

PHBP Healthcare Transparency

Recently, several Federal laws have been enacted that require group health plans to make certain health care cost information available publicly so that consumers can better understand the costs associated with health care. The information is designed to help consumers know the cost for services they receive from doctors, hospitals, and other health care providers before receiving the care.

The information contained on this page is designed to comply with these Federal laws.

TRANSPARENCY IN COVERAGE

In 2020, the Federal Government finalized the “Transparency in Coverage” rule, which is intended to make health care pricing more accessible and understandable for consumers. The Transparency in Coverage Rule requires health insurers and group health plans, including self-funded plans, to provide cost-sharing data to consumers via two different methods, machine-readable files and an online consumer price transparency tool.

Consumer price transparency tool:

This online tool for members will include personalized, real-time, cost-share estimates for covered services and items, including prescription information, with paper versions available upon request. The tool will be available for plan years beginning on or after January 1, 2023 for 500 designated services and plan years beginning on or after January 1, 2024 for all services.

PHBP Medical Members with access to the [Create portal](#) can view their plan's deductible, copay and coinsurance when accessing any of the 500 healthcare services available through the MagnaCare network. In both the Create portal and mobile app, members will be able to view the cost data for all other shoppable services. Customer service will also provide price-comparison support via telephone.

To access MagnaCare Cost Transparency navigation tool instruction, [click here](#).

[Express Scripts](#) provided members access to the pharmacy and price a medication comparison tool. To access navigation instruction for Express Script's Transparency in Coverage Experience, [click here](#).

SURPRISE MEDICAL BILLING NOTICE

Part of the Consolidated Appropriations Act (the “CAA”) passed by the Federal government in 2020, establishes standards to protect consumers from “Surprise Bills” or balance billing for certain items and services provided by specified doctors, hospitals and air ambulance carriers on an out-of-network (OON) basis.

These “Surprise Bills” apply only to covered medical bills related to:

- Out-of-Network emergency services at a hospital/freestanding facility.
- Items and services provided by certain out-of-network health care providers at an in-network facility.
- Out-of-network air ambulance items and services.

Please click on this link to read the Surprise Medical Billing Notice: [Surprise Medical Bill Notice](#)