

Health Care Transparency



Starting in 2022, as a result of recent health care legislation (e.g., Consolidated Appropriations Act), Lockheed Martin health plans will provide more information about medical bills and other health care information. The law helps in other important ways, too, including:

- Limiting out-of-network providers from charging high fees for emergency care.
- Making it easier to find and compare price information about health care before you get treatment.

Over the next few years, different aspects of the law will go into effect. Here are some of the most important changes. We'll let you know when key changes happen so you can take full advantage of the new rules.

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Medical ID card enhancements

- ✓ Generally, medical ID cards now include deductibles, out-of-pocket maximums, your carrier's website, and a contact phone number. Cards may be paper or electronic.

 January 1, 2022

Find out more about this change on your carrier's website or by calling the phone number on your medical ID card.



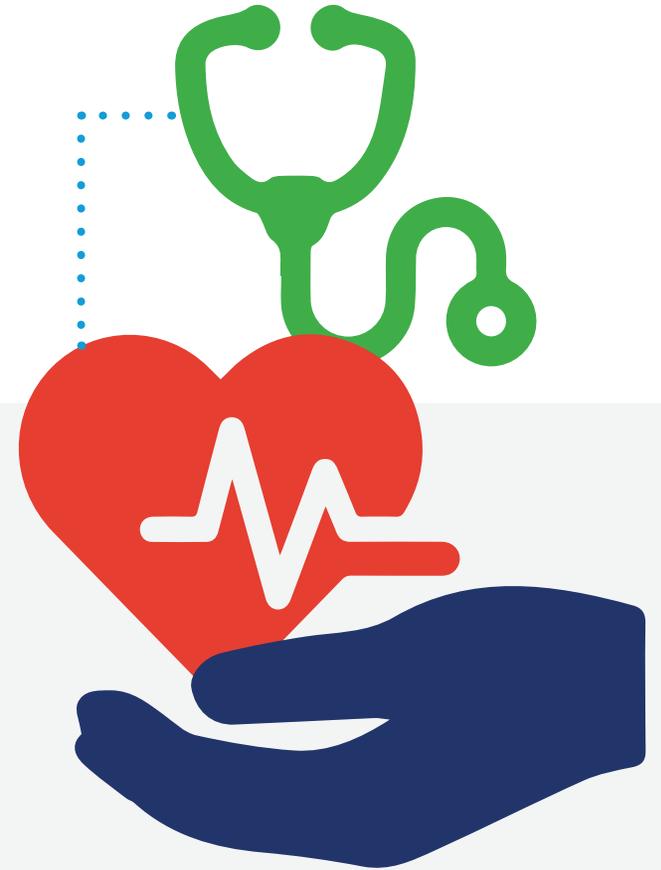
Continued care if your medical provider's network changes

If your in-network provider becomes an out-of-network provider, you may be able to continue care at in-network cost sharing rates (copays, coinsurance, deductibles) for up to 90 days.

This continuity of care applies to those who are hospitalized or being treated for serious medical conditions like cancer, pregnancy, non-elective surgery, and terminal illness.

 January 1, 2022

Contact your medical plan if you think continuity of care may apply to you.



Updated provider directories

When you go to an in-network provider or facility, you're charged a discounted rate. Payments you make for these services count toward your in-network deductible and out-of-pocket maximum, which are lower than the out-of-network deductible and out-of-pocket maximum.

- ✔ Carriers have always had directories of their in-network providers; however, the No Surprises Act defines the frequency with which they are updated.
- ✔ If the provider directory is not up-to-date and incorrectly lists a provider as in-network, you may only have to pay in-network costs for that provider.

 January 1, 2022



Log into your carrier's website to find in-network providers in your area.



No surprise or balance billing

Previously, out-of-network providers could bill you for the difference between their fees and what insurance would pay. It was called balance billing or surprise billing.

- ✔ **The No Surprises Act protects against balance billing for emergency care***, including out-of-network services, such as air ambulances. This means that the most you can be billed is your plan's in-network cost-sharing amount (such as copays, coinsurance, and deductibles).
- ✔ **Non-emergency care:** If you see an out-of-network doctor at an in-network facility (hospital, lab, etc.), you can't be balance billed unless you give your OK before getting care.

 January 1, 2022

Be informed about how your plan works.

** Emergency care is typically performed in a hospital's emergency room. These services aren't the same as non-emergency care or care you receive at an urgent care center. These changes apply to true emergencies in which a person would be in serious jeopardy if they didn't receive medical attention.*



Machine-readable files

Carriers must include in-network rates and out-of-network allowed amounts on public websites, and they must update these lists monthly.

 July 1, 2022 for medical services.*

The machine-readable files are intended for actuaries and researchers. To easily compare costs, the price transparency tool is more user-friendly (see next page).

** Effective date for prescription drug prices is deferred until guidance is issued.*



Price transparency tool

To help you compare fees and costs for services and products covered by your health plan, carriers must make cost-sharing information available to you, your enrolled dependents, and your beneficiaries.

 Initial effective date is January 1, 2023

Before seeking care, use this tool to compare costs to help you save money.



Advanced Explanation of Benefits (EOB)

When your provider notifies your medical plan of your scheduled medical care or services, your carrier can provide a good faith estimate of how much you'll pay out of pocket for that care. This is called an advanced EOB. They'll be written in plain language and will include:

- What your insurance will cover
- Network status of provider
- Limitations, exclusions and required next steps

 Implementation and enforcement timelines TBD

Use your advanced EOB when talking to your doctor or carrier about scheduled care to help you understand fees and what to expect.

