



Dear Dr. _____,

As of _____ (date), my new healthcare coverage will be under **Healthgram**. My employer has elected Healthgram because the standard benefit design has no coinsurance and no deductibles. Healthgram makes healthcare affordable for me and my family and allows us to seek medical care when we need it. Healthgram also ensures prompt profitable payment to providers and keeps employees covered under private health coverage instead of electing to go uninsured or to a government health plan.

Please visit www.healthgram.com where you can look up any CPT code to see the reimbursements. These amounts are 100% payments minus the specified copays. Healthgram offers many advantages which include:

- Only minimal copays.
- Absolutely no deductibles, no coinsurance
- 100% payment based on a robust and profitable plan allowance
- Transparent Fee Schedule at www.healthgram.com
- No burdensome contracts, no risk of pre pay or post pay audits, no provider hassles with excessive referrals or authorizations
- No need to collect balances from the patient after the service is rendered
- Efficient payment within 10-30 days
- No A/R
- Standard benefit package

A letter of commitment, benefit summary, and sample ID card are attached. For additional questions regarding the Healthgram plan, please contact my patient advocate below:

Shira Capellini
Director of Patient Advocacy
1515 Mockingbird Ln
Suite 300
Charlotte, NC 28209
P: 704-719-2709 x3076
www.healthgram.com

By signing the Letter of Commitment, you are agreeing to accept the Healthgram Fee Schedule, available at www.healthgram.com, and not balance bill me for covered services. Please consider partnering with our community health plan, Healthgram.

Sincerely,

Letter of Commitment

The provider agrees to accept Healthgram members and not balance bill for covered charges that exceed the published fee schedule. The fee schedule, summary benefit plan, and ID card are available online at www.healthgram.com.

The employer, maintaining a not for profit health care plan, subject to ERISA and DOL regulations, will:

- Pay the provider within 10-30 days of receipt of claims
- Payment will be 100% of the plan allowance less the copay
- Benefits will be standard and offer minimal copays with no deductibles or coinsurance
- All patients will be directed to and encouraged to use Healthgram welcoming providers who will not balance bill
- Not modify the plan of benefits or fee schedule without 90 days prior notice.

The provider will:

- Submit claims within 180 days
- Not balance bill Healthgram members for covered charges that exceed the published fee schedule
- Collect the copay at the time of service
- Notify Healthgram if they decide to rescind this commitment with 30 days prior notice.

We recognize this is a voluntary program. This commitment allows Healthgram to offer their members a copay only plan and the opportunity to seek care from their chosen physician or healthcare provider without the threat of being balance billed for retail charges.

Please sign and return to the fax number or address below.

Sincerely,



Paul Tate
President
Primary PhysicianCare, Inc

(Provider and Practice Name)

Address

Tax Identification# (TIN)

City, State, Zip

Specialty: _____

Phone: (____) _____ - _____

County: _____

Office Manager: _____

Signature: _____

Date: _____

Any additional info. regarding associated tax id#'s, physicians, and locations under the Healthgram Letter of Commitment

Please fax to Jeniffer White at: 704.496.2385 or
Attn: Jeniffer White
1515 Mockingbird Lane, 3rd Floor
Charlotte, NC 28209



Employee Health Plan

Benefit Summary

Services:	Payment:**
Primary care physician services: Office visits	100% after \$15 copay
Preventive care/wellness: Routine well-child exams Well-adult care, PCP, or GYN Well-adult care, specialist Gynecological exam Mammogram Prostate screening and rectal exam Limit: one visit per calendar year	100%, no copay
Specialist physician services: Office visits	100% after \$25 copay
Urgent care:	100% after \$25 copay
Emergency room care:	100% after a \$100 copay
Ambulatory surgery centers:*	100% after \$50 copay
Hospital services:* Outpatient Inpatient	100% after \$150 copay 100% after \$250 copay
Prescription drug benefits: Retail: 34-day supply Generic Preferred brand name Non-preferred brand name	\$10 copay \$25 copay \$40 copay
Lifetime maximum:	\$2,000,000
Deductible and coinsurance limit:	Do not apply

We encourage you to contact our Healthgram patient advocacy team at 1-877-371-3720 prior to receiving services to obtain a pretreatment estimate and assistance with scheduling. You can reach our Hispanic voicemail line by dialing extension 3122. For additional information about covered and excluded benefits, please visit www.healthgram.com.

* Requires precertification. Visit www.healthgram.com to view the plan document.

** Payment is based on Healthgram's fee schedule, which can be found at www.healthgram.com.



Questions?
877-371-3720
www.healthgram.com

Member

FRED DOE

ID: 000000005



Group #: TEST
Employer: ABC COMPANY INC.

Dependents:
JIMMY DOE BOB DOE

Ancillary Plan(s)

Dental coverage: Family
Vision coverage: Family

Medical Plan

Coverage: Family

Copays:

Primary care physician \$15
Specialist \$25
Emergency room \$100
Urgent care center \$25
Hospital inpatient \$250
Hospital outpatient \$150

No deductibles or coinsurance

Pharmacy Plan

RX BIN: 003858

RX PCN: A4

RX GRP: PPHA



Help Desk: 800-889-0350
Member Srv: 800-824-0898

Claims Submission

EDI: 56144

Mail: HEALTHGRAM
PO Box 11088
Charlotte, NC 28220

This plan pays 100% up to the plan allowance for all covered medical charges less the copay.

Log on to www.healthgram.com to access all plan allowance amounts.

The provider is paid the plan allowance or the billed charge, whichever is less.

Eligibility

To verify benefits and eligibility, call 704-719-2709 or 877-371-3720.

This card does not guarantee coverage.

Care Management

Pre-authorization is required for all hospitalizations and outpatient surgeries.

Please call: 877-371-3720

Log on to www.healthgram.com for more information.