



ClaimDOC is excited to introduce your new medical plan. With ClaimDOC, you're never alone. The Member Advocate Team is here to guide you every step of the way, helping you unlock the full potential of your plan's innovative features.



Open-Access: More Choices For You & Your Family

Your new open-access medical plan gives you the freedom to choose any provider you wish, whether it is a primary care physician, specialist, clinic or facility. All benefits are paid at the same level and there are no out-of-network penalties. As long as your provider agrees to submit claims to your plan administrator, you are only responsible for applicable copays, coinsurance and deductible.

Pave the Way® - Proactive Provider Outreach

Pave the Way® is ClaimDOC's proactive healthcare provider outreach program, which begins during the implementation phase, before the effective date, and continues throughout the duration of the medical plan. Pave the Way® starts by submitting a provider nomination. Next, a ClaimDOC Member Advocate will contact the provider to ensure they have all of the essential information for the new insurance plan. Completing the Pave the Way® process before your first appointment ensures a seamless transition to your new plan.

Nominate Your Provider

The portal is the quickest way to nominate providers and start Pave the Way[®]. Once registered and an account is created, nominate any provider you or family members on the plan may use.



Register for the Portal

Submit provider nominations with the portal anytime **BEFORE** or after your appointment. portal.claim-doc.com







How Your Plan Works

Extraordinary member advocacy means you have an expert to help you navigate the complex healthcare system.

Before Your Appointment

ClaimDOC explains the plan and claim submissions to providers

If necessary, this may include creating mutually beneficial patient agreements for specific procedures or periods of time. If your provider has additional questions, they should contact ClaimDOC at 1-888-330-7295.





2 At Your Appointment

Present your medical plan ID card

The back of the ID card has information providers will need, including the claims submission address and electronic payor ID for the plan administrator.

3 After Your Appointment

Review your Explanation of Benefits (EOB)

Members are only responsible for applicable copays, coinsurance and deductible up to the out-of-pocket maximum for the plan year. Remember, if you have any questions about the plan or what to pay, call a Member Advocate at 1-888-330-7295.





4 Only Pay Your Patient Responsibility

Don't forget to open your mail and compare the EOB to the bill

If you receive a bill for more than the Patient Responsibility stated on the Explanation of Benefits (EOB), call 1-888-330-7295 to speak to a ClaimDOC Member Advocate for next steps. Member Advocates are here to support you!

The Help You Need, One Phone Call Away

ClaimDOC and the plan administrator work together to power your open-access medical plan and provide you with unparalleled support.

ClaimDOC manages relationships with your healthcare providers while member advocacy support helps you navigate your new medical plan.

The plan administrator will mail ID cards, verify benefits and eligibility, process medical claims, and send your Explanation of Benefits (EOB), after the claim is processed.



ClaimDOC PORTAL





1-888-330-7295

Monday - Friday 7:00 AM - 6:00 PM CST



membersupport@claim-doc.com

- Finding a provider in your area
- Submitting nominations and explaining the plan to your provider
- Understanding your medical bills and submitting balance bills
- Getting access to affordable healthcare

Claim DOC is always available as your first point of contact.

