

Helping you get more from your Health Plan

To be able to continue offering outstanding health care benefits, Alliance Coal has been asking you to make careful choices when selecting doctors and hospitals.

To assist you, Alliance's Member Services department is available to help you navigate your options, maximize your benefits, understand bills, and much more.

Member Services is your "one-stop shop" anytime you need assistance with your health care benefits. Staffed on-site in Alliance's Tulsa office, we're dedicated solely to Alliance employees and family members. We're focused on helping you understand your benefit and treatment options — and we do our best to help you have a positive experience.

When it comes to your health, no one can promise specific results. But we believe that better service generally leads to a **better experience** — and better information generally leads to **better results**.

Call us for a better health care experience!

Toll free: (855) 979-5192



Your confidentiality is important

In accordance with federal and state law, the Alliance Coal Health Plan has strict policies to protect the privacy of your personal health information. Your medical records and conversations with Member Services are not shared with your employer.

Need help with your health care benefits?

Contact us today.



Alliance Coal  **Health Plan**

Member Services

P.O. Box 22027

Tulsa, Oklahoma 74121-2027

info@alccm.com

Toll free: (855) 979-5192

8 a.m. – 5 p.m. Central Time (CT)

Monday – Friday

Health Care Benefits and Provider Directory:
www.CoalBenefits.com/health

Eligibility and Claims:
www.CoalBenefits.com/tpa

For details about the Alliance Coal Health Plan, see the summary plan description (SPD) contained in the benefits handbook, available at www.CoalBenefits.com/health. A printed copy of the SPD is available upon request from your local HR representative. If there are any differences between the information in this brochure and the official plan documents, the plan documents govern. Benefit plans may change or end at any time. Nothing in this brochure provides an offer or guarantee of continued employment.

Alliance Coal  **Health Plan**

Member Services

**Have a better experience.
Get better results.**

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Toll free: (855) 979-5192



Member Services: Your benefits partner

We can help improve your health care experience. Take a look at all we can help you do.



Get the 100% benefit level. We can help you get the Health Plan's best benefit level whenever possible — by identifying Alliance Coal Direct providers, arranging other advance agreements, and more. (See “Helping you navigate to 100%,” below.)



Know what's covered. Call us to find out what services are covered by the Health Plan, confirm eligibility for you or a dependent, and learn whether preauthorization or other requirements need to be met to maximize your benefits. Before having a procedure, you are encouraged to make sure your provider understands the Plan's terms (providers can call us, or feel free to ask Member Services to contact your provider for you).



Verify preauthorization. To avoid a benefit penalty, hospital admissions and many other types of health care services or products require preauthorization (advance approval) before you incur an expense — in order for you to know whether it's medically necessary under the Plan's rules.

- To start the preauthorization process, ask your health care provider to call the Provider Services number on your Health Plan ID card — (855) 979-5194.
- If you're not sure if preauthorization is needed for your treatment, call Member Services or check the list at www.CoalBenefits.com/appendix-c.



Coordinate care. If you have a complex or chronic condition, we can work with you and your physician to coordinate all of your specialists, pharmacists, hospitals, and other providers. We can help you receive a better health care experience — and avoid complications or gaps in care.



Understand your EOB. When a health care provider submits a benefit claim to request payment for providing services or products to you, the Health Plan will mail you an Explanation of Benefits (EOB) that shows any deductible/coinsurance/copay amounts that are your responsibility to pay.

- Feel free to ask us (or your local Human Resources representative) to help you understand these amounts and out-of-pocket calculations.
- We can also explain any claim denials and your rights under the appeal process.



Clarify billing issues. If you receive bills from health care providers, we can help you understand any amounts, such as coinsurance, that you are responsible to pay. In addition, we can help clarify any balance bills or claims-processing errors. (See “Got a hospital bill?” to the right.)

Helping you navigate to 100%

Anytime you need to make choices about providers or treatment options, you can call Member Services for assistance. Although you can always choose Non-Direct providers and receive the Health Plan's 80/20 benefit, we can help you get the Plan's 100% benefit whenever possible.

- **Taking advantage of on-site Health Centers.** Available at most Alliance locations, these clinics provide convenience and 100% coverage for primary care, lab work, writing prescriptions, and more.
- **Finding Alliance Coal DIRECT providers.** We can help you identify providers that have a Direct agreement for the services or products you need. You can also check the provider directory at CoalBenefits.com/health.

- **Helping your doctor opt in.** If your doctor or outpatient facility is currently Non-Direct, contact us to help them sign up for our Alliance Coal Direct *Opt-In* program. We may also be able to tell you if a specific Non-Direct doctor or facility is likely to accept the Plan's Allowable Charges as payment in full.

Reminder: the 100% benefit does not apply for some services, such as emergency room and chiropractic services. See the “Medical Plan Highlights” brochure or the SPD for more information (both are available at CoalBenefits.com/health).

Got a hospital bill? We can help.



If you receive a bill from any doctor, hospital, or other provider, feel free to contact either Member Services or your local HR representative. We can review and explain it to you.

Generally, there are three reasons why you might receive a bill from a health care provider.

- ✓ **Member responsibility:** Depending on the type of service and whether you chose a Direct or Non-Direct provider, you may be responsible for paying deductible, coinsurance, and/or copay to the provider. The Alliance Health Plan will mail you an Explanation of Benefits (EOB) that shows the amounts that are your responsibility.
- ✓ **Balance bill:** If a provider bill asks you to pay more than what is shown on your EOB, contact Member Services or local HR to clarify your bill.
- ✓ **Claims-processing error:** First, make sure your provider has submitted the claim to the Health Plan. If so, the claim may still be processing. If the claim was already sent and processed, a mistake may have occurred. If there's an error, Member Services can contact the claims administrator to get it corrected.

