



EMPLOYER-PROVIDED INSURANCE

2025 New Member Guide

PREVEA **360**
health planSM

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Questions? We're here to help.



Contact **Member Services** to turn health insurance confusion into clarity.

- Get answers to benefit and coverage questions
- Figure out what your financial responsibility is for a bill
- Learn about a provider

If your Employer Group starts with the letter "C", call
1 (877) 376-5336 (TTY: 711)

7 a.m. – 8 p.m. CT, Monday – Friday
9 a.m. – 3 p.m. CT, Saturday
Closed 8 – 9 a.m. on Thursdays

All others, call

1 (877) 230-7555 (TTY: 711)

7:30 a.m. – 5 p.m. CT, Monday – Friday

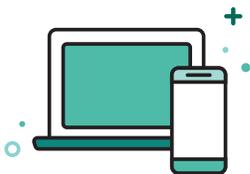


Support is just a click away.
Visit Prevea360.com/Contact
or Prevea360.com/HealthPlan101

Welcome to Prevea360 Health Plan

You have resources to manage your health and take control of your care.

This means benefits you can understand, tools that save you time, and support from our friendly staff whenever you need us. We're here to help.



**Activate
your accounts**



**Decide where to
receive primary care**



**If you haven't yet
received your Member
ID Card, it should be
on the way**

See page 4 for a digital option

What you need to know



Activate your accounts

Get started with your new health plan in two easy steps. You'll find most of the information you need in your member, MyPrevea, and Living Healthy accounts. Manage your health insurance information with your secure and convenient member account by visiting Prevea360.com/Login.

Your member account lets you:

- Download your ID card to your mobile wallet
- View your insurance plan details
- Find an in-network doctor, hospital, or clinic close to you
- Check the status of claims

Your MyPrevea account lets you:

- Schedule appointments, send secure messages to your provider and more through your MyPrevea account*

Your Living Healthy account lets you:

- Explore your wellness benefits* to achieve your goals for a healthy lifestyle and earn rewards along the way

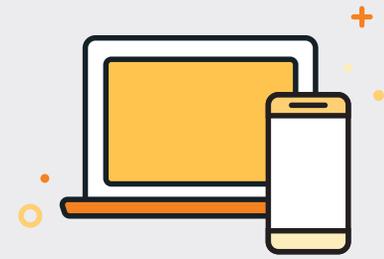
* See pages 6-7 for details



Decide where to get primary care

To connect with your Patient Advocate, call 1 (920) 272-3550 (TTY: 711) or 1 (920) 272-3540 (TTY: 711), or email: patientadvocate@prevea.com or visit Prevea360.com/Locations to find a primary care clinic near you.

Before your first visit, contact your previous clinic to complete an **Authorization to Release Protected Health Information Form**. The form allows your previous clinic to send your medical records to your new clinic so you can continue to get the best care possible.



Important member documents and helpful terms to know

Find member documents and more at Prevea360.com/Login.[†]

- **Your Member Certificate** (sometimes called a “Member Policy”) has information about your insurance benefits and coverage, and it lists general limitations and exclusions to your plan
- **Your Summary of Benefits and Coverage (SBC)** is an easy-to-read grid that lists the details of plan coverage, along with a basic cost estimate of your financial responsibilities for common medical services**
- **Common health insurance terms** are listed on page 8. **The Pharmacy Drug Formulary** is a list of prescription drugs that helps you understand what is and isn’t covered by your insurance



If you have other health care coverage

Your Prevea360 Health Plan policy has a **Coordination of Benefits (COB)** provision – a fancy way of saying we’ll need to sort through situations where you’re covered by another health insurance company (such as through an employer or Medicare).

Contact Member Services to inform us of any additional coverage. See page 2 for contact details.



If you have a chronic condition or a health concern

We’re here help you if you have a serious condition or a complex health care need.

Visit Prevea360.com/CareManagement and click on “Complex Case Management” to learn how we can help, or contact Member Services.

*** Your financial responsibilities may come in the form of a copay, coinsurance, or deductible. The terms stated in these documents may change at your annual policy renewal, and we will send you an outline of any changes at that time.*

† These documents are also available by contacting Member Services to request copies be mailed to you. See page 2 for contact details.

Here for you



Virtual Care

Get help for common illnesses like the flu or sinusitis by connecting to a local provider via smart phone or computer. Only certain conditions qualify for Virtual Care.

Visit Prevea360.com/VirtualCare.



MyPrevea[†]

Manage your health care from your computer or smart phone.

- Send and get secure messages with your primary care provider
- Schedule appointments
- Get lab results
- Request prescription refills
- View and pay your medical bill

Visit Prevea360.com/MyPrevea to activate your account.



Prevea Care after hours

Take the guesswork out of getting the health care you deserve. A nurse is ready to help 24/7/365.

- Talk with a registered nurse
- Get answers to your health-related questions or concerns

Call **1 (888) 277-3832 (TTY: 711)**. Save our number in your phone so you can call us anytime.

** Service only available when selecting an SSM Health primary care provider. ASO employees should call Member Services at **1 (877)-379-7605 (TTY: 711)** for member onboarding assistance.*

† Some features of MyPrevea may not be available at all primary care clinics.

YOUR WELLNESS BENEFIT

Earn up to \$150



With the right tools, information, and motivation, you can achieve your goals for a healthier lifestyle. That's what Living Healthy is all about. Visit Prevea360.com/LivingHealthy to create your account today.**



Living Healthy Rewards**

Prevention or early detection of common diseases is the best way to be the healthiest you. The list below includes common preventive and screening services, but it's important to check with your primary care provider to determine which tests are appropriate for your medical history and family history. Plus you can earn points for taking care of yourself.

- **Immunizations:** Influenza, Varicella, Tetanus, Meningococcal and Pneumococcal
- **Cancer screenings:** Mammogram, Colon Cancer (FIT testing, Cologuard, Colonoscopy) and PAP smear
- **Other screenings:** Chlamydia, Gonorrhea, HIV, Hepatitis C, Diabetes, and Depression

Here's how it works:

- Choose a healthy activity, complete it, and earn points
- Get your reward in the form of gift cards to your choice of many national retailers, restaurants, and other popular merchants
- All rewards must be redeemed **before December 31, 2025**

For more information visit Prevea360.com/Wellness.



Wellness events and resources

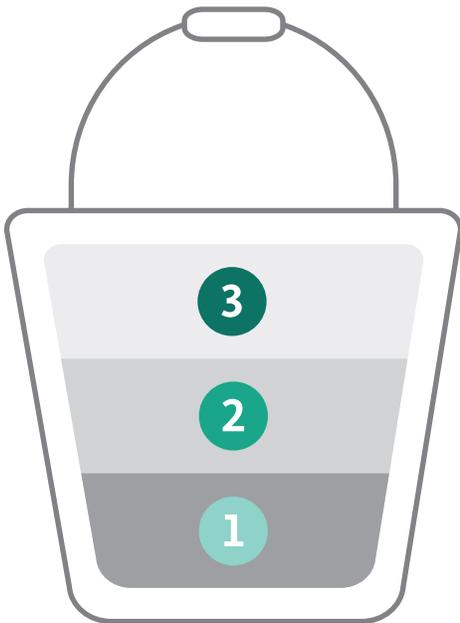
Simplify your search for health and wellness resources and access our wellness events calendar at Prevea360.com/Wellness.

**** Only Prevea360 Health Plan members, ages 18 and older, are eligible for Living Healthy rewards. Check with your plan administrator for reward offerings specific to your plan. Covered adult children (ages 18 and older) can earn up to \$100 per year. Visit Prevea360.com/Wellness for full details.**

How insurance works

Sharing the cost of care

It's our goal to make it as easy as possible for you to understand your financial responsibilities.* Your policy may use a system of cost sharing that can include a copay, coinsurance, deductible, or any combination of the three.



Review our glossary of common terms at Prevea360.com/InsuranceTerms

1

Deductible

Each time you receive medical services, you'll pay the bill toward these services up to a certain amount. This amount is your deductible, which is what you must pay for covered health care services each year before we begin to pay.

2

Coinsurance[†]

Once you've paid the deductible amount, your insurance will then start splitting the cost of additional medical services with you. This is known as coinsurance, meaning you only pay a percentage or part of the total cost of services and we'll pay the rest.

Deductible and coinsurance limit

There is a dollar limit to the amount you'll pay toward your deductible and coinsurance.

3

Copays

A copay is a fixed dollar amount, which you pay at the time you receive medical services (for things like an office visit) and prescriptions. All your copays add up toward your maximum out-of-pocket total.

Maximum out-of-pocket

There's a dollar limit to all your cost sharing. You reach this amount by means of your deductible, plus your coinsurance, plus your copays. Once this limit is reached, you'll pay nothing on subsequent covered medical charges for the remainder of your policy year.

Premium

The amount you pay each month to access your health insurance.



Estimate the cost for a service

Check your Member Policy document for details about common medical services. You may also visit Prevea360.com/Members/Cost-estimator for three tools that estimate physician, facility and pharmacy costs.

Explanation of Benefits (EOB)

The EOB is not a bill. The EOB lists the services used, amount charged by the provider, and your financial responsibility to pay toward deductibles or coinsurance. Sign in to your secure member account to see your past EOBs at Prevea360.com/Login.

Submit a claim

Claims are usually sent directly to Prevea360 Health Plan by providers or clinics.

Sometimes if you're traveling out of the area or have a college-age dependent, for example — it may be necessary for you to submit a claim for reimbursement.

Visit Prevea360.com/DocumentLibrary and search the phrase: "member paid claim reimbursement form". Be sure to follow these guidelines:

- Send an itemized bill from the provider of service. If services were received outside of the U.S., you'll need to submit the original bill along with an itemized bill and indicate the appropriate currency exchange rate at the time the services were received
- Send the bill within 60 days (up to 12 months are allowed) after the services are received to:

Prevea360 Health Plan
Attn: Claims Department
PO Box 56099
Madison, WI 53705-9399

- If you have another insurance company that is the primary payer, you'll need to send the EOB to Prevea360 Health Plan or your health care provider

** Not all of the cost-sharing terms listed here apply to all members. Refer to your Member Policy document to understand which apply to you.*

† Coinsurance is your share of the costs of a covered health care service. It's calculated as a percent of the allowed amount for the service. For members with PPO and POS Smart Plans and POS Smart Value Choice Plans, coinsurance and copays apply.

Know the right care for you

Primary Care Provider (PCP)

Health care is a personal experience. Your care team is committed to working with you to build a relationship of trust. Trust combined with their training and experience means you have true health advocates who care.

Your care team:

- Consists of your primary care providers
- Provides care for a wide range of preventive and long-term health care
- Helps you stay healthier with regular visits, immunizations and screenings
- Handles your immediate care needs
- Coordinates specialist care
- Coordinates your health care with other medical experts

Visit Prevea360.com/Doctors to search our online provider directory for a primary care provider. Filter your search to only see providers in your network. Then select a provider to learn about their education, specialty, certification and more.

Coordinated care

We're part of an **Integrated Delivery Network (IDN)** with Prevea Health. That means physicians, hospitals, your health plan, and pharmacy work together to reduce health care costs, improve quality, and deliver a better member and patient experience.

In-network provider

Access a network of facilities, providers, and suppliers that provide health care services at negotiated rates. By staying in your plan's network for care, you'll likely pay less in overall costs.

Out-of-network provider

A provider or facility with no contract with your health plan can charge full price for health care services you receive.



E-VISIT



VIDEO VISIT



PRIMARY CARE



URGENT CARE



EMERGENCY CARE



Too sick or unable to drive to the doctor?

Fill out an online questionnaire, get a written diagnosis, treatment, and a prescription.

Cold/flu, allergies, lice, etc.



Prefer a face-to-face conversation?

Start a video visit and quickly connect with a SSM Health provider. No appointment necessary.

Abnormal headaches, earaches, chronic conditions, etc.

Wish to see your provider for care?

Schedule an appointment at your primary care clinic. Same-day appointments are usually available.

In-person treatments and annual checkups.

Primary care clinic full or closed?

Visit your nearest urgent care facility.

When your normal clinic is full or closed.



Life-threatening illness or injury?

Go to the nearest emergency room or call 911.

Heart attack, stroke, head injury, severe pain.

Unsure of the type of care you need?

Call the Prevea Care After Hours at **1 (888) 277-3832 (TTY: 711)** for support.

House calls with Pivotal Health

Health care straight to your door

Make an appointment through Pivotal Health's innovative mobile app available for iOS and Android. The app allows patients to easily schedule appointments, manage billing and insurance, and access after-visit summaries.

You can be seen for:

- In-person assessments
- Flu, strep, and RSV
- Blood draws for labs
- IV hydration and IV meds
- Wound care and stitches
- Vaccines and injections
- X-rays and ultrasounds
- Medication management

** Service only available for members in the northeastern Wisconsin service area.*



Schedule through the app, or call
1 (888) 688-4746 (TTY: 711)
Monday – Friday, 8 a.m. – 8 p.m.,
and Saturday and Sunday, 10 a.m. – 7 p.m.



We make change easy

A patient advocate at your side*

Our local Patient Advocates and care team help you navigate through your health care journey with connection, support and education.

They ease your transition into the Prevea Health system by transferring medical records, helping set up your MyPrevea account, aligning you with providers or establishing a primary care provider, and scheduling appointments to close gaps in care.

To connect with your Patient Advocate,
call **1 (920) 272-3550 (TTY: 711)**
or **1 (920) 272-3540 (TTY: 711)**
or email: patientadvocate@prevea.com



** ASO, ETF, and Federal employees should contact Member Services at **1 (877) 376-5336 (TTY: 711)** for member onboarding assistance.*

Care to keep you healthy

We do more than pay the medical bill. At the heart of our preventive care philosophy is a promise you'll get the support you need to remain as healthy as possible and help prevent disease.



Annual preventive visit

This type of visit can help find health concerns so they can be addressed before they get worse. That's what preventive care is all about.

Your annual preventive visit can:

- Help your primary care provider get to know you and your health care needs
- Prevent or manage illnesses, diseases or other health problems
- Include important patient counseling, and referrals to specialists for additional care



Preventive care*

In addition to an annual preventive visit for all ages, we encourage and cover:

- Immunizations
- Screenings for breast, cervical, and colon cancer
- Sexually transmitted infection (STI) counseling for adults and adolescents
- Cholesterol screening for all ages

Visit Prevea360.com/Preventive for a complete list of covered preventive services.

** Information presented here is meant to supplement – not replace – the advice and care of health care professionals. To see your specific preventive care coverage details, please review your Member Certificate (sometimes called a "Member Policy") and Summary of Benefits and Coverage documents. Details for covered preventive services may change. For coverage questions, contact Member Services. See page 2 for contact details.*

Coverage that travels with you



Travel coverage

You don't need to take insurance coverage worries with you on vacation. You're covered for urgent and emergency care worldwide.

We'll cover services provided in an urgent care facility and/or emergency room while you're out of the Prevea360 Health Plan service area, subject to policy copays, coinsurance, deductibles, and maximum allowable fees. No referral or prior authorization needed. If you're unable to get to an in-network plan provider, please go to the nearest urgent care or emergency care center for treatment. Please notify us as soon as possible by calling Member Services at the number on the back of your ID card.

An in-network provider should see you for all follow-up care. If you're out of the area and not able to see an in-network plan provider, call your primary care provider to discuss the urgent/emergent services you received, and any follow-up services recommended by your out-of-network provider. You must have an approved prior authorization for services to be covered. Your primary care provider can submit a request for medically necessary services with the out-of-network provider.



Out-of-area dependents[†]

If you have kids, even better: You have coverage for your dependent children (up to age 26) who are living in another community.

- Away at college
- Traveling adventures
- Internships
- Living out-of-state

Complete and submit an out-of-area dependent form and access our out-of-area provider search at Prevea360.com/OutOfArea.

† Out-of-area dependent coverage for non-urgent and non-emergency care applies to large group employer (51+ employees) plans only; check with your employer's benefits administrator if you have questions.

Coverage focused on you

In addition to primary care providers, our network includes a variety of medical specialties. Your primary care provider can help you find a specialist who's right for you.



Specialty care 101

If you're ever unsure, you can talk to your primary care provider about when a specialist is needed.

- Examples of specialty care include: physical therapy, podiatry, chiropractic services and dermatology
- There are many specialists affiliated with Prevea360 Health Plan, including but not limited to Prevea Health
- You should be seen by a specialist within the Prevea360 Health Plan network of providers

Visit Prevea360.com/Doctors for a complete list of specialty providers, behavioral health services, and hospitals.



Prior authorization

Certain medical services or specialty care services might require you to get prior authorization.*

- Anytime you need services with an out-of-network provider, you'll need a prior authorization, unless your benefit plan includes an out-of-network option
- Prior authorization allows our medical management team to review the medical necessity of the recommended service or visit, and make sure you're getting appropriate care

** A prior authorization can only be obtained for services that are covered under your plan benefits. For example, if bariatric surgery isn't covered in your policy, prior authorization will not change the policy to cover it. If the services are covered under your plan, they remain subject to a decision regarding medical necessity and any applicable cost sharing (e.g., copays, coinsurance or deductibles).*



Do you need prior authorization?

My PCP (or other in-network provider) recommended a specialist.

In-network provider

With a Prevea360 Health Plan HMO or Focus Plan in-network provider — you don't need to do anything. Although the service may require a prior authorization, it's up to your in-network provider to get a prior authorization for you.

Out-of-network provider

With a Prevea360 Health Plan HMO or Focus Plan, prior authorization is needed to see an out-of-network provider. Discuss this with your plan physician and they'll submit an authorization to the health plan if the services are not available with plan providers. We'll then review the request and provide a written decision to you and the referring provider within 15 calendar days from receipt. Make sure you wait until you receive this approval before receiving the recommended services to avoid any unnecessary fees.

PPO or POS plan

Because each POS and PPO plan is different, we recommend you check if a prior authorization is required for any services outside of a normal office visit. For a plan-specific list of these services, refer to the "Prior Authorization" section of your Member Certificate (sometimes called "Member Policy") available at **MemberBenefits.Prevea360.com**. You may also call Member Services at the number on the back of your ID card.

† If Member Services is unable to address your authorization concerns, you'll be connected to the Care Management Department. If you have an urgent need outside of business hours, leave a message with Member Services and your call will be returned within one business day.

Pharmacy services

Convenience and member affordability are the name of the game when it comes to Prevea360 Health Plan pharmacy services. We're here to help you manage your prescriptions and lower your expenses.



Pharmacies

- Get answers to your questions and make sure your medications are right
- Refill prescriptions by phone or online
- Get prescriptions filled for 90 days



Costco pharmacy

Our preferred mail order pharmacy.

Need your prescriptions delivered? You can order all your prescriptions through the Costco Pharmacy. A Costco membership is not needed to use their mail order pharmacy.

To switch to Costco, members will need to register with Costco Mail Order Pharmacy. They can register by visiting [Pharmacy.Costco.com](https://www.costco.com/Pharmacy) and clicking "Sign in/Register".

You'll also need your prescriber to submit new prescriptions to Costco. For more information about our Mail Order Pharmacy program, call Member Services at the number on the back of your ID card.



Specialty pharmacy

Medications for many chronic and complex health conditions can be hard to manage. Lumicera, our specialty pharmacy, works with you and your provider to help manage your condition and to make sure you get the best care possible. We offer free delivery, same-day service, refill reminders, financial assistance and more. Have questions? Call 1 (255) 847-3553.



Vaccine coverage

Vaccines are covered and recommended for people of all ages. Doses and age-specific vaccines vary. Check with your doctor to ensure you and your family receive vaccines — including the flu vaccine — on time. As a health plan member with pharmacy benefits, you and your family can receive essential immunizations from your provider at your annual preventive care visits. Health plan members, ages six and older, can also get vaccines at in-network pharmacy locations. To find a pharmacy near you, visit [Prevea360.com/Pharmacy](https://www.Prevea360.com/Pharmacy).



Drug formulary and management procedures

We use a drug formulary, which is a list of prescription drugs that helps you understand what is and isn't covered. Our drug formulary breaks the list into different tiers. The tiers are organized by the level of cost sharing between you and the health plan. The drug formulary is reviewed every month and updated on a regular basis. For example, we update the drug formulary when a new generic drug is approved. There are restrictions to and procedures for your coverage in order to help keep plan costs down.

Restrictions to and procedures for your prescription coverage mean you may only receive drugs listed on our drug formulary (closed formulary). Certain drugs may have specialist restrictions or require you to visit a specialty pharmacy. You may also be required to have prior authorization, mandatory generic substitution, step therapy and/or quantity level limits for certain drugs. Be familiar with your plan's specific coverage details and visit Prevea360.com/Pharmacy to review our drug formulary, along with general limitations and procedures.



Pharmacy Concierge Services

Understanding what medications are covered or when you need a prior authorization can feel overwhelming without expert help. Just like a concierge helps find the best local places to explore, our pharmacy concierge helps you navigate your benefits, helps onboard new members, and tackles more complex pharmacy-related needs. Find the answers you need to feel confident using your pharmacy benefits to their fullest. A better pharmacy experience starts at Prevea360.com/PharmacyBenefits.

Pharmacy services (cont.)



Preventive drug list[†]

Many medications are covered at \$0 for large group members which helps you manage drug costs.

Medications on the preventive drug list include but not limited to:

- Preferred mental health medications
- Preferred brand diabetes medications
- Preferred Insulin
- Preferred inhalers and nebulizer solutions

To see the most up-to-date list of \$0 preventive drugs, visit Prevea360.com/PharmacyBenefits or review the Member Document Center on Prevea360.com/Login.



\$6 for 6-month supply

Remembering to order the prescriptions you need each month is a hassle. Our \$6 for a 6-month supply program helps members with conditions like diabetes, high blood pressure, mood disorders, and bone health get a 6-month supply of certain generic medications for \$6 when they use Costco (Costco membership not needed) and SSM retail pharmacies. See the list of medications at Prevea360.com/PharmacySavings.



\$0 Preferred diabetic supplies^{**}

Cost should not be a barrier to controlling your diabetes. That's why all formularies include preferred diabetic supplies such as syringes, lancets, and pen needles at \$0 for large and small group members.

This way you can focus on staying healthy, not the cost of getting there.

Visit MemberBenefits.Prevea360.com to view your drug formulary, find nearby pharmacies and learn more about mail-order delivery, immunizations and other pharmacy services.



Making changes to your plan

We understand sometimes big events happen in your life and it means you need to make a change to coverage with your Prevea360 Health Plan. Learn more about your special enrollment options below.



Special enrollment

You can make changes to your plan outside of the designated open enrollment period if you have a qualifying event that would trigger a special enrollment period.

Go to Prevea360.com and search “employee status change” for more information on qualifying event requirements.

We’re here to help you sort it all out. If you’re enrolled in Medicare, have questions about Medicare, or need to report additional coverage other than Medicare, please call Member Services at the number on the back of your ID card.



Let us know if you have other coverage or Medicare

Do you have health insurance coverage in addition to your coverage through Prevea360 Health Plan? If you have coverage through more than one plan, we have to determine in what order claims will be paid, which is called coordination of benefits. It’s important that you notify us when you’re eligible for, or are enrolled in Medicare. In situations when Medicare is, or will be the primary payer, we suggest you enroll in both Medicare Part A and Part B.[†]

[†] Medicare-eligible if you are a legal U.S. resident and one of the following applies to you:

- Age 65 or older
- Any age and have a qualifying permanent disability
- Any age and have been diagnosed with end-stage renal disease (ESRD)

Member information



Member rights and responsibilities

You deserve the best service and health care possible. Rights and responsibilities help foster cooperation among members, providers, and Prevea360 Health Plan. Visit Prevea360.com/Member-Rights to view your member rights and responsibilities.

Grievance and external independent review rights

We know at times you may have questions and concerns about benefits, or services you've received from Prevea360 Health Plan. When a question or concern arises, we encourage you to reach out to Member Services. We'll make every effort to resolve your concern promptly and completely. Your input matters, and we encourage you to call with any regarding your health care coverage. If after contacting us, you continue to feel a decision has adversely affected your coverage, benefits, or relationship with Prevea360 Health Plan, you may file a grievance or appeal.

Visit Prevea360.com/Appeals for details on how to file or for more information about these procedures. You may also find information in your Member Certificate or Summary. Call Member Services with questions about the process. See page 2 for more details.

How to submit a complaint

If you have a complaint, call Member Services at the number on the back of your ID card. We'll document and investigate your complaint, and let you know the outcome. For more information, visit Prevea360.com/Appeals.

Terms and conditions

All your benefits are subject to terms and conditions, as described in your Schedule of Benefits and in your Member Policy. Please refer to these important documents for complete details.

Drugs and new medical technology

Each year, we evaluate new and existing medical technology to determine if any updates to medical policies are needed. Drugs covered under your pharmacy benefit are also reviewed by a Prevea360 Health Plan medical director and pharmacists from SSM Health System, and Navitus Health Solutions. Prevea360 Health Plan follows the review process set forth by the National Committee for Quality Assurance (NCQA) any time there is a new product or process. Based upon the results of the technology assessment, Prevea360 Health Plan will revise its medical policies, if necessary.

Privacy and Confidentiality

How We¹ Protect Your Privacy

Summary

We are required to protect members' personal health information by several state and federal laws. The most comprehensive regulations were issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). HIPAA regulations require entities like us to provide you with information about how your protected health information may be used and disclosed, and to whom. This notice explains what your protected health information is, how we must protect this information, and how you can access your protected health information. We must follow the terms of its privacy notice. We may also change or amend its privacy notice as the laws and regulations change. However, if the notice is materially changed, we will make the revised privacy notice available to you.

There are also state and federal laws requiring us to protect your non-public personal financial information.² The most comprehensive regulations were issued under the Gramm-Leach-Bliley Act ("GLBA"). The GLBA requires us to provide you with a notice about how your non-public personal financial information may be used and disclosed, and to whom.

These duties, responsibilities and rights are described in more detail in the following Privacy Notice.

Medica's Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED UNDER STATE AND FEDERAL LAW, INCLUDING HIPAA, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THIS NOTICE IS INTENDED FOR MEMBERS OF MEDICA OR ITS AFFILIATES.

What is PHI?

We are committed to protecting and maintaining the privacy and confidentiality of information that relates to your past, present or future physical or mental health, healthcare services and payment for those services. HIPAA refers to this information as "protected health information" or "PHI." PHI includes information related to diagnosis and treatment plans, as well as demographic information such as name, address, telephone number, age, date of birth, and health history. We also protect cultural information such as race, ethnicity, language, gender identity, and sexual orientation, the same as all other PHI.

¹ This Notice of Privacy Practices applies to the following health plans that are affiliated with Medica: Medica Health Plans, Medica Insurance Company, Medica Community Health Plan, Medica Regional Insurance Company, Medica Central Health Plan, Medica Central Insurance Company, Dean Health Plan, Inc., Dean Health Insurance, Inc., and Prevea360 Health Plan. This notice applies to the combined Medica/Dean Health Affiliated Covered Entities (ACE), which are designated as a single HIPAA covered entity as permitted by HIPAA and may be amended from time to time to add new covered entities that are under common control or ownership.

² For purposes of the Financial Notice of Privacy Practices, this notice applies to health plans that are affiliated with Medica.

How do we protect your PHI?

We take our responsibility of protecting your PHI seriously. Where possible, we de-identify PHI. We use and disclose only the minimum amount of PHI necessary for treatment, payment and operations, or to comply with legal or similar requirements. In addition to physical and technical safeguards, we have administrative safeguards such as policies and procedures that require our employees to protect your PHI. We also provide training on privacy and security to its employees.

We protect the PHI of former members just as it protects the PHI of current members.

Under what circumstances do we use or disclose PHI?

We receive, maintain, use and share PHI only as needed to conduct or support: (i) treatment-related activities, such as referring you to a doctor; (ii) payment-related activities, such as paying a claim for medical services; and (iii) healthcare operations, such as developing wellness programs. Additional examples of these activities include:

- Enrollment and eligibility, benefits management, and utilization management
- Customer service
- Coordination of care³
- Health improvement and disease management (for example, sending information on treatment alternatives or other health-related benefits)
- Premium billing and claims administration
- Complaints and appeals, underwriting, actuarial studies, and premium rating (however, we are prohibited from using or disclosing your PHI that is genetic information for underwriting purposes)
- Credentialing and quality assurance
- Business planning or management and general administrative activities (for example, employee training and supervision, legal consultation, accounting, auditing)
- We may, from time to time, contact you with important information about your health plan benefits. Such contacts may include telephone, mail or electronic mail messages. However, we will not use cultural information, such as race, ethnicity, language, gender identity, and sexual orientation, for purposes of underwriting, rate setting or denial of coverage or benefits.

³ Dean Health Insurance, Inc., along with Dean Health Plan, Medica Central Health Plan, and Medica Central Insurance Company may take part in Organized Health Care Arrangements (OHCAs), including an OHCA with SSM Health and Dean Health System. As part of an OHCA, we may from time to time share your information with other members of the OHCA in order to perform joint health care activities as permitted by HIPAA.

With whom do we share PHI?

We share PHI for treatment, payment and health care operations with your health care providers and other businesses that assist it in its operations. These businesses are called “business associates” in the HIPAA regulations. We require these business associates to follow the same laws and regulations that we follow.

Public Health, Law Enforcement and Health Care Oversight. There are also other activities where the law allows or requires us to use or disclose your PHI without your authorization. Examples of these activities include:

- Public health activities (such as disease intervention);
- Healthcare oversight activities required by law or regulation (such as professional licensing, member satisfaction surveys, quality surveys, or insurance regulation);
- Law enforcement purposes (such as fraud prevention or in response to a subpoena or court order);
- Assisting in the avoidance of a serious and imminent threat to health or safety; and
- Reporting instances of abuse, neglect, domestic violence or other crimes.

Employee Benefit Plans. We have policies that limit the disclosure of PHI to employers. However, we must share some PHI (for example, enrollment information) with a group policyholder to administer its business. The group policyholder is responsible for protecting the PHI from being used for purposes other than health plan benefits.

Research. We may use or release PHI for research. We will ensure that only the minimum amount of information that identifies you will be disclosed or used for research. HIPAA allows us to disclose a very limited amount of your PHI, called a “limited data set” for research without your authorization. You have the right to opt-out of disclosing your PHI for research by contacting us as described below. If we use any identifiers, we will request your permission first.

Family Members. Under some circumstances we may disclose information about you to a family member. However, we cannot disclose information about one spouse to another spouse, without permission. We may disclose some information about minor children to their parents. You should know, however, that state laws do not allow us to disclose certain information about minors – even to their parents.

When do we need your permission to use or disclose your PHI?

From time to time, we may need to use or disclose PHI where the laws require us to get your permission. We will not be able to release the PHI until you have provided a valid authorization. In this situation, you do not have to allow us to use or disclose your PHI. We will not take any action against you if you decide not to give your permission. You, or someone you authorize (such as under a power of attorney or court-appointed guardian), may cancel an authorization you have given, except to the extent that we have already relied on and acted on your permission.

Your authorization is generally required for uses and disclosures of PHI not described in this notice, as well as uses and disclosures in connection with:

- **Psychotherapy Notes.** We must obtain your permission before making most uses and disclosures of psychotherapy notes.
- **Marketing.** Subject to limited exceptions, we must also obtain your permission before using or disclosing your PHI for marketing purposes.
- **Sales.** Additionally, we are not permitted to sell your PHI without your permission. However, there are some limited exceptions to this rule—such as where the purpose of the disclosure of PHI is for research or public health activities.

What are your rights to your PHI?

You have the following rights with regard to the PHI that we have about you. You, or your personal representative on your behalf, may:

Request restrictions of disclosure. You may ask us to limit how it uses and discloses PHI about you. Your request must be in writing and be specific as to the restriction requested and to whom it applies. We are not required to always agree to your restriction. However, if we do agree, we will abide by your request.

Request confidential communications. You may ask us to send your PHI to a different address or by fax instead of mail. Your request must be in writing. We will agree to your request if it is able.

Inspect or obtain a copy of your PHI. We keep a designated record set of its members' medical records, billing records, enrollment information and other PHI used to make decisions about members and their benefits. You have the right to inspect and get a copy of your PHI maintained in this designated record set. Your request must be in writing on our form. If the PHI is maintained electronically in a designated record set, you have a right to obtain a copy of it in electronic form. We will respond to your request within thirty (30) days of receipt. We may charge you a reasonable amount for providing copies. You should know that not all the information we maintain is available to you and there are certain times when other individuals, such as your doctor, may ask us not to disclose information to you.

Request a change to your PHI. If you think there is a mistake in your PHI or information is missing, you may send us a written request to make a correction or addition. We may not be able to agree to make the change. For example, if we received the information from a clinic, we cannot change the clinic information—only the clinic can. If we cannot make the change, we will let you know within thirty (30) days. You may send a statement explaining why you disagree, and we will respond to you. Your request, our disagreement and your statement of disagreement will be maintained in our designated record set.

Request an accounting of disclosures. You have the right to receive a list of disclosures we have made of your PHI. There are certain disclosures we do not have to track. For example, we are not required to list the times we disclosed your PHI when you gave us permission to disclose it. We are also not required to identify disclosures made that go back more than six (6) years from the date you asked for the listing.

Receive a notice in the event of a breach. We will notify you, as required under federal regulations, of an unauthorized release, access, use or disclosure of your PHI. "Unauthorized" means that the release, access, use or disclosure was not authorized by you or permitted by law without your authorization. The federal regulations further define what is and what is not a "breach." Not every violation of HIPAA, therefore, will constitute a breach requiring a notice.

Request a copy of this notice. You may ask for a separate paper copy of this notice.

TO EXERCISE ANY OF THESE RIGHTS, PLEASE CONTACT MEMBER SERVICES AT THE TELEPHONE NUMBER ON THE BACK OF YOUR ID CARD, OR CONTACT MEDICA AT P.O. BOX 9310, MINNEAPOLIS, MN 55440-9310.

File a complaint or grievance about our privacy practices. If you feel your privacy rights have been violated by us, you may file a complaint. You will not be retaliated against for filing a complaint. To file a complaint with us, please contact Customer Service at the contact information listed above. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. To do so, write to the:

Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave Suite 240
Chicago, IL 60601.

About this notice.

We are required by law to maintain the privacy of PHI and to provide this notice. We are required to follow the terms and conditions of this notice. However, we may change this notice and its privacy practices, as long as the change is consistent with state and federal law. If we make a material change to this notice, we will make the revised notice available to you within sixty (60) days of such change.

FINANCIAL INFORMATION PRIVACY NOTICE

THIS NOTICE EXPLAINS HOW FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THIS NOTICE IS INTENDED FOR MEMBERS OF MEDICA OR ITS AFFILIATES.

How do we protect your information?

We take our responsibility of protecting your information seriously. We maintain measures to protect your information from unauthorized use or disclosure. These measures include the use of policies and procedures, physical, electronic and procedural safeguards, secured files and buildings and restrictions on who and how your information may be accessed.

What information do we collect?

We may collect information about you including your name, street address, telephone number, date of birth, medical information, social security number, premium payment and claims history information.

How do we collect your information?

We collect information about you in a variety of ways. We obtain such information about you from:

- You, on your application for insurance coverage
- You, concerning your transactions with us, our affiliates or others
- Your physician, health care provider or other participants in the health care system
- Your employer
- Other third parties

Under what circumstances do we use or disclose non-public personal financial information?

We use your non-public financial information for its everyday business operations. This includes using your information to perform certain activities in order to implement and administer the product or service in which you are enrolled. Examples of these activities include enrollment, customer service, processing premium payment, claims payment transactions, and benefit management.

We may disclose your information to the following entities for the following purposes:

- To our affiliates to provide certain products and services.
- To our contracted vendors who provide certain products and services on our behalf.
- To a regulatory authority, government agency or a law enforcement official as permitted or required by law, subpoena or court order.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT MEMBER SERVICES AT THE TELEPHONE NUMBER ON THE BACK OF YOUR ID CARD, OR CONTACT MEDICA AT:

**P.O. BOX 9310
Minneapolis, MN 55440-9310.**

The effective date of this notice is June 1, 2024



Finding coverage information

You can find important information about your health care coverage in your coverage document. It describes what your plan covers, what your share of the costs will be when you get care, and other details about your plan.



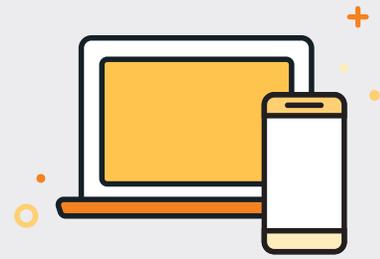
Member account

If you haven't checked out your Prevea360 Health Plan account, now's the time! It's your digital one-stop resource for all kinds of information to help you manage your health plan benefits, and improve your health. Go to **Prevea360.com/Login** and follow the instructions to create your account.



Manage your health plan online

Did you know you can find your coverage document, and other helpful information in your member account? Just sign into **Prevea360.com/Login**. You can view, print, or download a copy of your current coverage document. Want your coverage document mailed to you free of charge? Order a copy through your member account or call Member Services at the number on the back of your Prevea360 Health Plan ID card.



Your health care rights: What you need to know

Advance directives: Making your wishes known

The Patient Self-Determination Act of 1990 requires health plans to tell members about their health care decision-making rights. These rights allow you to create written instructions that tell doctors and family members what kind of care you want if you're too sick to make health care decisions yourself. This type of document is called an advance directive. Your instructions are written and witnessed in advance of the possible need for them.

The law recognizes advance directives as they relate to health care that's provided to a patient who is unable to make decisions because of illness or injury. Examples include someone who has suffered brain damage and is in a coma; a patient with advanced Alzheimer's disease; or a person in the final stages of cancer.

Creating an advance directive helps protect your right to make choices about your medical care. It also helps your physician and family by providing guidelines for care.

Your health care coverage from Prevea360 Health Plan doesn't require you to create an advance directive. We're simply letting you know you have the option to do so, as required by law. For more information about advance directives, contact your state's agency on aging or visit their website.

Women's Health and Cancer Rights Act: Coverage after a mastectomy

The Women's Health and Cancer Rights Act requires health insurers and group health plans that cover mastectomies to provide certain benefits if a member chooses reconstructive surgery after a mastectomy. The law also requires health plans to provide members with written notice that this coverage is available.

Refer to your member account at Prevea360.com/Login to see how your plan covers the following:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a balanced look.
- The cost of prosthesis and the treatment of any physical complications resulting from mastectomy. This includes treatment of lymphedema (swelling sometimes caused by surgery).

Some members may have to pay a deductible, copayment, or coinsurance. The amount will be consistent with the deductibles, copayments, or coinsurance for other benefits in your plan. To determine the amount you would have to pay, see your coverage document available on your member account at Prevea360.com/Login.



Questions? Connect with us:

**If your Employer Group starts
with the letter "C", call**

1 (877) 376-5336 (TTY: 711)

7 a.m. – 8 p.m. CT, Monday – Friday

9 a.m. – 3 p.m. CT, Saturday

Closed 8 – 9 a.m. on Thursdays

All others, call

1 (877) 230-7555 (TTY: 711)

7:30 a.m. – 5 p.m. CT, Monday – Friday

Employer Provided Insurance

PO Box 56099

Madison WI 53705-9399

Prevea360.com/Login

Follow us on LinkedIn and Facebook

@prevea360



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Prevea360 Health Plan does not discriminate on the basis of disability in the provisions of programs, services or activities. If you need this printed material interpreted or in an alternate format, or need assistance in using any of our services, please contact Member Services at the number on the back of your ID card.

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