



This Q&A answers the most frequently asked questions about the new PIBT Freedom Plans. If you are interested in these plans and would like more information, please watch the videos we have prepared for you, or plan to attend one of the Freedom Plans webinars.

1. PIBT Freedom Plans the right choice for me?

These plans are a good choice for you if:

- You want to lower your costs
- You prefer to choose your provider
- You like the idea of having an advocate to help you navigate the healthcare system
- You are willing to be engaged with your health plan occasionally

2. How do the Freedom Plans control rising health insurance costs?

GPA and ELAP-the companies that administer the PIBT Freedom Plans-audit all hospital and outpatient claims for excessive and incorrect charges to ensure that you're paying a fair price for the services received and that the provider is getting a fair reimbursement.

The result is lower cost, lower payroll deductions and lower out-of-pocket costs for members.

3. What doctors and other healthcare providers can I use?

Virtually all practitioners accept this plan. Although these plans use a national network that includes physicians, labs, urgent care and similar types of providers, you are not restricted to this network and your benefits are the same whether you seek care from an in-network or out-of-network practitioner.

If you are looking for a new doctor, we recommend that you check the PHCS Practitioner and Ancillary network and select a suitable doctor from the list. You may also ask GPA's Nurse Navigator to find the top practitioners in your area for the medical issue you have.

If you know which doctor you want to see and they are not in the network, bring along your new ID card and your GPA Practitioner Guidance Flyer. If they still have questions, ask them to call GPA. We will explain how our plan works and get you seen. It is very rare that we are unsuccessful.

For facilities-like hospitals, outpatient facilities, and surgical centers-there is no network. You may go to virtually any facility you choose. If they need to contact GPA to confirm your coverage, the information for them to contact us is on your ID card.

If you like, you may contact GPA prior to any appointments, and we will contact the doctor or facility to make sure there are no problems when you arrive for your appointment.

Note that certain healthcare providers and facilities, Kaiser for example, only treat patients who are part of their health system. Kaiser will typically not accept these plans except for emergency medical conditions.

4. What if a healthcare provider says they don't recognize my insurance plan?

Give them the GPA Practitioner Guidance Flyer which should answer their questions. If they still have questions, ask them to call GPA at the number on your ID card. We are almost always able to work out a solution for you and get you seen and treated.

Although very rare, if a solution can't be found with your provider, a Nurse Navigator will locate other top-tier provider options for you to select from for your medical services.

5. What if a healthcare provider asks me to pay upfront?

Call GPA immediately, even if you are in the provider's office. You should not pay any amounts higher than your plan copay, coinsurance or deductible, depending on the type of treatment you are receiving. We will explain to the provider how our plan works and get you seen without an upfront payment higher than these amounts. Again, it is very rare that we are unsuccessful.

6. Who can I turn to with questions or for help?

The staff at PIBT can answer many of your questions related to eligibility, benefits and various administrative issues. GPA also has Member Services Professionals who are available to answer more detailed questions.

One of the most valued resources provided under these Freedom Plans is GPA's **Nurse Navigator**.

These advocates are available to help you:

- Navigate the complex healthcare system
- Find the best healthcare providers in your area
- Better understand a diagnosis and learn about treatment options
- Ensure your physician's office understands the plan and you get seen
- And much more

7. What happens if a healthcare provider doesn't accept the payment amount and bills me for the balance?

Balance billings do not happen very often but, if you receive a balance bill, send it to GPA or ELAP as soon as possible. You will be contacted within 24 hours by an ELAP Member Advocate who will work closely with you until the balance billing is resolved.

GPA and ELAP's commitment to you is that, if you follow our process, you will only be responsible for copays, deductibles and co-insurance based on your chosen health insurance plan.

If the bill is sent to collections, your assigned legal representative will contact the collection agency to remove you from the process, and then work with the collection agency to resolve the billing so that your credit is not impaired.

8. Are these plans HMOs, PPOs or POS plans?

These plans are PPO level benefits, but you can seek care at virtually any provider -There is no out-of-network! The PHCS Practitioner and Ancillary network gives you an excellent starting point. You can check to see if your current doctor is there, or you can find a new doctor, but ultimately you are free to seek care at any provider that you choose.



PIAG Insurance has partnered with Aflac to offer an extensive voluntary benefits portfolio of a broad range of financial protection options with multiple ways to enroll. Employees may quote out personal lines for themselves and their family/friends, and employers may add coverage to cover their employees.

A Selection of Voluntary Personal Benefits through Aflac

Accident Insurance

(benefits for unexpected injuries)

- **Accident** - A guaranteed-issue, composite-rated, guaranteed-renewable accident product that offers several coverage levels to fit all budgets
- **Gunshot Wound** - A guaranteed-issue product that provides lump-sum benefits for injury due to non-fatal gunshot wounds

Disability Insurance

(income protection)

- **Disability** - A short-term disability product that replaces a portion of your income

Supplemental Health Insurance

(lump sum hospital confinement)

- **MedicalBridge** - A hospital confinement indemnity product that supplements your core medical coverage

Special Risk Insurance

(treatment & recovery from serious illness)

- **Cancer** - A cancer product that pays indemnity-based benefits to help cover medical and non-medical expenses related to a cancer diagnosis and treatment
- **Critical Illness** - A critical illness product that provides a lump-sum benefit for the diagnosis of a critical illness

Life Insurance

(family financial protection)

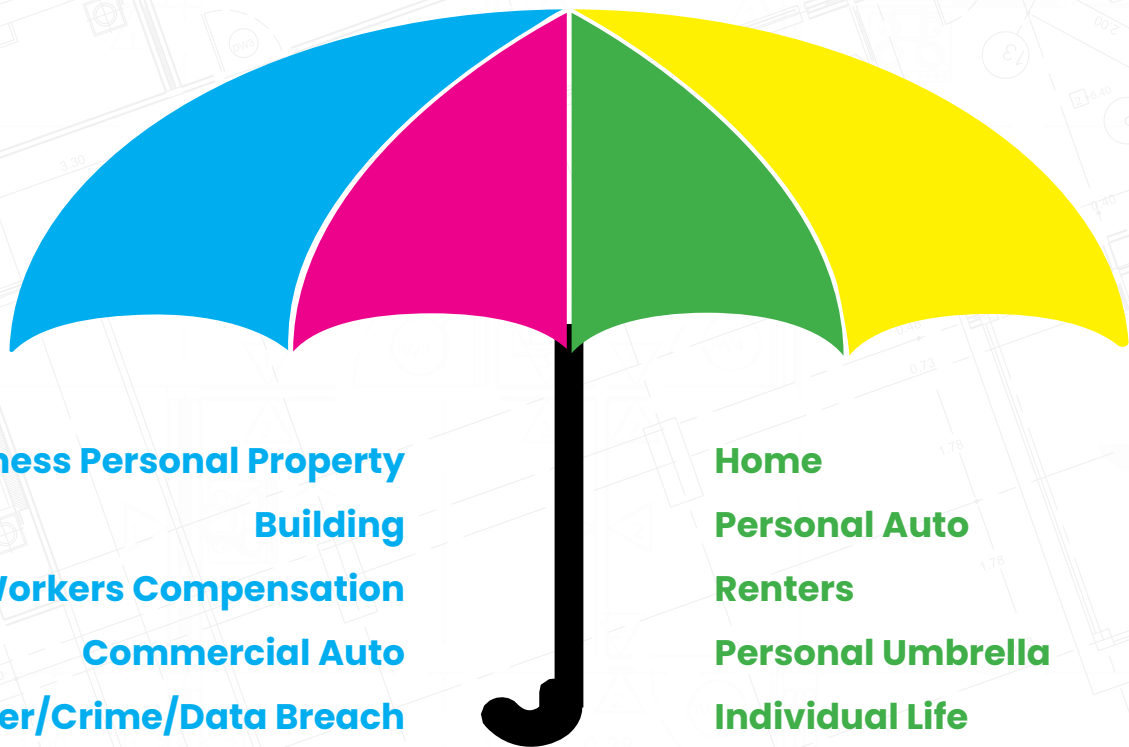
- **Universal Life** - A universal life product with flexibility that allows the employee to adapt to changing needs by varying amounts and premiums
- **Whole Life** - A permanent whole life insurance product that provides guaranteed level premiums, guaranteed cash values, and guaranteed death benefits as long as premiums are paid when due and no loans are taken

and more!

Contact us today to learn about all the ways we can help you plan for the unexpected.

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