

Current Health Solutions Frequently Asked Questions

Current Health Solutions is available to answer your questions over the phone, in-person and on-line. In order to assist you with your healthcare benefits 24 hours a day, Client Services' most frequently asked questions are available at your fingertips. For other questions contact Current Health Solutions Client Services by:

Phone:

Local 217-641-7156

Toll Free: 855-247-3233

(6AM-6PM CST, Monday-Friday)

Mail:

Current Health Solutions

P.O. Box 1727

Columbus, IN 47202-1787

Email:

Member.Services@currenthealth.org

Online: [Contact Us](#)

All healthcare benefits are listed in your Summary Plan Document.

Claims

How do I file a claim?

Check your Summary Plan Document for specific information for your Health Plan. Your network contracted provider should file your claim directly to Current Health Solutions. However, if it becomes necessary for you to file the claim yourself, send to Current Health Solutions , P.O. Box 1727, Columbus, IN 47202-1787. [Click here for a Claim Form.](#)

How long do I have to file a claim?

Typically submission of claims to the Plan Administrator (Current Health Solutions) should be filed within ninety (90) days after the services are rendered. Please check your Summary Plan Document for specific claims filing limits.

A provider has billed me, how do I know how much of the bill to pay?

Refer to your Current Health Solutions Explanation of Benefits. The Explanation of Benefits will indicate your responsibility for the bill. For more information, check your Summary Plan Document.

What is a deductible?

Deductible means the specific dollar amount of covered charges that must be incurred during a Calendar Year before any covered charges can be considered for payment by the Health Plan. Check your Schedule of Medical Benefits in your Summary Plan Document for specific plan amounts and more details regarding the definition.

What is a copayment or coinsurance?

A specific dollar or percentage of covered charges indicated in the Schedule of Benefits for which a covered person is responsible.

How does my out-of-pocket maximum work?

The out-of-pocket maximum is the dollar amount of a deductible and/or coinsurance expense paid by a covered person and/or family for covered services in a benefit period. After you reach your out-of-pocket limit, your plan covers 100% of the eligible charges for the remainder of the benefit period unless specified by your Health Plan. Check your Summary Plan Document for details.

What is Coordination of Benefits?

Your Summary Plan Document lists the definition in detail. Coordination of Benefits, or COB, applies when you are covered by multiple health benefit plans at the same time. Under one plan you will be designated as a primary member and benefits will be applied first. The second plan will coordinate with the first for any other possible payment.

Do I need to complete and return a Coordination of Benefits questionnaire?

You received this Coordination of Benefits questionnaire because we have missing or outdated information, this indicates you may be eligible for more than one insurance coverage. Please fill out the questionnaire and return to: Current Health Solutions COB Coordinator, P.O. Box 1727, Columbus, IN 47202-1787.

Appeals

Do I have the right to appeal a claim denial or claims payment?

Check your Summary Plan Document for specific information regarding your Appeal Rights and Procedures. Any appeals should be directed in writing to Current Health Solutions Appeals Coordinator, P.O. Box 1727, Columbus, IN 47202-1787.

Eligibility

How can my newborn be covered from birth?

Check your Summary Plan Document for details. For most Health Plans, your child must be enrolled in the Plan by the 31st day after his/her birth. It is the member's responsibility to notify Current Health Solutions of the birth within this 31-day window.

How do I add or delete family members from my plan?

Contact your Employer's Human Resources Department.

Can I cover a dependent child away at school?

You will need to provide Current Health Solutions documentation from an accredited school indicating your child is a full-time student (12 or more credit hours). You will be asked to provide this for each semester your child is enrolled as a student. See your Summary Plan Document for more details.

How long can my children remain on my health plan?

Your Summary Plan Document will provide more information.

What happens if I quit or am terminated from my job?

Your Summary Plan Document will provide that information, but COBRA may be applicable. COBRA coverage will give you an opportunity to remain covered under your employer's health plan, provided you maintain current premium payments.

Miscellaneous

What do I do in case of an emergency?

Call 911 or seek medical help immediately to receive care. However, you should contact Current Health Solutions within 48 hours of going to the hospital to ensure the highest level of benefits are paid for covered services.

How do I order additional ID Cards?

Call Current Health Solutions Member Services to request an ID card, 217-641-7156 locally or toll free at 855-247-3233

Should I carry my ID card at all times?

Yes, you will be asked to present this card each time you visit a physician's office, pharmacy or hospital to verify eligibility for health benefits.

What does HIPAA actually do for me as a Current Health Solutions Member?

The HIPAA Privacy Rule has, for the first time, created national standards to protect individuals' medical records and other personal health information. It sets boundaries on the use and release of health records and establishes appropriate safeguards for healthcare providers and others must achieve to protect the privacy of health information. The legislation sets limits to releasing health information to a minimum or reasonably needed purpose of disclosure. Also, HIPAA rules empower individuals to control certain uses and disclosures of their health information. HIPAA generally provides patients the right to examine, obtain and review a copy of their own health records and allows individuals to request corrections.

How to Read Your Explanation of Benefits (EOB)

Click [HERE](#) for a sample EOB with a detailed description of each section