

2024 FMOLHS Health Plan Network Update FAQs

Why is FMOLHS making adjustments to the FMOLHS Health Plan network?

By using providers and facilities in the FMOLHS customized network (EPO and PPO Tier 1 and 2), we are helping to preserve the future of our organization and mission. FMOLHS providers and partners are more aligned with our quality of care standards and are clinically integrated with our electronic medical record system, allowing sharing of data between providers. We are confident in asking team members and their family to choose FMOLHS providers, which benefits the ministry, team members and their families.

How was this decision made?

Adjustments to our benefits, especially those impacting our team member's healthcare, are undertaken with careful discernment. Changes are only made when they align with our Mission and Values. This decision was made with insight and approval from our individual market leadership and with our team members in mind. Our goals include honoring the dignity of our team members, supporting good stewardship of ministry resources, and improving the overall health of those we are privileged to serve with our first commitment being to our team members.

When do the updates go into effect?

Today, services provided by any of the providers impacted by the update are considered in network under the EPO Plan and Tier 2 under the PPO and HDHSA Plans. Beginning January 1, 2024, they will be out of network (no coverage) under the EPO Plan and will be Tier 3 coverage for the PPO/HDHSA Plans.

How can I check to see the providers included in this update and which providers are available?

To view a list of impacted providers, [click here](#).

Helpful search tip: Doctors may be listed by group name rather than their individual name. To locate your doctor or the name of the group more easily, search by location then by specialty.

To review a full list of providers available to you visit www.myhealthtoolkitla.com/links/fmolhs. If the provider address listed in the directory is not the address where care will be delivered, the provider may not be in network. **Please remember to always verify the network status of your provider with Blue Cross Blue Shield before accessing services.**

While we are working to suppress the visibility of the providers on the impact list in the online provider finder at My Health Tool Kit, you may still see some listed until their status officially changes on January 1, 2024. It's important to refer to the impact provider list in addition to reviewing the online provider finder.

What does it mean to be an “in network” vs “out of network” provider?

If you enroll in the EPO plan, receiving eligible services from a network provider results in significantly less out of pocket expense for you including deductibles, copays, and maximum out of pocket limit. Under the EPO Plan, there is no out of network coverage.



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If you enroll in the PPO or HDHSA plan, receiving eligible services from a network provider (commonly referred to as Tier 1 or Tier 2 provider) results in less out of pocket expense for you including deductibles, copays, coinsurance and maximum out of pocket limit. Receiving eligible services from an out of network provider (commonly referred to as Tier 3 or Tier 4) results in more out of pocket expense for you.

What if I require emergency medical services from a provider that is not in network?

If you have a medical emergency requiring immediate care and are treated by a non-network provider, the medical bills will automatically be processed and paid based on the in-network rates.

What if I have an appointment, treatment or procedure after December 31, 2023, performed by a provider impacted by the network changes?

For professional services provided by an impacted provider, the EPO network and PPO network Tier 2 benefit level will continue in the following situations if a network exception form is submitted to BCBS on or before December 31, 2023 and approved by BCBS.

- For those with a pregnancy diagnosis on or before December 31, 2023 through post-delivery follow-up visit (may include both professional and facility services)
- For those with a surgical procedure performed on or before December 31, 2023 through the post-op follow-up visit

Professional services provided after the post-delivery/post-op follow-up visit will be considered out of network under the FMOLHS EPO Plan and network Tier 3 for the FMOLHS PPO and HDHSA Plans.

What if I receive a service at an in-network hospital from an out of network provider?

If you receive treatment from an in-network hospital and one or more of the providers assigned to provide you care is out-of-network, such as an anesthesiologist or radiologist, your claim for that provider could be paid at the out-of-network benefit level. If you receive an explanation of benefits (EOB) indicating the services processed as out of network, call Blue Cross Customer Service at (833) 468-3594 to have your claim investigated, and if appropriate, adjusted to the in-network benefit level.

Will only the provider's address listed on the impact list be removed?

The address listed on the impact list may be a claims or billing address and not inclusive of all physical locations affiliated with a provider or group. All locations affiliated with a provider or group or who share the same provider/group ID will be removed as of January 1, 2024.

What option do I have if a service is needed and not available in the FMOLHS customized network (EPO and PPO Tier 1 and Tier 2)?

Although this is not common, there may be times when an in-network provider is not available within the FMOLHS customized EPO network and PPO Tier 1 and Tier 2 network. In such a situation, a network exception may be available. To receive an exception, you must complete the Network Exception form and have it signed by your provider. Signed and completed forms must be submitted to BCBS of South Carolina before services are rendered to be considered. BCBS SC will notify you of their decision on your request. Submit all completed requests in writing via:

- Fax: (803) 264-0259
- By email: fmolhsexception@bcbscc.com
- By mail:



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Blue Cross Blue Shield of South Carolina
Attn: Network Waiver, AX-630
P.O. Box 100300
Columbia, SC 29202

Who do I call if I have questions or need assistance?

- Contact Blue Cross Blue Shield at (833) 468-3594 or go to www.myhealthtoolkitla.com/links/fmolhs
- Contact a Network Guide at (855) 875-6265
- Contact askHR at (833) 482-7547 or askHR@fmolhs.org
- Refer to the 2024 Benefit Guide on Total Rewards website at fmolhs.org/careers/total-rewards



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