

Reference-Based Pricing Essentials

This guide is designed to help you understand the essentials of Reference-Based Pricing and how it can help you save money and still access quality care. We want you to be prepared to evaluate your options during Open Enrollment and handle every step of your healthcare journey with clarity and confidence.

Understanding Reference-Based Pricing (RBP) vs. Traditional PPOs

What is Reference-Based Pricing and its purpose

Reference Based Pricing, or RBP, is a new way for our health plan to pay for medical services. Instead of starting with whatever price a hospital decides to bill, RBP uses a transparent benchmark—like Medicare rates or the actual cost to the hospital—to determine a fair payment amount. This approach brings more predictability and fairness to healthcare costs, making it easier for both you and The Stepping Stones Group to understand what's being paid and why.

What are the key differences in how RBP and PPOs price care

How PPO Pricing Works	How RBP Pricing Works	How you access care
Traditional PPO plans start with the provider's billed charge, which can vary widely from one hospital to another. The plan then applies a negotiated discount to that amount, but the starting price is often much higher than what the service actually costs. This means you might see big differences in what is paid for the same service, depending on where you go for care.	RBP flips the process by starting with a transparent benchmark, such as Medicare rates or the actual cost to the hospital. The plan pays a set, fair multiple of that benchmark, making costs more predictable and consistent across providers. This approach helps control cost growth and brings more transparency to how much is paid for each service.	With both RBP and PPOs, you follow the same steps to get care: you see your provider, the provider bills for the service, and your plan pays its share. The difference is in how the claim is priced and paid behind the scenes. RBP is a pricing method, not a network—there's no restricted list of approved hospitals.

Why are employers like SSG turning to RBP and how does it help increasing healthcare costs

Employers are facing rapidly rising healthcare costs, which can threaten the quality and affordability of employee benefits. Industry-wide, healthcare costs have been increasing by 8-10% each year, making it harder to keep benefits affordable. Traditional PPO models often lead to unpredictable and inflated costs because they start with high billed charges and only apply a discount. RBP ties payments to transparent benchmarks, making costs more predictable and easier to manage for both employers and employees.

For The Stepping Stones Group and our employees, this translates to more sustainable benefits and less concern about unexpected price increases, making healthcare coverage more reliable and affordable over time.

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The Stepping Stones Group has partnered with Imagine360 to administer our Reference-Based Pricing plans. Below is information about Imagine360, how you access care and their role in supporting you.

Using the Reference-Based Pricing plan

Who is Imagine360

Imagine360 is the company supporting and administering the Reference-Based Pricing medical plans. Imagine360 helps manage the day-to-day experience of your benefits, including:

- Processing medical claims and answering questions about bills and coverage
- Helping you find and access providers
- Providing personalized support when you need care or assistance
- Working with providers to help ensure services are priced fairly
- Coordinating care-management resources when appropriate
- Assisting with and resolving any post-care billing matters

How do you access care for hospitals

Accessing care under an RBP plan works the same way as our UnitedHealthcare plans with one key difference. For hospital care, there is no provider network. You can choose any hospital and receive the same great care at a reasonable cost.

Just like the UnitedHealthcare plans, at the time of care, you will present your ID card and the hospital will submit the bill to Imagine360.

How do you access care for physicians

Access to physician care works the same way as the UnitedHealthcare plan. There will be a preferred network of providers where you receive a higher benefit. You may still access out-of-network providers, but you will receive a lower benefit. The Imagine360 RBP plans do use a different network of physicians so review the Imagine360 physician network by accessing the provider listing [here](#). If your doctor relationship is of importance and they are not in the Imagine360 provider network, you have the option of the UnitedHealthcare plans or engaging with another provider in the Imagine360 network.

What about prescription drug benefits

Reference-based pricing only applies to hospital care. The Stepping Stones Group prescription plan will continue through CVS Health with no changes in how you access care.

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What happens after I receive care at a hospital

After you receive care, hospital submits the bill to Imagine360 and accepts the payment. However, as mentioned, there is no pre-negotiated hospital discount under a Reference-Based Pricing plan. So in rare cases, a hospital may send you a balance bill, meaning they want you to pay difference between what they believe is the cost of care vs. the reasonable cost paid by Imagine360.

If this does happen, Imagine360 is there to assist and resolve any billing issues. Steps you should take if you do receive a balance bill:

- After you get care, Imagine360 will send you an Explanation of Benefits (EOB) summarizing the charges, payments, and your responsibility.
- In addition, the hospital may send you a bill for the services you received. This bill should reflect the amount you owe after Imagine360 has paid its share.
- If the amount on your hospital bill matches your EOB, pay your share as you normally would. This means Imagine360 and the hospital are in agreement.
- If the hospital bill is higher than your EOB, do not pay right away. This could be a billing error or balance bill. Contact Imagine360 to resolve the issue before making any payment.

How will Imagine360 support you if receive a balance bill

If you receive an unexpected bill, it's important to follow a clear process to ensure you are protected and only pay what you owe. Here are the steps to handle such bills effectively.

- Immediately submit the bill to Imagine360. Getting support early helps resolve the issue faster and ensures you're not overcharged.
- Once you submit a balance bill, a personal advocate is assigned to your case. They'll reach out within 24 hours, review your bill, and keep you updated every step of the way.
- If needed, a third-party attorney will be assigned to communicate with the provider and protect you from paying more than your EOB amount.
- If you receive a collection notice related to a balance bill, send it to your advocate immediately. Within 30 days, an Imagine360 attorney will dispute the debt and stop collection efforts.
- Imagine360's support continues until your issue is fully resolved, so you're never alone in the process.