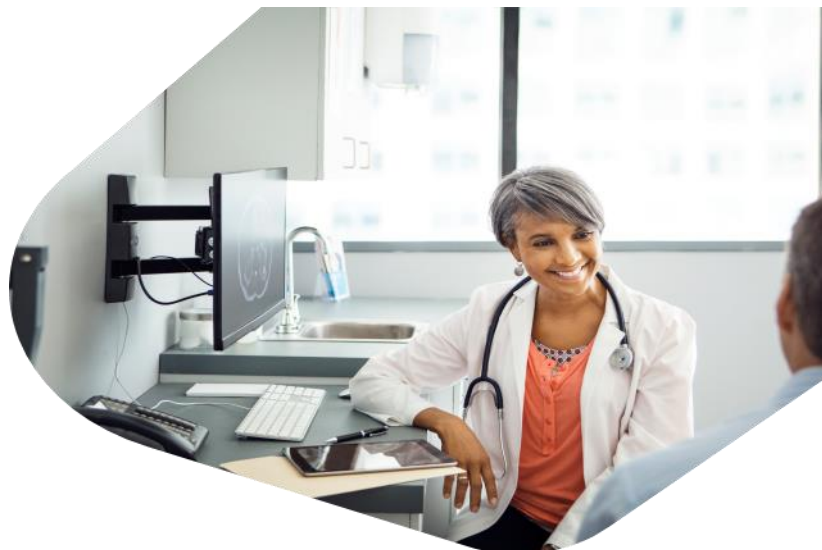


abbvie

FREQUENTLY ASKED QUESTIONS

About Health
Coverage for
Network and Non-
Network Providers



Q. What is a network provider?

A. A provider of health services (such as a doctor, outpatient facility, laboratory or hospital) that has an agreement with your health plan to provide covered health services. Your health plan may have different networks for medical services, behavioral health (mental health and substance abuse) care, prescription drugs and/or specialized care (for example, cardiac care and transplants).

Q. What is the difference between network and non-network benefit level benefits?

A. AbbVie's national plans offer you the flexibility to choose network or non-network providers each time you need care. When you use network providers, you are generally covered at a higher level than when you use non-network providers. Once you have satisfied the plan's in-network deductible, providers in AbbVie's national plans are covered at 100% after a \$25 copayment or 80/20% coinsurance, depending on the services provided and the plan you selected. Out of network, you generally pay 40% after the plan deductible. However, with a non-network provider your 60% reimbursement will be based on "reasonable charges" for the services performed. It's important to note that out-of-network benefits are not available for infertility services.

Q. What are the advantages of using network providers?

A. There are several advantages:

- You pay less for your care, often *much* less
- Most preventive services are at no cost to you
- You don't have to file a claim; the provider does it for you
- Providers generally agree to follow the plan's payment and coverage rules

Q. What if my services are for emergency treatment?

A. For all plan options, emergency services provided in a hospital emergency room are reimbursed at the network benefit level, even if the facility is not in your plan's network.

Q. What is the non-network benefit?

A. Most non-network services are covered at *60 percent of reasonable charges* after an annual deductible. There is no out-of-network benefit for infertility services. To be covered, infertility services must be pre-certified and provided by a Fertility Solutions approved provider at an approved Fertility Solutions facility.

Q. Does AbbVie contract directly with providers?

A. No. All network contracts are between the claims administrator and the provider.

Q. What are “reasonable charges” and why are they important?

A. Your plan’s claims administrator determines the maximum dollar amount it will pay for any covered service, supply or facility. These maximums may be called “eligible” charges, “allowable amounts” or “reasonable charges” by your plan, but they all mean the same thing. Reasonable charges may be based on competitive fees for similar procedures in your geographic area, the plan’s negotiated rates with network providers, a fee schedule, or other established criteria.

WHY THIS IS IMPORTANT: If your non-network provider bills more than the reasonable charge, you may be billed for the remaining balance. In addition, these excess charges are not considered eligible expenses and do not apply toward your out-of-pocket limits.

Q. What steps should I take when using non-network providers?

A. Here are some steps you can take when using non-network providers:

- Talk with your provider about your proposed course of treatment and estimated costs. What are the planned procedure codes? How will your provider handle charges if they exceed the plan’s “reasonable charges” guidelines? Will you be billed for the excess?
- Call your health plan’s customer service number to ensure the provider’s proposed treatment meets the plan’s criteria for coverage and that charges will fall within the plan’s “reasonable charges” guidelines. Be

sure to give the customer service representative the planned procedure codes, zip code of the provider and estimated costs. Also check to see if your planned procedure needs to be pre-certified. If so, follow-up with your provider to be sure this happens. When you use non-network providers, you are responsible for obtaining any required precertification.

- For intensive outpatient or residential behavioral health care, be sure the facility you intend to use meets the plan’s criteria for coverage. Also, be sure that the facility obtains the required precertification from the behavioral health care administrator. When you use non-network providers, you are responsible for obtaining any required precertification.
- Be mindful of any changes in the proposed treatment plan. Keep in mind that non-network providers do not have to follow plan rules and are not subject to any limitations on billed charges.
- Be sure to verify the network status of any outpatient surgical center that your provider refers you to. Surgical centers that do not participate in your health plan’s network can charge as high as 10 times or more than network facilities.

Q. How can I find out which providers participate in my plan's network?

A. Visit your health plan's website. You can also contact the customer service telephone number shown on your medical identification card to confirm a provider's status.

Q. What if my network provider refers me to a non-network provider?

A. You are responsible for selecting your providers. So, even if you are referred to a non-network provider by a network provider, claims will be paid at the non-network rate. Always check with both your health plan's website and the provider's billing staff to confirm network status prior to receiving care.

Q. What if there is no network provider near where I live to provide the services I need?

A. Non-network providers may be eligible for network-level benefits if you do not have reasonable access to a network provider. Because the national networks offered by AbbVie are extensive, this doesn't happen often. If there is not a network provider to provide the services you need, contact your health plan's customer service team to request a network gap exception. Your plan's personal nurse team will review the request and available providers and will determine if a network gap exists. **A network gap exception must be requested and approved before services are received for network-level benefits to be paid.**

The information provided here applies only to medical options offering out-of-network benefits. Benefits and services described herein apply only to those employees and family members eligible under the individual plans, policies or programs. In case of any conflict or question, the official plan documents or applicable policies, as amended from time to time, will govern. AbbVie reserves the right to change or end its benefit plans or program at any time.