 - iii. Re-admission Rates
 - iv. Malpractice History
 - v. Operating Efficiency
 - vi. Physician Years of Experience

General Coupe Overview

1. Can you trust The Alternative Plan?

- The Alternative Health Plan designed by Coupe Health is a healthcare management program that designs and brings together the very best healthcare benefits for you onto a single platform. While having so many programs come together in one place can be a little confusing at first, you can trust you have the very best in benefit programs from some of the nation's largest benefit programs:
 - i. Blue Cross gives you access to Blue Cross' Aware®/ PPO network and leading claims administration platforms.
 - ii. MedOne provides pharmacy benefits nationwide with one of the country's broadest pharmacy networks and is the national leader in innovative strategies to keep your prescription costs as low as possible.
 - iii. Virgin Pulse is the largest healthcare wellbeing technology company that provides the Coupe digital experience so you can have the very best support in how to stay healthy.

2. What are the three main ways The Alternative Plan designed by Coupe Health is different than other health plans?

- Here are the three main ways this plan is different than other health plans:
 - i. All your healthcare purchases have a fixed price like a copay for your out-of-pocket costs. Those copays are lower for higher quality physicians and facilities (Tier 1) because those providers take better care of you and reduce healthcare costs for you and your health plan over time and provide sustainable healthcare benefits with access the highest quality providers at the most affordable costs possible.
 - ii. You pay your out-of-pocket costs to Coupe and not to your doctor, hospital, or pharmacy. You should not pay any out-of-pocket costs at the time of your service as indicated on your insurance ID card. You are removing the provider from your payment process, and we pay your providers in full. This allows you and your healthcare providers to focus on providing you the care you need while we work to simplify the payment process later.
 - iii. You will receive the bill for your out-of-pocket costs on a single monthly statement. Because all members are offered affordable, zero-interest payment plans with no credit check, you have access to an automatic payment protection program to help you make sure your minimum monthly payment is paid on time. If you are having trouble paying the minimum payment due for the monthly payment plan, please contact to your Health Valet to see if any other options may be available.

3. How can I have the best experience possible?

- Here are the four main areas where you should review the educational content and FAQs to have the best experience possible:
 - i. Learn how to access the member portal and talk to a Health Valet. The member portal can be found at www.coupehealth.com and you can reach a Health Valet at HealthValet@CoupeHealth.com or 833-749-1969.

- ii. Learn how to look up the cost of a medication when talking to your doctor or prior to picking up that medication at the pharmacy since the pharmacy will no longer be able to tell you your copay. You can look up the cost of your medications in your member portal on the Benefits tab under the card that says, “Find Drug Prices”.
- iii. Learn how to search for a medical provider so you can see both the benefit tier and cost of that provider in the member portal on the Benefits tab under the card that says, “Find a Doctor and Compare Costs”.
- iv. Learn how to find and pay your statement in the member portal on the Benefits tab under the card that says, “Claims and Statements”.

4. What are some helpful tips I should know before I start using my Alternative Health Plan designed by Coupe Health ?

- Here is some helpful information that will help you have the smoothest experience possible:
 - i. If your doctor asks for your insurance information, make sure they know you have Blue Cross and Blue Shield of Minnesota (not Coupe). Aware/Blue Card PPO is listed as your network on your insurance ID card and what they need to know to understand submitting their claim.
 - ii. If your pharmacist asks for your insurance information, please tell them you have MedOne (not Coupe). MedOne is listed as your pharmacy benefit manager on your insurance ID card.
 - iii. Certain medical services and medications require prior-authorization on the Alternative Health Plan. Your physicians must turn in the information necessary to complete the prior-authorization process – a process which takes around five business days once the information is received, unless it is deemed an urgent request where it will be handled within 48 hours.
 - iv. Doctors, hospitals, and pharmacists will no longer be able to tell you your out-of-pocket cost amounts. If you want to know your out-of-pocket cost amounts, please visit www.coupehealth.com or contact your Health Valet at HealthValet@CoupeHealth.com or **833-749-1969**.
 - v. Once you have medical or pharmacy services while on the Alternative Health Plan, you will get a billing statement in the mail by the middle of the month in which it is due. If you do not get a statement in the mail, please visit www.coupehealth.com to log into the member portal or contact your Health Valet to get a copy of your statement.
 - vi. Your statements cover all the charges processed in the previous month. Not all providers send in bills for your care timely, so some processed charges may be for services processed several months earlier. You only need to pay for charges that have posted to your statement.
 - vii. When enrolling, you must provide the account, such as a bank account or credit/debit card, that you wish to use for the payment protection program by completing [this form](#). You may change your account selection at any time by re-completing the form or saving a new default pay account on your Claims & Statements portal.

Medical Provider Search

1. How do I obtain in network doctor, procedure, and cost information?

- Log in to your member portal at www.coupehealth.com and find the “Find A Doctor and Compare Costs” under the “Benefits” tab. You can also ask for this information from your Health Valet at HealthValet@CoupeHealth.com or **833-749-1969**.

2. How do I look up a doctor?

- In the member portal choose the “Benefits” tab at top, then click “View All”, then scroll down and choose the “Find A Doctor and Compare Costs” card. Follow the prompts and instructions to search for your doctor.

Tip: When searching for a doctor, any family member can be selected to proceed. It is OK to choose “Office Visit for New Patient”- this will pull results for any type of expected doctor visit, whether you are a new patient or not.

3. Where do I find a provider’s office visit or copay cost?

- After you enter the location and proceed through the search fields, you will see a provider’s out of pocket cost, office hours, and exact location on the profile card for the provider and above the provider’s location on the map view.

Tip: Click on the “Details” tab located on a provider’s profile card to see more details such as highlights and reviews.

4. How do I look up a Nurse Practitioner or a Physician Assistant if that is who I see for my healthcare?

- In the “Type of doctor you are looking for” field choose Nurse Practitioner as the specialty for a Nurse Practitioner or Physician Assistant as the specialty for a Physician Assistant. Nurse Practitioners and Physician Assistants will not be listed under the physician specialty they support as that information is not reported.

5. How do I look up the cost for a procedure or surgery?

- The same way you would find a doctor using the “Find A Doctor and Compare Costs” card, but in the “What service are you curious about” tab you choose the type of procedure, such as “tonsillectomy.” After proceeding through the location and search fields you will then be able to see a physician’s cost for the procedure.

Tip: To also see a facility’s cost for the procedure- click on the “Details” tab of the physician, scroll down and you will see all the facilities where that physician performs the procedure along with a comparison of each facility’s cost for the procedure.

6. How do I look up a counselor or therapist?

- Counselors and therapists may be listed under two different specialty areas in the search tool depending on their credentials: LPCC or LFMT.

7. What do I do when I am traveling to ensure I see in-network providers?

- When traveling, we recommend you follow a similar process as when you are home before obtaining services by looking up those providers in the provider search tools. You may also contact a Health Valet to find high quality, in-network providers, and your member copay.

8. Will providers accept this plan?

- This plan is on the Blue Cross Aware®/ PPO network which is a broad network that includes around 97% providers and a comprehensive selection of high-quality providers. We do not anticipate there being instances in which members cannot access an in-network provider. However, the Health Valet is the best resource to support you in the case where a quality, in-network provider is not available.

9. Are surgeries performed by my Tier 1 doctor always considered a Tier 1 surgery?

- No, surgery, diagnostic testing, and other facility-based services have tiering that depends on the facility that you and your doctor choose for that service or procedure. Facilities have broad differences in quality and cost which can significantly impact your care experience. To find the tiering, cost of a surgery, or another facility-based service at a specific facility, review the procedure search instructions included on your employer benefits page. You may also contact your Health Valet and they will help you understand your options as well.

Member Portal

1. What is the website for the Alternative Health Plan's member portal? How can I obtain specific wellness, healthcare provider, and cost information?

- www.coupehealth.com is the website for the member portal where you can access all the tools and programs that support you and your Health Plan.
- In addition to the member portal, you can access Health Plan support by contacting your Health Valet at HealthValet@CoupeHealth.com or **833-749-1969** to obtain physician and cost information. This information is also found on the "Support" and "Contact Us" links in the Coupe Health member portal.

2. What type of technology supports the member portal?

- Coupe has partnered with one of the nation's leading health and wellness platform administrators, Virgin Pulse, to provide the technology for your member portal. You will see the Virgin Pulse brand in several places around the member portal and the app in addition to several brands from other supporting technologies, but all these technologies have been brought together so you can have a single, integrated experience with many of the healthcare industry's best member support technologies.

3. How do we sign up for the App and get a login?

- You will be able to download the app when your health plan coverage becomes effective. In the meantime, you may contact the Health Valet at HealthValet@CoupeHealth.com or **833-749-1969** to obtain physician and financial information.
- To download the app, head over to the App/Play store and type in "Virgin Pulse". Click on the Virgin Pulse app with the VP logo to download the app and get started. When the Virgin Pulse App asks you to pick your organization, please type in "Coupe Health".

Health Valet

1. What is a Health Valet and how can they help me?

- Your Health Valet is a concierge resource that can help you navigate your health with confidence.
- Your Health Valet can assist with a variety of different situations as noted below:
 - Assist in finding a high-quality provider.
 - Help set-up appointments before your first visit.
 - Answer any of your questions such as billing, doctor questions or even general insurance questions.

2. How do Health Valets work?

- A concierge Health Valet experience is different than a traditional customer service experience. You will have the opportunity to work with a dedicated Health Valet to resolve your healthcare needs or questions until resolved. Since the Health Valet provides a more customized experience, a Health Valet will generally take your request, research the best possible solution for you, and present that solution back to you within one business day.

3. What is the easiest way to work with a Health Valet?

- While you can reach out to a Health Valet via phone or email, email is the fastest way to interact with your dedicated Health Valet who is listed on the Health Valet card in your member portal.

4. Will I only work with one Health Valet?

- There is at least one dedicated Health Valet for members. However, other Health Valets may take your incoming phone calls or deliver your solution if your dedicated Health Valet is out of the office.

5. What are the service hours for the Health Valet?

- Monday – Friday 8am to 8pm Central Standard Time

6. How do I contact my Health Valet?

- Access your Health Valet at HealthValet@CoupeHealth.com or **833-749-1969**.
- You may also access contact information for your Health Valet on the Member Portal and on the app as well.
 - Simply Log-in and select the “*Benefits*” section, from here you can browse your tiles and select the “*A Way to get Help: Talk to your Health Valet*” tile.

Pharmacy

1. Who provides or administers my pharmacy benefits with The Alternative Health Plan?

- Pharmacy designs are provided by MedOne Pharmacy Benefit Solutions (medone-rx.com). MedOne is a nationally recognized pharmacy benefit manager who contracts with almost all licensed U.S. pharmacies. The specific information on how your pharmacy can contact MedOne is found on the back of your insurance ID card. Even if your pharmacist is not personally familiar with MedOne, the pharmacist can use the information on your insurance ID card to process your pharmacy benefits.

2. What is different about the pharmacy benefits in the Alternative Health Plan?

- This plan offers you full traditional pharmacy benefits like all other major managed pharmacy benefit plans. The medications and pharmacies you are used to using will still be available to you if covered by your health plan. The ways in which this plan is different than your traditional pharmacy benefit plans are as follows:
 - i. You no longer pay pharmacy copays to your pharmacy, and your pharmacist will no longer be able to quote you the amount of your copay. (Please check medication prices in advance via the member portal since you do not pay your out-of-pocket costs directly to the pharmacy but rather on your single monthly statement.)
 - ii. Your pharmacy copays vary depending on which pharmacy you use. (Do not worry – pharmacies are grouped into major categories, and it is easy to know the difference.)

3. How do prices vary by pharmacy and how do I know which pharmacies have the lowest cost?

- Tier 1 pharmacies are the lowest costing pharmacies and are all in-network pharmacies except Walgreens.
- Tier 2 pharmacies have higher copays than Tier 1 pharmacies and are Walgreens pharmacies.
- CVS is not included in your pharmacy network unless your plan offers a 3rd Tier. It is easy to know you are getting the best benefit if you use any retail pharmacy that is not CVS or Walgreens.

4. What do I need to know about using a specialty medication?

- Medications that are high cost, have specialty handling requirements, and/or treat rare conditions are called specialty medications. While certain plans may have special programs to manage specialty medication, specialty medications covered by the pharmacy benefits must be processed through MedOne and delivered via mail or directly to a local retail pharmacy pickup location. Specialty medications generally require prior authorization and clinical review by MedOne so please plan ahead as these steps commonly take 5 business days to complete.

5. What do I do if my pharmacy tells me my medication is not covered?

- Your pharmacist may tell you the medication is not covered, or you must pay the full cost of the medication out-of-pocket, but this generally means the medication requires prior authorization. When a medication is denied for prior authorization, it does not mean the medication will not be covered. It means the medication must be reviewed for medical

appropriateness before it will be covered by the plan. **Please request your pharmacy reach out to a Health Valet directly for assistance in starting the prior authorization process or for any assistance in processing a prescription claim by calling 833-749-1969 (the number on your ID card).**

6. What do I do if I believe I'm taking a medication which requires prior authorization or falls under step therapy?

- If under "Find Drug Prices" at www.coupehealth.com your medication indicates prior authorization or step therapy is required:
 - **Call the Health Valet Team for assistance!** The Health Valet Team is available during open enrollment to answer your questions on the Coupe Health plan offered in 2021. The Health Valet team can be contacted at HealthValet@CoupeHealth.com or **833-749-1969**, Monday through Friday 8AM-8PM CST. We are here to help you!
 - The Health Valet will ask you a few questions about your medication and doctor and coordinate outreach to your doctor to obtain additional information.
 - Once the requested information is received from your doctor, the MedOne medical team will review the information and complete the prior authorization process.
 - MedOne will advise you, your physician, and the filling pharmacy of the prior authorization decision.

7. Can I utilize the mail order program for my maintenance medications?

- In general, you will incur the lowest out-of-pocket costs (copays) on your benefits program if you enroll in the MedOne mail order program. For assistance in signing up for the MedOne mail order program, contact a Health Valet at HealthValet@CoupeHealth.com or **833-749-1969**. Alternatively, you may enroll directly in the mail order program at <https://enroll.medone-rx.com/>.
- Some Health plans may require you to get your maintenance medications through the mail order program. Check your member portal at www.coupehealth.com by going to Benefits, then Find Drug Prices, to look up your drug and see if mail order is the only method covered by your plan.

8. What happens if my medication costs less than the copay for your pharmacy benefits?

- You never pay more than the full cost of the medication. If the medication costs less than your applicable copay, you will only pay the cost of the medication and not the higher copay amount. On your statement, this will look like you paid the full cost of the medication, and the plan did not pay anything but that means you paid an amount less than the standard copay amount.

Claims & Statements

Near the beginning of each month, you will receive a billing statement if you had out-of-pocket costs in the previous month or a prior balance. Payment is due on statements at the end of the month.

1. What is a billing statement?

- Instead of having to pay for care at the time of service, you will receive a monthly statement that details your charges for that month. Near the beginning of each month, you will receive a billing statement if you had out-of-pocket costs in the previous month or a prior balance. Payment is due at the end of the month.

2. Why don't I receive an Explanation of Benefits (EOB) anymore?

- Providers submit your claim to Blue Cross. The payment is paid in full and the out-of-pocket cost you owe (your co-pay) will post to your billing statement. You owe NO out-of-pocket cost to the provider. You will find all costs that have incurred during the month, posted to your monthly statement which serves as your primary Explanation of Benefits. Additional detailed information about your claims in a format like a traditional EOB can be found in the Claims and Statements section of the member portal at www.coupehealth.com.
- If the provider still tries to bill you, please point them to the Provider Service phone number on the card and ask the provider to verify your benefits. When providers verify your benefits, they will only see that they will be paid in full, and they will not see the out-of-pocket you owe to the health plan.

3. Pay Your Statement in Full and Receive a Credit on Your Next Statement

- If you pay your billing statement in full by the due date, we will give you back 1.5% of that statement's balance as a credit on your next statement. There is no better reward for paying your statements in full and on time!

Note: This credit does not apply when paying off statement balances that include charges from a previous / outstanding balance.

4. Accessing Your Statement Once Available

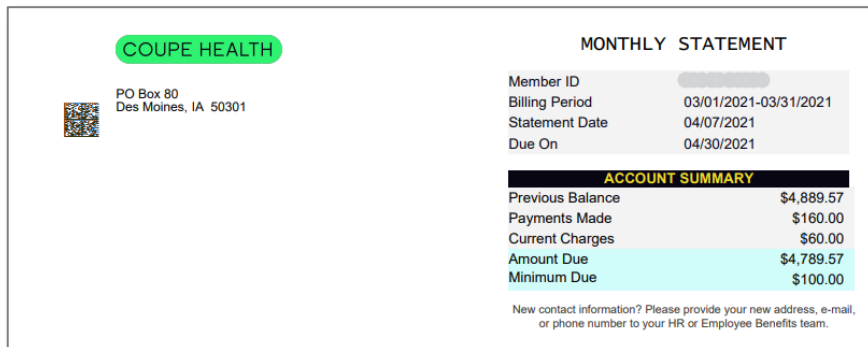
- You will be notified by email and text (if provided) when your statement is ready to view online. Unless you have chosen the paperless option (see #11), you will also receive your statement in the mail a few days later.
- Once enrolled in the plan, you will be able to access your statements from the member portal at www.coupehealth.com. Sign in, and on the **Benefits** page, search or go to View All to get to **Claims & Statements** and click **Start Now**. You will find your statement in **E- Documents**.
- The first page of your statement also includes a direct link to your Claims & Statements dashboard. To sign in using this link, you will need to input your first name, last name, member ID (located at the top of your statement), date of birth, and the last four digits of your

Social Security Number. **Note:** If your member ID has leading zeros (i.e.: 00712345), include these while signing on.

5. Reading Your Statement

Previous Balance: Your Amount Due from the previous billing period.

Payments Made: Any payments you made against your Previous Balance during the previous billing period.



COUPE HEALTH		MONTHLY STATEMENT	
PO Box 80 Des Moines, IA 50301		Member ID	
		Billing Period	03/01/2021-03/31/2021
		Statement Date	04/07/2021
		Due On	04/30/2021
ACCOUNT SUMMARY			
Previous Balance			\$4,889.57
Payments Made			\$160.00
Current Charges			\$60.00
Amount Due			\$4,789.57
Minimum Due			\$100.00

New contact information? Please provide your new address, e-mail, or phone number to your HR or Employee Benefits team.

Current Charges: The total of new copay amounts processed during the billing period noted on the statement. An itemized list of charges is available on subsequent pages.

Amount Due: This is the remaining balance you now owe.

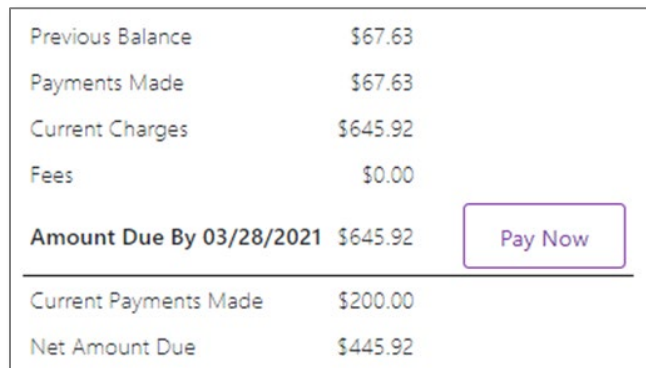
Minimum Due: This is the minimum amount you must pay by the Due On date, or you will start autopayments under the Payment Protection Program (see #9). Additional information about the Payment Protection Program is available in the “To Submit Payment” section of the statement and in #9-10 below.

6. Reading Your Portal Dashboard

Previous Balance: Your Previous Balance amount on your most recent statement (the Amount Due from your statement prior to that one).

Payments Made: Any payments you made against your Previous Balance during the previous billing period on your most recent statement.

Current Charges: The total of new copay amounts processed during the billing period of your most recent statement.



Previous Balance	\$67.63	
Payments Made	\$67.63	
Current Charges	\$645.92	
Fees	\$0.00	
Amount Due By 03/28/2021	\$645.92	Pay Now
Current Payments Made	\$200.00	
Net Amount Due	\$445.92	

Fees: If you have any late fees, they will be listed here.

Amount Due By: The balance on your most recent statement that you now owe by the displayed date. Please make sure to send your payment with enough time for it to process by the due date. If your payment misses the due date even by a day, you will be moved to automatic payments through the Payment Protection Program.

Current Payments Made: Any payments you have made against your Amount Due during the current billing period.

Net Amount Due: The remainder of the Amount Due that you now owe after all payments you have made during the current billing period have posted to your account. Use this amount to calculate what will be left on your account after making the minimum payment or to see how much you would need to pay in order to pay off your balance in full.

Note: To see your Minimum Due amount in the portal, please open your most recent statement on the E-Documents tab, or go to the Make a Payment tab and click on the drop-down for “Payment Amount”. You must pay the Minimum Due amount by the Due On date, or you will start automatic payments under the Payment Protection Program (see #9). Additional information about the Payment Protection Program is available in the “To Submit Payment” section of the statement and in #9-10 below.

7. Paying Your Statement

- Paying Online

Log into member portal at www.coupehealth.com. On the **Benefits** page, search or go to View All to get to **Claims & Statements** and click **Start Now**. On your Claims & Statements dashboard, click **Pay Now** or go to **Make a Payment**. If you do not have a payment method saved, click **+ New Pay Account** to add a card or account. On the **Make a Payment** page, select the payment date and amount, then click **Next** and follow the prompts to complete your payment.

- Paying by Check

If you would like to pay your statement by check, please detach the payment coupon at the bottom of your statement and mail it with your check to the remittance address provided on your statement.

8. If I want to pay my statement in full, can that be automatically debited from my account?

- Yes. Log into the member portal at www.coupehealth.com, and on the Benefits page, view all and go to Claims & Statements. From there, go to Recurring Payments and set up a new recurring payment to pay your full balance each month.

9. How does the Payment Protection Program work when you do not pay at least your minimum due by the due date?

- The Payment Protection Program is an automatic payment feature designed to help you stay current with your minimum payments. The Payment Protection Program automatically starts if you do not make the minimum payment by the statement due date. Once the Payment Protection Program starts, it will pay the minimum due each month until the balance is paid off in full, utilizing the pay account you provided when enrolling or new default pay account you have set on your Claims & Statements portal.

Note: Authorizing a payment account (via the form) to support the Payment Protection Program when active was a requirement for enrollment in the plan.

10. How do I stop participating in the Payment Protection Program?

- You will automatically come out of the Payment Protection Program once your balance is paid in full. You can pay off the balance at any time while in the Payment Protection Program by making an additional payment for the difference between the Amount Due and the Minimum Due.

Note: Once you are in the Payment Protection Program, please allow your designated account to pay the Minimum Due in the current billing period to avoid possible overpayments. To pay off your balance once in the Payment Protection Program, please pay the difference between Amount Due and the Minimum Due.

11. Changing your preferences

- In your **Claims & Statements** dashboard, click **Profile & Settings**. If you want to change your email address for your statements, click **Profile** to update the statement delivery system with your new address. For payment alerts and to turn off paper statements, please go to **Notification Preferences** and make the appropriate selections.

If you want to change the mailing address for your statements, you will need to update your mailing address with your employer's HR/Benefits team.

12. Where do I see the minimum amount due each month?

- The minimum amount due is clearly listed at the top of your statement on your Claims & Statements portal dashboard, or you can view minimum amount due by clicking on "Make a Payment" at top of the Claims and Statement portal, then clicking the Payment Amount drop-down to see the Minimum Due.

13. What do I do if I am being charged at the doctor's office or pharmacy during my visit?

- Provide the doctor your member ID card and show them the section where it states "**No patient responsibility owed at the time of service. Plan will pay provider the full contract rate**". If the provider still tries to bill you, please point them to the Provider Service phone number on the card and ask the provider to verify your benefits. When providers verify your benefits, they will only see that they will be paid in full, and they will not see the out-of-pocket amount you owe to the health plan.

14. What if my pharmacist or doctor tells me I do not owe any out-of-pocket costs for medication? Is that always true?

- No. You pay your out-of-pocket cost or copays on your monthly statement, and not to your healthcare providers. Blue Cross pays your providers the full cost of your care so you do not have to worry about making payment when you receive care but that also means that it looks like you do not owe anything to your providers. Please go to www.coupehealth.com and log-in to check the cost of care for your health plan.

15. What if the provider bills me after my service? What if there is a discrepancy between what the provider says I owe and the copay?

- In the event there is a question, or you receive a bill from a provider, please contact your Health Valet at HealthValet@CoupeHealth.com or **833-749-1969**.

16. What do I do if I have secondary insurance coverage or receive financial assistance from a provider?

- If you have secondary insurance or provider financial assistance, it is recommended that you choose a traditional plan. The Alternative Plan does not coordinate with secondary insurance or provider financial assistance on your behalf.
- If you choose the Alternative Plan and it is your primary insurance, you will be responsible for sending in a manual claim and Explanation of Benefit (EOB) to your secondary insurance to have those claims paid as deemed appropriate by the secondary insurance carrier.
- If you choose the Alternative Plan and it is your secondary carrier, you or your provider must submit the claim and EOB from your primary insurance carrier to the Alternative Plan as your secondary insurance carrier for the claim to be considered.
- The Health Valet will not be able to pull your claim or EOB and submit on your behalf to the appropriate carrier. They will, however, be able to direct you in locating the EOB needed on your member portal.

17. Can coverage for testing or procedures be denied?

- Yes. In the event a procedure or test is not medically necessary or excluded, it will be denied. You would be responsible for the cost of any non-covered or non-approved services billed to you by a provider. Please ensure you or your provider contacts the Provider Service line on your member ID card to verify any pre-certification requirements for the services you are requesting.

18. Do the copays go towards the Out-of-Pocket?

- Yes. All in network out-of-pocket amounts count towards your out-of-pocket maximum. Please see your Coupe statement to see how much out-of-pocket cost has accumulated towards your benefit plan's out-of-pocket max. Please be aware that out-of-pocket amounts for providers not in your network will not count towards your out-of-pocket maximum.

19. In the event a PCP performs lab work in his office, is only the PCP copay applicable?

- Yes. If routine lab work is performed the same day as the office visit, only one bundled office visit copay applies. If lab work is done on separate days, separate copays apply.

20. Are there any fees associated with online or credit card payments of the Coupe statement?

- No. Payments and payment plans have no fees.

21. What happens if my FSA will not accept the statement as substantiation?

- While your monthly statement should generally be an acceptable form of document substantiation for your FSA, there may be times where the FSA is unable to reconcile the charges on the statement with the amount charged to your FSA card. That can happen if a charge is paid in advance, or a payment more than the statement amount is made for one reason or another (your FSA should be able to tell you what additional documentation is needed). In those cases, the issues can be resolved in one of two ways 1) you can pull additional statements or EOBs from the Claims & Statements portal to cover the additional charges your FSA is not seeing represented on the statement or 2) you can contact your Health Valet and request the initial FSA payment be refunded so then a new payment can be made on the FSA card that matches the statement.