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### **INSURANCE PLANS OUR OFFICE PARTICIPATES WITH 11/1/2017**

The following plan information is subject to change as insurance carriers change their plan designs and selection of participating providers. Though our office may participate with some plans we may not participate with all plans for a specific insurance carrier. Please review both the plans we participate with and the plans we do not participate with. Our office recommends that you check with your individual plan using our tax ID and our office address to make sure our providers participate in your plan or when you are selecting a plan.

- **Aetna** HMO and PPO and the Medicare Advantage Plans.
- **Anthem of Virginia** PPO and HMO plans only.
- **ANTHEM Healthkeepers Basic** HMO only.
- **CareFirst** PPO & HMO plans and Exchange plans
- **Cigna** HMO & PPO only
- **Great West** which is part of the Cigna Plan
- **Coventry**
- **United Healthcare** HMO & PPO
- **One Net** (under United Healthcare)
- **Mamsi/MDIPA/Optimum Choice** (Under United Health Care)
- **Medicare**: For established patients only. Our panel is closed for new patients.

### **INSURANCE PLANS OUR OFFICE *DOES NOT* PARTICIPATE WITH**

- **Aetna**: Our practice *does not* participate with Aetna's Majestic Care Medicaid Plan. As of 1/1/2018 Aetna *does not participate* in any of the ACA exchange plans.
- **Anthem**:  
NO ACA exchange plans as of 1/1/2018.  
Our office *does NOT* participate with any Anthem plans whose ID numbers start with the following prefixes.
  - YTD      - YTO
  - YTE      - YTR
  - YTF      - YTY
  - YTS      - XTO
  - YTO      - YTZ
  - YTR      - XTR

Our office *does not participate* with the Anthem Healthkeepers Medicaid plan

## INSURANCE PLANS OUR OFFICE DOES NOT PARTICIPATE WITH (CONTINUED)

- **CIGNA:** Our office *does not participate* with the Cigna Connect Network for Northern Virginia Marketplace.
- **United Health Care (UHC)** Our office *does not participate with* UHC plans that are part of the Multiplan or the PHC plan networks. The address on the card should state claims are to be sent to UHC.  
Our office *does not participate* with any of the UHC 'tiered plans'. They are out of network plans.
- **Tricare:** The practice does not currently participate with Tricare. However, we will accept obstetrical patients who have Tricare Standard Only. Please speak to one of our billing associates.
- Beech Street
- No Medicaid plans
- No Multiplan plans
- Humana
- No PHCS plans
- Liberty Self Insured Plan
- Kaiser Plans

### Insurance Terminology:

**ACA:** Affordable Care Act: plans offered by each state during open season where a member may be eligible for a subsidy. There are and off exchange plans.

**Allowable Charge:** this is the dollar amount an insurance carrier pays to a provider under a contract the insurance carrier believes to be reasonable in the area that services are rendered.

**Co-insurance:** An amount the member is responsible for separate from the co-pay and deductible. The coinsurance rate is usually a percentage. For example, if the insurance company pays 80% of their allowable of the claim, the member is responsible for 20%.

**Co-pay:** A cost sharing amount the member is responsible for at the time of service. Generally but not always, a well woman annual visit does not have a co-pay UNLESS a separate problem service is provided at the time of a well woman visit. This amount is collected at check in.

**Deductible:** The amount of money the member is required to pay before any benefits are paid.

**EOB:** Explanation of Benefits sent either by mail or by email to the member which explains how the claim is paid. Most carriers require members to set up an on-line account.

**HMO:** Health Maintenance Organization: Plan that the member is required to see only in network providers. Some plans have provisions for Open Access where the participant may not need a referral to a specialist.

**Off Exchange Plans:** Generally, plans that are sold to members that are self-employed, do not qualify for the ACA plans or some small employers. There are PPO and HMO plans.

**Out-of-pocket maximum:** the most money a member will pay during a year for coverage. It includes deductible, co-payments and co-insurance but is in addition to your premiums.

**PPO:** Preferred Provider Organization. An insurance plan that offers greater freedom of choice than an HMO plan. Members can receive care from both in-network and out-of-network providers

**Pre-existing condition:** a health problem that has been diagnosed or for which a member has been treated before buying a health insurance plan that may not be covered by a new insurance plan.