you in every way

Stay well with our perks & benefits
Confused about cost sharing?
See inside for details.
Stay healthy with tips from our texting program

Did you know AllWays Health Partners has a texting program? We use text messages to help members like you stay on top of their health concerns and conditions.

Here’s how it works:

- We create a series of texts with information and advice on health concerns, like diabetes, asthma, and more.
- We look at our clinical records to find patients who can benefit from these wellness texts.
- You’ll get messages from us with tips on how to stay in good health and prevent chronic conditions.
- We also text members with welcome and benefit information.

Here are some examples:

If you’ve shown risk factors for heart disease, we’ll send you some tips on how to stay heart healthy. Or if you have a new baby on the way, you might get texts from our prenatal care campaign.

These are only a few of our texting campaigns, but there are many more to come. Of course, if you prefer not to get messages via text, you can always opt out. And if you want to learn more about our programs for staying healthy, contact Customer Service at the number on the back of your member ID card.

CaféWell® wellness platform

It’s never too late or too soon to start living a healthier lifestyle. If you’ve been meaning to start a new diet or exercise routine, or just want a little guidance on what you can do each day to reduce stress and live well, CaféWell can help.

CaféWell is our wellness website, and it’s included in every member’s plan. The site features a health and wellness assessment that is both secure and confidential. Once you’re done with the assessment, you’ll get a personalized report with steps you can take to stay well and meet your health goals. After that, whenever you log in you’ll see a dashboard with information unique to you. If you’re trying to exercise more, you might see articles on working out, and activity challenges that will help track your progress. If you’re interested in reducing your stress, CaféWell will provide articles on how to avoid burnout, relax, and sleep well.

You can find a link to CaféWell on your member portal at allwaysmember.org. It’s free to join and full of other great features.
What are preventive and diagnostic services?

Preventive services are certain annual visits, tests, and immunizations that prevent health problems. Your plan covers these services at no cost to you when you see a provider in our network. That sounds pretty straightforward. But, here’s where things can get confusing.

In the health insurance world, preventive is a term for a very specific list of services. This list is defined by nationally established guidelines. Any service covered by your plan that isn’t preventive is a diagnostic service. Diagnostic services have cost sharing, meaning you’ll pay some of the cost, and AllWays Health Partners will cover our part (see ‘Types of cost sharing’ on the next page).

Here’s an easy way to understand it:

- Preventive services typically look for or prevent health issues that can affect anyone. They’re done before you are diagnosed with a condition, while you’re healthy and show no symptoms. Your plan includes many preventive services at no cost to you.
- Diagnostic services are what your doctor will recommend if you have symptoms or risk factors for a certain disease or illness, or have a known medical condition or injury. Diagnostic services covered by your plan may require cost sharing.

So, even though you might regularly see a doctor about your asthma, diabetes, or another health issue, those visits are all about monitoring a known condition. For those visits, you’d be required to pay your part of the cost.
Types of cost sharing

Not all plans have every type of cost sharing, but it’s good to know these terms in case you see them in your plan documents.

- **Deductible.** This is the amount you pay in a plan year for certain covered health care services before your health insurance plan starts to pay. After you’ve met your deductible, you may also be required to pay a copayment and/or coinsurance.

- **Coinsurance.** This is the percentage of the cost you are responsible to pay for certain covered services or prescription medications. For example, if your coinsurance for a service is 20%, your insurance will pay the other 80%.

- **Copayment.** Also known as a ‘copay,’ this is the cost you’re required to pay for certain covered services and/or prescription medications.

- **Out-of-pocket maximum.** This is the most you could pay in a plan year for covered health care services. After you reach this amount, your insurance pays 100% for covered services through the remainder of the plan year. All medical, behavioral health, and prescription drug copayments, deductibles, and coinsurance amounts you have paid apply toward an out-of-pocket maximum.

But, if you haven’t been diagnosed and aren’t showing symptoms, the tests your doctor does to screen for certain conditions, like diabetes, would likely have no cost sharing.

The line between preventive and diagnostic care can sometimes be hard to see. When you visit your doctor for preventive care and they do other tests at the same time, you might have to pay. Why? Well, say you’re visiting the doctor for your annual physical exam. During that visit you share some symptoms you’ve been experiencing, and your doctor orders a specific lab test to learn more. While your plan covers the annual physical exam, that lab service and any follow-up visits don’t always qualify as preventive, so cost sharing may apply.

**Where can I find more information?**

If you need more information or want help understanding your plan details, here are some ways you can learn more.

**Talk to your doctor**
Your doctor’s number one job is to look out for your health. That means recommending tests, screenings, and treatments to help you live well, even when those aren’t necessarily covered at no cost to you. It’s important to talk to your doctor about their recommendations, so you’ll always know why you’re getting certain services.

**Visit the member portal**
When you need information about covered health care services and costs, you can find it on the AllWays Health Partners member portal, allwaysmember.org. After you log in, you can view a list of covered preventive services by clicking on the My coverage menu, then the Medical page. You can find more details about your plan, including covered services and any cost sharing you’ll pay, on the Plan documents page.

If you don’t already have an account on allwaysmember.org, it’s easy and secure to sign up. Once you join you’ll see all your plan information, plus programs and perks to help you stay well and save money.

**Contact customer service**
If your doctor or the member portal can’t answer your questions, you can always call our Customer Service team. Everyone on the team is friendly, helpful, and has a deep understanding of our plans and benefits. They can get you a real-time account balance, and help confirm if a service is preventive or diagnostic.

For more information call the number on the back of your member ID card, or send an email to customerservice@allwayshealth.org. You can also start a Live Chat during regular business hours on the allwaysmember.org portal.