

EMERGENCY ROOM

PLAN POLICY REGARDING EMERGENCY ROOM VISITS

DEFINITION

EMERGENCY ROOM SERVICES ARE ELIGIBLE FOR SHARING ONLY WHEN A TRUE MEDICAL EMERGENCY EXISTS, DEFINED AS:

- A condition that a prudent person believes could result in:
 - Serious jeopardy to health
 - Serious impairment of bodily functions
 - Serious dysfunction of any organ or body part
- Examples include:
 - Chest pain / suspected heart attack
 - Stroke symptoms
 - Severe bleeding
 - Difficulty breathing
 - Major trauma



Protecting Members & Keeping Healthcare Affordable

We are committed to supporting members in true emergencies while also protecting the sustainability of our community. Emergency rooms are the most expensive place to receive care, and inappropriate use can dramatically increase costs for everyone. In fact, many ER visits involve conditions that could have been safely treated elsewhere, often with shorter wait times and a much lower financial impact.

True Emergencies Will Always Be Eligible for Sharing

If your condition is a true emergency, you should always go to the Emergency Room. We will support you through a fair and reasonable cost-sharing process, including working to reduce excessive billing when possible. However, Emergency Rooms are not appropriate for routine or minor medical needs.

For non-emergency ER visits:

- Services are not eligible for sharing
- Members are responsible for all associated costs
- Claims may be denied or shared at a reduced amount

Choose the Right Level of Care:

Making the right care choice is one of the most important ways you can protect both your health and the affordability of this program. Emergency Rooms are designed and staffed for life-threatening situations, and their costs reflect that level of care. For many common illnesses and minor injuries, you can receive the same quality treatment faster and at a significantly lower cost by choosing a more appropriate setting.

By choosing the right level of care, you help:

- Avoid unnecessary high-cost billing
- Reduce wait times for yourself and others
- Keep healthcare sharing affordable for the entire community

Choosing these alternatives not only saves money—it ensures Emergency Rooms remain available for those experiencing true medical emergencies. Thoughtful care decisions make a meaningful difference for everyone in our community.

CARE OPTION	WHEN TO USE
URGENT CARE CLINICS	Best for conditions that need prompt attention but are not life-threatening: <ul style="list-style-type: none"> • Minor fractures or sprains • Cuts that may require stitches • Fever, flu, or infections • Mild asthma symptoms • Earaches, sore throats, or rashes
PRIMARY CARE PROVIDERS	Best for ongoing or non-urgent concerns: <ul style="list-style-type: none"> • Routine check-ups and preventive care • Managing chronic conditions • Medication refills • Follow-up visits
TELEHEALTH SERVICES	A fast, convenient option for many common conditions: <ul style="list-style-type: none"> • Cold, flu, or sinus symptoms • Minor infections • Allergies • General medical questions

Required: Bill Negotiation

Members are expected to actively reduce costs whenever possible. If you receive ER services, you must make a good-faith effort to lower the bill.

Required steps:

- Request an itemized bill
- Ask for a “Self-pay rate” or “Prompt-pay discount”

Important:

- If no attempt is made to negotiate:
- The claim may be denied or minimally shared
- Negotiated rates help us keep the program affordable for everyone