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# Welcome to AVERA HEALTH PLANS

## Our Commitment to Serve You

Since 1999, we have been dedicated to providing health insurance for employer groups, individuals and families in our region.

### What We Do Best

We always strive to be professional and compassionate. We are committed to providing a standard of service reflecting our century-old commitment to serve the health care needs of the people of our region.

Our regional network includes 90 hospitals and more than 4,300 licensed physicians and practitioners in every South Dakota county, northwest Iowa, southwest Minnesota and northeast Nebraska.

Our network includes more than 2,000 physicians providing primary care services who work together to meet your health care needs in efficient and cost-effective ways.

We have offices located in Aberdeen, Mitchell, Rapid City, Sioux Falls and Yankton to help connect you with the quality health care services in our region and keep you close to your home.



**Avera** means “to be well,” and that’s our prayer for you!



Debra Muller,  
Chief Administrative Officer

*“Our promise is to always be here for you — no one is more important to us than you are! 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, tips are provided to help you focus on your health and well-being. Welcome to Avera Health Plans!”*

### Helpful Tip

#### **Practice prevention.**

Vaccinations, hand washing and sunscreen are your first lines of protection.

Schedule your preventive screenings regularly for early detection and take advantage of health fair screenings.

# We're Here FOR YOU

## Our Service Center

We are ready to assist you with your health care coverage questions.

Phone Numbers: **605-322-4545** or toll free at **1-888-322-2115**

Fax Number: **605-322-4540**

Office Hours: **8 a.m. to 5 p.m., CT**  
**Monday through Friday**

Email Address: **Service@AveraHealthPlans.com**

Website: **AveraHealthPlans.com**

Avera Health Plans can connect you with the right people to assist you through your health care. Call or email us with your inquiry, and we will do our best to help you.

If you call after our office hours, you will be asked to leave a message. One of our service center representatives will return your call the next business day.

For all members requiring language assistance, our Service Center offers translation services in over 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 Service Center number listed above.

We want you to focus on what matters most:  
*getting well and staying well!*



### Helpful Tip

#### **Practice good health habits.**

Staying healthy is the best way to control your health care costs.

- Take care of yourself.
- Exercise regularly.
- Eat a balanced diet.
- Get plenty of sleep.
- Learn how to effectively deal with stress.
- Avoid excessive use of alcohol.
- Do not use tobacco products.
- Take advantage of your preventive care coverage and have regular check-ups.



# We're Here FOR YOU

## Care Management Nurses

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

Our care management nurses are registered nurses and patient advocates are available to help you with the following:

- Provide care coordination for complex and chronic health conditions
- Offer assistance to navigate the health care system
- Assist with care transitions, finding a physician 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, insurance benefits and any other concerns you may have
- Will collaborate with your primary care doctor

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 care management nurses or wellness coach services, call our Service Center at **605-322-4545** or toll-free at **1-888-322-2115**, 8 a.m. to 5 p.m. CT, Monday through Friday.

Or email [Service@AveraHealthPlans.com](mailto:Service@AveraHealthPlans.com) or [WellnessCoach@AveraHealthPlans.com](mailto:WellnessCoach@AveraHealthPlans.com).

### Helpful Tip

**Your doctor's goal is to keep you well — learn how to take advantage of your preventive health benefits.**

Don't let a minor health problem become a major health problem. This makes the treatment more difficult as well as more expensive.

To receive health services at the lowest cost to you, always choose a doctor who is a participating provider in the Avera Health Plans network.



## Wellness Coach

We are always committed to helping you achieve your goals when it comes to your wellness. We can design a program to fit your individual needs and schedule. Our coach will provide the support and motivation to help you lead a healthy lifestyle.

Coaching will consist of:

- Health risk assessment to determine program development
- Phone consultations based on individual needs
- Ongoing support and program development based on individual progress
- Tools and resources to support you along with learning more about our online wellness resource with My 365 (page 11)

Some examples of members' health goals are:

- Managing diabetes
- Eating healthier
- Quitting smoking
- Losing weight
- Decreasing allergy triggers
- Having a healthy pregnancy



# We're Here FOR YOU

## Options for After-Hours Care

Sometimes it's difficult to know if a condition should be covered by routine medical care, urgent care or by a visit to the emergency department.

**If your situation is not life-threatening, here are some options:**

**1. Call Avera Ask-A-Nurse at 1-800-658-3535.**

This service can help you judge the severity of the situation and direct you to a facility near you. Qualified, trained staff and registered nurses answer medical questions 24 hours a day.

**2. Visit your primary care physician for basic health concerns.** Your primary health care provider takes care of most of your health concerns and it is recommended to make an appointment for colds or influenza, aches and pains, fevers, mild cases of diarrhea and sore throats.

**3. Urgent care covers the gray areas.** If your condition is not life-threatening but it can't wait until an appointment with your primary health care provider, consider using urgent care. Urgent care is a good option for episodes of asthma, back pain, moderate burns, eye irritations or migraine headaches.

When visiting an in-network urgent care or after-hours clinic, you will be using your office visit benefit, which provides you with significant savings.

**4. Emergency Services.** Emergency care is for life-threatening situations. If you have a severe injury or illness, go to the emergency department or call 911.

Examples of conditions that need emergency care are chest pain, amputations or severe lacerations, breathing obstructions, severe burns, drug overdoses or poisonings, fractures, seizures and suspected heart attacks.

**NOTE:** When you have the option, please choose an in-network hospital when going to the emergency room to keep your expenses to a minimum.



## When You're Away From Home and Need Emergency Care

If you are traveling outside our service area and need immediate medical care, please present your Avera Health Plans member ID card to the physician 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 costs using in-network services.

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

### Helpful Tip

**Talk to your physician.**

Ask questions and talk to your health care providers. They will understand and appreciate your concerns.

Take an active role in your health care; after all, it is your body. In order to make informed health care decisions, it's important you understand your health care options.

# Member Resources FOR YOU

## Website Resources

### AveraHealthPlans.com

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.

#### You Must Register the First Time

1. Click "Member Login" from our home page.
2. Under the member login box, click on **Sign-Up** to create your account.
3. Make note of the Username and Password you created on the Registration page.
4. You can review your information immediately.

#### After You've Registered

You will be asked to enter your Username and Password. After you log in, you will find the following tabs across the top of the screen:

- Home
- My Benefits
- My Pharmacy
- My Claims/EOB
- My 365
- My Provider Directory
- FAQ



Username:

Password:

Login

If you are a new user please **Sign-Up** to create your account.



#### Important Updates

**01/01/13:** New mobile app for all Avera Health Plans members is available to access your health plan benefits. The app **Avera MyHealthPlan** is available for iPhone or Android phones to download today!

**10/01/12:** Avera Story Center is an informative blog site supported by Avera is now available to subscribe by email.

#### Manage Account

[I forgot my username and/or password](#)

[Why do I need to login?](#)



# Member Resources FOR YOU

## Website Resources Continued

Website tabs: You will find:	
<b>Home</b>	<ul style="list-style-type: none"> <li>■ Eligibility and Dependent Information</li> <li>■ Summary of Benefits and Coverage</li> <li>■ Most Recent Listing of Claims</li> <li>■ Year-to-date Deductible Balance(s)</li> </ul>
<b>My Benefits</b>	<ul style="list-style-type: none"> <li>■ Member Resources — see page 8 for more details</li> <li>■ Forms</li> <li>■ Helpful Links</li> <li>■ Health and Wellness Resources                             <ul style="list-style-type: none"> <li>- Health Coaching Services and Links</li> <li>- Preventive Care Services Listing and Links</li> <li>- Preventive Screening Schedules for All Ages</li> </ul> </li> <li>- Immunization Schedules</li> <li>■ Member Rights</li> </ul> <p><i>If your plan offers these services:</i></p> <ul style="list-style-type: none"> <li>■ Flexible Spending Account and Balances                             <ul style="list-style-type: none"> <li>- Flexible Spending Reimbursement Form</li> </ul> </li> <li>■ Employee Assistance Program (EAP)</li> <li>■ Vision or Dental Benefits</li> </ul>
<b>My Pharmacy</b>	<ul style="list-style-type: none"> <li>■ Drug Formulary Tier Search</li> <li>■ Avera Drug Formulary (pdf)</li> <li>■ Pharmacy Claim Reimbursement Form</li> <li>■ Prior Authorization Process and Medications Requiring Prior Authorization</li> <li>■ Lists containing approved self-injectables, specialty medications or the step therapy process and programs</li> <li>■ Helpful Links to pharmacy benefit manager website</li> </ul>
<b>My Claims/EOB</b>	<ul style="list-style-type: none"> <li>■ Search for claims</li> <li>■ Diagnostic and Service Codes Listing</li> <li>■ Explanation of Benefits (EOBs)</li> <li>■ Eligibility Listing for all Dependents</li> </ul>
<b>My 365</b>	<ul style="list-style-type: none"> <li>■ Your online resource for wellness ideas — see page 11 for more details</li> </ul>
<b>My Provider Directory</b>	<ul style="list-style-type: none"> <li>■ Search capabilities to find an Avera Health Plans participating provider by name, city and state or a certain specialty</li> </ul>
<b>FAQ</b>	<ul style="list-style-type: none"> <li>■ Frequently asked questions (FAQ) to help you understand your health insurance benefits</li> </ul> <p>FAQ Topics:</p> <ul style="list-style-type: none"> <li>• Going to see the doctor or admitted to the hospital</li> <li>• Understanding your medical bills, claims and EOBs</li> <li>• Taking medications or going to the pharmacy</li> <li>• Making changes to my health insurance</li> </ul>

## FREE MyHealthPlan Mobile App

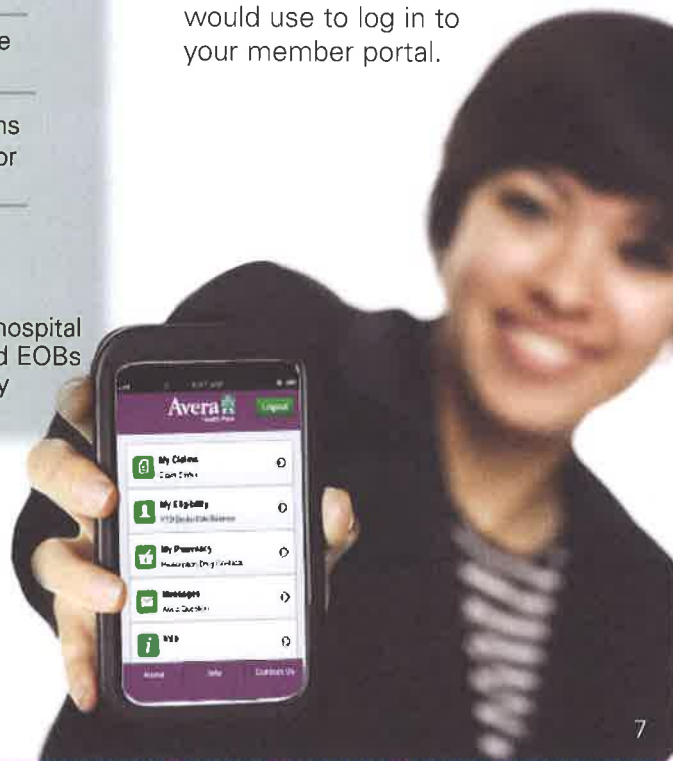
Our mobile app allows you to access to your claims, pharmacy information and more on your smart phone. To download, search for MyHealthPlan or use the quick response (QR) codes located on the bottom of the page.

Note: Your username and password will be the same as you would use to log in to your member portal.

To access MyHealthPlan mobile app:

Apple download:

Google download:



# Member Resources FOR YOU

## Additional Online Resources

Below is a chart to help you find forms and other helpful documents regarding your benefits on our website **AveraHealthPlans.com**. Click Member Login and enter your Username and Password to access forms and documents.

Home	My Benefits	My Pharmacy	My Claims/EOB	My 365	My Provider Directory	FAQ
<b>My Benefits</b> <b>Member Resources:</b>		<b>Purpose of Document:</b>				
■ Certificate (Evidence) of Coverage or Individual Health Insurance Policy		To identify services, procedures or illnesses that are (or are not) covered by your plan. Refer to page 9 for more details.				
■ How to read my Explanation of Benefits (EOB)?		To help you understand how your claim was processed. See page 13.				
■ Member Guide		The most recent version of this document is available online.				
■ MemberView Newsletters		Our MemberView newsletters provide health and wellness information and keeps you informed of benefit updates. A postcard is mailed to inform you when a new MemberView Newsletter available online. Past issues may also be viewed online.				
■ Precertification of Services Explanation		To understand what the precertification process involves and a list of services and procedures that require prior authorization.				
■ Summary of Benefits and Coverage		To help you understand your plan benefits, refer to page 9 for more details. This document is also available on the Home tab.				
<b>Forms:</b>						
■ Authorization for Access of Health Information Form		Complete this form to allow Avera Health Plans to release your health information (claims/EOB) to another person by phone, written requests or online.				
■ Automatic Bank Withdrawal for Premium Payment Authorization Agreement Form		Available for Avera MyPlan members only. Complete the form to start, change or cancel your automatic bank withdrawals for monthly premium payments.				
■ Change Form*		To update our records when your name, address or contact information changes.				
■ Coordination of Benefits Form		To inform us you have additional health insurance coverage.				
■ Enrollment Application*		To add a dependent to your plan. (Avera MyPlan members may call toll-free at 1-877-322-2115 for instructions to add a dependent.)				
■ Out-of-Area Residence Registration Form		To provide coverage for a dependent who is outside our service area for more than 90 days.				
■ Student Verification Form		For dependents 26 to 29 years old and residents of South Dakota attending school, please refer to your Certificate of Coverage or Policy for more information.				
■ Termination Request Form*		To cancel your insurance and to obtain COBRA insurance. (Avera MyPlan members may call toll-free at 1-877-322-2115 for instructions to terminate your policy.)				
<b>Member Rights:</b>						
■ Member Rights and Responsibilities		Expectations are listed for both you, the member and Avera Health Plans as your health insurance carrier.				
■ Privacy Notice, Notice of Privacy Practices, Women's Health and Cancer Rights Act		Available to view and understand your rights.				
■ Complaint and Appeal Process - Member Complaint Form		To notify us of a dissatisfaction you have experienced or to request a possible change in a decision by filing an appeal.				

\* If you obtain health insurance through your employer, you should always contact the employer when changing your benefits or plan. The form will require a signature from your employer before we will take action. This does not apply to Avera MyPlan members.



# Member Resources FOR YOU

## Certificate of Coverage or Individual Health Insurance Policy

Avera Health Plans provides benefits that are designed to keep you healthy as well as provide care for you in case of illness or injury. Your policy is referred to as the Certificate of Coverage for members with group insurance or Individual Health Insurance Policy for Avera *MyPlan* members.

These documents explain the details about what services are covered and what services are not covered. You will find a listing of what services or procedures you need to have authorized in advance, also known as precertification. See page 15 for more details.

Note: For Iowa and Nebraska members, it is sometimes referred to as the Evidence of Coverage.

### Where can I find the details to my health plan?

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 on the My Benefits page along with other resources.

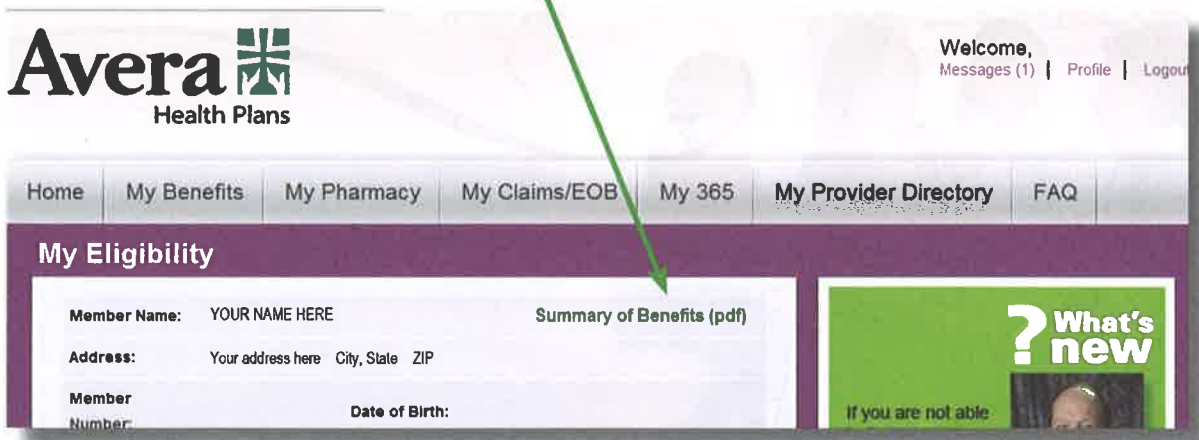
## Summary of Benefits and Coverage

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 at AveraHealthPlans.com, click Member Login.

After you log in, you will see the link (in green) located to the right of your name.



# Member Resources FOR YOU

## My Pharmacy

We provide coverage for prescription medications 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 medications while working to control pharmacy costs.

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

- Choose a pharmacy that participates with the Avera Health Plans pharmacy benefit manager. To verify if your pharmacy participates:
  1. Visit our website [AveraHealthPlans.com](http://AveraHealthPlans.com)
  2. Click Member Login and enter Username and Password
  3. Click My Pharmacy tab and then ClearScript Pharmacy Locator link.
- Show your member ID card at the pharmacy each time you have a prescription filled.
- Pay the pharmacy your co-pay for the prescription. If the retail cost is less than the co-pay, you pay the retail amount for the medication.

NOTE: On the My Pharmacy page, you will also find the Avera Drug Formulary and search functions to identify approved prescription medications. These lists are updated periodically.

## My Provider Directory

### In-Network and Out-of-Network Benefits

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 have the option to use an out-of-network provider. If you receive medical care from an out-of-network provider, you receive out-of-network benefits and will pay more for those services.

You can search for participating providers on our website **AveraHealthPlans.com** and click Member Login.

After you log in, click My Provider Directory.

**Avera**  
Health Plans

Welcome, P  
Messages (0) | Profile

Home My Benefits My Pharmacy My Claims/EOB My 365 My Provider Directory FAQ

## Helpful Tip

If you have been referred to or are going to a new provider, it is important that **you** verify the provider is in-network.

In-network benefits are available when you receive care from a participating provider.

You can verify by searching the Avera Health Plans Provider Directory on our website **AveraHealthPlans.com** or the Provider Directory of the network identified on the back of your member ID card.



# Member Resources FOR YOU

## My 365

### Your Online Personal Health Suite

My 365 is located on our website after you log in. Click to access information and tools you need to make changes toward a healthy lifestyle. These online tools were developed by health experts to help you make lasting changes and live a healthier, more productive life.

### My 365 includes the following online tools:

- Wellness Assessment
- Personal Health Record
- Healthy Living Programs
- Preventive Reminders
- Daily Health News Feeds
- Monthly Seminars



*Information about living healthier is only a click away.*

### Trackers

**Track Your Progress!**

Use the Progress Tracker to keep yourself on target to achieve your goals. Pick a category to get started!

☐ Nutrition
 ☐ Pain
 ☐ Smoking
 ☐ Stress
 ☐ Weight
 ☐ Exercise

[Learn more](#)

[Start Tracking](#)

### Something for Everyone

- |                  |                     |
|------------------|---------------------|
| ■ Women's Health | ■ Men's Health      |
| ■ 50-Plus Health | ■ Children's Health |
| ■ Home Care      | ■ Prenatal Care     |

### Medical Resources

- |                        |                       |
|------------------------|-----------------------|
| ■ Medical Encyclopedia | ■ Surgeries           |
| ■ Handling Health Care | ■ Medical Procedures  |
| ■ Home Care            | ■ Webcasts            |
| ■ Chronic Care         | ■ Medication Research |

### Meal Planner

Get a personalized plan with easy meal ideas tailored to your tastes.

[Play video >>](#)



**Low-Fat Quesadillas**  
A recipe for healthy quesadillas

[Play video >>](#)

### Top Nutrition Videos



**Recipe: Shrimp and Scallops Served Over Linguini**  
A warm and healthy linguini pasta recipe, served with shrimp and scallops.

[Play video >>](#)



**How Can Salad Make You Gain Weight?**  
Hidden calories in salads can actually make you gain weight.

### Healthy Eating Learning Center

Choose from a range of food and nutrition topics. [Learn about healthy eating.](#)



**Progress Tracker**  
Writing down your meals can help you understand your eating habits. This tool makes it easy!

### Food and Nutrition Tools

- |                   |                      |
|-------------------|----------------------|
| ■ Food Finder     | ■ Food Log           |
| ■ Healthy Recipes | ■ Games              |
| ■ Menus           | ■ Diabetes Diet Tips |

### Fitness and Sport Tools

- |                    |                     |
|--------------------|---------------------|
| ■ Virtual Trainer  | ■ Exercise Routines |
| ■ Fitness Programs | ■ Exercise Log      |



# Member Resources FOR YOU

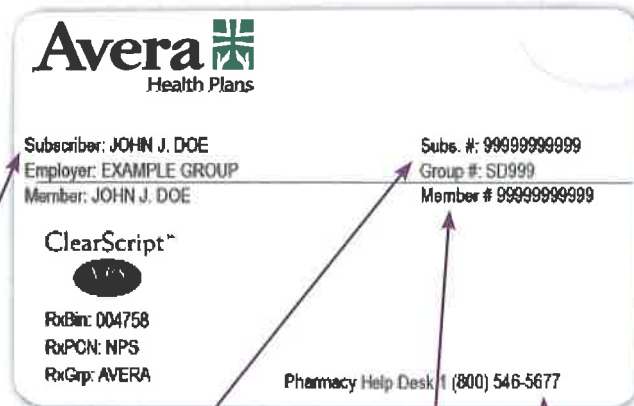
## Your Member Identification Card

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.

*Phone numbers and coverage shown on this sample member ID card may vary from the information listed on your member ID card.*

- 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.

- The subscriber (or policyholder) and group identification numbers are used by your provider to identify you and your plan of coverage.
- Your member identification number. Every member has his/her own number.
- The phone number of your pharmacy benefit manager.



The back of your member ID card provides emergency care information as well as other important information:

- What to do in case of an emergency
- Our Service Center phone number
- The phone number for your provider to call when services require precertification
- Our website address
- The address where claims should be sent
- Steps to find a participating provider.

For medical emergencies, call 911 or get medical attention immediately. Notify Avera Health Plans as soon as reasonably possible.  
Service Center: (605) 322-4545 or toll-free 1 (888) 322-2116  
Precertification: 1 (888) 605-1331 or fax 1 (800) 269 8561

For a current listing of participating providers, call our Service Center or go to [www.AveraHealthPlans.com](http://www.AveraHealthPlans.com) and click on Member Login to access your Provider Directory.

Please send claims to:  
**Avera Health Plans**  
P.O. Box 381508  
Birmingham, AL 35238

*This card does not guarantee eligibility for benefits or payment of claims.*

Note: If you should lose your member ID card, please email [Service@AveraHealthPlans.com](mailto:Service@AveraHealthPlans.com) or call our Service Center at 655-322-4545, 8 a.m. to 5 p.m. CT, Monday through Friday.



# Member Resources FOR YOU

## 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 click Member Login. After you log in, you can view the most recent claims processed on the Home page or you can then click My Claims/EOB to search and view claims processed by us.

The Home page will also give you year-to-date balances of your deductible(s) for your in- and out-of-network usage.

Note: Your claims and deductible balances can also be viewed on our mobile app — MyHealthPlan.

**Avera Health Plans**  
3316 S Elmwood Ave Suite 100  
Sioux Falls, SD 57105

Member Requested

Smith, John  
1123 Main Street  
City, State ZIP

If you need additional information please call (888) 322-2115 or (605) 322-4545  
Monday - Friday 8am - 5 pm (CT)

Company: Acme and Co.  
Company #: 05  
Group: ZZ HOSPITAL  
Group #: 22123  
Paid Date: 02/15/2016  
Check No.:

**THIS IS NOT A BILL**

**Claim Detail**

Service Description	Date of Service	Charged Amount	Allowed Amount	Provider Discount	Out of Network	Out of Pocket	COB	Co-pay/Coinsurance	Amount Paid	Remark Codes	Patient Liability
MEDICAL CARE	01/01/2016	75.00	63.75	11.25	.00	.00	.00	.00	63.75	A	.00
Claim Total		75.00	63.75	11.25	.00	.00	.00	.00	63.75		.00



Welcome,

Messages (0) | Profile | Logout

Home | My Benefits | My Pharmacy | **My Claims/EOB** | My 365 | My Provider Directory | FAQ

My Claims

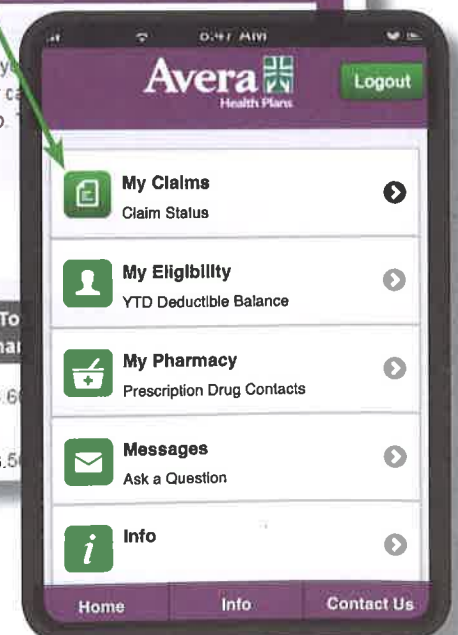
Eligibility

Only the subscriber can see the claims of dependents under the age of 18. Due to HIPAA privacy rules, you cannot view claims information for your spouse or dependent(s) age 18 and older without their written consent. They can view this information by completing an "Authorization for Online Access Form." This form can be found under the My Benefits tab. If you are a dependent and submitted to Avera Health Plans for processing before access to their information will be given.

Show Last 10 for All Search

Advanced Search

Claim Number	Patient Name	Provider	Service Date	Claim Status	Date Paid	Total Charge
0112131195995	JANE DOE	DARLA EDINGER	12/12/20##	Open		\$28.6
0112091196341	JANE DOE	APRIL K MAGNUSON	11/22/20##	Paid	12/13/201#	\$13.5



# Understanding YOUR BENEFITS

## Did You Have Prior Health Insurance Coverage?

The Health Insurance Portability and Accountability Act (HIPAA) regulations require us to provide you with the following information regarding your health plan if you had previous health insurance coverage.

It is important that you read and understand this information about pre-existing conditions. Pre-existing conditions do not apply to members under the age of 19.

### **Did you have 12 months of creditable health insurance coverage prior to your effective date with Avera Health Plans?**

*If yes:*

- You must send us a copy of your Certificate of Creditable Coverage. A Certificate of Creditable Coverage is a letter or document from your previous health insurance company that shows the beginning and ending dates of your health insurance coverage with them. This will also be required after Jan. 1, 2014 when applying for special enrollment due to a qualifying event.

Mail to: Avera Health Plans Enrollment Dept.  
3816 S. Elmwood Ave.  
Sioux Falls, SD 57105-6538

- If you do not have a copy of your Certificate of Creditable Coverage, please contact your previous health insurance company to get one.

### **For our individual health insurance, Avera MyPlan:**

From July 1 — August 15, 2013, the state of South Dakota allows for an open enrollment period of 45 days. During open enrollment, anyone under the age of 19 who applies is qualified for individual coverage.

During this open enrollment period, Avera Health Plans may not deny or unreasonably delay the issuance of a policy, refuse to issue a policy or issue a policy with any health condition exclusionary rider or endorsement on an applicant or insured who is under the age of 19 except upon the failure to pay the applicable premium.

However, if during the open enrollment period an applicant applies to add coverage for non-dependents who are under the age of 19, Avera Health Plans may deny coverage if the applicant has active coverage under a different group health plan, Medicaid, CHIP or other creditable coverage.



*If no, you did not have health insurance prior to our coverage:*

- If you have a medical condition before your Avera Health Plans policy effective date, you may need to wait a period of time before we will provide coverage for that condition. Treatment for pre-existing conditions may be denied for up to 12 months following the effective date of coverage with us or the first day of a waiting period if one applies. This period of time is called the pre-existing condition waiting period.
- Pre-existing condition exclusions apply only to conditions for which medical advice, diagnosis, care or treatment (including drugs) was recommended or received during the six months immediately preceding your effective date of coverage with us or the first day of a waiting period if one applies.

If your pre-existing condition waiting period is not met, we will send you a written notice. It will include the length of time remaining on your waiting period. If your pre-existing condition waiting period has been met and you have not been without health insurance for 63 consecutive days or more, we will not send you a notice.

Note: After Jan. 1, 2014, pre-existing condition exclusions and/or waiting period will no longer apply.



# Understanding YOUR BENEFITS

## Precertification or Prior Authorization of Health Care Services

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

In some cases, yes. We require a precertification or prior authorization when specific services, supplies and procedures are approved by us BEFORE the services are received.

Refer to your Certificate of Coverage (for Avera MyPlan members, your Individual Health Policy) for a complete list of services requiring authorization (precertification).

Note: Precertification does not guarantee benefits.



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

## My Recovery Chemical Dependency Treatment Program

My Recovery Chemical Dependency Treatment Program is a benefit exclusively available to for Avera Health Plans members. The program was created using a successful model that focuses on a short-term inpatient stay complimented with an outpatient rehabilitation program under the direction of highly specialized physicians and counselors.

Our program includes a 3- to 7-day inpatient stay for a member who may need detoxification. This is followed with an 8-week program of outpatient counseling . The outpatient program includes three sessions per week over an 8-week timeframe and is currently designed for members who live within a 90-mile radius of Sioux Falls.

To see if you qualify for coverage or to find out how to enroll in the program, call our Service Center.

## Guidelines To Support Quality Care

### Precertification 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 prior authorization. The precertification phone and fax numbers are on the back of your member ID card. Phone 1-888-605-1331 or Fax 1-800-269-8561.
- Our medical 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.

Avera Health Plans' Chief Medical Officer is available by phone to discuss coverage determinations based on medical necessity. Utilization management decision-making is based on medical necessity, applicable coverage guidelines, and appropriateness of care and service.

# Other Insurance Needs

## Health Insurance for All Generations

### Individual Health Insurance

Insurance is available for those not eligible for group health coverage or student-sponsored plans. Our website provides online quotes and information regarding our rates and plan options for individual health insurance coverage.

Visit **AveraHealthPlans.com** and click Just Looking to learn more about our health insurance plans or click Get A Quote to identify pricing and available plans for you and/or your family.

### Medicare Supplement Insurance

Do you know someone who needs a Medicare Supplement Insurance plan? Avera Health Plans has coverage to help you pay for those medical expenses not fully covered by Medicare.

Learn more by visiting **AveraHealthPlans.com** and click Medicare Options. You can also call 605-322-7373 or toll-free at 1-888-605-3229, 8 a.m. to 5 p.m. CT, Monday through Friday.

### Employer Group Health Insurance

Employers with two or more benefits eligible employees have the flexibility to create an insurance package that compliments your company's budget.

We provide an innovative quoting model to choose benefits that are affordable and essential to your group. The employer will select between the several services and benefit options to determine the premium.

To learn more about plans available to small or large groups, contact your agent or call 605-322-4500 and ask for our Sales Manager.

