



WE KNOW YOU'VE GOT QUESTIONS
ABOUT YOUR **INSURANCE COVERAGE**.
ANSWERING YOUR QUESTIONS IS
CENTRAL TO OUR MISSION.

HEALTH ADVOCATES CAN HELP YOU WITH QUESTIONS SUCH AS:

- Can you get coverage outside of open enrollment?
- Where can you find the plans and prices?
- How do you report changes to your family, income, and address?
- How can you pay your monthly premium to complete your enrollment?
- See if you qualify for a special enrollment period
- What coverage options are available outside of open enrollment?
- Dental Coverage
- How can you change or cancel plans?
- How do you submit documents?

Our Enrollment Information Health Advocate Service is an easy way to navigate and have a comprehensive understanding of your most commonly asked questions and concerns when it comes to open enrollment.

Round-the-clock support to answer benefits related questions and provides coverage explanation and verification during open enrollment. Our service guides employees through the process of accessing and utilizing their benefits. We provide your employees with the information they need to make the most informed choices about their coverage.



WHAT HEALTH ADVOCATES WILL DO:

- Highly trained Professional Health Advocates will help enrollees understand their coverage options
- Provide expert level, unbiased information about enrollment
- Help employees understand health plan differences and assist in reviewing plan options
- Assist with logging into enrollment platforms

HEALTH ADVOCACY SERVICES:

- **Assists individuals** with understanding their health plan benefits including deductibles, copays, pre-certification requirements and appeals or denials
- **Care Coordination** - Helps individuals understand tests and treatments, as well as provides information on research programs and clinical trials
- **Prescription Costs and Questions** - Finds detailed information about a wide range of prescription drugs including information on generics
- **Benefit Information** – Answers coverage questions, explains medical benefits, locates in-network providers, and investigates options for seeing out-of-network providers
- **Claims Assistance** - Informs employees on out-of-pocket responsibilities, provides an estimate for upcoming procedures or tests as per their plan benefits, and coordinates first and second level appeals
- **Claims appeals**