

Your First Health[®] Network questions answered

When it comes to your health plan network, you should have doctors and hospitals when and where you need them. With the First Health Network, you'll have this and much more. The First Health Network provides out-of-area coverage to employees and/or dependents who live outside of the Geisinger Health Plan* service area and who do not have access to Geisinger Health Plan preferred providers. Eligible employees and dependent(s) living outside the Geisinger Health Plan* service area may use the First Health provider network for out-of-area services. First Health gives you a network of more than 5,000 hospitals, over 90,000 ancillary facilities and over 550,000 professional providers at over 1 million health care service locations. To help you make the most of your benefits by choosing network doctors and hospitals, here are answers to some basic questions.

Why would I want to use a First Health Network doctor or hospital?

When you use a First Health Network provider, you pay less out of your own pocket for covered services. Plus:

- We carefully select network doctors to promote quality outcomes
- You'll find network providers throughout the country

Be sure to show your medical ID card with the First Health Network logo on it whenever you visit your doctor or hospital. It identifies you as a First Health member.

How can I be sure that my doctor will send me to a hospital, lab, specialist or other health care professional that participates in the First Health Network?

Be sure your doctor knows that you are a First Health Network member. Also, always call the referred doctor's office to verify that they participate in the First Health Network before you seek care.

Am I responsible for pre-certifying a hospital admission?

Either you or your doctor can pre-certify your admission. Simply call the toll-free number listed for pre-certification on your ID card. You should call prior to any scheduled (non-emergency) admission. When it's an emergency, call on the first business day after you're admitted to the hospital. If you don't pre-certify your admission, you could be penalized.

Do I need to file my own claim?

No, you don't need to file a claim when you get medical care from a network doctor or hospital. But, you may need to file a claim if you see an out-of-network provider for your care.

What if a provider requests full payment "up front" or will not submit the claim for me?

At the time of your visit, you are only responsible to pay for your co-payment, deductible or coinsurance, if any. If you are asked to pay more by a network provider, remind them that you are a First Health Network member. If they still don't follow the First Health procedures, call us at **1-800-226-5116** - we're here to help.

What if I get a bill in the mail from the doctor or hospital?

If your co-payment was not made at the time of your service, the doctor or hospital will send you a bill in the mail. You may also get a bill simply because many providers routinely send the patient a bill until payment is received from their health plan. These bills often indicate that the insurance has been billed.

Will I get billed for the difference between the billed charges and the First Health Network rate?

No, the doctor or hospital should not bill you for the difference between their billed charges and the First Health Network discounted rate. If this occurs, call them. Or, you can call us at **1-800-226-5116**.

Where do I call for more information?

You should call the number on your health ID card if you have questions or concerns regarding a specific claim, your eligibility or benefits. You can call us at **1-800-226-5116** when you have other inquiries regarding a network doctor or hospital.