



## Transparency in Coverage

You are receiving this notice because you requested a cost estimate for an item or service. This notice contains important information about the cost estimate and information on the amount you may ultimately be required to pay for this item or service.

### **What should I do with this notice?**

**Read this notice** carefully along with the cost estimate. You may need to request a new cost estimate as you obtain new information, such as information on additional items or services you will receive as part of your treatment.

### **Important Information**

- This estimate is not a guarantee of coverage and may not reflect the actual or final cost you owe. This estimate does not include costs for unanticipated items or services you could incur due to the severity of your illness or injury, provider treatment decisions, or other unplanned events.
- Some services or items require approval before you receive them to be covered by your plan or have other requirements, known as prerequisites. An example of a prerequisite is requiring you to try and fail other treatment options first, which is called step therapy. Some covered services also have treatment limits. Please refer to your plan documents for more information.
- If the item or service for which you have requested cost-sharing information is not a covered benefit under the terms of your plan or coverage, expenses charged for that item or service will not be paid by the plan.
- This estimate does not guarantee that the provider you chose is in your plan's specific network. Check <https://www.vivahealth.com/Provider/Search/Commercial/> to make sure providers are covered by your plan before you receive services. If your plan determines your cost-sharing based on certain network tiers, this estimate may reflect the lower cost tier. You may owe more if you receive services from a provider on a higher tier.
- You may not owe any cost sharing for this service or item if it is billed as a preventive service, qualifies as a preventive service, and service limits have not been reached.
- This estimate does not account for submitted claims that have not been processed or claims that your provider has not yet submitted.
- In some cases, out-of-network providers may bill you for the difference between what they charged and what they received from your health plan and you. This difference is often referred to as balance billing. These estimates do not include such additional money you may owe above your normal cost-sharing.
- Your plan does not count copayment assistance or other third-party payment toward meeting your deductible or out-of-pocket maximum.



### **Key Terms**

An **Allowed Amount** is the maximum amount your health plan will pay for a covered item or service furnished by an out-of-network provider.

**Cost-Sharing** is your share of costs for a covered item or service that you must pay (sometimes called “out-of-pocket costs”). Some examples of cost-sharing are deductibles, coinsurance, and copayments. This term does not include other costs you may be responsible for, such as premiums, balance billed amounts for out-of-network providers, or the cost of services not covered by your health plan.

A **Covered Item or Service** (or Covered Benefit) is an item or service that your health plan will pay, either in whole or in part, under the terms of your health plan.

An **Out-of-Network Provider** is a provider that does not have a contract with your plan to provide services at pre-negotiated rates.

**Prerequisites** are certain requirements your health plan may impose on you or your provider so that it can determine whether a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary before it will provide benefits for related items and services. Prerequisites include prior authorization, concurrent review, and step-therapy or fail-first requirements.

Other common medical and insurance terms, including definitions of deductibles, coinsurance, and copayments, can be found in the Uniform Glossary of Coverage and Medical Terms at [https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/affordable-care- 3 act/for-employers-and-advisers/sbc-uniform-glossary-of-coverage-and-medical-termsfinal.pdf](https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/affordable-care-3%20act/for-employers-and-advisers/sbc-uniform-glossary-of-coverage-and-medical-termsfinal.pdf).

### **More Information**

Contact VIVA HEALTH Customer Service at 1-800-294-7780 or 205-558-7474 (TTY: 711) or e-mail [vivamemberhelp@uabmc.edu](mailto:vivamemberhelp@uabmc.edu) for questions regarding your cost-sharing liability estimate or any other Member concerns.