

PPO

Member Reference Guide



MAMSI Life and Health
Insurance Company
A UnitedHealthcare Company

Welcome

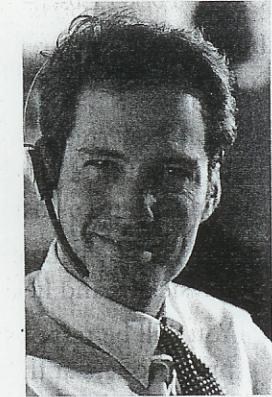
Welcome to MAMSI Life and Health Insurance Company (MLH). The type of health care coverage you have with MLH is called a Preferred Provider Organization, or PPO. PPO health care coverage is similar to traditional indemnity coverage because you can see any physician you want without a referral. But there are some differences, too. This brochure will give you some of the key facts you need to know about your PPO health care coverage. For more complete details related to your coverage, please refer to your Group Certificate.

Group Certificate

Your Group Certificate is a booklet given to all members upon enrollment. It describes the covered benefits as well as any applicable limitations and exclusions. It also describes MLH's policies and procedures. It is very important to read this document, as well as all riders and endorsements, to become familiar with your coverage. Remember to keep your Group Certificate along with any riders and endorsements for future reference. If you have any questions about your health care coverage, call or e-mail our Member Services Department (see below).

Member Services

Our Member Services Representatives are available 24 hours a day, seven days a week to assist you with questions. Call or e-mail us when it is convenient for you. You can reach our Member Services Department by e-mailing us at memberservices@mamsi.com. You may also call the telephone number listed on your MLH health plan identification (ID) card or 1-800-709-7604.



In addition, we are continually expanding the services available on our Web site, www.mamsi.com. Via the Web, you may check to see if a particular physician participates with MLH, verify claim status and update your contact information in real time.

Visiting a Physician or Other Health Care Practitioner

Our network of preferred physicians, health care practitioners and facilities

has grown from 16,950 in 1994 to more than 35,000 today.¹ Because of the size of our network, most members are able to find a preferred physician who meets their needs.

You may schedule an appointment with a physician or other health care practitioner of your choice whenever you need medical care. You may choose a preferred physician/health care practitioner or a non-preferred physician/health care practitioner. You do not need to select a Primary Care Physician. You do not need a referral to see a specialist or other health care practitioner.

Out-of-Pocket Costs – In-Network

Preferred physicians/health care practitioners contract with MLH to accept predetermined payments as well as your applicable deductible, co-insurance or copayment as payment in full. By using preferred physicians and health care practitioners, you can save money:

- You will not be balanced billed when you receive care from a preferred physician or health care practitioner.
- Your applicable co-insurance and deductible may be lower when you receive care from a preferred physician or health care practitioner.

Out-of-Pocket Costs – Out-of-Network

In contrast, non-preferred physicians and health care practitioners do not contract with MLH:

- Non-preferred physicians and health care practitioners have not agreed to accept MLH's payment and your payment of the applicable deductible, co-insurance or copayment as payment in full.
- You may be balance billed when you receive care from non-preferred physicians and health care practitioners.
- You will be responsible for paying non-preferred physicians/health care practitioners at the time of service. MLH will then reimburse you for covered services.²

¹ As of June 2004, includes all MAMSI subsidiaries. Source: MAMSI Provider Networks Department.

² Applicable to all contracts issued or renewed on or after January 1, 2001. Applicable to North Carolina contracts issued or renewed on or after January 1, 2002. Applicable to Pennsylvania contracts issued or renewed on or after October 1, 2003. Applicable to West Virginia contracts issued or renewed on or after September 1, 2002.

Claims

Your preferred physician or other health care practitioner will submit claims for services directly to MLH for processing and payment.

When you see a non-preferred physician or other health care practitioner, you or the non-preferred physician or health care practitioner may submit the claim to MLH. Because you are responsible for paying the non-preferred physician or health care practitioner for services rendered, you will receive the payment, if applicable, for the claim.

If you need to send us a claim for reimbursement, download the form at our Web site, www.mamsi.com, or call our Member Services Department and ask for a claim form. Simply follow the instructions on the form.

How to Find a Preferred Physician or Other Health Care Practitioner

You can find a preferred physician or other health care practitioner in our *Directory of Health Care Professionals*. The directory is available to you on our Web site, www.mamsi.com. Or, if you prefer, our Member Services Department can send you a copy of our printed directory identifying all preferred physicians throughout MLH's service area.

Because this information is subject to change, it is always a good idea to verify a physician's or other health care practitioner's participation status by calling his or her office or log on to our Web site, www.mamsi.com, to view the most up-to-date listing of our participating physicians, health care practitioners and facilities.

When You Go to the Hospital or Have an Outpatient Procedure

All planned inpatient hospitalizations require pre-authorization from MLH.³ Some outpatient procedures also require pre-certification: These are specified in your Group Certificate and any riders or endorsements.

Physicians and health care practitioners should begin the pre-authorization or pre-certification process. Show your physician your MLH health plan ID card. On the card is a telephone number to call for pre-authorization and pre-certification.

³ This applies to all contracts. However, no pre-authorization is required for maternity in North Carolina situs groups.

Below are some important points to remember about pre-authorization and pre-certification:

- Your physician should begin the pre-authorization or pre-certification process, but it is your responsibility to make sure MLH has pre-authorized or pre-certified the service before it is performed.
- If you receive a service and it has not been pre-authorized or pre-certified, you may be responsible for payment.

If you have any questions or concerns about our pre-authorization or pre-certification requirements, please call or e-mail our Member Services Department.

Once your planned inpatient admission has been pre-authorized, it is important to remember three things:

- Your out-of-pocket costs will be lower if you are admitted to a preferred hospital with preferred hospital-based physicians. Be sure to contact the hospital a few days before your admission to verify the hospital and the hospital-based physicians still participate with MLH.
- Our Inpatient Clinical Care Coordination Nurses may review your hospital services during your stay.
- If a planned hospital admission is extended beyond the number of days initially pre-authorized, the additional days require authorization.

Preferred and Non-Preferred Hospitals and Hospital-Based Physicians

Your out-of-pocket costs will be lower if you are admitted to a preferred hospital with preferred hospital-based physicians.

- Hospital-based physicians are anesthesiologists, neonatologists, pathologists and radiologists.
- Even if you are admitted to a preferred hospital, the hospital-based physicians may be non-preferred physicians.

¹ As of June 2004, includes all MAMSI subsidiaries. Not all MAMSI Provider Networks are included.

² Applicable to contracts issued or renewed on or after January 1, 2001. Applicable to North Carolina contracts issued or renewed on or after January 1, 2002. Applicable to Pennsylvania contracts issued or renewed on or after October 1, 2003. Applicable to West Virginia contracts issued or renewed on or after September 1, 2002.



- In most cases, non-preferred hospital-based physicians are paid in accordance with your out-of-network coverage.⁴

In order to minimize your out-of-pocket costs, talk to your physician and ask him or her if you can be treated by a preferred hospital-based physician. The letter you receive from MLH pre-authorizing your inpatient hospital admission will tell you if the hospital-based physicians are preferred physicians. Our Member Services Department can also tell you if the type of hospital-based physician likely to treat you at a particular hospital is a preferred physician.

Care Coordination

Our Inpatient Clinical Care Coordination nurses may review your hospital services during your stay. The nurse also works with your physician and the facility to plan for the covered services you may need upon discharge.

If you have special needs resulting from severe illnesses or injuries (e.g., head injuries, cancer, AIDS), MLH provides assistance to you and your preferred physician in coordinating care. Care coordination is also available for such conditions as asthma/COPD, congestive heart failure, hypertension, diabetes and maternal child services. Our Care Coordinators can review your coverage so alternative care options can be considered.

Emergency Admissions

When you are admitted to the hospital on an emergency basis, you, your physician or the hospital **must notify us within 48 hours of the admission.**⁵ We expect preferred hospitals to notify us of your admission. It is a good idea to verify that your physician or the hospital has notified us of the admission. If they have not notified us, you should. Your health plan ID card lists the telephone number to call to notify us about your admission.

⁴ Keep in mind that when you go to an emergency room, the facility and the physicians you see may be preferred or non-preferred. Please refer to your Group Certificate for more details about payment for services provided by hospital-based physicians. Also, for North Carolina situs groups, all covered emergency services and services performed by non-preferred hospital-based physicians at a preferred hospital are reimbursed at the in-plan benefit level.

⁵ This does not apply to North Carolina situs groups.

Pharmacy Benefits

Not everyone enrolled in MLH has a pharmacy benefit. Be sure to review your pharmacy rider, if applicable, to become familiar with your benefits. Your pharmacy benefits may require prior authorization of certain drugs before the pharmacist may dispense these drugs.

Your pharmacy benefits may include a formulary. A formulary includes all generics and designated brand name drugs. If you have a formulary, your out-of-pocket costs will be lowest for generics and highest for non-formulary brand name drugs.

If your coverage includes a formulary, you will be provided with a copy of our drug formulary list. Information about our formulary is also available on our Web site, www.mamsi.com.

Health Care Away from Home

When you are traveling, you may need to seek medical care. If this should happen, your claims will be processed in accordance with your out-of-network coverage. Please remember that the pre-authorization and pre-certification requirements apply in most circumstances as well. To submit a claim for reimbursement, call our Member Services Department and ask for a claim form. Simply follow the instructions on the claim form.

Conclusion

We hope you find this brochure helpful. Please keep this brochure, and all your MLH health plan documents, in a safe place. Refer to these documents to make sure you understand your coverage. And, if you have any questions, call or e-mail our Member Services Department.

Welcome aboard!

Important MLH Telephone Numbers and Addresses:

MLH
Member Services Department (General)
P.O. Box 933
Frederick, MD 21705
301-360-8115
1-800-709-7604

If you need a duplicate health plan ID card, call the MLH Member Services Department at the number shown above.

TTY Service
301-360-8111
1-800-553-7109

Web site: www.mamsi.com

E-mail: memberservices@mamsi.com



Sample Health Plan Identification Card

