

# NO SURPRISES ACT PRICING COMPARISON TOOL

## Member Frequently Asked Questions

### 1 What is the pricing tool?

The NSA Price Comparison Tool is an internet-based shopping application that allows you to search for a service or item within your health plan network and see your estimated cost sharing. Once you conduct the search for a specific service or services within the pricing tool, you can then select a specific provider to see your estimated costs for that service with that provider.

The results will include the contracted rate along with estimated cost-sharing such as co-pay, deductible, and coinsurance. The cost-sharing calculations are based on your health plan and current balances for deductible and out-of-pocket spending. The tool is refreshed on a regular basis with new information.

This pricing tool is also available on paper, upon request, or by telephone. Contact the Customer Support number on the back of your insurance card for additional questions.

### 2 What does the pricing tool have to do with the No Surprises Act, and how does it affect me?

The No Surprises Act was designed to protect you from surprise medical bills by implementing regulations to help you understand costs before treatment or service. As a part of these regulations, the Price Comparison Tool serves to make pricing for services and items more transparent and enables you to search and see pricing prior to receiving the service or treatment.

### 3 How can I access the pricing tool?

You can access the pricing tool from within your health plan's member portal. You can also make a paper request by contacting the Customer Support number on the back of your insurance card.

#### Notes:

- This estimate is based upon the member's eligibility and benefits as of the date the estimate is created. A statement of cost-sharing liability for a covered item or service is not a guarantee that benefits will be provided for that item or service. The actual charges for a covered item or service may be different from the estimate of cost-sharing liability provided, depending on the actual items or services you or your dependent receive at the point of care.
- If you choose to see an out-of-network provider, the pricing tool will present rates based on reasonable expected costs. These are not the provider's actual rates, and you may be subject to balance billing by the provider.
- Starting January 1, 2023, only 500 services and items will be available to search. These have been predefined by the U.S. government. It is expected that all medical services will be searchable in the future. <https://www.cms.gov/healthplan-price-transparency/resources/500-items-services>
- Currently, dental services and items along with medical prescriptions are not searchable.

## 4 Can my dependents access the pricing tool?

Yes, you can access it on their behalf, or they can access it directly if they have their own access to the health plan portal. The pricing tool is only available from within the member portal.

Note: If a dependent has their own access, you, as the primary member, will not be able to submit a request on their behalf.

## 5 What is the “Pricing Request Form”?

The Pricing Request Form is provided after you search using the pricing tool. This form outlines your overall estimated cost of a particular service or item. It looks similar to an explanation of benefits form.

The form will break out each requested service/item, factoring in your insurance coverage and deductible balance. The result is an estimate of what you could expect to pay for a procedure after your insurance coverage has been applied.

## 6 Is there a way for me to search and compare multiple services?

There is no limit on the number of searches you can perform in the tool. To compare prices, submit a request for a given service and provider, and download or print the Pricing Request Form. Then simply submit a second request using a new provider. You can use each form produced from the searches to compare which provider is best for your needs.

## 7 Do the search results provide me with a guarantee of my benefits and costs?

No, the pricing tool only represents an estimate for a specific service at a specific provider based on your benefits at the time of the request, such as your deductible and out-of-pocket balances. Since these balances change daily, there is no way to generate the exact cost-sharing that you will experience in the future.

## 8 Where does the information come from to generate the estimates?

For providers within your network, the negotiated rates are provided directly by the networks and updated monthly. The pricing tool retrieves the latest available rates to present your estimated costs.

Integrated Payor Solutions, <TPA variable name>, and your employer are not responsible for the accuracy of the provided source data including in-network providers, negotiated rates, or health plan benefit balances. In-network providers and their rates are defined by the respective networks via machine-readable files. These files are expected to be updated monthly and may not provide access to all providers.

Health plan benefits and balances are retrieved on a regular basis from your insurance provider.

### How to Access and Contact Customer Support:

Contact the Customer Support number on the back of your insurance card for additional questions.