



FOR MEMBERS

# Frequently asked questions, answered

- **Who is Collective Health and what do they do?**

Collective Health connects you to your health benefits through an online account you can access on web and mobile. Your employer partnered with them to help you navigate your benefits, manage your coverage, and support you along the way.

Turn to your Collective Health account when you:

- Are looking for an in-network doctor
- Have questions about your benefits or benefits statements
- Need help understanding how your plan works

And if you have more questions, our Member Advocate team is here to help you out. Send us a secure message or chat from your account, or give us a call.

- **What are Collective Health Member Advocates?**

Member Advocates are Collective Health's highly trained, compassionate support team that are experts in your health benefits. They're on call to provide any guidance you need—whether you have questions about claims, need help understanding your plan, or simply want to know how your benefits work.

You can reach them Monday-Friday 4 a.m. - 6 p.m. PT and Saturday 7a.m. - 11 a.m. PT by phone, online message, or chat.

- **Does Collective Health have a mobile app?**

Yes! Just about anything you can do online, you can do in the Collective Health app (available on iOS and Android). Instantly access your benefits cards, search for care close to you, submit and track your claims, and more—right from your phone.

- **I haven't received my cards yet. When will they come?**

Benefits cards are automatically sent when you join your plan, and arrive a few weeks later. Pro tip: You already have access to your cards digitally! From the moment your coverage starts, you can see your cards on your Collective Health account under "cards," as well as on the Collective Health app.



- **I'm covered under two health benefits plans. How do I let Collective Health know?**

Please ask your benefits team for Collective Health's *Handling Additional Health Plan Benefits* one-pager for more information on coordinating your benefits across multiple plans. If you and/or your dependents have dual coverage and need additional information, please call our Member Advocates at the number on the back of your benefits card.

- **Let's say you (or one of your dependents) is currently undergoing complex care, like cancer treatment or pregnancy and is switching to a Collective Health plan. What should you do?**

First, check to see if your doctor(s) are still in-network. If the provider is not, your employee may qualify for Transition of Care—a program which allows members with certain health conditions to continue seeing their doctor(s) at in-network cost-sharing for a period of time after the new coverage begins. Please ask your benefits team for the *Sensitive Care Transition* one-pager for more information.

- **Let's talk about pharmacy prescriptions. How does Collective Health handle these?**

Your Collective Health Open Enrollment portal will have detailed information about pharmacy benefits, including a mail-order option. After your plan year begins, people should show their new ID card at their pharmacy when they pick up their prescriptions.

- **Does Collective Health handle life insurance, disability, EAP or leaves of absence?**

No. All questions regarding life insurance, disability, or other non-health-related benefits should be directed to your Benefits team.

