KNOW YOUR PLAN

Vistara™
PHCS Network for Value-Driven Health Plans

WHAT IS VISTARA™?

Vistara establishes prices for provider services based on their value and quality of care. The process is fully transparent and based on Medicare or cost price plus a percentage. The result is a price that is fair to both the healthcare provider and to you.

Note: Vistara was previously known as Value-Driven Health Plan™ (VDHP) Services or HST. Your services from Claritev with the Vistara solution remain the same. If your ID card has PHCS for VDHP, it will be accepted as normal.

WHAT DOES THIS MEAN FOR YOU?

Vistara is revolutionizing the way you shop for healthcare by bringing transparency and affordability to the consumer. You'll enjoy lower out-of-pocket costs at facilities, reflected in coinsurance payments, and you'll know how to handle unexpected medical bills.

FACILITIES

For inpatient and outpatient services, your plan is open access, allowing you to choose any facility. Vistara ensures that you are not over-paying for your medical services. Covered service locations include hospitals, surgery centers, outpatient facilities, emergency rooms, and dialysis centers.

PHYSICIANS

The PHCS Network for Value-Driven Health Plans will still be used for physician and other non-hospital-provided services. Your out-of-pocket expenses will be less when you see a physician within the network.

Here are a few examples of covered services:

- Primary Care Physician
- Chiropractor
- OB/GYN
- Urgent Care
- Specialist
- Dermatologist
- Therapist
- Laboratory
- Pediatrician
- PT/OT

HOW DOES IT WORK?

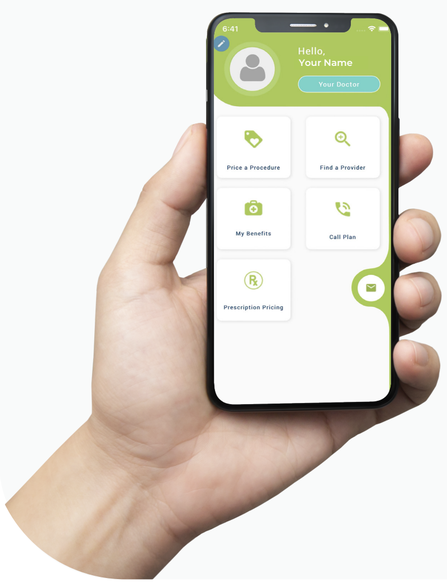
1. You receive your plan welcome materials
2. You can use Vistara's HST® Connect or work with a concierge to find a provider
3. If pre-certification is required, the provider is notified of the Vistara estimated reimbursement of services
4. Medical services are rendered You would pay any applicable co-pays
5. Provider submits a bill for services to your plan or your plan's third-party administrator (TPA)
6. TPA remits payment to provider based on Vistara pricing or negotiated rate
7. TPA sends you an Explanation of Benefits (EOB)
8. You pay your deductible and coinsurance and, if necessary, contact the patient advocacy center (PAC) for billing support

VISTARA'S HST CONNECT® APP AND WEBSITE

How do I search for a provider?

Use HST Connect for access to quality, cost-effective healthcare in the palm of your hand. With the HST Connect mobile app you can:

- Search for a provider in-network or a facility with high Vistara acceptance rates
- Compare quality ratings and pricing for specific procedures
- View deductibles, copays and other plan information
- Direct dial providers and get driving directions
- Look up information about procedures
- Communicate and receive notifications from the Patient Advocacy Center (PAC)
- Submit balance bills directly to the PAC
- Access to Vistara provider acceptance rates



How do I know how much I will be charged for my procedure?

You can view your estimated cost before the procedure or service right in the HST Connect App. You will be responsible for your copay, deductible and coinsurance up to the annual out-of-pocket max.

Will my current providers accept Vistara?

Yes. Vistara's services are widely accepted by providers and with PHCS for VDHP, you will have access to over 1 million providers across the nation.

SCAN HERE TO DOWNLOAD

VISTARA FREQUENTLY ASKED QUESTIONS

How does Vistara price claims?

Vistara's pricing uses Medicare reimbursement rates (or the facility's actual cost) plus a percentage to determine a fair and reasonable price for medical services.

What happens if a provider balance bills me?

If a provider bills you for an amount above the patient responsibility identified on your Explanation of Benefits (EOB) don't pay the bill! Instead, contact our Patient Advocacy Center (PAC) and a patient advocate will take over your case and deal directly with the provider so you don't have to.

Patient Advocacy Center (PAC)

The Patient Advocacy Center is there to help if you receive an unexpected bill. The PAC's role is to educate, communicate, negotiate on behalf of, and represent you in the rare instances of balance billing. A Patient Advocate will contact the provider and act as your liaison. You can feel confident that you have an advocate making sure you are being billed fairly for medical services. You'll receive communications from your advocate via the HST Connect app, emails, phone, and text.

Phone: (888) 837-2237

Monday-Friday, 5:30 am - 5:00pm PST

Download the HST Connect app

Email: pac@hstechnology.com

claritev™

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