



CBIZ



Member Guide

WELCOME TO THE HEALTH BENEFIT ALLIANCE

ADMINISTERED BY **LOOMIS**

Thank you for your decision to join The Health Benefit Alliance administered by Loomis. This packet is designed to help guide you through your new health plan.

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LOOMIS

Welcome to LOOMIS!

Loomis acts as your plan administrator to process and pay claims per the plan provisions, handles prior-authorization requests, eligibility verification and provides customer service for any questions and concerns that may arise,

CUSTOMER SERVICE

We know that the healthcare world can be a confusing place to navigate.

... and so we have created a dedicated and experienced customer service team for **YOU!**

Call the Loomis Customer Service Number at:

(866)-340-7181

*The Loomis Customer Service Number can be found on your member ID card!

DOWNLOAD OUR MOBILE APP!

My Loomis Mobile



MY LOOMIS

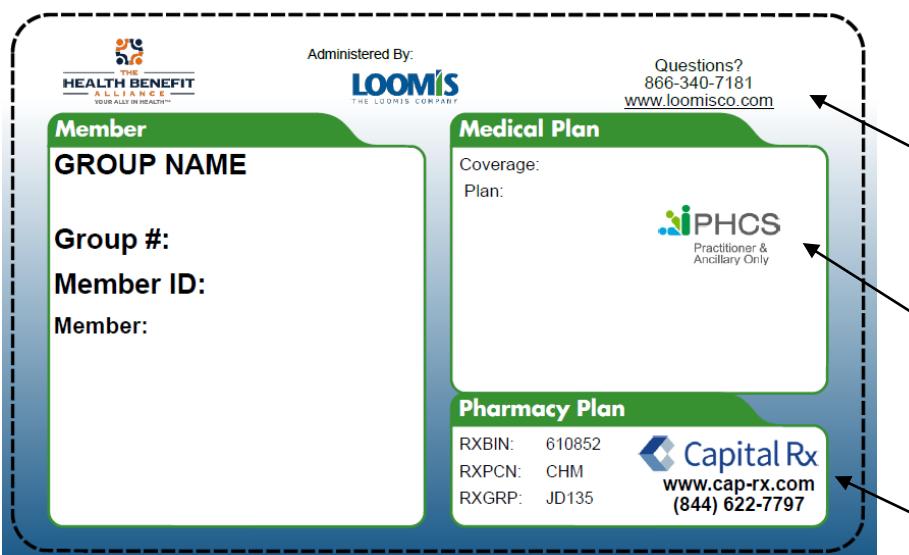
Please **register** and log on to access:

- Your virtual ID card / request new ID cards
- Claim details
- Explanation of benefits received
- Contact our Customer Service Team at **(866)-340-7181** if you experience any issues

www.loomisco.com

GET TO KNOW YOUR MEDICAL ID CARD!

Card Front



The front of your ID card will include Company Name, Group Number, Member ID, Member Name and Covered Dependents.

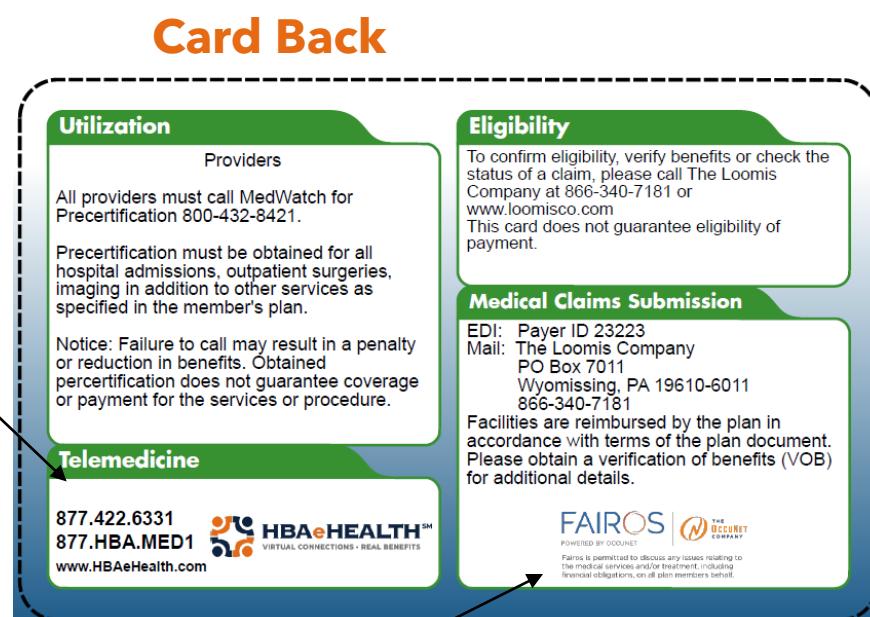
Member Support phone number and web portal to get answers to questions or information about your HBA Health Plan.

Medical Plan section will be populated with the name and coverage details of your selected plan.

Pharmacy Plan section shows claim and contact information to help your pharmacy fill your brand Rx needs. Remember, present your **HBA Scripts** card first to get covered generic drugs filled at no cost to you. CapitalRx is your secondary pharmacy plan should you need it.

The **Telemedicine** section provides an easy-to-remember intake number (**877-HBA-MED1**) and web portal address to **HBAeHEALTH**.

HBAeHEALTH provides 24/7/365 virtual access to board-certified providers, via phone or video chat, to meet your primary care and behavioral health needs.



FAIROS provides unparalleled member advocacy to support HBA members in resolving medical facility billing disputes when necessary.

IMPORTANT INFORMATION ABOUT YOUR NEW HEALTHCARE COVERAGE

Please read the below for important features of your plan:

1. PROVIDER NETWORK

- The provider network (primary care doctors, specialists, labs, urgent care and x-ray clinics) is utilized by the plan for outpatient services.
- The provider network for outpatient services is the **PHCS network**.
- It is important that you verify with your provider when scheduling your appointment that they are in-network with PHCS. This will prevent out-of-network/balance billing and keep your costs as low as possible.

2. OUTPATIENT DIAGNOSTIC SERVICES

- All outpatient diagnostic services MUST be performed in a free-standing facility in order to be covered by the plan.
- Outpatient diagnostic services performed in a hospital or non-free-standing facility are **excluded from coverage**. Please note that this does not apply to services in a hospital when it is either in an emergency room or if you are in the hospital for an inpatient stay.
- If your healthcare provider's office is in a hospital, and you receive outpatient diagnostic services, these services will not be covered.
- **50 Mile Radius Exception:** If there are no freestanding facilities within a fifty (50) mile radius of your residence, please contact Loomis Customer Services to obtain approval to have these services performed in a hospital facility.

IMPORTANT INFORMATION ABOUT YOUR NEW HEALTHCARE COVERAGE

Please read the below for important features of your plan:

3. HOSPITAL COVERAGE

- The plan utilizes an *open network* for hospital care, meaning every hospital facility is eligible to deliver services to you and your family.
- Services performed at a facility will be paid based on a practice known as **“Reference Based Pricing”** (RBP). Through this practice, facilities are reimbursed by the Plan at a fair and reasonable level above what Medicare would pay for the same service. This fairly compensates the facility for the services provided while helping the health plan to control costs.
- Members should contact Loomis before scheduling services to determine if pre-certification is required.
- If you receive a balance bill from the facility, contact Loomis Customer Service. Remember, provided that you adhere to plan rules and pre-authorization requirements, you will not be responsible for these charges.

4. LOOMIS

- Loomis is not the name of the health plan. Rather, the plan is referred to as The Health Benefit Alliance.
- Loomis supports the health plan as the third-party administrator by providing services such as processing and paying claims per the plan's provisions, handling prior-authorization requests, and providing eligibility verification.
- When visiting your doctor or receiving any sort of medical services, always remember that your provider network is **PHCS**. Your plan uses an *open network* for hospital related services.

PHCS NETWORK LOOK-UP

IS YOUR DOCTOR IN-NETWORK?

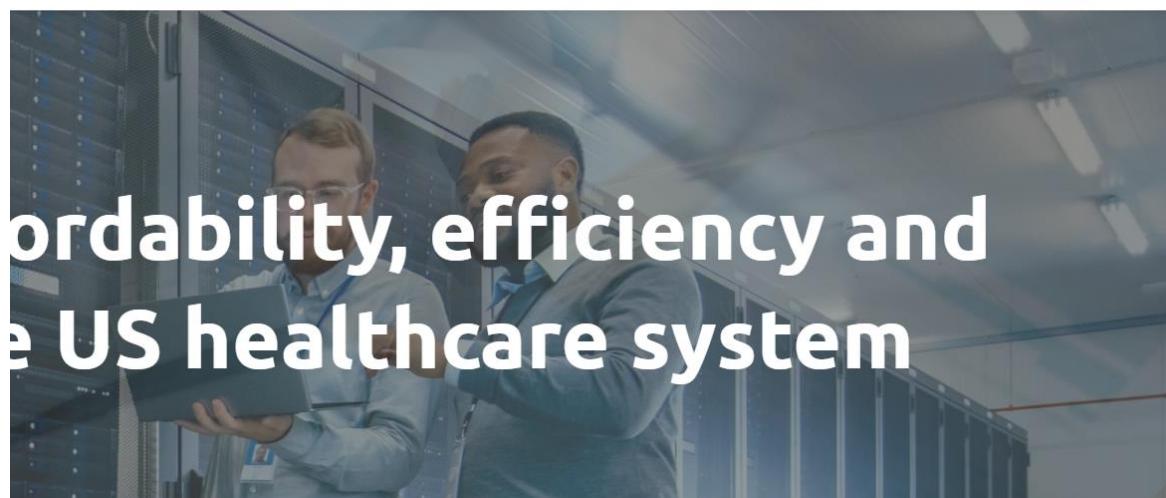
FOLLOW THE BELOW STEPS TO FIND OUT!

STEP 1:

Log onto www.multiplan.us

STEP 2:

Select "find a provider" in the top right-hand corner of the screen



PHCS NETWORK LOOK-UP

IS YOUR DOCTOR IN-NETWORK?

FOLLOW THE BELOW STEPS TO FIND OUT!

STEP 3:

Select the "PHCS" network

Find a doctor

Search for providers in your network

Select Network

Providers listed may not be in your network

Which network would you like to search?
(Network logo usually appears on the front or back of your benefits ID card)

- PHCS
- MultiPlan
- HealthEOS
- ValuePoint
- Beech Street
- AMN, RAN, and/or HMN
- First Choice Health Network
- I don't see one of these

PHCS NETWORK LOOK-UP

IS YOUR DOCTOR IN-NETWORK?

FOLLOW THE BELOW STEPS TO FIND OUT!

STEP 4:

- If enrolled in a MVP plan select "practitioner & ancillary"
- If enrolled in a MEC plan select "limited benefit plan"

The screenshot shows a mobile application interface for network look-up. At the top, there is a green button labeled "Select Network". Below it, a message says "Providers listed may not be in network". To the right, there is a "Back" button and a green "X" button. The main content area asks "Do you see any of these statements on your benefits ID card?" and provides a note: "(Statement usually appears below the logo)". Below this, a list of statements is shown, with the last two circled in orange:

- Out of Area
- Extended PPO
- Limited Benefit Plan**
- Practitioner Only**
- Hospital Only
- Practitioner & Ancillary**
- Preventive Services Only
- Specific Services
- Healthy Directions
- I don't see any of these statements**

At the bottom of the screen, there is a note about cookie usage: "The site uses cookies. By continuing, you accept our use of cookies".

PHCS NETWORK LOOK-UP

IS YOUR DOCTOR IN-NETWORK?

FOLLOW THE BELOW STEPS TO FIND OUT!

STEP 5:

Conduct your search based on provider name, facility or zip code

Find a doctor or facility

PHCS

[Change Network](#)

Remember my network

PHCS Practitioner and Ancillary network -
Your access through our network does not
include acute care hospitals.

Search by name, specialty, facility type

Near

18235



If you are searching for a national lab, please
click [here](#) for information on how to find current
locations.

The website for the provider network (PHCS) is located on the back of
your member ID card.

Doctor NOT In-Network?

If your doctor is not coming up as in-network, you can nominate your provider to contract with the PHCS network

FOLLOW THE BELOW STEPS TO NOMINATE YOUR PROVIDER:

STEP 1 → To nominate your provider, click on the below link:

- [Provider Nomination : Provider \(multiplan.com\)](https://Provider.Nomination.Provider.multiplan.com)

STEP 2 → Complete all fields on the provider nomination webpage and submit!

- **We suggest you share the above link with your provider and ask them to start the process of joining the PHCS network**

IMPORTANT!

The entire nomination process can take an upwards of 90-120 days to complete

Capital Rx

Capital Rx is your **pharmacy manager (PBM)** who is responsible for processing some of your prescription drug claims!

CUSTOMER SERVICE

When it comes to your health, Capital Rx is with you every step of the way!

QUESTIONS?

Call Capital Rx at the below number:

(844)-622-7797

DON'T FORGET TO REGISTER!

Log on to the Capital Rx member portal by clicking the link below:

[Member Portal | Sign Up or
Login | Capital Rx | Capital
Rx \(cap-rx.com\)](http://cap-rx.com)



Capital Rx FAQ'S

QUESTION: Can I still fill my prescription at my preferred pharmacy with Capital Rx?

Answer: Capital Rx maintains a national network of more than **60,000** pharmacies, including all national chains and most independent pharmacies! However, with some prescription benefit plans, certain pharmacies may be excluded from the network.

To confirm if your pharmacy is in-network, please log in to the member portal and click on "**NEARBY PHARMACIES**" to find a pharmacy near you.

QUESTION: How do I know what my out-of-pocket cost (i.e. copay or coinsurance) will be with Capital Rx?

Answer: You can easily view expected medication cost by logging into the member portal and clicking on "**FIND THE BEST PRICE**" icon. Enter the name of the medication in the drug name field. Define specific options using the drop downs for type, form, dosage, and quantity. Click on the "**FIND THE LOWEST PRICE**" button. A list of local pharmacies will be provided along with the expected cost for the specified medication.

QUESTION: What if I need to fill a prescription and don't have my physical ID card when I arrive at the pharmacy?

Answer: You can provide the pharmacy with your member ID and the following information. This should be all they need to process the claim accordingly:

RxBIN: 610852

RxPCN: CHM

RxGroup: JD135

If the pharmacy is still unable to process, you can have them contact Capital Rx at

1-844-622-7797

You can also download a temporary ID card on the website:

[Member Portal](#) | [Sign Up or Login](#) | [Capital Rx](#) | [Capital Rx \(cap-rx.com\)](#)

Capital Rx FAQ'S

QUESTION: Is my current (or new) prescription covered by Capital Rx?

Answer: If you have any questions regarding your specific coverage, please call our dedicated Capital Rx Customer Care Team at **1-844-622-7797**

QUESTION: How do I request reimbursement for my pharmacy claim if it did not process through my pharmacy benefit?

Answer: You can make a request for reimbursement by completing our Direct Member Reimbursement (DMR) form and mailing it to the below address:

Capital Rx, INC.
Attn: Claims Department
228 Park Avenue South, Suite 87234
New York, NY 10003-1502

Please include the original receipt from the pharmacy (make a copy for your own records). It is important that you provide us with as much detail as possible. Dependent on your plan's elections, you may be reimbursed directly for covered prescriptions.

QUESTION: Is mail order right for me? If so, how do I enroll?

Answer: If you have a prescription for a maintenance medication (i.e., long-term conditions such as arthritis, asthma, diabetes etc.), mail order may be a great solution. Mail order can provide greater savings on most prescription benefit plans as well as time spent traveling and waiting in line at your local pharmacy.

To get started with mail service, you may either:

1. **E-Prescribe** - Have your doctor e-prescribe to:
Walmart Pharmacy Mail Order 2625
2. **Fax** - Have your doctor fax your prescription to **1-800-406-8976**. Faxed prescriptions may only be sent by a doctor's office and must include patient information & diagnosis.
3. **Mail** - Mail us your prescription and a completed Walmart Mail Order Form to
1025 W. Trinity Mills, Carrollton TX, 75006

*For prompt delivery, please provide your payment information by mailing in your completed order form or by calling your Dedicated Customer Care Team at **1-844-622-7797**

Capital Rx FAQ'S

QUESTION: How do I fill my specialty medication?

Answer: If you are on a plan that covers specialty medication and are prescribed a specialty medication (i.e., multiple sclerosis, hepatitis, oncology, HIV, and many others), you can quickly and easily order your prescription by following the steps below:

STEP 1:

- E-Prescribe: Have your doctor e-prescribe to Walmart Specialty Pharmacy
- Fax: Have your doctor fax your prescription to 1-866-537-0877

If prior authorization is required, your doctor may need to take additional steps to submit your prescription.

STEP 2:

- A representative from Walmart Specialty Pharmacy will call you to get more information and schedule your first delivery.

STEP 3:

- Your prescription will arrive when and where you've requested. After you enroll and your first delivery has been scheduled, we will stay in touch over the course of your therapy and call with monthly refill reminders or to address any questions about your treatment.

PLEASE NOTE:

- Walmart, our preferred specialty pharmacy partner, strives to fill and ship your medication to you as quickly as possible. A Walmart Pharmacy associate will immediately let you know if there are any issues that may delay fulfillment such as prior authorizations or quantity limits. A Walmart Pharmacy associate will work with you and your physician to try and get any prior authorizations completed as quickly as possible and will determine the best way to get the medication you require.

HBA SCRIPTS

PHARMACY PROGRAM



- Access to over 125 acute medications nationwide at a \$0 cost
- Home delivery for chronic (maintenance) medications. These medications will be shipped at no cost
- Members with diabetes will have access to cost-effective supplies and insulin
- HBA Scripts includes 71 of the most popular psychiatric medications in the country
- Members will have access to our pharmacy coaching team which provides education on possible medication options as well as assistance with prescription transfers
- 24/7 access to a member portal that has your account details, digital ID card, drug formularies and much more

HBA Scripts membership card is accepted at over 64,000 pharmacies nationwide!

CONTACT US:

1-800-983-8901
Info@HBAScripts.com
www.HBAScripts.com

Each member is issued a plastic ID card via the mail

If you need your card before it arrives in the mail, you can give us a call and we will provide you with your member ID so you can register online and download your virtual ID card!

GET TO KNOW YOUR HBA SCRIPTS ID CARD

PHARMACY PROGRAM

Customer Service: 800.983.8901

Member Name:
Jennifer M. Jones

Member ID:
3303275545

Group ID:
LMSHBARX

BIN: 021981 | PCN: APS

DEPENDENTS

- 01: Jennifer**
- 02: William**
- 03: Alex**
- 04: Samantha**
- 05: Joey**
- 06: Amanda**
- 07: Tom**
- 08: Barney**

Pharmacy Use Only: 1-800-699-3542

Two Cards Are Provided For Spouse and Secondary Family Members

PHARMACY PROGRAM

Customer Service: 800.983.8901

Member Name:
Jennifer M. Jones

Member ID:
3303275545

Group ID:
LMSHBARX

BIN: 021981 | PCN: APS

DEPENDENTS

- 01: Jennifer**
- 02: William**
- 03: Alex**
- 04: Samantha**
- 05: Joey**
- 06: Amanda**
- 07: Tom**
- 08: Barney**

Pharmacy Use Only: 1-800-699-3542

WHEN DO I USE HBA SCRIPTS VS. CAPITAL RX?

GREAT QUESTION!

We always suggest presenting **BOTH** your HBA Scripts and medical ID card with your Capital Rx information to the pharmacy each time you pick up a medication. This way the pharmacist can run both cards and determine the best cost solution for you!

HERE'S HOW IT WORKS...

1. Your doctor writes a prescription
2. If the script is covered under your plan's pharmacy benefits and is a **GENERIC** prescription, request that the pharmacy run the script under **HBA Scripts**. This will provide the most cost savings on your generic drugs.
3. If the script is covered under your plan's pharmacy benefits and is a **NAME BRAND / SPECIALTY** prescription, request that the pharmacy run the script under **Capital Rx**.



**CALL A DOCTOR 24/7/375 | \$0 COPAY | UNLIMITED USE |
GET PRESCRIPTIONS FILLED | SAVE TIME**

HBAeHEALTH gives you access to board-certified Primary Care Physicians and licensed Mental Health Therapists for the whole family!

For help activating your account, follow the steps below:

1. Log onto [Login | HBAeHealth - eHealthcare & Therapy](#) and select **“activate your account”**
2. It will ask you to enter in your last name, date of birth and zip code. Press **“find my account”**
3. Once completed you will active your **HBAeHEALTH** benefit. After you access your benefit for the first time, you will have the ability to manage your personal health records, add family members, consult with a physician and much more.

If you have trouble accessing your account, please contact **HBAeHEALTH**:
Phone: 877-HBA-MED1
E-mail: HBAeHealth@doctegrity.com

Once your account is activated, follow the below prompts to seek care:
Call 877-HBA-MED1 (877-422-6331)
Press 1 to speak with a board-certified Primary Care Physician
Press 2 to speak with a licensed Mental Health Therapist

VALUE-ADDED PROGRAMS

As part of The Health Benefit Alliance, you automatically receive the following value-added programs if enrolled in a Minimum Value Plan (MVP):

PERKPLANS

Save money on *thousands* of products and services from national retailers, travel, restaurants, local merchants and so many other purchases you make every day!

Go to the HBA PerkPlans Website to start enjoying the “perks” of the PerksPlan program:

<http://hba.benergy4.com>

ENDPOINTLOCK

Protect your personal information the instant you hit a key on your phone, tablet, or computer! EndpointLock is a program you can simply download that prevents the bad guys from stealing your personal information through their keylogging software!

1. Each enrolled member will receive a welcome e-mail from CyberIDLock with the Subject: Registration. Please follow all instructions on the welcome e-mail carefully.
2. Create an EndpointLock account password and register
3. This will then take you to the EndpointLock user registration portal. Your e-mail will be your username and will populate when you go to the portal. This is where you will create your password.
4. Click **“REGISTER”** and this will take you to the EndpointLock portal for activation. Once you have signed in, you are ready to activate on up to three (3) devices.
5. If you have any issues during your activation process, click the link for the support team: <https://support.endpointlock.com/hc/en-us>

VALUE-ADDED PROGRAMS

As part of The Health Benefit Alliance, you automatically receive the following value-added programs if enrolled in a Minimum Value Plan (MVP):

TELEDENTISTS

Speak with a licensed dentist - \$0 Cost - Peace of mind!

1. Go to [**https://theteledentists.webflow.io/hba-teledentists**](https://theteledentists.webflow.io/hba-teledentists) to access your TeleDentist benefit
2. You will see “Welcome to HBA TeleDentists” and hit the prompt “See a TeleDentist right now”.
3. You will see “sign up” at the top of the page and this will walk you through the registration process.
4. Once completed, you are ready to access the TeleDentist services!

CLAIMS ADVOCATE TEAM

WE'RE HERE TO HELP

We are always here to help when you or your family members have difficulty getting a question answered or a problem resolved with HBA.

FOLLOW THE STEPS BELOW:

STEP 1:

Call the Loomis Customer Service Number:

(866)-340-7181

- Be sure to have your member ID number and/or social security number on hand
- Ask Loomis to mail you a copy of the Explanation of Benefits (EOB) pertinent to your question/problem

IF you do not get your question/problem resolved with Loomis, proceed to

STEP 2



STEP 2:

Contact your claims advocate specialist at CBIZ:

EMELIE MEINHART
EMELIE.MEINHART@CBIZ.COM
LAURA DIVER
LAURA.DIVER@CBIZ.COM

Please provide the following information:

1. Social security number and date of birth of the covered person having the issue
2. Phone, fax, e-mail
3. Copies of any EOB's and bills in dispute
4. We may need a privacy release form (HIPAA) signed by you for us to discuss your situation with appropriate parties

FAQ'S

Q: What is my network?

A: This depends on the service. If you are going to see your doctor, a specialist or looking for an urgent care facility then you would utilize the PHCS network. If you are going to utilize hospital services such as an emergency room, there is no network as these services would fall under reference-based pricing.

Q: What does reference based pricing (RBP) mean?

A: RBP is an alternative to traditional pricing that stabilizes / reduces claim costs. It is used by the health plan to process claims for medical services. For all hospital bills, the plan pays 160% of Medicare.

Q: What do I do if my doctor's office says they don't accept my coverage?

A: Provide Loomis' contact information on the back of your ID card and ask that your providers office give them a call to verify.

Q: Can I get an X-ray or Lab Work done at a Hospital?

A: No. Any elective diagnostic services (meaning services that are scheduled) must be performed in a freestanding facility. Diagnostic services and tests will not be covered in a Hospital setting unless deemed an emergency OR pre-approved by Loomis due to lack of freestanding facilities within a 50-mile radius of the members residence.

Q: What labs are considered in-network?

A: Labcorp and Quest are both in-network labs.

FAQ'S

Q: What is a free-standing facility?

A: A free-standing facility performs outpatient services and submits claims separately from any hospital affiliation .This means that the facility furnishes health care services that is neither integrated with nor a department of a hospital.

Q: Is Loomis my health insurance carrier/plan?

A: No, Loomis is not the health insurance carrier. Loomis is the company that administers the insurance plan (pays claims, prior authorization requests etc.). The plan is referred to as The Health Benefit Alliance (HBA).

Q: What do I do if the hospital states they are not contracted with PHCS?

A: There is no network for hospital-based services. The plan pays based on Reference Based Pricing (RBP).

Q: What do I do if I receive a Balance Bill on a hospital-based service?

A: The member should reach out to Loomis to initiate the balance bill process.

Q: What should I do if I do not have my physical ID card in hand for a doctor's visit?

A: You can download your virtual ID card on the My Loomis Member Portal. Please follow the steps on **page 3** of this packet.

Q: Is there a website I can access to see my benefit information?

A: Yes, members have access to a member portal. Please refer to page 3 of this document.

FAQ'S

Q: Are Domestic Partners covered under my plan?

A: No, domestic partners are not eligible for coverage under any of the HBA plans.

Q: When do dependents terminate coverage after turning age 26?

A: Under the HBA plans, dependent coverage will terminate at the end of the month in which the dependent turns age 26.

Q: Is Bariatric surgery coverage under the HBA medical plan?

A: No, Bariatric surgery is not covered under any of the HBA plans.

Q: Does my plan cover dependent maternity benefits?

A: No, dependent maternity is not covered under any of the HBA plans.

Q: Does my plan cover infertility treatment?

A: No, infertility treatment is not covered under any of the HBA plans.

Q: Will COVID tests be covered under the HBA plan?

A: Yes, HBA plans will cover verified home tests under the pharmacy benefit up to the federal mandate of (8) eight per person. There will be no cost to the employee.

Q: Will podiatric service be covered under the HBA plan?

A: No, routine foot care including orthotics is not covered under any of the HBA plans.

FAQ'S

Q: Will non-US citizens be able to secure coverage under an HBA plan?

A: Yes, if the participant has a social security number, they can be covered by the HBA medical plans.

Q: Do any of the HBA plans cover pediatric dental and vision?

A: There is no coverage for pediatric dental or vision coverage.

Q: Will the HBA plans cover treatment or procedures to change one's physical anatomy to those of the opposite sex?

A: There is no coverage for these procedures.

Q: Do any of the HBA plans cover treatment for sexual dysfunction?

A: No, treatment for sexual dysfunction is not a covered service.

Q: Will the HBA plan cover services for the diagnosis or treatment for sleep apnea?

A: No, there is not coverage for the diagnosis and treatment of sleep apnea, to include CPAP machines.

Q: Do any of the plans cover Private Duty Nursing or Skilled Nursing Facilities?

A: There is no coverage for Private Duty Nursing or Skilled Nursing Facilities?

Q: Are Biologic Medications covered?

A: No, biologic medications are not covered with the exception of Humira.

HEALTH TERMS GLOSSARY

COPAYS: A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventative services.

COINSURANCE: The plans share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and out-of-network services.

DEDUCTIBLE: The amount of money you pay before services are covered. Services subject to the deductible will not be covered until the deductible has been fully met. It does not apply to any preventative services, as required under the Affordable Care Act (ACA).

EMERGENCY ROOM: Services you receive from a hospital for any serious condition requiring immediate care.

MEDICALLY NECESSARY: Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

NETWORK PROVIDER: A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.

OUT-OF-POCKET MAXIMUM: The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out-of-pocket maximum.

HEALTH TERMS GLOSSARY

PREAUTHORIZATION: A process by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification.

PRESCRIPTION DRUGS: Each plan offers its own unique prescription or drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply.

PREVENTATIVE SERVICES: All services coded as preventative must be covered 100% without a deductible, coinsurance or copayments.

REFERENCE BASED PRICING (RBP): RBP means the hospital will be paid a percentage above what Medicare would have paid for the same service. This fairly compensates the facility for the services provided while helping control the health plan costs. There is no patient liability for any balance billing for hospital covered days/or services. The patient is only responsible for their copay.

USUAL, CUSTOMARY AND REASONABLE (UCR): The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

URGENT CARE: Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.



CBIZ



THANK YOU!