

# AFFORDABLE ACCESS

## Frequently Asked Questions

### Is this health insurance?

This is not health insurance; it is a direct agreement between an individual and a medical provider group for primary care services.

### Where can I get care?

Affordable Access members can get care at the Snoqualmie Ridge Medical Clinic and Snoqualmie Hospital Clinic. There are 8 Primary Care providers and 6 Specialists (Cardiology, Dietician, Gastroenterology,

Physiatry/Sports Medicine, Psychiatry, and Psychology) available at the clinics.

Please go to [ww.snoqualmiehospital.org](http://ww.snoqualmiehospital.org) and click on "Find a Doctor" to learn more about our providers, and follow the "Clinics" link to get clinic hours and location.

### How do I sign up?

Enrollment forms are available at either clinic or can be mailed to you by calling the Affordable Access line 425.831.2310 or e-mailing [affordableaccess@snoqualmiehospital.org](mailto:affordableaccess@snoqualmiehospital.org). Please leave a detailed voice message or e-mail with your contact information.

### I need care right now; can I still sign up for Affordable Access?

Yes! You can enroll in Affordable Access on the same day you receive care. Please allow an extra 30 minutes prior to your appointment time to fill out the necessary paperwork. You will pay the full month's membership fee on the day you sign up (even if it's the 29th day of the month, for example), and the regularly scheduled fee for the following month will be charged on either the 15th or 30th day of the current month, whichever is sooner.

### Is there a limit on how many people can sign up?

We are accepting new enrollments at this time. Each month our total number of members increases, and at some point we will have to limit new enrollments to match the number of those members leaving the plan.

### Can I sign up my family?

Yes! An enrollment form is needed for each person enrolling in the plan. Parents/Guardians can also enroll their minor children without signing up for the plan themselves. The enrollment fee of \$45 and monthly fee of \$40 is for each person joining the plan; we do not have a "family" discount.

### How much does it cost?

There is a one-time set up fee of \$45, and the monthly membership fee is \$40. There is a \$10 fee each time you see a primary care provider and \$20 fee per specialist. These fees are per individual member.

### **How do I pay?**

The initial payment due with your enrollment form is \$85 (\$45 for the one-time set up fee and \$40 for the first month's membership fee). This amount can be paid by Visa/MasterCard, check, or cash. After that, your recurring monthly fee of \$40 must be processed as an electronic Visa/MasterCard transaction which will occur at 12:01 a.m. on the 15th day of each month (or the next business day if the 15th is a weekend or bank holiday). The visit fee paid at the time of service in the office can be paid by Visa/MasterCard, check, or cash.

### **After I sign up, how do I know if my membership is active and I can schedule an appointment?**

The Business Office staff will contact you to let you know you have been accepted into the program. At that time you can call 425-831-2313 to set up an appointment with the provider of your choice.

Affordable Access does not issue Member ID cards; your membership will be confirmed in our database each time you present your picture ID (e.g. driver's license) when checking in for a visit.

### **I'm a small business owner. Can I put my employees on this plan?**

Yes! The State of Washington allows for employers or other third parties to pay the membership fees for direct access health plans. Just let us know you're a third party so we can send you the correct forms to fill out.

### **What is covered in the plan?**

Affordable Access covers visits such as yearly check-ups, chronic disease management (e.g. diabetes, hypertension, asthma), most immunizations, sports physicals, etc. Same day/next day appointments are available for minor illnesses and injuries such as cough, sore throat, ear pain, burns, cuts, sprains, etc. Some procedures such as X-rays, breathing treatments, EKG, toenail removal and wound repair that can be done in the office are included in the plan. In-office laboratory tests to determine things such as blood sugar, strep throat, pregnancy, urinalysis, and lung capacity are also included, as are some lab tests associated with a yearly exam. For a list of services included in this plan, please consult the Member Services Guide.

### **What is not covered?**

This plan does not provide for prescription drugs, hospitalization costs, major surgery, dialysis, X-Rays or other imaging services done outside the clinic, (e.g. Ultrasound, CT scan, MRI etc), rehabilitation services, procedures requiring general anesthesia, or any similar advanced procedures, services, or supplies. This plan does not include the costs of most laboratory tests performed outside the clinic (some tests associated with preventative exam may be included). Lab work done outside the clinic and other services will be authorized by the patient and done for an additional fee. Please see the Member Agreement for details.

### **Can I get a flu shot?**

Yes! The seasonal flu immunizations are included in the Affordable Access plan (supplies may be limited and/or prioritized for certain populations).

### **What do I do if I need prescription medication?**

The Affordable Access providers will prescribe lower cost, generic medications whenever possible. Low income people may qualify for assistance programs offered through pharmaceutical companies for maintenance medications. Every Washington State resident is eligible to join the Washington State Prescription Drug Program, which is a prescription discount plan. There is no fee to join. Enroll at [www.rx.wa.gov](http://www.rx.wa.gov) or call 1.800.913.4146 for more information.

### **Is emergency care covered?**

No, emergency care is not covered in this program. If you have an emergency, dial 911 immediately. Emergency care is available 24 hours a day, 7 days a week at Snoqualmie Valley Hospital Emergency Room, but treatment there is beyond the scope of the Affordable Access Plan. For minor illnesses and injuries, same day or next day appointments are available in the clinic.

### **What if I need care not covered with the membership?**

There may be times when you need services not included in the Affordable Access plan. If your primary care provider finds a medical need for additional testing or procedures to properly diagnose and/or treat your condition, the approximate cost for these services will be discussed with you prior to any action being taken. You will be provided with a form stating the item/test/procedure recommended, the medical need for it, and the approximate cost. Fees for services provided in the medical office not included in your plan are eligible for a 30% discount when paid at the time of service or within 30 days with an arranged payment plan. Fees for services provided outside the office (e.g. outside lab, Snoqualmie Hospital) are eligible for a 30% discount when paid at the time of service or within 30 days with an arranged payment plan. Financial Assistance is also available from Snoqualmie Valley Hospital for qualified candidates. Contact the Business Office for more info.

### **What if I get insurance in the future and don't need the plan anymore?**

While we request that you enroll for a minimum of 12 months, you can terminate your member agreement at any time by providing written notice to KCPHD#4 Attn: Affordable Access 9801 Frontier Ave Se, Snoqualmie, WA 98065. Membership fees will continue to accrue until written notice of termination is received.

### **I have an insurance plan, but it doesn't cover preventative care. Can I still sign up for Affordable Access?**

Yes! With the high cost of insurance premiums, many people are opting for catastrophic insurance plans (ones with very high deductibles that often leave you paying full price for office visits). The Affordable Access plan is a great complement to this type of insurance coverage. However, while Affordable Access and private insurance can be used in tandem, we cannot bill any insurance plan or Medicaid or Medicare for services that are covered by the Affordable Access plan.