



Member Guide

Welcome to **your**
wellness journey

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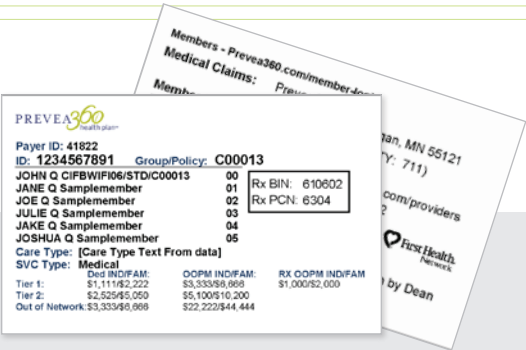
Questions about health coverage?

Visit prevea360.com/healthplan101

We're so Happy You Chose Prevea360 Health Plan

Count on Prevea360 Health Plan to support you so you can stay healthy and get the most out of your plan. As a member, you now have access to valuable resources to manage your health and empower you to take control of your care. That means benefits you can understand, tools that save you time and most importantly, support from our friendly staff whenever you need us.

Starting a New Health Plan Can be Complicated We Make it Easy



Your Member ID Card

If you haven't yet received your ID card, it should be on the way!

Step 1: Activate your FREE accounts

- See pages 5–7 for details
- Schedule appointments, send secure messages to your provider and more through your **MyChart** account
- Access your insurance details, view and pay your premium bill and more through your account
- Achieve your goals for a healthy lifestyle and earn rewards along the way through the Living Healthy tile in your account!

Step 2: Decide where you'd prefer to receive your primary care

- Visit prevea360.com/locations to find a primary care clinic near you

Before you come in for your first visit, it's a good idea to have your medical records transferred from your previous primary care clinic to your new one. Contact your previous clinic to obtain and 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 your medical team can best continue your care.

Knowing the Ins and Outs of Your Health Plan

Additional Member Info

Review important member documents.

- 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** 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*
- Take a moment to review common health insurance terms on page 8 so you better understand your coverage and visit your account at prevea360.com/Account-Login for links to these member documents†
- The **Pharmacy Drug Formulary** is a list of prescription drugs that help you understand what is and isn’t covered by your insurance

➤ I have other insurance coverage besides Prevea360 Health Plan.

- 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 are covered by another health insurance company (such as through an employer or Medicare)
- Please let us know by contacting the Member Services. See page 5 for contact details
- If you have any questions about Medicare enrollment or eligibility, or need to report that you have Medicare, please let us know by contacting the Medicare Coordination of Benefits Specialist at **608-827-4189**

➤ I have a chronic condition or a health concern.

- We’re here to support you if you have a serious condition or have a complex health care need
- Visit prevea360.com/caremanagement and click on “Complex Case Management” to learn how we can help, or contact the Member Services

Health Insurance Support is Just a Tap or Click Away

You shouldn't have to be a rocket scientist to figure out health insurance. We offer innovative tools to help you sort through all your information. And if you need a little help along the way, we're standing by.



Account

Manage your health insurance information with your secure and convenient account.

- View your insurance plan details
- Request member ID cards or download a digital copy
- Change your primary care clinic
- Review past claim details and more
- View and pay your premium bill

Visit prevea360.com/login and use your member number from your ID card to activate your account.



Customer Care Center

Our friendly Health Plan Specialists are here 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 the details about a provider

Call

877-357-3173 (TTY: 711)**

Monday - Thursday, 7:30 am - 5 pm
Friday, 8 am - 4:30 pm

Click

Visit prevea360.com/contact and send us a message.

* 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 the Customer Care Center to request copies be mailed to you. See page 5 for contact details.

** Please call 877-357-3173 if you purchased your coverage from the Health Insurance Marketplace.

Health Care Support is at Your Fingertips

Time is precious. When health concerns come up, call our nurses for insight into your specific situation instead of generalities found on the internet.



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

MyPrevea**

Manage your medical world – all from a computer or smart phone.

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

Visit myprevea.com to activate your account.



Prevea Care After Hours

Take the guesswork out of your health. A nurse is ready to help 24/7/365.

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

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

Prevea Care After Hours

888-277-3832

** Some features of MyPrevea may not be available at all primary care clinic locations.

Health + Wellness

Built Into Your Plan

Visit prevea360.com/wellness for wellness webinars, nutrition, preventive health toolkits, and online workshops to support your wellness journey. Tap into your plan's FREE wellness programs and start earning rewards.



New for 2024! Introducing My Health Rewards

We partnered with Virgin Pulse to create a personalized wellness app. Earn points for completing your preventive visit with your primary care doctor. Redeem your points for e-gift cards or shop for health and fitness products in the Virgin Pulse store.



Personalize your wellness journey

Connect your fitness tracker to the app to monitor your healthy habits. Complete journeys designed to guide you with sleeping better, finding emotional balance, eating healthy, and reducing stress.

Get started on your rewards today by downloading the free app My Health Rewards in the Apple App Store or Google Play.



How Insurance Works and Where Your Health Care Dollars Go

Your policy may use a system of cost sharing that can include a copay, coinsurance, deductible or any combination of the three.*

1

DEDUCTIBLE

Each time you receive medical services, you'll pay the bill towards 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, where you only pay a percentage or part of the total cost of services and we'll pay the rest.

Deductible and Coinsurance Limit - There's a dollar limit to the amount you'll pay towards 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.

* 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.

Payments and Claims

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.

Make a payment

For insurance premiums: You can pay your insurance premiums online or by mail. Visit prevea360.com/billpay to learn more.

For medical bills: When you are seen at a clinic location for services, you may pay a copay when you check-in. Your provider will send you a bill for any copay charges not paid at the time of service or any deductibles and coinsurance for which you are financially responsible. You can pay your bill online through your MyChart account or mail your payment (check or credit card info) with the enclosed payment form. Visit prevea360.com/billpay to learn more.

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. Log in to your 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 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 will 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:

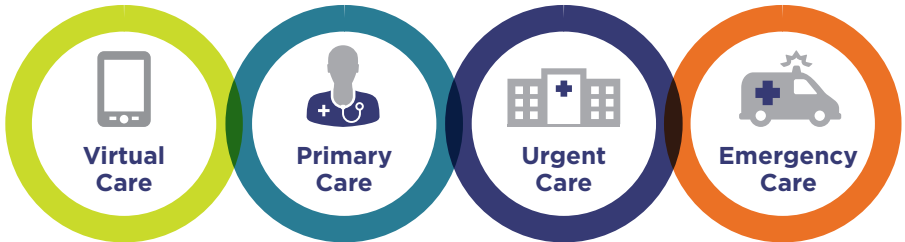
**Prevea360 Health Plan,
Attn: Claims Department
PO Box 211404
Eagan, MN 55121**

- If you have another insurance company that is the primary payer, you will need to send the Explanation of Benefits to Prevea360 Health Plan or your health care provider.

Where to Go for Care

Know your care options before you need them

As a member, you can choose from a variety of care options, whether it's during regular office hours or late at night. Knowing your options for care before you need it is good for your health - and it can save you money!



<p>\$</p> <p>Need care for minor ailments?</p> <p>Fill out an online questionnaire, receive a written diagnosis, treatment, and a prescription.</p> <p>Cold/flu, allergies, lice, etc.</p>	<p>Wish to see your doctor for care?</p> <p>Schedule an appointment at your primary care clinic. Same-day appointments are usually available.</p> <p>In-person treatments and annual checkups.</p>	<p>Primary care clinic full or closed?</p> <p>Visit your nearest Urgent Care facility.</p> <p>When your normal clinic is full or closed.</p>	<p>Life-threatening illness or injury?</p> <p>Go to the nearest emergency room or call 911.</p> <p>Heart attack, stroke, head injury, severe pain.</p>
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We are here to help

Visit prevea360.com/rightcare or scan this QR code to start your visit

We can help you find a doctor And coordinate your care

Health care is a very personal experience and finding a primary care provider you can trust can feel intimidating. We'll stand by your side every step of the way so you can feel less overwhelmed and more empowered. We coordinate with doctors, hospitals, and clinics within our network to make sure you receive the best service and care possible.



Primary Care Provider (PCP)



You're in the right place for quality.

■ Search for a doctor

Visit prevea360.com/doctors to search our online directory for an available doctor by name, location or specialty. You can filter your search to only see in-network doctors. You can also learn about each doctor's education, specialty and certification.

We're proud to be recognized for high-quality care. We're accredited by the National Committee for Quality Assurance (NCQA), an independent, not-for-profit organization that evaluates health plans based on more than 50 standards of care and service.

Learn more at prevea360.com/quality

■ What does "In-network" mean?

The network of facilities, providers, and suppliers to provide health care services that have negotiated and agreed to better rates for service. By staying in your plan's network for care, you'll likely pay less in overall costs.

Still not sure of the type of care you need? Call Prevea Care After Hours at **888-277-3832 (TTY: 711)**. A nurse is ready to help 24/7/365.

■ What does "Out-of-network" mean?

A provider or facility that has no contract with your health plan and can charge you full price for any health care services received.

Getting Sick Happens. Staying Healthy? We Help Make That Happen

We do more than pay the medical bill. At the heart of our preventive care philosophy is a promise that 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 bring to light health concerns so they can be addressed before they get worse. That's what preventive care is all about.

- Allows your primary care provider to get to know you and your health care needs
- Helps you prevent or manage illnesses, diseases or other health problems
- Includes important preventive services, such as patient counseling, referrals to specialists and recommendations for other preventive care to get



Preventive Care*

In addition to an Annual Preventive Visit for all ages, we encourage and cover:

- Immunizations - doses and age-specific vaccines vary
- Screenings for breast, cervical and colon cancer
- Annual Sexually Transmitted Infection (STI) counseling for adults and adolescents
- Cholesterol screening for all ages and more

Visit prevea360.com/preventivecare 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 the Member Services. See page 5 for contact details.

Traveling?

Here's What You Need to Know

Don't take insurance coverage worries with you on your vacation. We have you covered for urgent and emergency care worldwide.



Traveling Services

- 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 co-payments, coinsurance, deductibles and maximum allowable fees. No referral or prior authorization needed. If you are unable to get to an in-network plan provider, please go to the nearest urgent care or emergency center for treatment. **Please notify us as soon as possible by calling the Customer Care Center at 877-357-3173.**
- An in-network provider should resume all follow-up care. If you are 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 the recommended follow-up with an out-of-network provider. You must have an approved prior authorization for services to be covered. Your primary care provider will submit a request for medically necessary services with the out-of-network provider.



Need a Ride to See Your Provider?

No problem! We know that getting access to care when you need it is important.

To support you in managing your health, we are offering our individual and family plan* members a ride to and from any medical appointments with your providers during clinic hours.

For more details and to schedule your ride, call our Customer Care team at **877-357-3173 (TTY: 711)** or visit **prevea360.com/lyft**

Specialty Care is Everywhere When You Need it

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



Specialty Care 101

Talk with your primary care provider if you think you need to be seen by a specialist.

- 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 comprehensive list of our specialty providers, behavioral health services and hospitals.

Prior Authorization

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

- A good rule to remember is that any time you seek services with an out-of-network provider, you will need to get prior authorization unless your benefit plan includes an out-of-network option
- We require prior authorization so our medical management team can review the medical necessity of the recommended service or visit and make sure you are getting appropriate care unless your benefit plan includes an out-of-network option

For a plan-specific list of services that require a prior authorization, please visit prevea360.com/member-benefits

* 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).

Have a question?

Contact Member Services.†
877-357-3173 (TTY: 711)*

Do You Need Prior Authorization?

My PCP (or other in-network provider) recommended I visit a specialist:

PREVEA³⁶⁰
health plan™
HMO Plan

In-Network

You don't need to do anything.
Although the service may require a prior authorization, it is up to your in-network provider to get prior authorization for you.

Out-of-Network

Yes, you need to get prior authorization to see an out-of-network provider.
Discuss this with your plan physician and he or she will 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 both 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 to see 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 prevea360.com/member-benefits. You may also call **877-357-3173** for help.

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

Getting the Most From Your Drug Benefit

Convenience and affordability are our top priority. 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
- Pickup prescriptions or receive FREE mail-order delivery from Costco Mail Order Pharmacy to your door (within the continental US)*
- Get prescriptions filled for 90 days

Visit memberbenefits.prevea360.com to view your drug formulary, find nearby pharmacies and learn more about mail-order delivery, immunizations and other pharmacy services.



Costco Pharmacy

Our Preferred Mail Order Pharmacy

Interested in having 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. Register by visiting pharmacy.costco.com and clicking "Sign In/Register."

You will also need your prescriber to submit new prescriptions to Costco.

For more information about our Mail Order Pharmacy program, contact our Member Services at **877-357-3173 (TTY: 711)**.

* Mail-order delivery service is not available to all members. Refer to your Summary of Benefits and Coverage document or contact the Member Services. See page 5 for contact details.



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 you to manage your condition and to make sure you receive the best care possible. We offer free delivery, same-day service, refill reminders, financial assistance and more.

Drug Formulary & 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 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.

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

We Can Help Make Changes to Your Plan

Special Enrollment

We understand that sometimes big events happen in your life and it means you need to make a change to your coverage with Prevea360 Health Plan. You can make changes to your plan outside of the designated open enrollment period (whether you purchased coverage on or off the Health Insurance Marketplace), but only if you have a qualifying event that would trigger a special enrollment period.*

Please review our special enrollment page at prevea360.com/specialenrollment for more information on qualifying event requirements.

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? When you have coverage through more than one source, we have to determine in what order claims will be paid, referred to as

coordination of benefits. It is especially important that you notify us when you are eligible for or are enrolled in Medicare. In situations when Medicare is or will be the primary payer, we strongly suggest that you enroll in both Medicare Part A and Part B. If you choose not to enroll in Medicare Part A and Part B when Medicare is your primary payer, you will be paying out-of-pocket for services that Medicare would have covered because your claims will be processed as if you are enrolled in Medicare.†

We're here to help you sort it all out. If you are enrolled in Medicare or have questions about Medicare, please contact the Medicare Coordination of Benefits Specialist at **608-827-4189 (TTY:711)**. To report additional coverage other than Medicare, please call the Member Services at **877-357-3173 (TTY: 711)**.

* Special enrollment periods, which were created by the Affordable Care Act (ACA), give consumers a limited time period after a qualifying event to purchase new individual health insurance or make changes to an existing policy, like adding a dependent or changing plans.

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

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

Member Information

Member Rights & 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/legal/member-rights-and-responsibilities to view all of your member rights and responsibilities.

Grievance & External Independent Review Rights

We know that at times you may have questions and concerns about benefits, claims or services you have received from Prevea360 Health Plan. When a question or concern arises, we encourage you to reach out to our Member Services. Our Health Plan Specialists will make every effort to resolve your concern promptly and completely. Your input matters, and we encourage you to call with any concerns you may have 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. Contact the Member Services with any questions about the process. *See page 6 for contact details.*

How to Submit a Complaint

If you have a complaint, please contact our Member Services at **877-357-3173 (TTY: 711)**. We will document and investigate your complaint and notify you of the outcome. For more information, visit prevea360.com/appeals.

Terms & 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.

We're so happy you chose Prevea360 Health Plan!



PO Box 211404
Eagan, MN 55121



Follow us on LinkedIn and Facebook
and leave us a Google review.

Prevea360 Health Plan

PO Box 211404
Eagan, MN 55121
Toll-free **877-357-3173 (TTY: 711)**
prevea360.com

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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 a Health Plan Specialist at 877-357-3173 (TTY: 711).