

Treatment Cost Calculator

Member Frequently Asked Questions

1. What is the Treatment Cost Calculator

The Treatment Cost Calculator is an online tool Optima Health members can use to better understand and plan for healthcare expenses. Members can use this tool to:

- Estimate the cost for common medical procedures or services.
- Estimate the cost for treating certain chronic conditions.
- Locate a physician or a facility that performs a specific procedure or service.
- Compare physician fees.
- Estimate potential out-of-pocket costs before appointments.

2. For what medical services and procedures will the Treatment Cost Calculator provide estimates?

This tool provides estimates for approximately 500 common, non-emergency procedures and services including:

- office visits,
- immunizations,
- labs,
- X-rays,
- advanced imaging,
- outpatient surgeries, and
- inpatient admissions.

3. How does the Treatment Cost Calculator create these estimates?

Estimates may be based on information provided by Optima Health (health plan-specific estimates) or from MarketScan® data (the nation's largest and most published source of private-sector claims data).

- Health Plan-Specific Estimates:
The Treatment Cost Calculator creates total cost estimates using claims information provided by Optima Health. The estimated total cost is the typical amount that Optima Health and providers in the member's ZIP code were paid for delivering that service.
- MarketScan® Estimates:
MarketScan® data is used when health plan-specific information is not available or has too few claims to create an accurate estimate for the service. MarketScan® contains the healthcare claims for over 37 million Americans.

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4. What costs are included in the estimates provided by the Treatment Cost Calculator?

Most Treatment Cost Calculator estimates include:

- the physician's fee,
- the facility fee,
- lab/X-ray/anesthesia fees (if applicable),
- the amount the member's health insurance plan may cover, and
- the amount the member can expect to pay out-of-pocket based on their Copayment, Coinsurance, and current Deductible and Maximum Out-of-Pocket balances (based on processed claims-to-date).

5. How does the Treatment Cost Calculator obtain member benefit information when creating out-of-pocket estimates?

It is linked to the member's optimahealth.com account. Upon secure sign in to optimahealth.com, the tool is automatically loaded with the member's real-time health plan benefits information. The Treatment Cost Calculator conforms to all privacy and confidentiality standards, and maintains appropriate physical, electronic, and administrative security procedures to safeguard member data.

6. How do I access the Treatment Cost Calculator?

Sign in to optimahealth.com. The tool will be available on the home page after sign in.

If you have not yet registered to use optimahealth.com, visit optimahealth.com/register. You will need your member ID number to complete registration.

7. How can I verify the Treatment Cost Calculator is using my health plan information correctly?

You can view your real-time plan benefit information by clicking the *My Benefit Details* menu at the top of the Treatment Cost Calculator home page.

You can update your remaining Deductible and Out-of-Pocket Maximum amounts by clicking the *My Benefit Details* menu at the top of the Treatment Cost Calculator home page. This is helpful if you know you have a pending claim awaiting processing by your physician or Optima Health. Any changes you make to these cost-sharing balances will be overwritten by real-time plan information each time you sign in to keep estimates as accurate as possible.

8. How do I search for an estimate for a specific procedure or service?

You can search/browse for procedures and services in multiple ways, including:

- a keyword search by Treatment, Physician, or Medical Facility (similar to a Google search);
- browse by popular searches (pregnancy, knee surgery, MRI, CT Scan, etc.);
- browse by health topic (bones, joints & muscles, nose & throat, heart, women's health, men's health, etc.);
- browse by disease or condition;
- browse by service type (office visits, diagnostic tests, outpatient procedures, etc.);
- browse an A-Z list of all available procedures and services.

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9. What are the items listed under “Total Cost” when viewing an estimate?

Estimates may include costs for any or all of the following components:

Outpatient/Diagnostic Services

- **Primary Procedure:** the physician cost for providing the requested outpatient or diagnostic service.
- **Other Procedures:** the physician cost for providing other procedures that are commonly performed with the requested outpatient or diagnostic service
- **Facility:** the cost for the use of the facility or hospital associated with the rendering of the requested healthcare service.
- **Lab/X-ray/Anesthesia:** cost for any lab, diagnostic X-ray/imaging, or anesthesia services provided as part of the outpatient or diagnostic service.
- **Other:** cost for miscellaneous services.

Inpatient Services

- **Primary Physician:** the primary physician cost associated with the hospital admission.
- **Facility:** the cost for use of the facility or hospital associated with the rendering of the requested healthcare service.
- **Other:** this cost includes physician’s costs for diagnostic and anesthetic services.

Radiology Services

- **Professional:** the cost for reading and interpreting results of the radiology service. In some cases, this cost can also represent the entire cost for radiology service.
- **Technical Component:** the cost for the use of radiology equipment.

10. In the estimates, why do I see a line for “Additional Out-of-Network Responsibility”?

The out-of-network total cost is the amount that physicians bill for rendering the service. Your benefits plan may allow for all or only a portion of this billed charge. When you go “out-of-network,” you may be responsible for the difference between what the physician bills for the service and the health plan’s allowed amount. This amount is shown as “Additional Out-of-Network Responsibility.”

11. I searched for a specific service and got no results. Why?

If you used the keyword search feature, it is possible the word(s) or phrase you used does not match the word(s) or phrase used by the Treatment Cost Calculator to identify a medical service or procedure. In these cases, the tool will indicate “no exact title matches found” and list other possible matches.

When searching for estimates, you may also view a list of all services and procedures available within the Treatment Cost Calculator by selecting “A-Z List of Everything” from the “Browse by” menu on the home page.

If you have tried both of these features and still cannot find the service you’ve searched for, it is possible that data for that specific service is not yet available within the tool. The Treatment Cost Calculator currently supports data for over 500 commonly shopped services and procedures. The tool also logs keyword searches, and those services are tracked and reviewed for future additions to the tool.

(If you searched a service or procedure, but did not find your specific doctor or preferred facility in the estimates list, please see FAQ #13.)

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12. Why do the general estimates sometimes look different than the provider-specific estimates?

For most services, the Treatment Cost Calculator displays two types of estimates—**general** estimates, and **provider-specific** estimates.

- The **general** estimate is based on average costs for all in-network healthcare providers in your broad geographic area (i.e., Virginia excluding DC suburbs). This is the first estimate displayed.
- The **provider-specific** estimate is based on historical costs associated with a specific provider. These costs at the specific provider level may vary from the average (general estimate) costs in that provider's area. You can view provider-specific estimates by clicking the *Physician* button from the general estimate screen.

13. What does “No estimate available” mean when listed as the \$ value for provider-specific estimates?

This means there is insufficient data to create an estimate at this time. In some instances, the provider/physician may not yet have enough claims in the Optima Health system to display an estimate for a particular service.

14. I received a bill for identical services, but the Treatment Cost Calculator showed a different price. Why?

The information provided by the Treatment Cost Calculator is only an estimate. While every effort has been made to provide you with the most accurate information, in some instances:

- the actual charges from your provider may be different than the historical averages reported,
- a claim for previous services received was paid by your health plan between the time you viewed an estimate and the time of your appointment. This would change the health plan cost-sharing balances available at the time the estimate was created,
- you may have a complex benefit plan that displays slightly differently within the TCC. Verify the information in the *My Benefit Details* page matches your plan documents and make manual adjustments, if necessary.

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Helpful Tips

- The Treatment Cost Calculator displays important tips on the estimate pages to help you understand technical healthcare information, and save money by maximizing your benefits.
- To verify the provider's correct address and/or office hours, visit our quick provider search at <http://optimahealth.prismisp.com/?icon-find-doctors=true>.
- To search drug costs, visit <https://optima.benefits.sxc.com/rxpublic/portal/memberMain?icon-find-drugs=true>.
- The Treatment Cost Calculator application supports the latest two supported versions of the following internet browsers: • Chrome • Firefox • Internet Explorer • Safari (Mac devices). For the best functionality, keep your internet browser up to date.
- Cost for medical care and quality of medical care are two separate considerations. The Treatment Cost Calculator provides cost estimates. When making healthcare choices, higher cost does not always indicate better quality. There are several web tools to help you evaluate quality of care when making healthcare decisions.