

Pivot STM Reference Based Pricing: Better for Members



To help you understand how PivotHealth's Reference Based Pricing benefits members, we've outlined some of the most important things you need to know.

Referenced Based Pricing

Referenced based pricing occurs when a provider submits a claim to the administrator. The administrator then pays the provider based on Medicare allowable amounts.

Open Access

There is one benefit level for all providers, unlike a PPO plan where there are separate in-network and out-of-network benefit levels.

Pivot reimburses medical providers based on a percentage above Medicare allowable amounts:

- up to 150% of Medicare allowable amount for medical facilities
- up to 125% of Medicare allowable amount for physician claims.

No Balance Bill Guarantee

- The Pivot Health short term medical claims reimbursement system is set up to guarantee that no member will be responsible for a balance bill due to the discount taken for charges above the medicare reference pricing amount.*
- If a provider bills the member for any portion of the discount, the member may refer that bill to Allied who will initiate the negotiation process.
- The member needs to send a copy of the bill to balancebilling@alliednational.com

* Subject to the terms outlined in the certificate of insurance.

Winning Combination For Members

Members win with Pivot Health's Reference Based Pricing 3 times:



Premiums are typically lower than traditional PPO plans



Discounts for claims on average are higher



No Balance Bill Guarantee

If you have any questions, please contact Agent Services at (800) 319-7061 or email agentservices@adroithealthgroup.com.

Thank you,
Adroit Health Group