Member Guide

Let's make the most of your benefits with **The Health Benefit Alliance**

Quick Links

Action Items

Register

With Medxoom

Register with Medxoom as soon as your plan goes live to begin accessing your benefits all in one place.

Click Here

Locate

Providers

Find providers within your area that work well with your health plan by contacting the Aither Care Navigation Team.

Click Here

Register

With HBAeHealth

Access your Telehealth and Teletherapy benefits with HBAeHealth.

Click Here

Medxoom

Get 24/7 access to your health plan with Medxoom's online portal and mobile app.

Once your plan is active, create your account at member.medxoom.com/login

- Find and compare providers
- View your medical benefits
- Access your ID card
- Track your spending
- Review and monitor claims

Locate Providers

Need Help Finding a Provider?

Let the Aither Care Navigation Team guide you to the right provider. Call the number on the front of your ID card (833-723-2261) for personalized support in comparing providers based on your specific needs. An experienced care guide will help you make informed decisions, ensuring you get the best care at the right price.

PHCS Value Driven Health Plan (VDHP) Network

The PHCS VDHP Network is one of the largest nationwide PPO networks available, offering access to over 1.4 million providers across the country.

Click Here to Find a Provider

Physician Access

PHCS VDHP Network

For provider-based services like preventive care, doctor visits, urgent care, and diagnostic testing, use the PHCS Value-Driven Health Plan (VDHP) network. **Stick to this network, and you'll just walk away with your copay - no surprises!**

Find a Provider

To find a provider, call the Aither Care Navigation Team or use the PHCS VDHP provider search tool to locate a local in-network provider:

portal.hstechnology.com/PHCS

Out-of-Network

Claim payments for covered services rendered by Non-Participating (Out-of-Network) providers will be subject to a maximum reimbursement of 120% of the Medicare Reimbursement Rate (MCR). In-Network claims and services subject to Reference Based Pricing will remain unaffected.

Care In Action

Providers are often more familiar with traditional networks and may not immediately recognize how your plan works. **Don't worry—this is completely normal!** If you encounter any confusion or pushback from a provider, simply contact the Aither Care Navigation Team. They'll handle everything for you, from explaining your coverage to resolving any concerns, ensuring you receive the care you need without any hassle.

01

Jane needs to schedule an MRI, so she contacts the Aither Care Navigation Team for help.

02

A care guide assists Jane in finding a freestanding facility nearby that performs MRIs and is covered by her plan.

03

The care guide provides Jane with in-network freestanding facility options, making it easy for her to schedule and get the MRI. The process was simple because Jane used the Care Navigation Team.

Coverage Requirement

Important Coverage Requirement:

When scheduling any outpatient diagnostic testing—such as lab work, imaging, or other tests—**it is required to use a Freestanding Facility for the service to be covered by the plan.**

Definition of Freestanding Facility:

Freestanding Facilities are independent medical centers that are not owned by or attached to a hospital. They provide the same services but often at a lower cost, ensuring your care is both high-quality and affordable.

To Find a Freestanding Facility:

Call The Aither care Navigation Team at (833)-723-2261. They will help guide you to the best freestanding facility for your needs.

Telemedicine

HBAeHealth provides 24/7 access to board-certified primary care physicians for non-emergency care, health check-ins, and medication management, or with licensed mental health therapists to address concerns like anxiety, stress, and relationship issues for a $0 copay.

How it Works

- **Register with HBAeHealth:** Log onto app.hbaehealth.com to register.
- **Contact HBAeHealth:** Use the HBAeHealth portal to schedule an appointment, or call 877-422-6331.
- **Consultation:** A provider will assess your symptoms and offer treatment or advice.
- **Treatment:** If necessary, prescriptions will be sent directly to your pharmacy. You can also get referrals for lab work or imaging if needed.

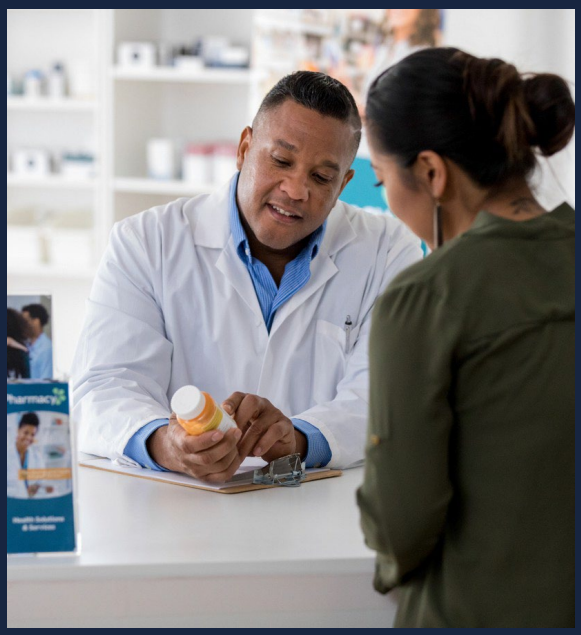
Important Disclaimer

To be covered by the plan, you must use HBAeHealth for telemedicine services. Visits with other telemedicine providers or your primary care physician (PCP) for virtual care will not be covered under the plan.

ProAct Rx

ProAct Rx is the pharmacy benefit manager (PBM) responsible for managing prescription drug benefits for your healthcare plan.

- **Prescription Coverage:** ProAct manages your prescription drug benefits, ensuring coverage for a broad range of medications.
- **Pharmacy Network:** Access a nationwide network of pharmacies, including local and chain pharmacies, for easy and convenient prescription pickups.
- **Cost Savings:** ProAct negotiates directly with drug manufacturers to help lower your medication costs, offering both brand-name and generic drug options.



Accessing Your Benefits

Simply present your ID card at any participating pharmacy to fill your prescriptions. To find out if a medication is covered by the plan, use the member portal or call the ProAct team.

For Any Rx Questions

Phone:
(877)-635-9545

Member Portal:
proactrx.com

FAQ's

How do I find a provider?

Call the number on your benefits ID card (833-723-2261), and the Aither Care Navigation Team will help you locate an in-network provide or facility. Or use the provider search tool by logging onto: **https://portal.hstechnology.com/PHCS**

My provider is asking me to pay upfront. What do I do?

The only out-of-pocket expense you should pay at the time of service is a copay or deductible. Ask the front desk to call the Aither Care Navigation team at 833-723-2261 while you are at your appointment to explain your benefits.

My provider doesn't recognize my plan. Now what?

Explain that you have health benefits and request they call the number on your benefits ID card to verify eligibility (833-723-2261). You can call the Aither Care Navigation Team at that same number if you have any difficulties.

Provider FAQ's

What's the name of your insurance?

Your Response: Aither is the claims administrator for my group benefits plan.

How do I confirm your eligibility?

Your Response: Please call the number provided on my ID card (833-723-2261). It will just take a moment to talk with an Aither plan representative.

Where do we submit your claims?

Your Response: Please submit my claim to the claims administrator, Aither, by using the address noted on the back of my benefits ID card.

Resources

Aither Care Navigation

Phone: (833)-723-2261
Web: member.medxoom.com/login
App: Download the Medxoom App

ProAct Rx

Phone: (877)-635-9545
Portal: proactrx.com

Medxoom Portal

Phone: (833)-723-2261
Web: member.medxoom.com/login
App: Download the Medxoom App

HBAeHealth (Telemedicine)

Phone: (877)-422-6331
Email: app.hbaehealth.com