



What is the SurgeryPlus® benefit?

The SurgeryPlus® benefit is offered by your health plan for nonemergency surgeries, which provides high-quality care and concierge-level member service at a lower cost.

The SurgeryPlus® benefit provides access to hundreds of surgical procedures across a wide range of plannable procedural categories. The SurgeryPlus® benefit is a free benefit for those enrolled in a Brevard Public Schools medical plan.

What are the types of services offered by SurgeryPlus®?

The SurgeryPlus® benefit provides access to hundreds of surgical procedures in specific categories, such as Spine, General Surgery, Genitourinary, Orthopedic, Ear, Nose & Throat, Cardiac, GI, and Pain Management. Examples of procedures covered are hernia repair, hysterectomy, colonoscopy, tendon release, spine injections and fusions, knee replacements, and many more.

Call a Care Advocate at **833-709-2441** for more information.

How does SurgeryPlus® select its Surgeons of Excellence?

SurgeryPlus® conducts a rigorous screening process for all its in-network surgeons. Each surgeon must be board certified, specialty trained, have clear state medical board records, and undergo a thorough malpractice review. In applicable categories, SurgeryPlus® surgeons must also have completed post-residency fellowships in their field of focus.

Why are these things important?

Board Certification:

Unlike normal carrier networks, SurgeryPlus® surgeons are required to be board certified. To be Board Certified, a provider must sit for and pass a rigorous examination in their specialty area. In addition, the provider must complete continuing medical education on a periodic basis, ensuring they're up to date on the latest and greatest techniques for their surgical specialty. Last, on a periodic basis, they must typically sit for and pass ongoing examinations, ensuring they are appropriately knowledgeable in their specialization.

Fellowship Training:

Depending on the specialty, to participate in the SurgeryPlus® network, surgeons are required to be fellowship trained. Fellowship training is completed after a surgeon's residency and is incrementally focused, and ensures they received hands-on training for a specific procedure category (e.g. joint replacements) while being supervised by a like-specialist.

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Background reviews, including State Medical Boards and Malpractice claims:

SurgeryPlus® surgeons are screened to ensure they have not had any state sanctions or disciplinary actions in any of the 50 U.S. states. Incrementally, SurgeryPlus® reviews each provider's applicable malpractice record, if applicable. This process ensures the providers treating you are appropriately selected.

The result of the SurgeryPlus® credentialing process are dramatically improved outcomes compared to the industry at large. This focus is part of Brevard Public Schools' commitment to ensuring the best possible care is available for its plan members.

To learn more about the SurgeryPlus® credentialing process, call **833.709.2441**.

What do I need to do when enrolling in benefits to ensure this benefit is available to me?

This benefit is available to those employees and eligible dependents enrolled in one of Brevard Public Schools' health benefit plans. If you elect coverage through one of Brevard Public Schools' health benefit plans as a new hire or during the annual open enrollment period, you will be enrolled in the SurgeryPlus™ benefit, no additional action is required.

What is a Care Advocate?

A Care Advocate is your dedicated SurgeryPlus® point of contact throughout your surgical journey. Your Care Advocate will facilitate the entire process for you, including your selection of a surgeon, scheduling appointments, transferring medical records, and arranging travel. We strive to maintain a consistent Care Advocate experience throughout the entire process so they will be able to best support you and the details of your case.

What does the experience look like with SurgeryPlus®?

Your dedicated Care Advocate will be there for you throughout the process. After your first call, the Care Advocate will provide you with a welcome letter, a medical questionnaire, and a medical records release form. Once these forms are filled out, you will be provided with provider options. Typically, options are provided within two business days of receipt of the requisite documentation. Keep in mind, provider recommendations are hand-selected, and in certain cases, may take longer than two business days. If you have any concerns, feel free to reach out to your Care Advocate.

Once provider recommendations have been sent to you, take your time to review your choices. It's important you are comfortable with your caregivers. If you would like to

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see additional choices, feel free to ask your Care Advocate. Once you have made your selection, let your Care Advocate know and they can begin the records transfer and scheduling process.

Providers technically have up to 30-days to transfer records in the U.S., but your Care Advocate will do everything in their power to accelerate this process. It's important that your SurgeryPlus® provider is able to receive the requisite information prior to your consult so they are aware of your unique circumstances. Due to their efforts, Care Advocates are typically able to confirm appointments that are convenient for members within a matter of days.

After your consult, your SurgeryPlus® provider will make a diagnosis and discuss your treatment options, and your Care Advocate will be with you every step of the way to help you with any logistics or to answer coordination-related questions.

Do I have to find a surgeon?

No, your first call is to a Care Advocate who will provide you with your surgeon options and details for each so you can make an informed decision. Your Care Advocate will then coordinate all paperwork and appointments between you and your selected surgeon. Please note, to utilize the SurgeryPlus® benefit, you must select a surgeon within the SurgeryPlus® network and plan your procedure in advance through a SurgeryPlus® Care Advocate.

What expenses are covered if I choose the SurgeryPlus® benefit for my surgical care?

Covered expenses include, but are not limited to, the professional fees (surgeon, assistant surgeon, hospitalist, nursing staff, and more), inpatient pharmacy, anesthesia, facility fees, some diagnostic testing, pre-op consultation and appointment, and post-operative follow-up appointment when appropriate. Portions of the episode of care that are not covered include, but are not limited to, durable medical equipment (braces, crutches, walkers, and more), some diagnostic testing, prescription drugs and in-home nursing care. These services vary based on the procedure type and may be covered by your traditional medical insurance and are subject to standard costs for utilizing your traditional medical insurance.

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