OptiMedHealth

Alabama Veterinary Medical Association

Group Supplemental Medical Expense Insurance

The Doctor's Office Is No Place To Worry About Money

Enroll in **OptiMed Gap** today and alleviate concern about out-of-pocket medical expenses. This is a secondary insurance policy, supplemental to your major medical coverage and designed to pay covered benefits that are not paid by your primary insurance carrier due to your deductible, coinsurance and copays not being met. Enrolling in OptiMed Gap also includes value-added discounts* such as:

- Unlimited telemedicine appointments available within minutes 24/7/365
- Two wellness programs--one with online access to registered dieticians, and another toll-free phone line staffed by registered nurses
- Private online counseling available for matters both personal and professional.

**Discounts are not insured benefits.*

Let's get started >

OPTIMED GAP PLAN OVERVIEW

WHAT IS GAP? 	Gap is secondary health insurance supplemental to your major medical coverage. It provides payment of, or reimbursement for, many of your medical out-of-pocket expenses that have yet to meet the deductible of your major medical policy, or a coinsurance amount required of you, and some copays for which you are responsible under the major medical policy. Gap policies offer numerous options and riders affecting coverage and contain certain limitations and exclusions and have an annual maximum benefit amount.
HOW DOES IT WORK? 	Once enrolled in Gap you will be issued an ID card that you should present to your medical provider at time of service, along with your major medical insurance card. Many providers bill OptiMed directly for the portion covered under Gap. In some instances, however, the provider may not accept assignment of secondary insurance, such as Gap. In these instances, the provider may expect payment at the time of service or may bill you directly. If any portion of the balance due falls under your Gap coverage, you can obtain prompt reimbursement by filing a claim online or postal mailing the appropriate documentation Details are provided on claim submission later in this document.
ELIGIBILITY	Employee, spouse, and dependent children are eligible. Employee must be actively at work at least 30 hours per week and enrolled in the group's primary healthcare plan.
PLAN BENEFITS 	The plan benefits *generally* include medical services eligible for coverage by your major medical policy, dependent upon Gap policy options selected; subject to exclusions and limited to an annual maximum payout amount. The annual maximum amount paid by your Gap policy may be categorized into services received on an outpatient basis – and services rendered on an inpatient basis – such as hospitalization. Details of the plan are listed on the following page. Your Gap plan also includes several non-insurance programs which you'll see listed as OptiEnhance.
EXCLUSIONS, LIMITATIONS	There are limitations and exclusions within your Gap policy that should be reviewed. These exclusions are contained within your policy certificate.
VIDEO INSTRUCTIONS 	To see a short video that explains Gap please log on to: **https://youtu.be/F9gMeFVZM4w** 
HOW TO ENROLL	Enrolling is easy. Contact your plan administrator letting them know whether you want to enroll in this Gap plan.

YOUR OPTIMED GAP PLAN OPTIONS

GAP PLAN DEDUCTIBLE	COMBINED INPATIENT & OUTPATIENT MAXIMUM BENEFIT	FAMILY MAXIMUM BENEFIT*	COINSURANCE	PROFESSIONAL FEE OF A PHYSICIAN (OPTIONAL)	PRESCRIPTION DRUG (OPTIONAL)	MENTAL NERVOUS/ SUBSTANCE ABUSE
$ 1,000	$ 5,000	$ 10,000	100%	Not Included	Not Included	Included

**This benefit is not payable for any Medical Plan Copayment incurred for an examination of a Covered Person by a Physician in the Physician's office or Urgent Care Facility.*

Additional Services Included with OptiMed Programs – These are not insurance benefits

-TeleHealth
-Dermatology TeleHealth
-Medical Pricing Transparency
-Medical Bill Finance Guidance

- Employer can choose 2x or 3x for annual maximum deductible per family and annual max benefit per family. Example: Employee Only Maximum Benefit of $250 is a $500 maximum benefit for Employee + Spouse, Employee + Child, Employee + Family Coverage. Maximum deductible for family coverage is two times the per person deductible amount.
- Pays up to a selected maximum benefit per benefit year due to an injury or sickness that begins after the Effective Date and the Insured Person's Medical Plan covers the expenses. Benefits are limited to the deductible, copayment and coinsurance amounts the insured is required to pay under their Medical Plan, subject to the provisions, limitations and exclusions of the policy.
- Employees are not eligible for plans with benefit maximums that could exceed the overall in-network out-of-pocket expenses under the major medical plan.
- This product is not HSA (Health Savings Account) compatible.
- **Medical Plan** means any major medical or comprehensive medical plan that requires the insured person to pay a deductible, copayment and/or portion of coinsurance. Medical Plan includes, but is not limited to, group or blanket insurance plans; group Blue Cross, Blue Shield, or other group prepayment coverage plans; coverage under labor-management trusteed plans, union welfare plans, employer organizational plans, employee benefit organizational plans, self-funded plans, or other arrangements of benefits for persons of a group. Medical Plan does not include limited medical plans, Medicare, Medicaid, CHAMPUS or TRICARE.

OptiMed invoice will include a 2.99 Fee used for non-insurance services provided by OptiMedHealth. These Non-insurance Programs are not underwritten by the carrier chosen for insurance coverage.

OptiMedHealth Claims

Frequently Asked Questions

How do I submit a claim?

- You may submit online, email, or you may mail claims.
- Prior to submitting a claim online please review our video tutorial under the resourcessection of our website: www.optimedhealth.com
- Submitting a claim online can also be done from our website.

What documents are required to process my claim?

- In order for us to process your claim online you will need to obtain a copy of the provider claim form. The provider claim form needed is UB-04 or HCFA/CMS 1500
- For GAP claims you will need to obtain a copy of your primary provider's Explanation of Benefits AND the provider claim form.
- Once you obtain a copy of these documents, you will scan to your computer and upload the documents on the last page of this form. If you are unable to scan the documents and upload them to us you may mail your claim documents to 5600 Spalding Dr. Unit 927050, Norcross, Georgia 30010-7050.

How does my provider submit a claim?

- Present your OptiMed card to your provider at time of service. Instructions on submitting your claim to OptiMed Health are on the back of your card. The required document to process the claim from your provider is the UB-04 or HCFA/CMS 1500.
- For GAP claims - Present your OptiMed secondary card along with your Major Medical card at the time of service. Advise the provider to submit your claim to OptiMed once they hear back from your primary provider and receive your Explanation of Benefits. The required document to process the claim from your provider are the UB-04 or HCFA/CMS 1500, as well as your Explanation of Benefits, which are provided to your provider by your Major Medical carrier.

What if I am unable to obtain these documents?

- If you are unable to obtain the documents necessary to complete this claim online, please contact us for assistance. Our customer service team can work with you to obtain the documents from your provider to process your claim.

How long will it take for my claim to be processed?

- If the claim has been submitted with all required information, it will take approximately 5-7 Business days to process the claim. Please allow time for payments to be mailed to your provider.
- Claims that are missing information or not submitted accurately will take longer to process or may be denied. If you receive an Explanation of Benefits (EOB) from OptiMed that your claim has been denied, review the reason listed in the EOB. In some cases, your claim requires more information for us to process and therefore it can be resubmitted by your provider, or you in order for us to process.

What is my filing limit?

- Filing your claim timely is important. Failure to submit your claim in a timely manner may result in a denial of your claim. Please refer to your policy and plan documents regarding claim filing timelines. If you are unsure, you can always contact us, and we will provide the claim filing timelines for your plan.

Why was my Claim Denied*?

- ***Not all claim denials are true denials, claims may be submitted but denied for insufficient information that is required to process and pay your claim properly.**
- Claim was not covered by the primary insurer.
- The services are excluded from your plan's coverage**.
  ***Please refer to your policy and certifications for coverage inclusions and exclusions.*
- If you have reached your maximum benefit for the Plan or Calendar year.
- For specific denials in question you may also email us at customercare@optimedhealth.com, or call us at 800-482-8770.
  Hours of operation: Monday through Friday 8:00-6:00 pm EST.

Most common solutions to "denied" claims resulting in delayed payment:

- If the Claim forms (online or paper) are missing any required information. Please makesure to answer all questions accurately.
- If we do not have a W-9 on file for your provider, your claim will be "denied" until the W-9 is received.
- For Supplemental Medical Expense Insurance plans, if we are missing the Major Medical EOB, we cannot process the claim. In order to properly adjudicate your claim, we need information contained in the Major Medical EOB.

How can I check the status of a claim?

- As a member you can log in to your member portal, see the status of the claim. If youhave not registered for your member portal, please register at www.optimedhealth.com.
- You may contact our support center to get the status of your claim.

I have questions about my claim, who can assist me?

- We are here to help! The OptiMed Claims department can assist with any questions regarding your plan benefits, Documentation, and claim status. You can go online to ourwebsite at www.optimedhealth.com and chat with one of our support professionals, send us an email at customercare@optimedhealth.com

- Call us at 800-482-8770. Our hours of operation are Monday through Friday 8:00 am - 6:00 pm EST.

What is OptiEnhance?

- As part of your current medical plan, your membership also provides you with additional benefits under OptiEnhance. These are health plan enhancement products designed to help reduce your out-of-pocket medical expenses.

Member Claim Submission Instructions

OptiMedHealth

Before going to the medical provider, make sure you have both copies of your Insurance ID Cards. OptiMed is your *Secondary Insurance Carrier*, this means you will ALWAYS have a Primary Insurance Carrier. Present both ID cards to your provider. If you are unsure of the primary insurance carrier, please refer to your Human Resources Department or Benefits Representative.

Claim Submission Options

If you pay the bill out of pocket, we can reimburse you if you submit a claim to us. OR you can supply the provider with your insurance ID card and they can file on your behalf.

1) Submit Claim Online

1) Online Submission:

- **Go to our website https://www.optimedhealth.com Resources Tab, then File a Claim Tab**

OptiMed's Website is Mobile Device Compatible, you can submit your claim from your phone!

2) US Mail Claims Submission

2) Mail Submissions

ATTN: OptiMed Health Plans
5600 Spalding Dr.
Unit 927050
Norcross, Georgia 30010-7050

REQUIRED INFORMATION AND DOCUMENTATION FOR CLAIM SUBMISSIONS:

In order for us to process your claim online you will need to obtain a copy of the provider claim form.*

- **The Provider claim form needed is UB-04 or HCFA/CMS 1500 including the following**:
  - Diagnosis Codes
  - Procedure Codes
  - Provider's Address
  - Tax ID Number
- **Copy of your primary carrier's EOB****

**Your provider will have a copy of the required claim form, contact your provider for a copy if you do not already have one.*

** EOB or Explanation of Benefits comes from your Primary Insurance Carrier after your provider submits the claim from your visit. The EOB is mailed to you directly or can be pulled from your primary insurance carrier's website.

If you need help with Primary Insurance, please contact Human Resources or your Benefits Representative

Need Help with Submitting a Claim….

Contact our Customer Care team, and we can help with navigation or questions about your claim submission.

customercare@optimedhealth.com

1-800-482-8770

Call-In Hours Available: Monday-Friday 8:00 AM- 6:00 PM (EST)

Provider Claim Submission

Please provide this page to your doctor, to ensure claims are submitted correctly for payment!

Hello! We are OptiMedHealth, and we are the administrator for your patient's Secondary Health Plan, commonly known as GAP. To get started, submit the claim to the Primary Insurance.

Please ask the Patient for their GAP ID card so that you can collect the information necessary to process a claim with OptiMedHealth. Once the Primary Insurance has been processed you can choose any of the options below to submit your claim to us.

Options Available for Claim Submission:

1) EDI Claims Submissions

1) EDI Information:

- Clearing House: ChangeHealthcare
- Payor ID: 96277
- Primary Insurance EOB

2) Submit A Claim Online

OptiMed website is mobile device compatible

2) Online Documentation Required:

- Claim Submission Form (HCFA Form)**
- Primary Insurance EOB

Go to our website*
https://www.optimedhealth.com/claim-forms/
***Resources Tab, then File a Claim Tab**

3) US Mail Claims Submission

ATTN: OptiMed Health Plans
5600 Spalding Dr.
Unit 927050
Norcross, Georgia 30010-7050

3) US Mail Documentation Required:

- Claim Submission Form (HCFA Form)**
- Primary Insurance EOB

Please use the mailing address provided, to ensure the claims are delivered we recommend priority mail with a tracking number.

Need Help with Verifying Coverage…..

Contact our Customer Care team, and we can help with navigation or questions about your claim submission? You can go online or you can give us a call.

Online: https://provider.optimedhealth.com

1-800-482-8770

Call-In Hours Available: Monday-Friday 8:00 AM- 6:00 PM (EST)

****The Itemized bill or HCFA form MUST include:**

- ✓ Diagnosis Codes
- ✓ Procedure Codes
- ✓ Provider's Address
- ✓ Tax-ID Number

OptiMed Self-Service Member Portal

When you become a member with OptiMedHealth you will instantly have tools available to keep track of your benefits, as well as service your needs. Our member portal gives you the support and freedom to access your benefits 24/7.

First time portal users will need to register for our portal using links provided on our website.

Returning users can login using links available on our website.

Website: https://www.optimedhealth.com/login/

Member and Provider Login

What can member's do on the portal?

- Support links to contact us, or talk with customer service representatives
- Links for easy claim submission
- View Processed Claims that have been Submitted
  - The claims data will be available for previous years, as well as current year
- View deductible information, current year utilization of the plans, and limits of coverage
- View plan eligibility and when your coverage began
- Print a Temporary ID card, or request a new ID card to be mailed
- Access plan documents, claim forms, benefit information, and a copy of the policy.
- Update member information within the profile

Need Help with our Portal….

Contact our Customer Care team, and we can help with navigation or questions about your member portal.

customercare@optimedhealth.com

1-800-482-8770

Call-In Hours Available: Monday-Friday 8:00 AM- 6:00 PM (EST)

OptiMed PATIENT ADVOCACY PROGRAM

Contact OptiMed If:

- **A claim is denied because necessary documents were not received.**
- **A claim was not received and the medical provider is billing you**

An OptiMed Customer Service Agent will contact the provider and request the missing or updated information on your behalf.

Customer Service Line: 1-800-482-8770

E-Mail Address: customercare@optimedhealth.com

OptiEnhance Benefits included with your plan

TeleHealth
Including Dermatology

OptiEnhance provides access to board-certified, credentialed physicians anytime, anywhere in the United States.

- Virtual urgent care – available 24/7/365
- Successfully treats over 70% of reported medical issues
- Dermatology – no consultation; fee included for free
- Behavioral Health – industry-leading/ first two sessions are free with master-level clinicians available for immediate care

COMMONLY TREATED CONDITIONS

- Arthritis
- Cold/Flu
- Cold Sores
- Alopecia
- Respiratory Infections
- Sprains and Strains
- Skin Infections
- Psoriasis
- Sinusitis
- Minor Burns
- Gastroenteritis
- Eczema
- Tonsillitis
- Pink Eye
- Rosacea
- and more!

Medical Pricing Transparency

OptiEnhance medical pricing tool allows members to conveniently source qualified physicians, view medical procedure pricing information, and compare medical pricing in various geographic areas. This consumer-friendly transparency enables you to shop for affordable care in a location that is convenient for you and make more informed decisions regarding your healthcare. Search for services or procedures you need, compare costs and save money on out-of-pocket medical expenses.

With Medical Bill Finance Guidance

Once a medical invoice has been negotiated, OptiEnhance provides members with access to financing options through reputable lending organizations. Medical Bill Negotiators are available to assist members in obtaining financing. (Minimum requirements include 620 minimum FICO score, personal loans only, and interest rates ranging from 6- 29.99%.)

Medical Care Liaison

Every OptiEnhance member is given access to an expert Healthcare Liaison who will assist with scheduling medical appointments, researching providers and procedures, working with physicians to lower prescription costs, and advocate on your behalf. Our Healthcare Liaison provides access to knowledgeable and compassionate professionals to help navigate the healthcare industry.

Our Health Liaisons can help

- Navigating the Healthcare Industry
- Researching Providers & Procedures
- Scheduling Appointments
- Working with Physicians to Lower Prescription Costs
- Advocating on our members Behalf
- Greater Confidence with Peace of Mind

Register and Activate Your Membership

STEP ONE
ACTIVATE

Activate your account online at oe.optimedhealth.com or by calling member services at 866- 226-1033.

- Once activated, you will need to setup your member profile and complete your electronic health record.
- **Health and pharmacy information must be completed before requesting a consultation.**

STEP TWO
REQUEST A CONSULT

Login to your account online or call member services at 866-226-1033 to request a consult anytime 24/7.

STEP THREE
RECEIVE CARE

Receive diagnosis and treatment. We provide quality care and peace of mind wherever you are.

OptiMed Member Product Guide Disclaimer

OptiMedHealth is a Third Party Administrator for Health Benefit Plans. GAP Plans administered by OptiMedHealth are underwritten by carrier partners. All Plans are subject to underwriting carrier limitations and exclusions. Please refer to the group policy or Individual certification for specific coverage details. Information provided in the Product Guide is not legally binding in a court of law.