Ascension
Personalized Care

2024 Member Handbook

Ascension

APC MKTG 2023-16
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Welcome

Thank you for being a member of Ascension Personalized Care. With over 100 years of care experience, we created and designed this health plan for what matters most - you. This handbook contains information about your benefits and coverage, and is intended to help you understand everything included in your Ascension Personalized Care health plan.

At Ascension Personalized Care, our goal is to change the way our members experience healthcare. We start by offering access to a clinically integrated network of doctors and clinicians – including hospitals, outpatient facilities, and supporting caregivers. We try to make your care seamless and coordinated across the network so each member has access to the care that's right for them, when and where they need it.

We also help members navigate the complex healthcare system. As a member, you can take advantage of Ascension's national care management team to provide the support and resources you need to take charge of your health. This approach allows you to focus on what's important – your health and your family's health. Care management services are offered to all members as part of the Plan.

Exclusive Provider Organization

Ascension Personalized Care is an Exclusive Provider Organization (EPO). You have enrolled in a managed care plan where services are covered only if you visit doctors, specialists or sites of care in the plan's network (except in an emergency). To locate in-network doctors, visit our online directory at ascensionpersonalizedcare.com/find-a-doctor.

Out-of-network doctors are not covered by your Ascension Personalized Care plan. If you see a doctor outside of the Ascension Personalized Care network, you will be responsible for the full amount of the service. If you need to see an out-of-network doctor, please have your primary care doctor contact the utilization management team to determine if this is a medically necessary service and obtain any required prior authorizations.

Ascension Personalized Care is a Health Benefits Plan offered by US Health and Life Insurance Company through the health insurance exchange in Indiana, Kansas, Tennessee and Texas.

Ascension is the parent company of Ascension Personalized Care. Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. Ascension is the leading non-profit health system and operates more than 2,600 sites of care.

MaxorPlus is the Pharmacy Benefits Manager (PBM) that provides prescription drug coverage for Ascension Personalized Care members.

Automated Benefit Services is the Third-Party Administrator (TPA) that works with clinicians and Ascension Personalized Care to pay claims within the Ascension Network.

Ascension Care Management Insurance Holdings is the utilization management and care management vendor for Ascension Personalized Care. Their team includes a panel of U.S. licensed nurse and physician reviewers with close integration with clinical practices of the Ascension delivery system.

Ascension Personalized Care insurance policies are underwritten by US Health and Life Insurance Company.

Important next steps

Member ID card

- Your member ID cards for you and any dependents on your plan will be mailed to you.
  - Please note: If you elect single coverage, you will receive one Ascension Personalized Care medical card. If you have additional dependents (spouse and dependents under 18), you will only receive one additional card. For any 18+ dependents, an additional card is provided for each 18+ dependent. All medical cards will reflect only the subscriber name.
  - Your pharmacy card will be mailed directly from MaxorPlus, and will contain subscriber and dependent names.
  - Your ID card includes your health plan information for doctors as well as Ascension Personalized Care contact information.
- You can also get a digital copy of your cards in the member portal.

Register for the member portal

- Visit member.ascensionpersonalizedcare.com. You can either sign up to create an account or log in to update your existing account.
- The member portal provides access to your health plan information, including deductibles, claims, and doctor information.
- Signing up for the member portal is optional and your coverage is not impacted. However, the member portal gives you direct access to important health plan information.
- Spouses and 18+ dependents will need to create their own member portal account.

Choose an in-network primary care provider (PCP)

Whether you need primary care, your child needs to see a pediatrician or someone needs specialty care, the Ascension Personalized Care network has a variety of doctors and facility locations ready to serve you.

- Visit our website at ascensionpersonalizedcare.com/find-a-doctor to locate an in-network doctor that is right for you.
- You can search by location or doctor name, and filter results by online scheduling, gender, language, and more.
- Schedule an appointment with your PCP.

Reminder: Out-of-network doctors are not covered by your Ascension Personalized Care plan, except in an emergency.

Complete your health assessment

- Ascension Personalized Care offers you a way to get information on health and wellness, as well as preventive care and chronic care, that is truly customized to your health goals. Whether you are looking for ways to better manage a condition or want more information on prevention, we're here to deliver the information that makes sense for you.
- You can complete your free assessment in less than 20 minutes. Visit ascensionpersonalizedcare.com/members-home/member-resources/healthcare-actions/hra-engagement to complete your health assessment today. Your health and wellness is important to us. Ascension Personalized Care customer service representatives are available for assistance and may reach out to help you complete the online health assessment.

Table of contents

Welcome **2**
Exclusive Provider Organization **2**
Family of companies **3**
Important next steps **4**
Member ID card 4
Register for the member portal 4
Learn about benefits and services 4
Choose an in-network PCP 4
Complete your health assessment 4
Overview **7**
Ascension Personalized Care products 7
Bronze 8
Silver 9
Gold 10
Contact us **11**
Uniquely Ascension Service Center 11
Language services 11
Self service tools **12**
Enroll.ascensionpersonalizedcare.com 12
Ascensionpersonalizedcare.com 12
Member portal 12
MaxorPlus 12
Member ID cards **13**
Medical card 13
Pharmacy card 13
Additional/replacement ID cards 13
Communications **14**
Member newsletters 14
Explanation of benefits (EOB) 14
What's covered **15**
General overview of covered services 15
Schedule of benefits 15
Summary of benefits and coverage 15
Benefits and coverage exclusions 15
Evidence of Coverage (EOC) 15
Billing **16**
How to pay your premium 16
Check your balance and payments 16
Payment due date 16
Important reminders 16
Utilization management **17**
Prior authorization **17**
Review process of authorization 17

Why do I need a prior authorization? 18
Services requiring prior authorization 18
How can my doctor request prior authorization? 18
Clinical appeal process 19
Filing an appeal 19
What to expect after you file an appeal 19
Where to get care 24
Primary care provider (PCP) / specialty care provider (SCP) 24
Virtual care 24
Urgent care/express care clinics 24
Hospitals/emergency room 24
What to do when outside of coverage area 24
Find the right care for you 25
Pharmacy 26
Pharmacy network for prescription drugs 26
Specialty pharmacies for specialty prescriptions 26
Mail order pharmacy for maintenance prescription drugs 26
Drug formulary 26
Prescription copay questions and customer service 26
Prior authorizations and appeals for prescription drugs 26
Log in for pharmacy benefits 27
Ascension Care Management 28
Ascension Care Management: simplifying and supporting healthcare 28
Fraud, waste and abuse 29
FWA program compliance authority and responsibility 29
Member complaints, grievances, and appeals 30
How to file an inquiry 30
How to file a complaint 31
How to file a grievance 31
How to file an appeal 32
Member rights and responsibilities 33
Member rights 33
Member responsibilities 35
Health Insurance Portability and Accountability Act (HIPAA) 35
Non-discrimination policy 37
Glossary of terms 38
Member discount programs 39
Sports and entertainment 39
Markets and eateries 39
TruHearing - Hearing aid discount program 40
Active&Fit Direct 41
Accreditation 42
Helpful links 43
Important contacts 44
Notes 45

Overview

Ascension Personalized Care plans are health insurance plans providing medical and behavioral health services to members. Our health insurance plans feature benefits that care for the whole person. Ascension Personalized Care is designed to achieve five main objectives:

- Access to our own Ascension network of primary care doctors and specialists, convenient locations, and options for online care and specialty prescriptions from Ascension Rx
- Plans with good coverage at a reasonable cost, that include features and benefits to connect all aspects of your health and wellness, including your physical, emotional, mental, and spiritual health
- A customer service team who listens, respects, and helps you navigate your coverage so you can fully understand and maximize the value and benefits of your plan
- Coverage choices for the many stages of your life, allowing you and your family to get the care you need, when and where you need it
- Education and information to help you make smart, informed healthcare decisions that work for you

Ascension Personalized Care products

Ascension Personalized Care products are designed to allow flexibility and enhanced benefits to its members. There are three metal categories offered by Ascension Personalized Care: Bronze, Silver, and Gold. Each category reflects the amount you and your health plan will pay.

Plan category	Monthly premium	Out-of-pocket
Bronze	Low	High
Silver	Medium	Medium
Gold	High	Low

Bronze: Lowest monthly premium, higher cost of care

Silver: Moderate monthly premium, moderate cost of care. Cost-sharing reductions available only on Silver plans for those who qualify.

Gold: High monthly premium, low cost of care

The following list of products are offered on the exchange by Ascension Personalized Care:

Bronze

Ascension Personalized Care Balanced Bronze
Ascension Personalized Care No Medical Deductible Bronze
Ascension Personalized Care Standard Expanded Bronze

	Balanced Bronze	No Medical Deductible Bronze	Standard Expanded Bronze
Deductible	$9,450	$0 / $5,000 Rx	$7,500
Out-of-pocket maximum	$9,450	$9,450	$9,400
Coinsurance	100% after deductible	50%	50% after dedutible
Virtual primary care provider visit	$10*	$25*	$25*
Virtual specialist care provider visit	$20*	$50*	$50*
Virtual urgent care	$30*	$75*	$75*
Primary care provider visit	$25*	$50*	$50*
Specialist visit	No charge after deductible	$100*	$100*
Emergency room visit	No charge after deductible	$2,000*	50% after deductible
Generic prescription drug coverage	$20*	$30*	$25*

*not subject to deductible

**deductibles and out-of-pocket maximums are for individual coverage

Silver
Ascension Personalized Care Low Premium Silver
Ascension Personalized Care No Deductible Silver
Ascension Personalized Care Standard Silver

CSR 73%
Ascension Personalized Care Low Premium Silver 73
Ascension Personalized Care No Deductible Silver 73
Ascension Personalized Care Standard Silver 73

CSR 87%
Ascension Personalized Care Low Premium Silver 87
Ascension Personalized Care No Deductible Silver 87
Ascension Personalized Care Standard Silver 87

CSR 94%
Ascension Personalized Care Low Premium Silver 94
Ascension Personalized Care No Deductible Silver 94
Ascension Personalized Care Standard Silver 94

	Low Premium Silver	No Deductible Silver	Standard Silver
Deductible	$4,000	$0	$5,900
Out-of-pocket maximum	$9,000	$9,450	$9,100
Coinsurance	50% after deductible	40%	40% after deductible
Virtual primary care provider visit	$20*	$15*	$20*
Virtual specialist care provider visit	$40*	$30*	$40*
Virtual urgent care	$60*	$45*	$60*
Primary care provider visit	$40*	$30*	$40*
Specialist visit	$80*	$60*	$80*
Emergency room visit	50% after deductible	$1,500*	40% after deductible
Generic prescription drug coverage	$25*	$30*	$20*

*not subject to deductible

**deductibles and out-of-pocket maximums are for individual coverage

Cost Sharing Reduction (CSR) is a discount that lowers the amount you have to pay for deductibles, copayments, and coinsurance. Cost-sharing reductions are available only on Silver plans for those who qualify.

When you fill out a Marketplace application, you'll find out if you qualify for premium tax credits and extra savings. You can use a premium tax credit for a plan in any metal category. But if you qualify for extra savings too, you'll get those savings only if you choose a Silver plan.

If you qualify for cost-sharing reductions, you also have a lower out-of-pocket maximum — the total amount you'd have to pay for covered medical services per year. When you reach your out-of-pocket maximum, your insurance plan covers 100% of all covered services.

If you're a member of a federally recognized tribe or an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder, you may qualify for additional cost-sharing reductions.

Gold

Ascension Personalized Care Standard Gold

	Standard Gold
Deductible	$1,500
Out-of-pocket maximum	$8,700
Coinsurance	25% after deductible
Virtual primary care provider visit	$15*
Virtual specialist care provider visit	$30*
Virtual urgent care	$60*
Primary care provider visit	$30*
Specialist visit	$60*
Emergency room visit	25% after deductible
Generic prescription drug coverage	$15*

*not subject to deductible

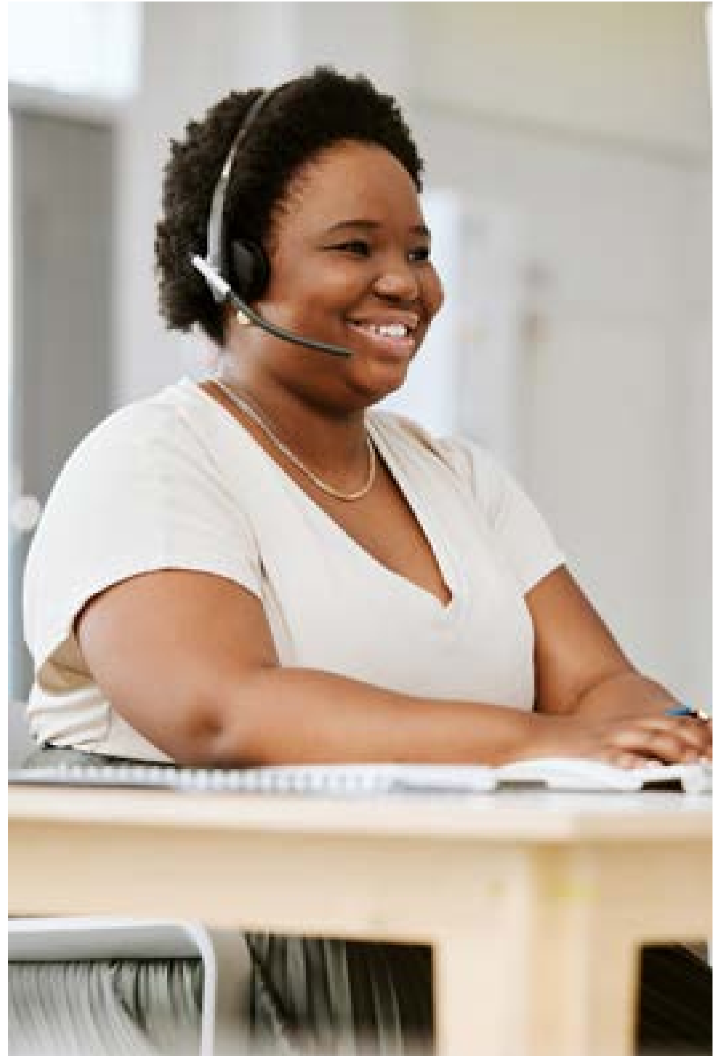
**deductibles and out-of-pocket maximums are for individual coverage

Contact us

Email: apcsupport@ascension.org

Phone number: 833-600-1311, TTY: 586-693-1214
Customer service representatives are available Monday through Friday, 8:00 a.m. to 6:00 p.m. EST.

Address: Ascension Personalized Care
PO Box 1707
Troy, MI 48099-1707



If you created an account on enroll.ascensionpersonalizedcare.com, you can make updates to your plan at any time. Important updates include:

- A change of address
- If you or a dependent have a change in your income
- If you get married or divorced
- If you have a child or adopt

If you enrolled through the Health Insurance Marketplace you will need to visit healthcare.gov or call the Marketplace directly at 800-318-2596 to make any changes.

Uniquely Ascension Service Center

We're here for you. If you need assistance, please call a customer service representative at 833-600-1311. Our team is available Monday through Friday, 8:00 a.m. to 6:00 p.m. EST.

Contact us for:

- Questions about benefits and claims
- Help with finding a doctor, specialist, or location
- ID card requests

Language services

Is there an Ascension Personalized Care member in your household who doesn't speak English? If you need language assistance, please call our customer service team at 833-600-1311. You will be prompted to choose a language in which you will be connected with an interpreter and our customer service representative. They will be able to help you understand your plan, or help answer any additional questions. Our team is available Monday through Friday, 8:00 a.m. to 6:00 p.m. EST.

We also provide printed materials in other languages or can translate over the phone. This service is free.

Self service tools

Enroll.ascensionpersonalizedcare.com

Our direct enrollment site allows you access to your application and enrollment details. Visit this site to:

- Make updates to your application
- Understand any problems with your health insurance application
- Shop and compare different Ascension Personalized Care plans
- Change or enroll in a new health insurance plan during a special enrollment period with a qualifying event

Ascensionpersonalizedcare.com

As an Ascension Personalized Care member, make the most of your plan by getting guidance to help you navigate your healthcare needs:

- General information about Ascension Personalized Care
- Find plan-specific details
- Find a doctor or site of care
- Pharmacy benefits and drug formulary
- Member resources - including health and wellness, healthcare actions, and understanding your benefits

Member portal

As an Ascension Personalized Care member, you will have access to the Ascension Personalized Care member portal. You can log in at member.ascensionpersonalizedcare.com using your Ascension ID, where you will be able to access your member account. If you do not have an Ascension ID, you can create one using your email address. Your member portal will allow you to find information on:

- Processed claims
- Benefit management
- Making premium payments (see the Billing section on page 16 for more details)
- Member ID cards
- Copays, deductibles, and balances
- Finding a doctor or site of care

MaxorPlus (Pharmacy Benefits Management)

Ascension Personalized Care members have 24/7 login access to ascensionpersonalizedcare.com, and by using the member portal can find information regarding all MaxorPlus pharmacy benefits including:

- See your pharmacy claim history
- Read your pharmacy benefit details
- Compare drug and pharmacy prices
- Search and find a local in-network pharmacy to fill your prescriptions
- Compare drug and pharmacy prices

Pharmacy benefits information is also available online at: ascensionpersonalizedcare.com/members-home/member-resources/understanding-benefits/pharmacy

Member ID cards

Once you become an Ascension Personalized Care member, you will receive two different insurance cards in the mail, an Ascension Personalized Care medical card and a MaxorPlus pharmacy card. The number of cards provided is based on the number of covered members and age of dependents (see **Important Next Steps** on page 4). ID cards are also available in the member portal.

Medical card

Ascension Personalized Care members will receive a medical ID card. This card will need to be presented anytime you visit a doctor, hospital, virtual care, or urgent care facility. This ID card includes your health plan information for doctors, as well as our contact information. The front identifies your name, group number, and member ID number. The back of the ID card has information that includes our customer service number, prior authorization information, member eligibility information for doctors, and how to submit your claims.

Pharmacy card

A MaxorPlus pharmacy ID card will be sent to each member for MaxorPlus' drug plan in 2024. Your pharmacy ID card will arrive before January 1, 2024. This ID card is different from your medical card. Your pharmacy ID card must be used for coverage when filling prescriptions, and can only be used for prescription benefits. You cannot use your Ascension Personalized Care medical ID card to fill a prescription.

Additional/replacement ID cards

If you need a replacement card, log in to your member account at ascensionpersonalizedcare.com to access a digital version. You may also contact Ascension Personalized Care customer support at 833-600-1311 and request a card be sent to you.

If you need a pharmacy replacement card, you can contact MaxorPlus support at 888-839-4448.

Communications

Member newsletters

Our member newsletters are sent monthly via email and quarterly to our members without email addresses. Newsletters are also available online at ascensionpersonalizedcare.com/members-home/member-resources/news/member-newsletters. Each newsletter will provide useful health and wellness information, plan benefit details, and the latest updates from Ascension Personalized Care.

Explanation of benefits (EOB)

An EOB is a helpful tool for keeping track of your Ascension Personalized Care healthcare benefits. It shows you how your health plan processed a healthcare claim. EOBs look similar to a bill, but they function differently. The EOB will be in the form of a letter that includes a chart showing how your claim was processed. Always check your EOB, and make sure the information displayed is accurate. If any information is missing or inaccurate or if you have questions regarding your EOB, contact customer service at 833-600-1311.

What's covered

General overview of covered services

Essential health benefits (EHB) are a set of 10 services that each health plan must cover under the Affordable Care Act. These 10 essential health benefits are:

- Ambulatory patient services (also known as outpatient care). This includes any services you can get without staying in the hospital
- Emergency services
- Hospitalization
- Pregnancy, maternity, and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care (Adult dental and vision coverage aren't essential health benefits.)

Please refer to your Evidence of Coverage (EOC) or plan documents for more details about the EHB and any limits that may apply.

Schedule of benefits

A schedule of benefits is a list of services covered under the health plan and includes information on copays, deductibles, and any other fees. Log in to the member portal to find specific benefit information for your plan. You may also get this information in the EOC or by calling us.

Summary of benefits and coverage

A summary of benefits and coverage (SBC) is a document that shows deductible and copay information as well as everything that is covered under the health insurance plan. Log in to the member portal to find specific benefit information for your plan. You may also get this information in the EOC or by calling us.

Benefits and coverage exclusions

The Ascension Personalized Care plan does not cover dental care or routine eye care for adults at this time. Please refer to your summary of benefits and coverage regarding plan-specific details for children's eye exams and eyewear and a general listing of other exclusions.

Evidence of Coverage

The Evidence of Coverage (EOC), also known as an insurance policy, is a document that describes in detail the health care benefits covered by your Ascenison Personalized Care plan. Members can access the EOC via ascensionpersonalizedcare.com/members-home/member-resources/understanding-benefits/evidence-of-coverage.

Billing

How to pay your premium

Ascension Personalized Care makes it easy for you to pay your premiums each month by offering a number of ways to pay:
When you select our plan on healthcare.gov, you can utilize the PAY NOW feature on the exchange to immediately make your first payment, the binder payment, to ensure that your coverage is active on your start date.

- You can make a one-time payment on the website or by logging in to your account. You can make your premium payment online with a debit/credit card, prepaid debit card, Google Pay or Apple Pay
- You may submit payment using the address below by mailing a paper check, cashier's check, or money order to:
  US Health and Life Insurance Company
  PO Box 72152
  Cleveland, OH 44192
  Checks should be made payable to: US Health and Life Insurance Company
  Please note: Your invoice number or Federal Exchange ID must be included on each check
- You can also set up automatic payments to deduct your monthly premium from your debit, credit or prepaid debit card. Members will be able to store and manage their payment information and have the ability to turn autopay on and off.
- For payment assistance via phone, contact our customer service team at 833-600-1311

Check your balance and payments

To find information on your balance and payments, log in to your member portal. For additional questions, please contact our customer service team at 833-600-1311. **Please note**: Any outstanding balances will be collected for up to 12 months.

Payment due date

Your premium payment is due in full on the designated due date. You may also pay your full premium payment ahead of time. If full payment is not received by the due date, it will be considered late. We encourage you to set up automatic payments and pay your balance on time to avoid your benefits being at risk and your account past due.

Important reminders

The Affordable Care Act provides a 90-day grace period for Advanced Premium Tax Credit (APTC) Members and a 30-day grace period for non-APTC members to help you avoid having your coverage canceled. If you are past the grace period, your coverage will be canceled and you will be responsible for full payment of all claims incurred after your coverage has ended.

Utilization management

Ascension Personalized Care uses Ascension Care Management Insurance Holdings (ACMIH) for Utilization Management (UM). ACMIH reviews requests for certain healthcare services and makes decisions about how we cover care. All UM decisions are based on members' medical needs and current benefits. The utilization management team will determine if the service is medically necessary and check to see if it is covered by Ascension Personalized Care. If you disagree with our decision for any reason, you or your doctor can ask for an appeal.

Ascension Care Management Insurance Holdings does not encourage doctors and others to limit services. We do not create barriers to receiving healthcare. Doctors and others are not rewarded for limiting or denying care. Doctors use medical policies and plan benefits to determine necessary treatments and services.

Prior authorization

Review process of authorization

A prior authorization is an approval that a member must receive from their health plan before receiving certain treatment, medications, or services. Your doctor will request a prior authorization for you. You must have a prior authorization from Ascension Personalized Care before the service or procedure is completed. **Please note**, in case of an emergency, prior authorization is NOT required. If you are admitted to the hospital because of an urgent or emergency care need, Ascension Personalized Care should be notified by the second business day of your stay by your doctor or admitting facility.

If a prior authorization is not obtained for **Indiana, Kansas and Tennessee members**, for services requiring prior authorization, the service **will not be paid except** in following extenuating circumstances:

- The request is received within 30 calendar days of the date of service
- Unable to know the situation -The clinician and/or facility is unable to identify from which health plan to request an authorization. The member is not able to tell the clinician about their insurance coverage, or the clinician verified different insurance coverage prior to rendering services.
- Not enough time situations -The member requires immediate medical services and the clinician is unable to anticipate the need for a pre-authorization immediately before or while performing a service.
- A member is discharged from a facility and insufficient time exists for institutional or home health care services to receive approval prior to the delivery of the service.

For **Texas members**, in accordance with Texas Insurance Code, if prior authorization is not obtained for a Texas member and the covered service is found to be medically necessary, we will pay up to 50% of the allowable charge. Please note the request must be received within 30 calendar days of the date of service.

Why do I need a prior authorization?

Prior authorization helps ensure that:

- The service is medically necessary
- The service is performed in the right healthcare setting
- The doctor is correctly identified as in-network or out-of-network
- Special medical circumstances that require review and follow-up are identified

Services requiring prior authorization

Admissions to the hospital (with the exception of maternity admissions). These can be elective, planned in advance, or not related to an emergency.

- Maternity stays in the hospital longer than 48 hours after vaginal delivery or 96 hours after a C-section
- Hospital stays for rehabilitation (short-term inpatient recovery)
- Home healthcare (including nursing and some home infusion)
- Certain durable medical equipment (DME)
- Transplants — solid organ (e.g. liver) or bone marrow/stem cell
- Surgery and/or outpatient procedures
- Genetic testing
- High tech radiology (MRIs, CT scans)
- Office-administered medical benefit drugs and/or medical specialty drug infusions

A full list of services that require prior authorization is posted to ascensionpersonalizedcare.com as well as in your EOC.

You can also call Ascension Personalized Care customer service at 833-600-1311 or call Ascension Care Management Insurance Holdings directly at 844-995-1145.

How can my doctor request prior authorization?

Your doctor can:

- View the status of an authorization by visiting the clinician portal at ascensionpersonalizedcare.com
- Fax a completed Prior Authorization Form to 512-380-7507
- Call Ascension Care Management Insurance Holdings at 844-995-1145
- Email Ascension Care Management Insurance Holdings at shp-authorization@ascension.org

Clinical appeal process

Filing an appeal

If you or your doctor disagree with our decision about your care, you or your doctor can request an appeal orally or in writing. An appeal is when your claim has been denied and you would like us to review and reconsider our decision.

A person acting on your behalf can also request an appeal and help you with the appeal process. A person acting on your behalf can be a family member, friend, an attorney, or a person you choose. This person is called an authorized representative. An authorized representative must submit a signed "Request for Appointment of Personal Representative". This form can be found on the Ascension Personalized Care website > Agents > Agent and Member Forms > Managing Private Information.

A licensed clinician who has not reviewed your case before will review the appeal. This clinician has the same or similar type of specialty that typically treats your medical condition.

You, your doctor, or your authorized representative must ask us for an appeal within 180 calendar days after the date of this letter.

- **Written Appeal:** To submit a written appeal, mail or fax the appeal to:
  Ascension Care Management Insurance Holdings
  Attention: Appeal Department
  1345 Philomena St., Suite 305
  Austin, TX 78723
  Fax: 512-380-7407
  Email: shp-authorization@ascension.org
- **Oral Appeal:** To file an oral appeal, call the following toll-free number: 877-995-1145 (TTY: 586-639-1214)

There are two types of appeals:

- **Standard Appeal:** Is an appeal for care other than a condition or type of service that qualifies for an expedited appeal.
- **Expedited Appeal:** An expedited appeal is a review you can request for: emergency care, life-threatening conditions, prevention of serious harm, and current hospital inpatient care. You can also request an expedited appeal for prescription drugs and intravenous infusions that you are already taking. An expedited appeal is also available for a denied step therapy protocol exception request.

What to expect after you file an appeal

We'll send the person who requested the appeal a letter telling them that we received the request. We send the letter within five working days from the date we received the appeal. Our letter will tell you if we need any other documents or information to review your appeal. If the appeal is oral, we will send you a one-page appeal form. You do not have to return the appeal form, but we encourage its return because the form will help us resolve the appeal.

You can look at the medical records, the guidelines, and other information that we used to make our decision. Upon request we'll send this information for free.

If the appeal is about a medical issue, your doctor may talk to the clinician who will be reviewing the appeal.

Our deadlines to resolve the appeal and send a letter with our decision to you or your authorized representative, and your doctor are:

- **Standard Appeal:** 30 calendar days of receiving the appeal (Kansas preservice - 15 days; Indiana preservice - 20 days).
- **Expedited Appeal**: The shorter of one working day from the date we receive all information needed to complete the appeal or 48 hours from when we receive the appeal. We may provide our decision by telephone or electronic transmission. We will also send you a letter. We send a letter within the shorter of three working days of the initial telephonic or electronic notification or 72 hours from when we received your request.
- **Retrospective (claim) Appeal:** 30 calendar days after receipt of appeal. However, we may extend this deadline once for a period not to exceed 15 days.

External Review (Independent Review) Process:
If you have a life-threatening condition, or if our internal appeal process timelines were not met, or we deny the appeal, you, your authorized representative, or your doctor have the right to request a review by an external reviewer. The external reviewer is not affiliated with the health plan, clinician reviewers or us.

We will accept the External Review's (ER) decision related to the medical necessity, appropriateness or experimental or investigational nature of health care services for you.

We will be responsible for paying any charges for the external review.

If you, your authorized representative, or provider has any questions regarding the appeal process, please contact us at 844-995-1145 (TTY: 586-693-1214).

How to request an External (Independent) Review?
To request an External Review you, your authorized representative, or the doctor of record may ask for an External Review, based on the state in which you (the member) lives:

For Indiana and Tenessee members: You can ask for an external review (ER) when the following decisions are made by us: An adverse determination of appropriateness; An adverse determination of medical necessity; determination that a service is experimental or investigational.

- You, your authorized representative or doctor can ask for an external review within 120 days of getting the appeal resolution letter.
- You can ask for an expedited ER if the time frame for a standard review would seriously jeopardize your life or health or ability to reach and maintain maximum function.
- You can ask for a Standard ER for an appeal for care other than a condition or type of service that qualifies for an expedited ER.
  - You may not ask for more than one ER request for the service related to the appeal.
  - The request can be submitted by you, your doctor acting on your behalf with written authorization from you, or your legally authorized representative. The written request must be sent to:
    Ascension Care Management Insurance Holdings
    Attention: Appeal Department
    1345 Philomena St., Suite 305
    Austin, TX 78723
    Fax: 512-380-7507
    Email: shp-authorization@ascension.org

- When a request is received for an ER, we will:
  - Select a different independent review organization (IRO) for each external review request from the list of independent review organizations (IRO) that are certified by the Insurance department;
- You will not pay any of the costs of the IRO, all costs are paid by us.
- The decision of the IRO is binding on the Plan and us.
- Your Rights:
  - You will not be subject to retaliation for requesting an ER;
  - You will be allowed to use other people to help you throughout the review process, including health care clinicians, attorneys, friends, and family members.
  - You will be allowed to submit additional information throughout the review process; and
  - You will cooperate with an IRO by promptly providing any information requested by the IRO.
- We will cooperate with the IRO by:
  - providing any requested medical information; or
  - authorizing the release of necessary medical information.

Determinations by the IRO:

- Timeframes for determinations:
  - For an expedited ER, within 72 hours after the appeal is received;
    - The IRO will notify us of the determination, within 72 hours after the external review is received or
  - For a standard ER, within 15 business days after the appeal is received;
    - The IRO will notify us of the determination, within 72 hours after making the decision.
- The IRO will make a decision to uphold or reverse our appeal resolution based on information gathered from you, your authorized representative, your clinician, us, and any additional information that the IRO considers necessary and appropriate.
- When making the decision an IRO will use:
  - Standards of decision making that are based on objective clinical evidence; and
  - The terms of your insurance policy.

Submission of new information and reconsideration:

- If, at any time during an ER process, you submit information to us that was not considered by us during the first appeal:
  - We may reconsider the resolution; and
  - If we choose to reconsider, the IRO shall stop the ER process until the reconsideration is completed.
- We will reconsider our appeal decision if new information is received and notify you of the decision:
  - within 72 hours after we receive the information, for expedited reconsideration, when you have a condition that would seriously jeopardize your life or health; or ability to reach and maintain maximum function; or
  - within 15 days after we receive the information, for a reconsideration not described above.
- If our decision does not change, and we are unable to approve the service, you may ask that the IRO resume the ER.
- If we choose not to reconsider the resolution, we will forward the submitted information to the IRO not more than two business days after we receive the information.

Questions regarding your policy or coverage should be directed to: US Health and Life Insurance Company at 800-211-1534, (TTY: 586-693-1214).

For Kansas members: You can ask for an external review (ER) when:

- We finished the appeal, and did not approve the services, OR
- You do not receive a decision from us within 60 days of asking for an appeal, unless you asked for a delay.
- When you have an emergency medical condition, you can ask for an external review before you have finished the appeal process with us.

Process:

- You, or your authorized representative, **can ask for an external review within 4 months** of getting the appeal resolution letter. The request must be written. When the request is made by your doctor, acting on your behalf, you or your legally authorized representative must send written authorization. The written request must be sent to:
  Kansas Insurance Commissioner
  Kansas Insurance Department
  420 SW 9th Street
  Topeka, KS 66612
  785-296-3071 or 800-432-2484
- Within 10 business days of getting the request (immediately, when you have an emergency medical condition), the Kansas Insurance Commissioner will notify you if the request for external review is allowed.
- The External Review Organization (ERO) will send you a letter with their decision within 30 business days.
- The ERO will do an expedited review when you have an emergency medical condition. The ERO will make a decision within 72 hours, after the request is received, or as quickly as your medical condition or situation requires.
- You cannot ask for more than one ER for the requested service within the year.

For Texas members: If you disagree with our decision about your appeal and the decision involved medical judgment, then you have the right to ask for an external review by an independent third party. You, a person acting on your behalf, an attorney, or your doctor can ask for an external review within 4 months of getting the appeal decision.

How to request an external review

Maximus Federal Services, Inc. is the independent review organization that will conduct the external review. You can use forms from Maximus to ask for an external review or send a written request, including any additional information for review. You can get the Maximus forms by calling Member Services, Maximus at 888-866-6205, or online at externalappeal.com.

Fill out one or both of the Maximus forms based on who will ask for the external review. Complete:

- The HHS-Administered Federal External Review Request Form to request an external review yourself.
- Both the HHS-Administered Federal External Review Request Form and the Appointment of Representative Form if you want your provider or another person to ask for the external review for you.
  - Both you and your authorized representative need to complete this form.

Or, send a written request with:

- Name
- Address
- Phone
- Email address
- Whether the request is urgent
- Signature of member, parent or legal guardian, or authorized representative
- A short description of the reason you disagree with our decision

Send your forms or written request to us at:
Seton Health Plan Medical Management
1345 Philomena St., Suite 305
Austin, TX 78723
Fax: 512-380-7507
Email: shp-authorization@ascension.org

You can also send your request directly to Maximus by one of the ways below:

Online:
Externalappeal.com under the "Request a Review Online" heading

Mail:
MAXIMUS Federal Services
3750 Monroe Ave., Suite 705
Pittsford, NY 14534
Fax: 888-866-6190

If you send additional information to Maximus for the review, it will be shared with Seton Health Plan so that we can reconsider the denial. If you have questions during the external review process, contact Maximus at 888-866-6205 or go to externalappeal.com.

You can ask for an expedited external review:

- If you asked for an expedited appeal after our initial denial and waiting up to 72 hours would seriously jeopardize your life, health or ability to regain maximum function, you can request an expedited external review at the same time
- When waiting up to 45 calendar days for a standard external review would seriously jeopardize your life, health or ability to regain maximum function
- If the appeal decision is about an admission, availability of care, continued stay, or health care service for which emergency services were received but the member has not been discharged from the facility

How to request an expedited external review
Online: you can select "expedited" when submitting the review request
Email: FERP@maximus.com
Call: Federal External Review Process at 888-866-6205 ext. 3326

If you file an appeal or ask for an external review, we will not hold it against you, or your doctor.

Where to get care

Primary care provider (PCP) / specialty care provider (SCP)

Being an Ascension Personalized Care member means you will always have access to our in-network doctors and locations. To find a doctor or location, click the Find a Doctor button at the top of ascensionpersonalizedcare.com. From there, you will be able to see a list of in-network doctors and locations.

You will also have the option to filter your search results based on location, specialty, accepting new patients, language, gender and more. Or you can call us directly at 833-600-1311 for help finding the care that is right for you.

If you cannot locate a doctor in our system, they may not be in-network and may not be covered. Please call the Uniquely Ascension Service Center at 833-600-1311 if you need assistance finding an in-network doctor.

A printed copy of the clinician directory is available upon request. Please submit your request to apcsupport@ascension.org. You may also find a PDF version on our site at ascensionpersonalizedcare.com/provider-directory.

Virtual care

Many primary care doctors have the option to see patients through virtual visits. You can also use other virtual care options with in-network doctors. To schedule a virtual visit, contact your primary care doctor or visit ascensionpersonalizedcare.com/find-a-doctor.

Urgent care/express care clinics

Ascension Personalized Care offers many treatment options to choose from including urgent care. Ascension's urgent care teams will work closely with you to provide a timely, accurate diagnosis and a personalized care plan to help you and your loved ones quickly get on the road to recovery. You don't need an appointment at our urgent care and walk-in locations.

Hospitals/emergency room

As an Ascension Personalized Care member, you are able to get 24/7 emergency care close to home. Board-certified emergency medicine doctors and care teams in ERs at Ascension sites of care work quickly to listen, understand, and treat your needs, delivering compassionate care from the minute you walk in. Our fully staffed ERs are ready when you need care for major or life-threatening illness or injury.

What to do when outside of coverage area

Out-of-network doctors are **not** covered by your Ascension Personalized Care plan. If you see a doctor who is not within the Ascension Personalized Care network you will be responsible for the full amount of the service. There may be some limited circumstances when you need to see an out-of-network doctor. Please complete the network request form (Ascension Personalized Care > Agents > Agent and Member Forms > Out-of-network claim forms) and submit the completd form to the utilization management department as they must review all requests for medical necessity before any services are rendered by an out-of-network doctor. Emergency services provided by an out-of-network doctor will be covered at the network doctor level when the services provided are for a medical emergency.

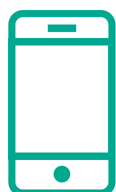
Find the right care for you

Whether you need emergency care, urgent care, or want to talk to a doctor online or in-person - we can help you find the right care close to home.

Care any time: primary care and specialty care

When it's not an emergency and your doctor's office is open, talk to your doctor about your minor illness or injury. Schedule a same-day, next-day, walk-in or virtual appointment.

- Annual checkups
- Screenings
- New concerns
- Emotional health
- Scheduling imaging and lab tests
- Prescriptions through Ascension Rx



Care online: virutal doctor visits

Talk to a doctor 24/7 from wherever you are about non-emergency care for a variety of symptoms and conditions, including:

- Sinus, upper respiratory conditions
- Seasonal allergies
- Urinary tract infections
- Sore throat/strep/cold/flu/fever

Care today: urgent care/express care/immediate care

When it's less of an emergency, but you still need care now. Get same-day walk-in care for minor illnesses and injuries, such as:

- Moderate allergic reaction
- Bites
- Moderate burns
- Mild asthma
- Sudden, but moderate back pain
- High fever
- Sprains and strains
- Cuts that require stitches

Care right away: 24/7 ER care

Ascension ER care teams are here when you need us most. Our teams work quickly to listen and understand your needs during a major illness or injury. After your visit, we'll connect you to the follow-up care that's right for you. Visit an in-network Ascension ER if you or a loved one has a life-threatening illness or injury, such as:

- Severe allergic reactions
- Extreme stomach pain
- Sudden and severe back pain
- Major trauma
- Chest pain
- Sudden weakness, difficulty speaking, numbness, difficulty walking, or loss of consciousness

Unsure of the care you need?

Speak to a nurse 24/7. Get answers to your health questions and find out if you need to see a doctor or visit an urgent care or express care clinic.

- Indiana: 855-702-2764
- Kansas: 855-702-2656
- Tennessee: 833-945-0482
- Texas: 833-520-1711

Pharmacy

Ascension's prescription drug coverage is automatically included in your Ascension Personalized Care plan. In 2024, MaxorPlus will be your pharmacy provider. Here are some ways to get the most out of your pharmacy benefits plan:

Pharmacy network for prescription drugs

Ascension Personalized Care members can access the MaxorPlus network of pharmacies for their prescription drugs. MaxorPlus's "Select Pharmacy Network" is composed of over 63,000 pharmacies nationwide that can assist members with their non-specialty prescriptions. This MaxorPlus Select pharmacy network for Ascension Personalized Care also includes over 60 Ascension Rx pharmacies across the country ready and available to assist members in Indiana, Kansas, Tennessee, and Texas.

Specialty pharmacies for specialty prescriptions (on the Rx benefit, not medical)

Specialty medications usually have a high cost and are used to treat chronic and complex medical conditions. They also may be drugs that are difficult to take or have special handling, shipping, and storage needs. They are often self-administered medications to treat conditions such as rheumatoid arthritis, multiple sclerosis, psoriasis, cystic fibrosis, cancer, or hemophilia. Specialty Pharmacy prescription services are available through Ascension Rx Specialty Pharmacy.

If you have been prescribed a "Limited Distribution Specialty Drug" please contact Ascension Rx Specialty Pharmacy at 855-292-1427 for assistance. Ascension Rx Specialty Pharmacy's operating hours are Monday through Friday, 9:00 a.m. to 5:00 p.m. EST. Please note that some Limited Distribution Specialty Drugs may require the use of a specialty pharmacy that is specifically assigned to that drug.

Mail order pharmacy for maintenance prescription drugs

Ascension Personalized Care members can access the Ascension Rx Home Delivery pharmacy for mail order prescriptions. You can have your maintenance prescriptions filled and delivered to your home. For more information, please visit ascensionrx.com to sign up, and provide payment information.

Drug formulary

The drug formulary is a list of generic and brand name prescription drugs that are covered by Ascension Personalized Care through our Pharmacy Benefits Manager (PBM), MaxorPlus. To search the drug formulary online, please visit ascensionpersonalizedcare.maxorplus.com/formulary. If you would like a copy of the formulary mailed to you, please send your request by email to apcsupport@ascension.org.

Prescription copay questions and customer service

If you, or your doctor have any questions about medications that are covered under your Ascension Personalized Care Plan in 2024, MaxorPlus' award-winning Member Services team is available for 24/7/365 support and can be reached at 888-839-4448. Please contact MaxorPlus if you have any questions about your prescription copays.

Prior authorizations and appeals for prescription drugs (on Rx benefit, not medical)

If your prescription requires a Prior Authorization (PA), your provider can fill out the PA request form here: maxor.com/wp-content/uploads/2023/01/Maxor-Plus-Prior-Authorization-Request-Form.pdf and submit the prior authorization request to MaxorPlus:
MaxorPlus Clinical Department
320 S Polk St.
Amarillo, TX 79101
Phone: 800-687-0707
Fax: 844-370-6203

If your prior authorization request was denied, you, or your doctor can fill out the appeals form: maxor.com/wp-content/uploads/2020/04/MP_Member_Appeal_Rights_0.pdf and submit the appeals form to MaxorPlus:

MaxorPlus Clinical Department
320 S. Polk St.
Amarillo, TX 79101
Standard Rx appeals fax number APC: 844-370-6203
Expedited Rx appeals fax number APC: 844-370-6203
Prescription drug (Rx) appeals phone number: 800-687-0707

Log into ascensionpersonalizedcare.com for your pharmacy benefits

Logging into ascensionpersonalizedcare.com gives you access to your pharmacy benefits, and allows you to:

- See your pharmacy claim history
- Read your benefit details
- Search and find a local in-network pharmacy to fill your prescriptions
- Compare drug and pharmacy prices

Ascension Care Management

Ascension Care Management: simplifying and supporting healthcare

Managing your healthcare can be time-consuming, stressful, and complicated. It can be difficult to find a doctor, understand a diagnosis, or self-manage your condition. Ascension's care management team is here to help you navigate the complex world of healthcare. And, their services are available at no extra cost to you through your Ascension Personalized Care medical plan.

What is care management?

Care management is a collaborative process to assess, coordinate, monitor, and evaluate services and options to meet your healthcare needs and goals. By working with your doctors, our care managers can help you manage your medical conditions more effectively. Care managers can also provide you with education, resources and the encouragement you need to support your healthcare journey.

What services does care management offer?

Ascension's care management team is made up of registered nurses, licensed social workers, and community health workers to help you make informed choices about your care. Our services include:

- **Disease management**
  Get recommendations from registered nurses on how to manage your newly diagnosed or existing chronic conditions including but not limited to diabetes, heart failure, asthma, and chronic obstructive pulmonary disease (COPD)
- **Transitional care management**
  Get support when transitioning from an inpatient admission to a post-acute care or skilled nursing facility
- **Wellness and prevention programs**
  Get educated and connected to resources and programs to keep you on top of your health
- **Complex care management**
  Get comprehensive care coordination to better self-manage single or multiple complex chronic conditions
- **Resource referrals**
  Get connected with local resources to help alleviate barriers such as transportation to and from your doctor's appointments, medication costs, and more

Get started

Call us at 866-243-6703 or email us at apccaremanagement@ascension.org.

Fraud, waste, and abuse

FWA program compliance authority and responsibility

Ascension Personalized Care is committed to identifying, investigating, sanctioning, and prosecuting suspected fraud, waste, and abuse. Examples include:

- You noticed a service or procedure in your EOB that you never received
- Your doctor is routinely overcharging you for services rendered
- Someone is using your ID card to get services
- Someone other than you or your representative picked up your medication at the pharmacy without your knowledge or approval

To report suspected fraud, waste, and abuse call 833-600-1311.

Member complaints, grievances, and appeals

We have steps for handling any insurance-related problems you may have. To keep you satisfied, we provide processes for filing appeals or complaints. You have the right to file a complaint, file an appeal, and have an external review. We hope you will always be happy with our doctors and us. But if you aren't, or you aren't able to find answers to your questions, we have steps for you to follow:

- Inquiry process
- Complaint process
- Grievance process
- Appeal process
- External review by an independent review organization (IRO)
- Complaint to your state's insurance department: Kansas Insurance Department, Indiana Department of Insurance, Tennessee Department of Commerce and Insurance, or Texas Department of Insurance.

Your satisfaction is very important to us. We want to know your issues and concerns so we can improve our services. Please contact our Member Services team at 833-600-1311 (TTY: 586-693-1214) Monday through Friday, 8:00 a.m. to 6:00 p.m. EST. or you can email us at apcsupport@ascension.org. We will attempt to answer your questions during initial contact, as most concerns can be resolved with one phone call. The following processes are available to address your concerns:

How to file an inquiry

An inquiry is a request for clarification of a benefit, product, or eligibility where no expression of dissatisfaction is made. Examples of an inquiry are:

- How to make a payment
- How to find a doctor or change primary care provider
- Billing questions
- Premium questions
- How to find a Member ID

How to file a complaint

A complaint is an oral expression of dissatisfaction. Some complaints can be resolved through a phone call. Some examples include:

- Length of time to see a doctor
- Can't find a doctor or they are not accepting new patients
- Multiple customer service interactions and the issue is still not resolved
- Trouble enrolling on the website
- Need help locating information on the website
- Doctor and/or staff were rude

To file a complaint, call member services at 833-600-1311 (TTY: 586-693-1214) Monday through Friday, 8:00 a.m. to 6:00 p.m. EST. For a full list of definitions, please refer to your Evidence of Coverage.

How to file a grievance

A grievance means any dissatisfaction with an insurer offering a health benefit plan or administration of a health benefit plan by the insurer that is expressed verbally, or in writing in any form to the insurer by, or on behalf of, a claimant including any of the following:

- Providing of services
- Determination to rescind a policy
- Determination of a diagnosis or level of service required for evidence-based treatment of autism spectrum disorders
- Claims practices
- Cancellation of your benefit coverage with us

Examples of a grievance would be:

- Generic prescription didn't have the generic copay applied
- Preventive procedure was not covered at 100%
- Need a case coordinator to contact me regarding home healthcare
- Consent issues
- Allergic reaction to prescribed medication
- Plan coverage concerns

To file a grievance, call Member Services at 833-600-1311 (TTY: 586-693-1214), Monday through Friday, 8:00 a.m. to 6:00 p.m. EST.

You may file a grievance verbally, or in writing, either by mail or by email at Appeal_Fax@abs-tpa.com. If you require assistance in filing a grievance or if you are unable to submit the grievance in writing, you can call Member Services at 833-600-1311 (TTY: 586-693-1214) to ask for help through the process. We will send a grievance acknowledgment letter after receipt of your grievance.

Send your written grievance form to:
US Health and Life Insurance Company
PO Box 1707
Troy, MI 48099-1707

Expedited grievance: If your grievance concerns are an emergency or a situation in which you may be forced to leave the hospital prematurely, or if a standard resolution process will risk serious jeopardy to your life, pregnancy, or health.

Standard grievance: A grievance that does not meet the expedited definition of grievance.

View your Evidence of Coverage for full complaint procedures and processes, including specific filing details and time frames. You can access your Evidence of Coverage in your member portal. You may also file a grievance with the Department of Insurance.

How to file an appeal

An appeal is a request to reconsider a decision about the member's benefits where either a service or claim has been denied. A denial includes a request for us to reconsider our decision to deny, modify, reduce, or terminate payment, coverage, authorization, or provision of healthcare services or benefits, including the admission to, or continued stay in, a healthcare facility. Failure to approve or deny a prior authorization request in a timely manner may be considered as a denial and subject to the appeal process. Examples of an appeal are:

- Access to healthcare benefits, including an adverse determination made pursuant to utilization management
- Admission to or continued stay in a healthcare facility
- Claims payment, handling, or reimbursement for healthcare services
- Matters pertaining to the contractual relationship between a member and Ascension Personalized Care
- Cancellation of benefit coverage
- Other matters as specifically required by state law or regulation

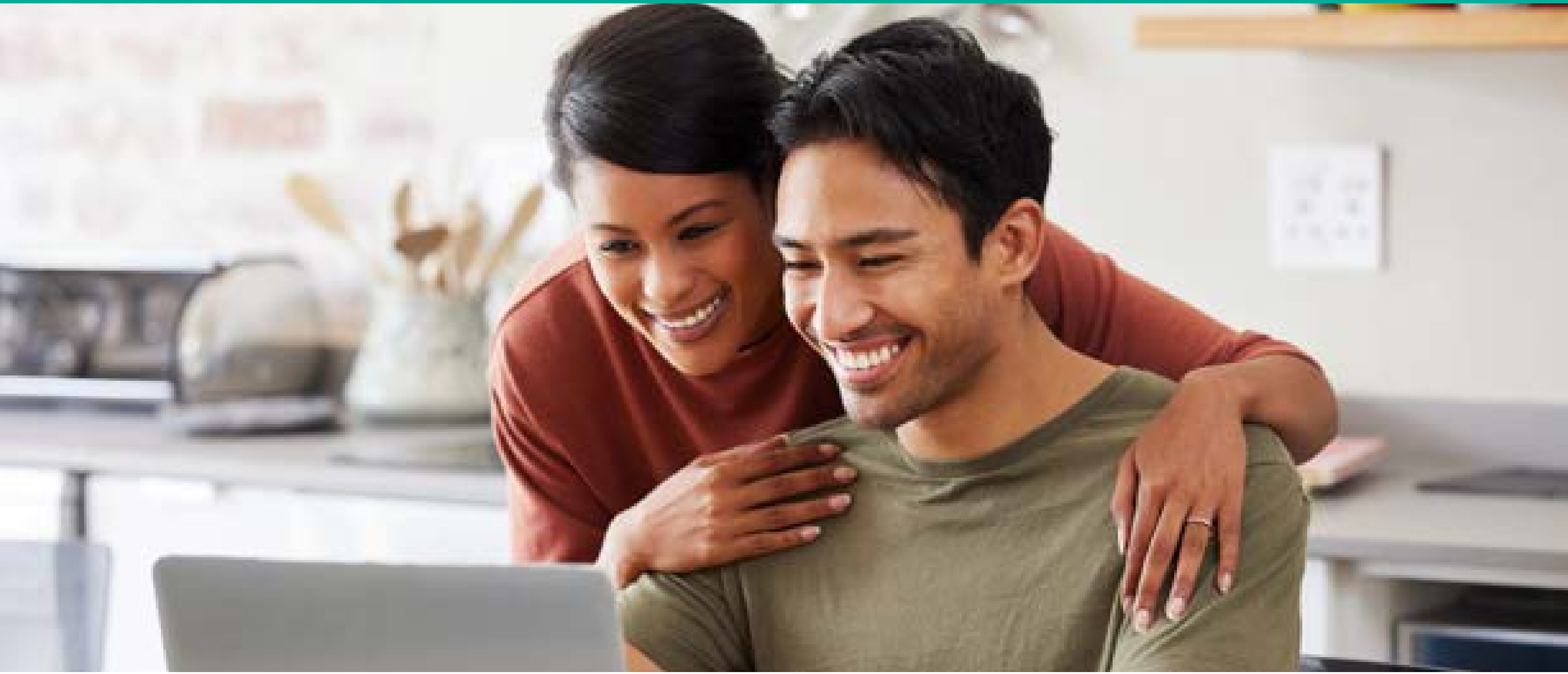
To file a written appeal, you can mail or email your request to us:
US Health and Life Insurance Company
PO Box 1707
Troy, MI 48099-1707

Appeal_Fax@abs-tpa.com

Resolution time frames may vary based on the type of appeal filed. Please see Evidence of Coverage for details.

Expedited appeal: If your appeal concerns an emergency or a situation in which you may be forced to leave the hospital prematurely, or if you believe a standard resolution process will risk serious jeopardy to your life, pregnancy, or health.

Standard appeal: An appeal that does not meet the expedited definition.



Member rights and responsibilities

Member rights

You have certain rights as set forth below:

- To participate with doctors in making decisions about your healthcare. This includes working on any treatment plans and making care decisions. You should know any possible risks, problems related to recovery, and the likelihood of success. You have the right not to have any treatment without consent freely given by you or your legally authorized surrogate decision-maker. You have the right to be informed of your care options
- To know who is approving and who is performing the procedures or treatment. All likely treatments and the nature of the problem should be explained clearly to you
- To receive the benefits for which you have coverage
- To be treated with respect and dignity
- To have the privacy of your personal health information protected, consistent with state and federal laws, and Ascension Personalized Care policies
- To receive information or make recommendations, including changes, about Ascension Personalized Care's organization and services, the Ascension Personalized Care network of doctors, and your rights and responsibilities
- To candidly discuss with your doctors appropriate and medically necessary care for your condition, including new uses of technology, regardless of cost or benefit coverage. This includes information from your primary care doctor about what might be wrong (to the level known), treatment, and any known likely results. The doctor must tell you about treatments that may or may not be covered by the plan, regardless of the cost. You have a right to know about any costs you will need to pay. This should be told to you in a way that you can understand. When it is not appropriate to give you information for medical reasons, the information can be given to a legally authorized person. The doctor will ask for your approval for treatment unless there is an emergency and your life and health are in serious danger
- To make recommendations regarding the Ascension Personalized Care member's rights, responsibilities, and policies

- To voice complaints or appeals about: Ascension Personalized Care, any benefit or coverage decisions Ascension Personalized Care makes, Ascension Personalized Care coverage, or the care provided
- To participate with doctors in making decisions about your care and the right to refuse treatment for any condition, illness, or disease without jeopardizing future treatment, and be informed by the doctor(s) of the medical consequences
- To see your medical records
- To be kept informed of covered and non-covered services, program changes, how to access services, primary care provider assignment, doctors, advance directive information, referrals and authorizations, benefit denials, member rights and responsibilities, and other Ascension Personalized Care rules and guidelines. Ascension Personalized Care will notify you before the effective date of the modifications. Such notices shall include the following:
  - Any changes in clinical review criteria
  - A statement of the effect of such changes on your financial liability for the cost of any such changes
- To have access to a current list of network doctors. Additionally, you may access information on network doctors' education, training, and practice
- To select a health plan or switch health plans, within the guidelines, without any threats or harassment
- To adequate access to qualified medical practitioners and treatment or services regardless of age, race, creed, sex, sexual orientation, national origin, or religion
- To access medically necessary urgent and emergency services 24 hours a day and seven days a week
- To receive information in a different format in compliance with the Americans with Disabilities Act, if you have a disability
- To refuse treatment to the extent the law allows. You are responsible for your actions if treatment is refused or if the doctor's instructions are not followed. You should discuss all concerns about treatment with your primary care doctor or other clinicians. The primary care doctor or other clinician must discuss different treatment plans with you. You must make the final decision
- To select a primary care doctor within the network. You have the right to change your primary care doctor or request information on network doctors close to your home or work
- To know the name and job title of people providing care to you. You also have the right to know which doctor is your primary care doctor
- To have access to an interpreter when you do not speak or understand the language of the area
- To a second opinion by a network doctor, at no cost to you, if you believe that the network doctor is not authorizing the requested care, or if you want more information about your treatment
- To execute an advance directive for healthcare decisions. An advance directive will assist the primary care provider and other clinicians to understand your wishes about your healthcare. The advance directive will not take away your right to make your own decisions. Examples of advance directives include:
  - Living Will
  - Healthcare Power of Attorney
  - "Do Not Resuscitate" Orders
- You also have the right to refuse to make advance directives. You may not be discriminated against for not having an advance directive

Member responsibilities

- To read their Ascension Personalized Care contract in its entirety
- To treat all healthcare professionals and staff with courtesy and respect
- To give accurate and complete information about present conditions, past illnesses, hospitalizations, medications, and other matters about their health. The member should make it known whether they clearly understand their care and what is expected of them. The member needs to ask questions of their doctor so they understand the care they are receiving
- To review and understand the information they receive about Ascension Personalized Care. The member needs to know the proper use of covered services
- To show their ID card and keep scheduled appointments with their doctor, and call the doctor's office during office hours whenever possible if the member has a delay or cancellation
- The member should establish a relationship with a primary care doctor. The member may change their primary care doctor at any time
- To read and understand to the best of their ability all materials concerning their health benefits or to ask for assistance if they need it
- To understand their health problems and participate along with their healthcare doctors in developing mutually agreed upon treatment goals to the degree possible
- To supply, to the extent possible, information that Ascension Personalized Care and/or their doctors need in order to provide care
- To follow the treatment plans and instructions for care that they have agreed on with their healthcare doctors
- To understand their health problems and tell their healthcare doctors if they do not understand their treatment plan or what is expected of them. The member should work with their primary care provider to develop mutually agreed upon treatment goals. If the member does not follow the treatment plan, the member has the right to be advised of the likely results of their decision
- To follow all health benefit plan guidelines, provisions, policies, and procedures
- To use any emergency room only when they think they have a medical emergency. For all other care, the member should call their primary care doctor
- To give all information about any other medical coverage they have at the time of enrollment. If, at any time, the member gains other medical coverage besides Ascension Personalized Care coverage, the member must provide this information to Ascension Personalized Care
- To pay their monthly premium, all deductible amounts, copayment amounts, or cost-sharing percentages at the time of service

Health Insurance Portability and Accountability Act (HIPAA)

As an Ascension Personalized Care member, we can assure you that your medical and health information is private and will always be protected under the HIPAA Privacy Rule. Federal and state laws protect the privacy of your medical records and personal health information. We protect your personal health information as required by these laws.

Your "personal health information" includes the personal information you gave us when you enrolled in this plan as well as your medical records and other medical and health information.

The laws that protect your privacy give you rights related to getting information and controlling how your health information is used. We give you a written notice, called a "Notice of Privacy Practice," that tells about these rights and explains how we protect the privacy of your health information.

How do we protect the privacy of your health information?

- We make sure that unauthorized people don't see or change your records.
- In most situations, if we give your health information to anyone who isn't providing your care or paying for your care, we are required to get written permission from you first. Written permission can be given by you or by someone you have given legal power to make decisions for you.

There are certain exceptions that do not require us to get your written permission first. These exceptions are allowed or required by law. For example, we are required to release health information to government agencies that are checking on quality of care.

We are required to give government regulatory agencies your health information. You can see the information in your records and know how it has been shared with others. You have the right to look at your medical records held at the plan, and to get a copy of your records. We are allowed to charge you a fee for making copies. You also have the right to ask us to make additions or corrections to your medical records. If you ask us to do this, we will work with your healthcare provider to decide whether the changes should be made.

You have the right to know how your health information has been shared with others for any purposes that are not routine. If you have questions or concerns about the privacy of your personal health information, please call us.

Non-discrimination policy

US Health and Life Insurance Company (USHL) and Ascension Personalized Care does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, national origin, disability, sex, religion, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, and in staff and employee assignments to all associates, whether carried out by USHL and Ascension Health directly or through a contractor or any other entity with which USHL and Ascension Health arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (nondiscrimination on the basis of race, color, national origin), Section 504 of the Rehabilitation Act of 1973 (nondiscrimination on the basis of disability), the Age Discrimination Act of 1975 (nondiscrimination on the basis of age), regulations of the U.S. Department of Health and Human Services issued pursuant to these three statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91 and Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C.

§ 18116 (nondiscrimination based on sex, including gender identity).

USHL and Ascension Health provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (audio, accessible electronic formats, other formats)

USHL and Ascension Health provides free language services to people whose primary language is not English such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Compliance Officer. If you believe that USHL and Ascension Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, disability, sex, religion, or age, you can file a grievance with:

Compliance Officer

800 Tower Drive

Troy, MI 48098

844-284-6750 Fax 586-693-4820

You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, the Compliance Officer is available to help you.

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 Portal, available at ocrportal.hhs.gov/ocr/smartscreen/main.jsf, or by mail or e-mail at:

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, DC 20201

OCRComplaint@hhs.gov

Tel: 800–368–1019, 800–537–7697 (TDD)

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

Glossary of terms

Coinsurance
The percentage amount you pay after you reach your deductible. Your health insurance plan will pay a portion of the medical bill and you will be responsible for paying the rest.

Copay or copayment
A flat fee that you pay when you visit a doctor. It is a set amount of money you pay for a covered service.

Covered services
Healthcare services that are covered by a specific benefit provision of the health insurance plan and that are not excluded under the plan. They are determined to be medically necessary per the plan's medical policies and paid for by the plan.

Deductible
The amount you pay for healthcare services before your health insurance begins to pay.

Exclusive provider organization (EPO)
Often referred to as a narrow network. It is similar to an HMO (health maintenance organization) in that it has an exclusive network of doctors and doesn't cover most out-of-network care. But an EPO allows the patient to visit any doctor in their network without a referral from their primary care doctor.

Evidence of coverage (EOC)
A document that provides details about what your health insurance plan covers, how much you will pay, and additional plan details.

Explanation of benefits (EOB)
A statement that describes the costs of medical care received. It explains what portion of a claim was paid to the healthcare doctor and what you will be responsible for paying.

Member
A covered person enrolled under the health insurance plan.

Network provider
A healthcare clinician (doctor, nurse practitioner, clinical nurse specialist, or physician assistant) who is contracted with your health insurance plan to provide a better rate.

Open Enrollment Period (OEP)
A specific time each year you can sign up for health insurance or change your coverage or plan. The federal exchange is open November 1 - December 15 each year.

Out-of-pocket maximum
The most amount of money you will have to pay during the plan year. Once this out-of-pocket maximum is met, the health insurance plan will cover all costs at 100%.

Plan
Refers to the Ascension Personalized Care health insurance plan.

Premium
The amount you pay monthly to have health insurance coverage.

Prior authorization
An approval that a member must receive from their health plan before receiving certain treatment, medications, or services.

Schedule of benefits
A list of services covered under the health plan and includes information on copays, deductibles, and any other fees.

Special enrollment period (SEP)
A set time when you can enroll in health insurance if you have had a certain life event. This can include losing health coverage, moving, getting married, having a baby, or adopting a child.

Summary of benefits and coverage (SBC)
A document that shows deductible and copay information as well as everything that is covered under the health insurance plan.

Member discount programs

Ascension Personalized Care is proud to partner with other organizations in our local markets to offer our members exclusive benefits and discounts. We currently offer discounts for markets and eateries, gym memberships, sports and entertainment, and hearing aids. New partnerships are continuously being added to our website. Visit ascensionpersonalizedcare.com/members-home/member-resources/understanding-benefits/member-discount-programs for the most up to date information and links to special offers.

Sports and entertainment

Indianapolis Zoo
Discounted tickets are available for APC members for the 2023/2024 season.

Nashville Predators
Receive 5% off tickets to cheer on the Nashville Predators and other special offers at Bridgestone Arena.

Wichita Thunder
Receive discounted tickets to the hockey games at Intrust Bank Arena.

Markets and Eateries

SmoothieBox
Receive $25 off your first order.

TruHearing - Hearing aid discount program

Good hearing is important to your health. That's why you have access to TruHearing®, a comprehensive hearing care solution. Hearing aids can be expensive — an average of $2,400 per aid — but the TruHearing program saves you 30-60% off hearing aids. Details of the program include:

- State-of-the-art technology
  - The latest technology from top hearing aid manufacturers
  - Hearing solutions for virtually every type of hearing loss
  - Significantly lower prices on the same models sold at retail locations
- Personalized care
  - Guidance and assistance from a TruHearing hearing consultant
  - Local, professional care from an accredited provider in your area
  - A $45 hearing exam plus 1-year of follow-up visits for fitting and adjustments
- Help along the way
  - A worry-free purchase with a 60-day risk free trial and 3-year warranty
  - 80 free batteries per aid included with non-rechargeable models
  - Guides to help you adapt to your new hearing aids

Example savings (per aid):
Prices and products subject to change. For more information, visit truhearing.com.

Sample product	Average retail price	TruHearing price	Savings
TruHearing Advanced	$2,445	$1,250	$1,195
Starkey® Livio™ 1000 R	$1,795	$975	$820
Phonak® Audéo® M30-R	$1,972	$1,250	$722
ReSound Quattro™ 5	$2,427	$1,370	$1,057
Oticon Opn® S 3	$2,454	$1,425	$1,029
Widex® Evoke® 330	$2,965	$1,725	$1,240
Signia Styletto Nx® 7	$3,449	$2,195	$1,254

To learn more or set up an appointment with a provider near you, contact a TruHearing hearing consultant at 1-855-695-7577.

TruHearing prices plus a hearing aid allowance can save you even more! Not sure if you have an allowance? Call us to find out.

Active&Fit Direct

Gym or Home? We'll keep you active either way. With the Active&Fit Direct program, you'll have access to:

- 11,000+ standard fitness centers and studios
- 5,000+ NEW premium exercise studios and fitness centers
- 4,000+ digital workout videos
- NEW! the ability to purchase a membership for your spouse or domestic partner
- One-on-one lifestyle coaching
- No long-term contracts

All starting at just $25 a month.

Enroll today

Members can enroll in the Active&Fit Direct program by accessing a custom link on ascensionpersonalizedcare.com. This will link over to the Active&Fit Direct website where you can enroll. You will also receive an ID card to present at select fitness centers.

Additional features

- 250+ wearable trackers and apps to track your activity and stay on top of your goals
- Facebook and YouTube community for additional health tips and workout classes, free and available to the public
- Try 200 free workout videos on the Active&Fit Direct website before you enroll

Active&Fit DIRECT®
Ascension Personalized Care
Gym or Home?
We'll keep you active either way.
FITNESS PROGRAM MEMBERSHIP
AS LOW AS $25/mo*
16,000+ FITNESS CENTERS
4,000+ WORKOUT VIDEOS
Active&Fit DIRECT
11,000+ STANDARD FITNESS CENTERS
5,000+ NEW PREMIUM EXERCISE STUDIOS AND FITNESS CENTERS
NO LONG-TERM CONTRACTS
4,000+ DIGITAL WORKOUT VIDEOS
NEW ENROLL YOUR SPOUSE or domestic partner**
Learn More:

Accreditation

Ascension Personalized Care is committed to promoting quality health services for all members by meeting national standards for quality, accountability, consumer protection and other key health plan operational functions.

To affirm our dedication to quality management principles, Ascension Personalized Care has achieved Marketplace Health Plan Provisional Accreditation from URAC. Provisional Accreditation is awarded to organizations that have not begun business operations, yet demonstrate compliance with URAC's criteria through desktop review. It's the first step on our quality journey to performance excellence.

Indiana

Health Plan with Health Insurance Marketplace (HIM) 7.4 Accreditation
Full accreditation: Effective 1/1/22 through 1/1/25
Certificate Number: HIX-5
HIOS Issue Identifier: 35755
NAIC Company Code: 97772
NAIC Group Code: NULL

Kansas

Health Plan with Health Insurance Marketplace (HIM) 7.4 Accreditation
Full accreditation: Effective 1/1/22 through 1/1/25
Certificate Number: HIX-5
HIOS Issue Identifier: 32542
NAIC Company Code: 97772
NAIC Group Code: NULL

Tennessee

Health Plan with Health Insurance Marketplace (HIM) 7.4 Accreditation
Full accreditation: Effective 1/1/22 through 1/1/25
Certificate Number: HIX-5
HIOS Issue Identifier: 31663
NAIC Company Code: 97772
NAIC Group Code: NULL

Texas

Health Plan with Health Insurance Marketplace (HIM) 7.4 Accreditation
Full accreditation: Effective 1/1/22 through 1/1/25
Certificate Number: HIX-5
HIOS Issue Identifier: 57125
NAIC Company Code: 97772
NAIC Group Code: NULL

Helpful links

Home page:

ascensionpersonalizedcare.com

Help center:

Find answers to the most commonly asked health insurance plan questions.
ascensionpersonalizedcare.com/help

Find a doctor:

Search our database to see if a doctor, specialist, or site of care is in our network. Search by city and state, zip code, last name, and/or specialty.
ascensionpersonalizedcare.com/find-a-doctor

Make a payment:

Find numerous payment options available to our members.
ascensionpersonalizedcare.com/payment

Chat feature:

Have questions and need to speak with a customer service representative? Click on the "Chat with us" feature in the bottom right corner of each web page.

Member portal:

Members can view claims, benefits, digital ID cards and more with the member portal.
Click the login button in the top right corner or visit member.ascensionpersonalizedcare.com.

Member handbook:

A guide to understanding the 2024 healthcare benefits and coverage.
ascensionpersonalizedcare.com/members-home/member-resources/understanding-benefits/member-handbook

Schedule of Benefits:

View each plan's benefits and covered costs.
ascensionpersonalizedcare.com/members-home/member-resources/understanding-benefits/schedule-of-benefits/2024-schedule-of-benefits

Summary of Benefits and Coverage:

Find specific plan SBC's for Indiana, Kansas, Tennessee and Texas.
ascensionpersonalizedcare.com/members-home/member-resources/2024-summary-of-benefits-and-coverage

Service areas:

APC continues to grow and expand the states and counties we serve. Visit the service areas page to see all of our current markets.
ascensionpersonalizedcare.com/members-home/member resources/service-areas

APC brochure:

View products, services, coverage areas and unique APC benefits.
ascensionpersonalizedcare.com/-/media/project/aca/aca/member-pages/2024_product_guide.pdf

Member forms:

View important forms and general resources for agents and members.
ascensionpersonalizedcare.com/agents/agent-and-member-forms

Member discount programs:

View exclusive benefits and discounts for APC members.
ascensionpersonalizedcare.com/members-home/member-resources/understanding-benefits/member-discount-programs

Evidence of Coverage:

View policy information for each state.
ascensionpersonalizedcare.com/members-home/member-resources/understanding-benefits/evidence-of-coverage

Important contacts

Keep important healthcare contacts nearby. Add your primary care doctor, closest in-network hospital and urgent care, in-network specialists, and nearest in-network laboratory to this sheet. Cut it out and place on your fridge so you always have easy access to your healthcare doctors and facilities.

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IMPORTANT CONTACTS

Primary Care Doctor:

Name: ____________________

Address: ____________________

Phone Number: ____________________

In-network urgent care or express care clinic:

Name: ____________________

Address: ____________________

Phone Number: ____________________

In-network hospital:

Name: ____________________

Address: ____________________

Phone Number: ____________________

In-network specialist:

Name: ____________________

Address: ____________________

Phone Number: ____________________

In-network laboratory:

Name: ____________________

Address: ____________________

Phone Number: ____________________

Notes

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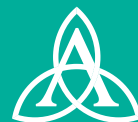

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ascensionpersonalizedcare.com