

State Health Benefit Changes:

AVOID OUT-OF-POCKET COSTS by Using Preferred “Site of Service” (SOS) Labs, Radiology and Imaging Services

As of October 1, 2017, changes to state health benefits plan were implemented which impacted Partnership Plan 1.0 & 2.0 groups. One of those changes was a benefit referred to as “Site of Service” (SOS) which was delayed until March 1, 2018. Below outlines the benefit, how it works as well as answers to some of the key questions members may have. This message also outlines how to avoid out-of-pocket costs beginning **March 1, 2018** when using labs, radiology and other imaging services in the State of Connecticut as well as counties bordering Connecticut and Westchester County, NY.

Members will continue to have 100% coverage (\$0 copay) for lab tests, X-rays and other high-cost imaging services, like MRIs and CT scans, when they select a preferred “Site of Service” (SOS) provider.

WHAT IS A PREFERRED “SITE OF SERVICE” (SOS) PROVIDER?

Site of Service (SOS) providers are labs, radiology and imaging centers that have proven to deliver high-quality, low-cost services.

They are generally community-based providers that operate apart from an acute care hospital and offer only outpatient services.

HOW MUCH WILL I PAY OUT OF POCKET?

Using a Site of Service (SOS) provider will allow you to pay nothing for lab, radiology and imaging services. However, if you obtain these services at an in-network provider that is NOT a Site of Service (SOS) provider, here is what you could pay out of pocket:

- You will be charged 20% of the cost of the service (potentially hundreds of dollars out of pocket) when you obtain these services at providers not participating in the Site of Service (SOS) program.
- You pay the standard copay for these services when they are performed at a physician or specialist’s office during an office visit.
- And finally, employees could pay 40% of the costs for using an out-of-network provider.

HOW DO I FIND A PREFERRED “SITE OF SERVICE” (SOS) PROVIDER?

Before going to a preferred Site of Service provider always call ahead to ensure they perform the tests or services you require.

For Partnership Members: <https://partnershipstateofct.welcometouhc.com/>

Under the “Site of Service Lab and Radiology Benefit” section in the middle of the page, click on please click “here.” Scroll down to the section for “Site of Service Lab and Radiology in Connecticut” Where you can choose from “CT Preferred Radiology Centers” or “CT Preferred Laboratories.” Each link will produce a list of all Preferred SOS providers for radiology or laboratories.

MORE FREQUENTLY ASKED QUESTIONS:

1. What if I have been admitted to the hospital and need lab or radiology services during my stay; will I be expected to pay 20% of the cost?

No. Services associated with an inpatient hospital stay are always covered at the applicable member copay: - \$0.

2. What if I am in the emergency room and need lab or radiology services; will I be expected to pay 20%?

No; however, the member will be subject to an ER co-pay of \$250 (copayments may be waived if admitted.).

3. What if my doctor tells me that, for medical reasons, I must use a specific radiology or lab provider?

If your doctor believes it is medically necessary for you to use a non-preferred Site of Service (SOS) lab or radiology provider you must have the doctor fill out a medical necessity waiver form for lab and radiology services in order to have out-of-pocket costs waived.*

4. What about ongoing cancer treatment, which may require lab tests and radiology in a hospital setting; will I have to pay 20% of the cost?

No. Costs for lab and radiology services associated with ongoing cancer treatment at a non-preferred provider can be waived by filling out a medical necessity waiver form.*

5. What if I am pregnant and require radiology services associated with the pregnancy at the hospital or other non-preferred provider; will I have to pay 20% of the cost?

No. Costs for radiology services at non-preferred providers associated with pregnancy can be waived by filling out a medical necessity waiver form.* Please note that lab services associated with a pregnancy will only be waived if utilizing a non-preferred provider was found to be medically necessary.

6. If my young child needs specialty pediatric radiology services, will I have to pay 20% of the cost if performed by a non-preferred provider?

No. Radiology services at non-preferred providers for patients under the age of 10 can be waived by filling out a medical necessity waiver form.*

7. What if a preferred Site of Service (SOS) lab or radiology provider is not available in my area?

If a preferred Site of Service (SOS) lab or radiology provider is not available within a reasonable distance of your home or that of your dependent the cost share can be waived by filling out a medical necessity waiver form.*

8. Are preferred Site of Service (SOS) lab and radiology providers available nationwide?

Currently, the preferred Site of Service (SOS) program only applies to lab or radiology services obtained in Connecticut and West Chester County NY. It will soon be expanded to include Connecticut bordering counties within the states of New York, Massachusetts and Rhode Island.

*The Lab and Radiology waiver form can be found at:

<http://www.osc.ct.gov/ctpartner/docs/CO-1331-SiteofService-Waiver-Partnership-Final.pdf>