

Premium Plan

Network Highlights



The COOP is your “network”

Out-of-pocket costs are eliminated for most care when you use “COOP” providers

COG employees and dependents *enrolled in the Premium plan (Consociate Health PPO)* can eliminate all out-of-pocket cost-sharing, for most services, when care is received at an eligible provider within the COOP (Health Cooperative of Missouri; formerly known as the “IPN”).

What is the COOP (Health Cooperative of Missouri)?

Formerly known as the “IPN,” the COOP was created to bring value and stability to employers, and a better healthcare experience for members. The COOP is a collaborative high-performance network of community-based primary care and specialty providers throughout mid-Missouri and beyond. The COOP strives to include providers who focus on quality, affordable care. When members use providers in the COOP, they should expect a **better experience, higher quality care** and **no cost share** (for eligible services). H2B (Health2Business) is the COOP administrator, and the H2B logo, along with the COOP logo, will be on your ID card.



What providers participate in the COOP?

The best way to see the most up-to-date provider list is to go to H2B’s provider search dashboard: <https://health2business.com/dashboard/>. **The Username is COG, and the Password is COG123.** In mid-Missouri, these are mostly Boone-affiliated providers. Note: there are instances when a Boone Affiliated provider does not participate in the network (rare), so the best practice is always to verify when making an appointment and/or checking-in with the provider.

How does my health insurance work with the COOP?

Upon visiting a COOP provider, present your Consociate Health Medical ID card. Your COOP provider’s office will submit your claim to H2B.

Is a referral required to seek treatment through a COOP provider?

No. You may schedule an appointment with any COOP provider as you wish.

Why isn’t the COOP network available on the HDHP option?

The IRS does not allow this type of enhancement on a High Deductible Health Plan (HDHP). This type of modification would disqualify the HDHP from HSA eligibility.

What happens if there isn’t a provider to cover my specific care needs in the COOP?

If you have a condition that requires you see a certain type of provider that is not an option within the COOP, this is called a **gap in care**. Please email Aaron Crews (acrews@tigadvisors.com) and Melissa Bunger (mbunger@healthcoopofmo.org) to start the conversation about next steps.

WHAT IF I PREFER TO SEEK CARE OUTSIDE OF THE COOP NETWORK?

Is there a network I should use for care outside of the COOP?

The COOP network of providers gives you access to a comprehensive list of providers and specialties, but if you must seek care *outside* of the COOP, then you may go to any provider you prefer. This is called an *open network* (for care outside of the COOP).

Will it cost me more if I seek care outside of the COOP?

Yes. Care received outside of the COOP will cost you more. You will have to first meet a deductible (\$3,000 for an individual and up to 2x for a family), and then coinsurance will begin (you will share 40% of the allowable charges until you’ve met the out-of-pocket maximum of \$6,000 for an individual and 2x for a family). Please refer to your Summary of Benefits and Coverage for more details.



Why is our plan set up with an “open network” for care outside of the COOP?

We know that for most health care needs, the services provided within the COOP network will give you a **better experience, higher quality care** and **no cost share** (for eligible services). For health care needs outside of the COOP, there are no pre-arranged contracts or agreements with the health care providers. Instead, the Plan uses Reference Based Pricing (RBP) as a reimbursement method for non-COOP care. RBP is a reimbursement method based on common industry benchmarks used to pay your providers (doctors, facilities, hospital, etc.). COG’s plan will pay the providers a fair reimbursement amount based on industry standards.

For non-COOP care, what if my provider doesn’t understand how my health plan works?

If your provider doesn’t understand the health plan or know of Consociate Health, please have them contact Consociate at 800-798-2422 or at www.consoicatehealth.com.

What should I do if scheduling or billing does not recognize my health plan?

Please tell the provider that your health plan allows you to seek care from any provider. They should still submit the claim using the information on your ID Card. If the provider still has questions, have them call Consociate’s call center for immediate support: 800-798-2422. The phone number is also on your health plan ID Card. Make sure you present your ID Card at every visit or service.

How will I know what my health plan has paid?

After any medical service, you’ll receive an Explanation of Benefits (EOB) from Consociate Health. The statement is a breakdown of what medical treatments were billed and what benefits were paid, along with indicating what you, the patient is responsible for.

What is a balance bill?

A balance bill is when a provider bills a member for the difference between what the health plan allows for a medical service versus what the provider chooses to charge. In essence, it is when the provider charges more than what the Explanation of Benefits (EOB) indicates is the patient responsibility. For non-COOP care, this likely will happen about 3-5% of the time. It’s not common, but it will happen occasionally.

Example: Your hospital charges are \$500 and the plan allowable at 140% of Medicare is \$350. If the provider bills you the \$150 difference between the charged amount and the plan allowable, they are balance billing.

Deductibles, copays, and coinsurance are not examples of balance billing and you are still responsible for these cost sharing items.

What should I do if I receive a balance bill?

If you receive a bill from your provider, either a physician or medical facility, you need to compare it to the EOB that you received from Consociate Health. If you are asked to pay more money than what is shown as patient responsibility on your EOB, please call Consociate Health at 800-798-2422. You will likely need to send the bill via email or fax.

Also, it’s important that you **always check your mail** to check for any balance bills. You should notify Consociate Health immediately if you receive a balance bill because some laws require you to disagree with a bill in writing within 30 days. Simply call Consociate Health at the number listed on the back of your ID card (800-798-2422).

Pay the balance that Consociate has stated you owe on your EOB. You may be able to make payment arrangements with your provider, if necessary, but **never sign a payment plan or verbally agree to pay more than what’s stated on your EOB**. Be ready to share a copy of your bill with Consociate to help them determine the appropriate next steps.

What happens when I call Consociate Health about a balance bill?

Consociate Health and your other health partners will work on your behalf to resolve the billing dispute with the provider. A Consociate Health Advocate (customer service representative) will walk you through the process and keep you updated until a resolution is achieved.

How do I check the status of a balance bill I received?

Once you’ve notified Consociate Health of a balance bill, the Consociate Health Advocate (or a representative from Payer Compass) will update you on our progress and let you know if we need additional information. It’s important to remain responsive to communications regarding your balance bill. Timely, accurate information will help Consociate best support you.

What should I do if a facility requests payments up front?

You may be asked to pay your deductible and/or coinsurance upfront. That’s normal. However, if your provider is asking you to pay the whole bill, explain to the provider that they should only collect the applicable deductible and/or coinsurance, and they should submit a claim to Consociate Health using the information on your health plan ID card. If the provider still has questions, please have them contact Consociate Health at 800-798-2422.