360 Open Access Plan FAQ

New for 2027, the 360 Open Access Plan gives you another way to access medical coverage and manage healthcare costs. Use these FAQs to learn how the plan works, what to expect when you receive care, and how Quantum Health can support you along the way.



What is the 360 Open Access Plan?

The 360 Open Access Plan is a new, lower-cost medical plan that gives you broad access to providers and personal support when you need it. It works differently from a traditional health plan. Instead of paying rates negotiated only through a provider network, the plan reviews what providers charge and pays a fair and reasonable amount for care.

Most visits will feel familiar: show your ID card, receive care, and the plan processes your claim. If you choose this plan, remember these three things:

- **Call Quantum Health before planned care.** If you're scheduling surgery, a procedure, advanced imaging (MRI or CT scan), a hospital stay, or your first visit with an Open Access provider, Quantum Health can confirm coverage, explain any requirements, and help you understand your costs before you receive care.
- **Make sure any required prior authorization is completed before you receive care.** Quantum Health can tell you if prior authorization is needed and help with the process.
- **Wait for your EOB before paying anything beyond your copay.** Pay only the amount your Explanation of Benefits (EOB) shows you owe. If a provider bill is higher, call Quantum Health. You are not expected to resolve provider billing issues on your own.

How is this plan different from Elwyn's other medical plans?

Most visits will feel familiar. You'll show your ID card, receive care, and the plan will process your claim. The main difference is how the plan pays providers. Instead of relying only on rates negotiated through a provider network, Imagine360 reviews each claim and uses established cost benchmarks to determine a fair payment, an approach called "price protection." Some providers may not be familiar with the plan. If your provider has questions or concerns, contact Quantum Health. They can explain how the plan works and assist the provider if needed.

Why is Elwyn offering this plan?

The plan gives you another choice, with lower payroll contributions for most employees, lower costs when you receive care, broad provider access, and personal support. Its payment approach also helps control healthcare costs for employees and Elwyn.

Which providers can I use?

You can use any licensed provider for covered care, even if the provider does not appear in the provider search. Most providers accept the plan's payment. If your provider is not listed or has questions about the plan, contact Quantum Health before your visit for help.

Prior to the new plan year, you can visit **Imagine360.com/Elwyn** and scroll to the provider search section of the page. Click "Start your search" and enter **RJENV**. You do not need to search each network separately; all providers appear in this one search. Your search results will show two kinds of providers:

- **Preferred providers:** providers in Imagine Health, MultiPlan, and Partners Direct Health networks. These providers already have arrangements in place that support the plan's payment approach.
- **Open Access providers:** any other licensed provider you choose. You are not limited to preferred providers. Open Access providers do not have a payment arrangement with the plan in advance. After you schedule an appointment, call Quantum Health as soon as possible, ideally at least one week before your visit. Quantum Health can confirm coverage, check plan requirements, and contact the provider if needed.

Will the provider I choose affect what I pay?

No. Your copays, deductible, coinsurance, and out-of-pocket maximum are the same whether you see a preferred provider or an Open Access provider. For covered services, your EOB will show the amount you are responsible for paying. If a provider bill is higher than the amount shown on your EOB, contact Quantum Health for help.

What does the provider acceptance rating mean?

The acceptance rating shows how often an Open Access provider accepted the plan's payment in the past. A higher rating may mean a smoother experience, but it is not a guarantee. If you have questions about a provider or do not see your provider listed, call Quantum Health.

What if my provider is not listed or has questions about the plan?

Not finding a provider in the search does not automatically mean you cannot see that provider. The 360 Open Access Plan allows you to receive covered care from licensed providers who are not listed in the search.

- After you schedule your appointment, call Quantum Health as soon as possible, ideally at least one week before your visit. They can confirm your benefits, explain what to expect, and contact the provider if needed.
- If a provider has questions or concerns about the plan's payment, Quantum Health can assist.

What should I do when I get a bill from a provider?

- After each claim is processed, you'll receive an EOB showing what the plan paid and what you owe.
- **Wait for your EOB before paying anything beyond your copay.** Pay only the amount your EOB shows you owe.
- If your provider bill is higher than the amount shown on your EOB, contact Quantum Health. They will review the bill and work directly with the provider to help resolve the issue.

Who do I call if I have questions?

Start with Quantum Health at **866-885-1352**. Care Coordinators can help with benefits, finding providers, planning for care, claims, bills, and provider payment questions. For the provider search and additional details, visit **Imagine360.com/Elwyn**.

With Quantum Health as your first call, you'll have support when you need it and help navigating the plan along the way.