Avera Health Plans

Member Guide

Discrimination is Against the Law

Avera Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Avera Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Avera Health Plans

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact the Avera Health Plans Customer Care team at 1-888-322-2115, (TTY 711), 8 a.m. to 5 p.m. CST, Monday through Friday.

If you believe that Avera Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Complaint and Appeals Coordinator
Avera Health Plans
5300 S Broadband Ln
Sioux Falls, SD 57108-2221

Fax 1-800-269-8561
Email ComplaintAppeals@AveraHealthPlans.com

You can file a grievance in person or by mail, fax, or email. You may also contact the Complaint and Appeals Coordinator if you need assistance with filing a complaint.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or call 1-800-368-1019 or 1-800-537-7697 (TDD). Or mail:
US Department of Health and Human Services,
200 Independence Avenue SW Room 509F, HHH Building,
Washington, D.C. 20201

Complaint forms are available at
http://www.hhs.gov/ocr/office/file/index.html.

Avera Health Plans

Getting Help in Other Languages
Language assistance services are available free of charge. Our Customer Care team is available 8 a.m. to 5 p.m. CST, Monday – Friday, toll-free at 1-888-322-2115 (TTY: 1-800-877-1113).

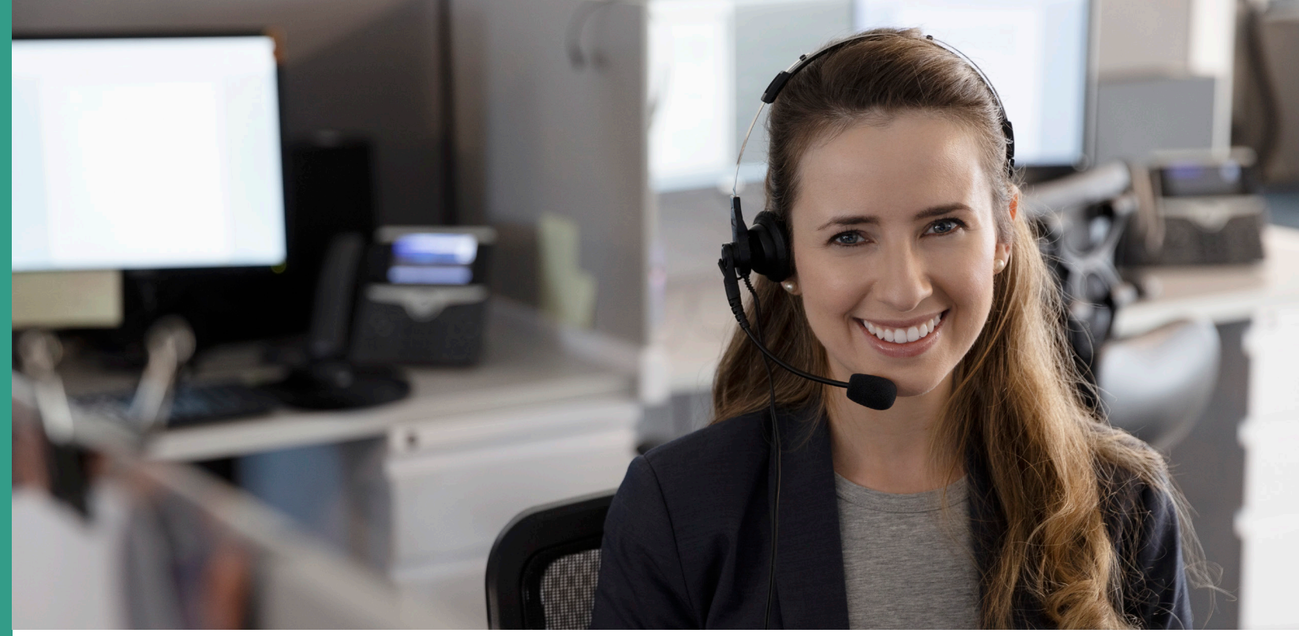
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-322-2115 (TTY: 1-800-877-1113).
- LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-322-2115 (TTY: 1-800-877-1113).
- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-322-2115 (TTY: 1-800-877-1113).
- XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-322-2115 (TTY: 1-800-877-1113).
- 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-322-2115 (TTY: 1-800-877-1113).
- ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-322-2115 (TTY: 1-800-877-1113).
- ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-322-2115 (TTY: 1-800-877-1113).
- ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-325-2115 (رقم هاتف الصم والبكم: 1-800-877-1113).
- ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-888-322-2115 (TTY: 1-800-877-1113).
- တ်သူဉ်တ်သး:– နမ့်ကတိၤ ကညီ ကျိာ်အဃိ. နမၤနှဲ့ ကျိာ်အတ်မၤစၢၤလ၊ တလာ်ဘူဉ်လာ်စ့ၢ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး: 1-888-322-2115 (TTY: 1-800-877-1113).
- ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-322-2115 (ATS: 1-800-877-1113).
- 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-888-322-2115 (TTY: 1-800-877-1113) 번으로 전화해 주십시오.
- ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-322-2115 (መስማት ለተሳናቸው: TTY: 1-800-877-1113).
- OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-322-2115 (TTY - Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-877-1113).
- ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ ។ 1-888-322-2115 (TTY: 1-800-877-1113).

AHP-DOC-001 (Form 0017-30) (08/20)

Welcome to Avera Health Plans

At Avera Health Plans our wish for you is to live a healthy life so you can enjoy life's little pleasures. Our goal is to connect you to the care you need when you need it. We are grateful for the confidence you place in our health insurance coverage and we want you to know we will do everything we can to meet your needs.

Being an active participant in your overall health care will allow you to make informed decisions in controlling your health care costs. Throughout this booklet we included tips and resources to help you get the most out of your health insurance coverage.



Our Customer Care Team

605-322-4545 | 888-322-2115

Avera Health Plans can connect you with the right people to assist you through your health care journey. After you become a member, you can call or email us at Service@AveraHealthPlans.com with your inquiry, and we will do our best to help you.

For members requiring language assistance, our Customer Care team offers free translation services in more than 100 languages to help you receive information about benefits and how to access medical services.

If members are hearing impaired, TDD/TTY services are available by calling 711 (or 1-800-877-1113 from outside South Dakota). Request the State Relay Services to connect you to our Customer Care team number listed above.

CUSTOMER CARE CENTER

888-322-2115

Monday – Friday, 8 AM-5 PM CT

After hours? Leave us a message.

Service@AveraHealthPlans.com

TALK WITH AN AGENT

877-322-4885

Sales@AveraHealthPlans.com

Where to Locate Important Health Coverage Information

The following resources are located online after you log in to the member portal at **AveraHealthPlans.com**:

Certificate (Evidence) of Coverage or Individual Insurance Policy
Benefits and services included in, and excluded from, coverage
Understanding your pharmacy benefits and pharmacy management procedures
How to submit a claim for covered services
How to obtain information about providers who participate in the Avera Health Plans network
How to obtain primary care services
How to obtain specialty care, behavioral health care and hospital services
How to obtain care and coverage when living outside of the network
How to submit a complaint
How to appeal a decision that adversely affects coverage, benefits or the member's relationship with the health plan
How Avera Health Plans evaluates new technology for inclusion as a covered benefit
Protected Health Information (PHI) Use and Disclosure, including: • Avera Health Plans' routine use and disclosures of PHI • Use of authorizations • Access to PHI • Internal protection of oral, written and electronic PHI across Avera • Protection of information disclosed to plan sponsors or employers

Summary of Benefits and Coverage
Co-pays and other charges for which members are responsible
Benefit restrictions that apply to services obtained out-of-network
Pharmacy tier levels

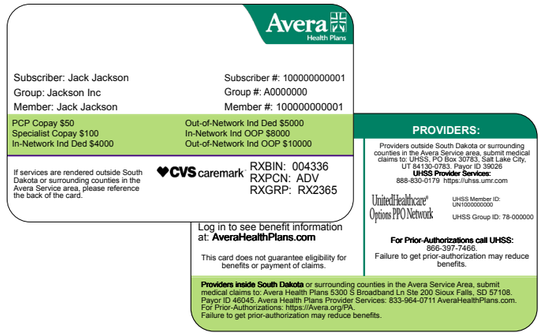
The member portal and Avera Health Plans mobile app hosts many of your personal health insurance plan materials. You may also request copies of the documents by contacting our Customer Care team.

Important Information About Your Member Identification Card

You and each of your covered dependents (spouse and/or children) will receive a member identification (ID) card. You must show your member ID card whenever you need health care services. Carry your member ID card with you at all times and become familiar with the information on the card.

1. The subscriber (or policyholder) is the person who carries the health insurance plan. The subscriber may have dependents (spouse and/or children). Subscribers, policyholders and dependents are also referred to as "members" of the health plan.
2. The subscriber (or policyholder) and group identification numbers are used by your provider to identify you and your plan of coverage.
3. Your member identification number. Every member has his/her own number.

If you lose a card, you can reorder by logging in to your member portal at **AveraHealthPlans.com**.



The back of your member ID card provides other important information:

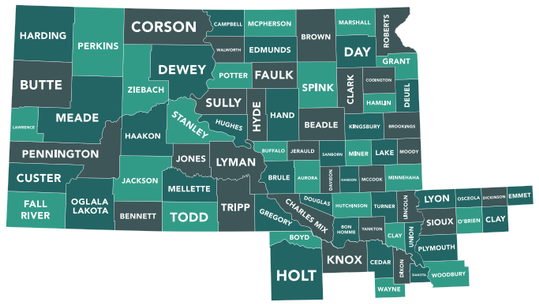
- Our Customer Care team phone number
- The address where claims should be sent
- Steps to find a participating provider
- The phone number of your pharmacy benefit manager

Out-of-Area Residence Dependents

Avera Health Plans' standard plans offer in-network benefits to dependents enrolled with Avera Health Plans while residing outside of the Avera Health Plans network coverage area for more than 90 consecutive days.

The member must complete the Out-of-Area Residence Dependent form and submit it to Avera Health Plans. This form can be found by logging in to the member portal at AveraHealthPlans.com.

If dependents enrolled in a Direct or Preferred plan move outside of the Direct or Preferred Plan service area, the subscriber will qualify for a Special Enrollment Period and needs to select a plan in which the family qualifies to enroll.



Digital Resources

Being a member has its digital perks. To provide quick access to your personal health information, we've conveniently created multiple digital resources for members to use.

AveraChart

AveraChart is a free, secure, easy way for Avera patients to access their health care information, communicate with their care team, and become a more active partner in their own health care.

AveraHealthPlans Mobile App

The mobile app offers instant access to your health information wherever, whenever you want it. Members are able to view their coverage and benefits, ID card and claim details, make payments and more. Download for free on the App Store or get it at Google Play by searching for "Avera Health Plans."

Virtual Visits

Avera Health Plans Virtual Visits is an online video visit program designed to conveniently connect you with a provider when you don't have time to go to the clinic. Connect to a provider through your phone, tablet or laptop.

Learn more at AveraHealthPlans.com/VirtualVisits

Avera Health Plans provides this service to most members at no cost*.

*For most members. Some limitations apply. NOTE: IRS guidelines indicate that members with HSA-eligible plans may be subject to tax penalties if they use the free virtual visits. If you have an HSA-eligible plan, you may use your HSA or Flex spending dollars for this service.

Member Portal

After you enroll and receive your member ID card(s), you can register to access your online resources. We have a secure website so you can find the resources you need – when you need them. This easy-to-navigate portal gives you access to the following resources:

- Benefits
- Pharmacy
- Claims/Explanation of Benefits
- Well-being portal
- Provider directory
- Online premium payment option (for individual policyholders)

As an Avera Health Plans member, you have access to a wide variety of benefits and tools. We're here to make sure you understand and get the most out of them. Visit the Members page at AveraHealthPlans.com to access important forms, benefit education, wellness tips and more.

We encourage you to log in to our member portal so you can receive monthly tips to maximize your benefits.

Dependents can now stay on your health plan until age 26. However, for dependents 18 and older (including spouse), you will not be able to access their claims or Explanation of Benefits unless they create their own portal account, and grant access through "My Family" and "Permissions."

Member Portal

Certificate of Coverage or Individual Health Insurance Policy

Your policy is referred to as the Certificate of Coverage for members through employer group insurance or Individual Health Insurance Policy for members who apply directly with us.

You can access your Certificate of Coverage (or policy) and a list of specific services and procedures that are covered or not covered by your health plan on our website after you log in. The link is found under the menu option, "My Health Plan," and then "Benefits and Eligibility". These documents explain the details about what services are covered and what services are not covered by your specific plan. You will find a listing of what services or procedures you need to have authorized in advance, also known as preauthorization.

Summary of Benefits and Coverage

Your Summary of Benefits and Coverage identifies what your costs (co-pay, coinsurance, deductible and out-of-pocket maximums) will be and provides other benefit-related information.

Where can I find my Summary of Benefits and Coverage?

You can access your Summary of Benefits and Coverage after you log in to your member portal. The information is available on the Home page, as well as My Health Plan and Benefits and Eligibility.

Claims and Explanation of Benefits (EOB)

The Explanation of Benefits (EOB) provides information about how your claim was processed; it is not a bill or an invoice.

Your claims and EOBs can be viewed on our website after Avera Health Plans receives the claim from your provider. To view your Explanation of Benefits, go to AveraHealthPlans.com and log in to your member portal. After you log in, you can view the most recent claims by clicking "My Health Plan" and "Claims."

Your EOB also shows you any amount that you may owe.

You can go paperless by requesting that your EOBs no longer get mailed to you and you will receive an email when the EOB is available online.

Your claims and deductible balances can also be viewed on our AveraHealthPlans mobile app.

Member Portal

Pharmacy

We provide coverage for prescription drugs through a pharmacy benefit manager. The pharmacy benefit manager contracts with pharmacies throughout the country to provide prescription services to our members. We work together to provide access to drugs while working to control pharmacy costs.

To get the most from your pharmacy benefits, use generic drugs whenever possible and bring your Drug Formulary, or list, to your provider appointment.

NOTE: On the member portal under "My Pharmacy," you will have access to the Drug Formulary and search functions to identify approved prescription drugs. These lists are updated periodically.

Whether you're on prescription drugs or not, you have access to Avera Health Plans RX tools. Visit the member portal to:

- Check drug costs and coverage
- View your prescription history
- Track your drug spend
- Create a savings report to share with your provider

Well-Being Portal

With our LiveNOW program, you'll have access to tools to help meet your well-being goals – all accessible from your desktop or mobile phone.

Log in to the member portal for more details and save on your mobile phone for future use.

Wellness Value-Added Service

We know the importance of health and wellness to one's overall well-being. We are proud to provide membership discounts at select fitness businesses such as GreatLIFE Golf & Fitness Club.

Log in to your member portal to learn more about the fitness center options available to you.

Available for most members. Some limitations may apply.

Provider Directory

To help manage health care costs, our in-network providers offer discounts on services and medical procedures. When you receive medical care from physicians, hospitals and other health care providers participating in the Avera Health Plans network, you receive in-network benefits and save money.

Out-of-network providers are physicians, hospitals and health care providers who do not participate in the Avera Health Plans network. You may have the option to use an out-of-network provider if your plan allows. If you receive medical care from an out-of-network provider, you receive out-of-network benefits and will pay more for those services.

Not all plans have out-of-network benefits. It's important to log in and search for participating providers on our website at AveraHealthPlans.com.

After you log in, click Provider Directory. This takes you to a directory of providers specific to your plan. You can also access this information through our mobile app.

Advocating for You

When you or a family member are diagnosed with a condition or need major surgery, nurses are available at Avera Health Plans to answer your questions.

Our Personal Health Services team includes registered nurses who are available to help you with the following:

- Offer assistance to navigate the health care system
- Assist with care transitions, finding a provider or specific specialist within your provider network
- Help with communication between you and your provider
- Provide education about wellness, preventive services, health conditions, community resources and any other concerns you may have
- Collaborate with your primary care provider

Our goal is to provide you the tools, resources and attention you need to make a difference in your health. You can focus on being well and can always count on us to be a link between you, your provider and your community.

To learn more about our Personal Health Services or well-being coach services: Call our Personal Health Services team at **888-605-1331**, 8 a.m. to 5 p.m. CT, Monday through Friday, or email **CareManagement@Avera.org.**

Preauthorization

Do I need approval before having a service or procedure done?

In some cases, yes. We require a preauthorization for specific services, supplies, drugs and procedures BEFORE they are received.

You can access a complete list of services, supplies, drugs and procedures that require preauthorizations online by logging into your member portal or calling our Customer Care team for a copy of the list.

NOTE: Preauthorization does not guarantee benefits. The preauthorization list is subject to change.

Preauthorization process

To help ensure that our members receive quality health care in an appropriate treatment setting, Avera Health Plans' utilization management program uses medical necessity guidelines in evaluating requests for coverage.

The following guidelines are used by Avera Health Plans:

- Your provider must call or fax us if you need services requiring preauthorization.
- Our utilization management team will review the request and a letter will be mailed to you and your provider with the approval or reason for denial. This process is completed within 15 calendar days.
- For approved services, the letter will list the services that have been approved (for example, office visit only or office visit and lab tests). Please read the letter carefully so you know what services your provider has been authorized to perform.

An Avera Health Plans clinician is available by phone to discuss coverage determinations based on medical necessity with your provider. Utilization management is based on medical necessity, applicable coverage guidelines, and appropriateness of care and service.

Avera Health Plans does not compensate individuals who conduct utilization management for issuing denials of coverage, nor does it provide financial incentives to clinical review decision-makers to encourage denials of appropriate coverage. Financial incentives for utilization management do not encourage decisions that result in underutilization.

Navigating Your Care Options

Resources for Chronic and Complex Conditions

Managing a chronic disease or complex illness can sometimes feel like a full-time job. Avera Health Plans experts are available through our care management programs and are ready to help!

These programs are available at no cost to you and can help improve your quality of life and reduce medical expenses.

Specially trained nurses work closely with you and your providers to ensure appropriate, timely and cost-effective medical services. We also provide information about care options to help you make informed decisions.

We help members with conditions such as:

- Heart disease
- Diabetes
- Cancer
- Transplant
- Trauma
- Asthma
- COPD

For more information on our Personal Health Services team, call toll-free at 888-605-1331. The team may also reach out to you based on your claims information, or your provider may refer you.

Navigating Your Care Options

You have a wide range of care options at different price points. Make sure you pair your specific needs to the best service option to save on costs.

NOTE: When you have the option, please choose an in-network provider to keep your expenses to a minimum.

FREE

Nurse Hotline

(605-322-1354)

24/7 hotline answered by registered nurses to help with questions, including whether to seek immediate attention.

$

Provider Office

Care during business hours for sickness and injury.

$$

Urgent Care Clinic

The same medical services as your provider offers but after normal business hours.

FREE* with the mobile app

Avera Health Plans Virtual Visits**

Virtual visit program connects you to a provider 24/7 for simple illnesses.

$$$

Emergency Room

Should be saved for the most serious and life-threatening medical conditions: chest pain, passing out, severe burns, etc.

Feel Better Now with Avera Health Plans Virtual Visits

Our virtual visit program connects you to a provider 24/7 for simple illnesses such as:

- Colds
- Urinary tract infections (Must be female and 16-65 years old.)
- Flu
- Fever
- Vomiting
- Diarrhea
- Sinus infections
- Seasonal allergies
- Rashes
- Pink eye
- Headache
- Acid reflux
- Cold sores

**Visit the Member page on AveraHealthPlans.com for more information on use of virtual visits and its potential effect on your benefits.

Download the virtual visit mobile app at AveraHealthPlans.com/VirtualVisits

Available on the iPhone App Store

ANDROID APP ON Google play

*For most members. Some limitations apply.
NOTE: IRS guidelines indicate that members with HSA-eligible plans may be subject to tax penalties if they use the free virtual visits. If you have an HSA-eligible plan, you may use your HSA or Flex spending dollars for this service.

Navigating Care Away From Home

If you are traveling outside our service area and need urgent medical care, please present your Avera Health Plans member ID card to the provider or hospital caring for you and identify yourself as an Avera Health Plans member. Instructions for billing and notifying us are on the back of your card.

When it is medically appropriate, arrangements may be made for you to be transferred to the care of an Avera Health Plans participating provider in order for you to receive benefits at the lowest cost using in-network services.

NOTE: You may be required to pay for medical services at the time they are provided.

Understanding Health Insurance Terms

In-Network/ Participating Provider

A health care facility, practitioner or provider who has a signed agreement with Avera Health Plans to provide services to members.

Primary Care Provider

The first health care provider you should contact for treatment, typically includes family practitioners, internists, OB/GYN providers and pediatricians.

Deductible

What you will pay before your insurance will pay for covered services that aren't covered by co-pay or at 100%.

Coinsurance

Money you pay for covered health services, calculated as a percentage, for example, the insurance pays 80% and you pay 20% of the bill. You pay the coinsurance percentage after reaching your deductible until you reach the out-of-pocket maximum.

Premium

Monthly amount that you pay for your health insurance plan. Premium does not figure into the out-of-pocket maximum.

Co-Pay

A fixed amount (for example, $35), that you pay for a covered health care service, such as a clinic or urgent care visit. Your co-pay can vary by the type of service, and whether you see a primary care provider or specialist.

Out-of-Pocket Maximum

The most you have to pay for covered services in a plan year. After you spend this amount on things such as deductibles, co-pays and coinsurance, Avera Health Plans pays 100% of the costs of covered benefits.

What You Need to Know as an Avera Health Plans Member

What Are Your Rights and Responsibilities?

We will work together with you and your providers as partners to ensure you receive the best possible medical care. To achieve this goal, you should know your rights and responsibilities.

You have the right to:

- Receive information about your plan, participating providers, other health care professionals providing care and member rights and responsibilities.
- Be treated with respect and recognition of dignity and right to privacy.
- Have an open discussion and participate in decisions with your providers about your health care. You should receive enough information to make an informed decision before receiving any treatment. The information should include the specific procedures or treatment, medical alternatives, medical necessity and associated risks regardless of the cost or benefit coverage.
- Voice and discuss complaints or appeals about the organization or the care of its providers.
- Make recommendations regarding our Member Rights and Responsibilities policy.
- Not be discriminated against because of age, gender, cultural background, educational or economic status, religious or sexual orientation or mental or physical disability.
- Not have genetic information used to determine eligibility, coverage, underwriting or premiums.
- Timely, proper medical care without discrimination of any kind, regardless of health status or condition.
- Receive advice or assistance in a prompt, courteous and responsible manner.
- Confidentiality. We will protect your medical records and personal information.
- Information about the diagnosis, treatment and expected outcomes in terms that you understand. If your provider determines that the information could be harmful to you, the information will be given to a person designated by you or someone with legal authority. Have a guardian, next of kin or legally authorized person exercise rights on your behalf if a medical condition makes you incapable of understanding or exercising your rights.
- Designate any primary care provider who participates in our network and who is available to accept you or your family members.
- Designate a pediatrician as the primary care provider for your children.
- Obtain access to obstetrical or gynecologic care from a health care professional in our network who specializes in obstetrics or gynecology without a referral.
- Be notified 60 days in advance of the effective date of any material modification including changes in preventive benefits.
- Receive coverage without limitations or exclusions based on pre-existing conditions.

You have the responsibility to:

- Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
- Follow your provider's instructions about your health care. Participate with your providers in making decisions about your health care.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
- Confirm your provider is participating in our network before every service in order to receive the best benefit possible.
- Treat all Avera Health Plans and provider staff and other members with respect and courtesy. Carry your Avera Health Plans member ID card at all times and never permit anyone else to use it.
- Show your Avera Health Plans member ID card to all providers. Also bring a picture ID to identify yourself. Pay your deductible or coinsurance promptly.
- Pay your co-pay when you receive services.
- Review and follow your Certificate of Coverage to receive your best benefits.
- Promptly notify us of any changes such as address changes or changes in family status due to marriage, birth, adoption or divorce.
- Provide complete and true information when completing your enrollment application.
- If you have other health care coverage, make sure all of your providers, including pharmacies for prescription drugs, know that you are covered by more than one plan.
- Ensure your provider has obtained required preauthorization.

Your concerns are important to us. If you have issues with your services or benefits, please call our Customer Care team for the next steps to appeal or file a complaint.

Contact Us

AveraHealthPlans.com

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