

ABOUT YOUR HEALTH PLAN SERVICES

Thank you for choosing us as your healthcare partner!

We know your health is most important to you and we give you access to a comprehensive selection of providers, programs and services, all backed by exceptional customer support.



FIND A DOCTOR

Search online, filter by region, facility and provider type; confirm in-network emergency centers and urgent care facilities; and find downloadable directories. Visit www.prominencehealthplan.com.



SELECT A PRIMARY CARE PROVIDER

Prominence Health Plan members are encouraged to select a primary care provider (PCP) to manage all of your medical care. A collaborative relationship with a PCP is important because he/she can help ensure timely receipt of recommended preventive care and can advise if specialty care is needed and appropriate. For help determining a PCP for your care or to change your existing PCP, call our customer service number at **800-863-7515** or log-in to the secure member portal.



EMERGENCY CARE

If you receive emergency services from an out-of-network facility, you may be responsible for paying the difference between the billed charges and the plan's allowable rate. **Make sure you know which hospitals are in-network and whenever possible receive emergency care from our in-network emergency rooms to avoid any additional charges.**



SECURE MEMBER PORTAL

You can access your plan benefit information like your summary of benefits and Evidence of Coverage (EOC). Also view claims information, update your PCP selection and find out if you've reached your out-of-pocket maximum.



PHARMACY BENEFITS

Call **833-775-MEDS (6337)** for questions regarding your prescription drug plan. Visit the Pharmacy Portal on www.prominencehealthplan.com to compare drugs and search the pharmacy formulary. Through the Pharmacy by Mail program you can obtain a discounted 90-day supply for maintenance medications and have them delivered right to your home.



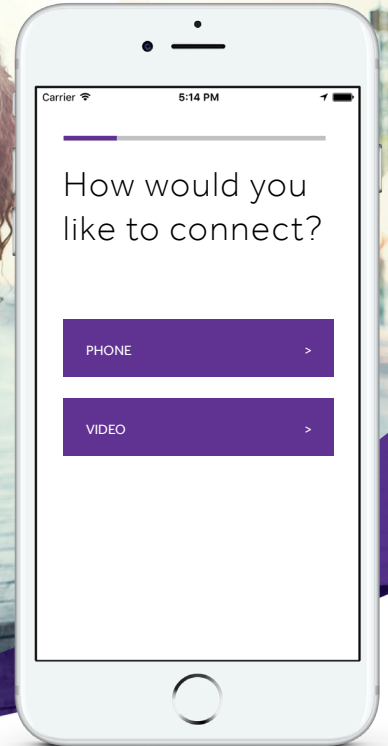
TELADOC® TELEMEDICINE

1-800-TELADOC provides access to board-certified doctors, pediatricians and behavioral health specialists by phone or video* 24-hours a day, every day of the year. Telemedicine services are offered for a \$0 copay and conveniently allow for care on a schedule that works for you. Visit teladoc.com to establish your health history before you need care.



CUSTOMER SERVICE

Call **800-863-7515** to confirm benefit information, discuss claims questions or for any inquiries you have about your health plan benefits. **For a printed copy of your complete member plan documents, please contact Customer Service.**



When you need affordable care, **you've got Teladoc!**

Stretch your healthcare dollars by connecting with Teladoc the next time you're sick. With Teladoc, you can speak with a U.S. board-certified doctor 24/7 by phone or video for many non-emergency illnesses.

Receive affordable care for:

- Sinus infection
- Flu
- Cough
- Sore throat
- Rash
- Allergy
- Upset stomach
- Nausea and more

Talk to a doctor for free

 Teladoc.com  1-800-TELADOC (835-2362)   Download the app





Peace of mind starts here.

Now available:

Access to a licensed therapist by phone or video

Don't wait to get the support you need. In addition to your Teladoc General Medical services, you now have Mental Health. Get confidential counseling seven days a week for conditions like depression, anxiety, stress, marital or family issues, and much more by phone or video.

Schedule your appointment today.

Therapist **Free** /session

Psychiatrist **Free** /evaluation
 Free /ongoing session

The benefits of using Mental Health

- ✓ Choose the therapist you think would best fit your needs
- ✓ Speak with a therapist from any location
- ✓ Schedule an initial or ongoing appointment on your time
- ✓ Confidential treatment

Teladoc doesn't offer a crisis hotline. Appointments must be scheduled.

Confidential therapy on your terms

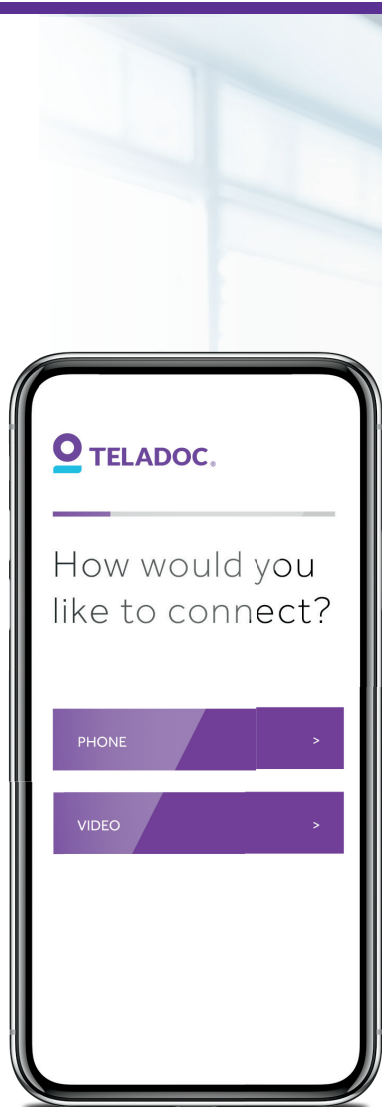
 Teladoc.com   Download the app





Eat well. Live well. Stay well.

Now available: Nutrition visits by phone or video.



You now have access to our new Nutrition service.

Talk to a registered dietitian for help with staying healthy, eating right, or managing a health condition like diabetes or high blood pressure.



Schedule your visit 7 days a week (7 a.m. to 9 p.m. local time)



Talk to a registered dietitian by phone or video



Get a personalized diet plan to meet your health needs

Schedule your visit today for \$59

Download the app



1-800-TELADOC (835-2362) | Teladoc.com/Nutrition

Let's Talk Network...

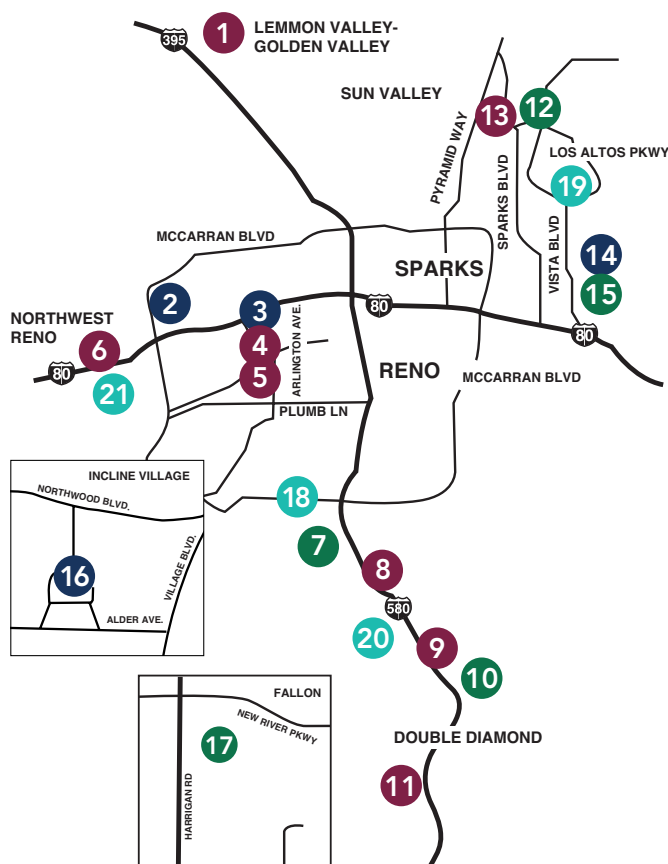
Prominence Reach in Northern Nevada

Our statewide networks provide easy, accessible and comprehensive care for members no matter where they reside. Plus, Prominence HMO members can see a specialist without a referral.

Through our affiliation with parent company UHS, Prominence has strategic partnerships with reputable medical systems that offer a breadth of quality provider access.

Prominence[®]
Health Plan

The contracted network reach extends across the Northern Nevada and beyond, ensuring ample member coverage.



- 1** Saint Mary's Urgent Care At North Valley
280 Vista Knoll Pkwy #110, Reno
- 2** Northern Nevada Medical Center ER at McCarran NW
10290 North McCarran Blvd., Reno
- 3** Saint Mary's Regional Medical Center¹
235 W 6th St., Reno
- 4** Saint Mary's Medical Group
343 Elm St #402, Reno
- 5** Saint Mary's Medical Group
645 N Arlington Ave., Reno
- 6** Saint Mary's Medical Group/Urgent Care
6255 Sharlands Ave., Reno
- 7** Northern Nevada Medical Group
5575 Kietzke Ln., Reno
- 8** Saint Mary's Medical Group
8040 S Virginia St #4, Reno
- 9** Saint Mary's Center For Family And Integrated Medicine
10415 Double R Blvd., Reno
- 10** Northern Nevada Medical Center Outpatient Rehab
1091 Steamboat Pkwy #240, Reno
- 11** Saint Mary's Medical Group/Urgent Care
18653 Wedge Pkwy #11, Reno
- 12** Northern Nevada Medical Group/Same Day Care Clinic
5265 Vista Blvd Bldg B, Sparks
- 13** Saint Mary's Medical Group/Urgent Care
5070 Ion Dr #100, Sparks
- 14** Northern Nevada Medical Center/Medical Group
2375 E Prater Way, Sparks
- 15** Northern Nevada Medical Center Outpatient Rehab
2385 E Prater Way #301, Sparks
- 16** Northern Nevada Medical Group
6630 S. McCarran Blvd., Bldg C, #202, Reno
- 17** Northern Nevada Medical Group
1020 New River Pkwy #200, Fallon
- 18** Pinnacle Medical Group
6630 S. McCarran, Ste. 9, Reno
- 19** Pinnacle Medical Group
5975 Los Altos Parkway, Sparks
- 20** Pinnacle Medical Group
15 McCabe, Ste. 200, Reno
- 21** Pinnacle Medical Group
6275 Sharlands, Reno

¹ Non-emergency in-network contract for PPO/POS members only

Additional Networked Hospital Locations

- Banner Churchill Community Hospital, Fallon, NV
- Banner Lassen Medical Center, Susanville, CA
- Barton Memorial Hospital, South Lake Tahoe, CA
- Battle Mountain General Hospital, Battle Mountain, NV
- Carson Tahoe Regional Medical Center, Carson City, NV
- Carson Valley Medical Center, Gardnerville, NV
- Humboldt General Hospital, Winnemucca, NV
- Mount Grant General Hospital, Hawthorne, NV
- Northeastern Nevada Regional Hospital, Elko, NV
- Pershing General Hospital, Lovelock, NV*
- South Lyon Medical Center Hospital, Yerington, NV
- William Bee Ririe Hospital, Ely, NV

* PPO only contracted facility

REV AUG21



**2375 E. PRATER WAY
SPARKS, NV 89434**



**Northern Nevada Sierra
MEDICAL CENTER**

OPENS 2022!



AT McCARRAN NW
An Extension of Northern Nevada Medical Center

**10290 N. MCCARRAN BLVD
RENO, NV 89503
OPEN 24/7!**

Medical Center Accreditations & Awards



Northern Nevada Medical Center has been awarded Joint Commission Gold Seal of Approval, Orthopedics: Advanced Hip & Knee, Spine Surgery and Back Pain



Saint Mary's Regional Medical Center has a Joint Commission Accredited Primary Stroke Center



Northern Nevada Medical Center is a Leapfrog 'Grade A'



Saint Mary's Regional Medical Center has a Healthgrade Excellence Awards Pulmonary Care Excellence in 2020, Spine Surgery Excellence Award, Orthopedic Surgery Excellence Award, Five-Star Recipient for Treatment of Heart Attack



Northern Nevada Medical Center is HFAP Accredited



Carson Tahoe Regional Medical Center is Ranked #1 "Best Hospitals in Nevada" U.S. News & World Report



Carson Tahoe Regional Medical Center is Accredited by the Center for Improvement in Healthcare Quality (CIHQ)



Carson Tahoe Regional Medical Center is a Commission on Cancer Accredited Program

Partnerships for Care Outside the Hospital



2 LOCATIONS!



8 LOCATIONS!
Including Urgent Care



5 LOCATIONS!
Including Same-Day
Care Clinic



4 LOCATIONS!



4 LOCATIONS!



DispatchHealth
Serving throughout
Reno and Sparks for
medical house calls in
the comfort and privacy
of your own home!



Teladoc
24/7 telemedicine care
with U.S. board-certified
doctors, pediatricians and
therapists for a \$0 copay*

*Health plan members enrolled in an HDHP will be subject to deductible per IRS requirements. Once plan CYD has been met, the charge paid at time of service will be reimbursed.



There's No Place Like Home

Avoid unnecessary trips to the emergency room. DispatchHealth delivers medical care to your home for your urgent health needs.

What We Treat

Common Ailments

- COVID-19 symptoms
- Influenza
- Evaluation of weakness
- Falls among the elderly
- Anxiety
- Bronchitis

Neurological

- Vertigo (dizziness)
- Headache/Migraine

Dermatology

- Cellulitis
- Abscess
- Wound evaluation and care
- Lacerations

Ear, Nose and Throat

- Nosebleeds
- Foreign body removal (ear/nose)
- Facial trauma

Ophthalmology

- Corneal abrasion
- Periorbital cellulitis
- Foreign body removal
- Evaluation of red eye
- Conjunctivitis

Gastrointestinal

- Diarrhea / Nausea / Vomiting
- Dehydration
- Constipation / Fecal impaction

Musculoskeletal

- Strains or sprains
- Minor fractures
- Back Pain

Respiratory

- COPD exacerbation
- Asthma exacerbation
- Pneumonia
- Croup
- COVID-19 symptoms

Cardiology

- Palpitations
- CHF exacerbation

Genitourinary

- Urinary infections
- Kidney stones
- Foley catheter malfunction
- Urinary retention

Procedures Performed

- IV placement
- 12 lead EKG
- Administer IV fluids, medications and antibiotics
- Laceration repair (simple to complex): sutures or staples
- Incision & drainage of skin lesions
- Splint injured extremities
- Advanced blood laboratory testing on-site
- Rapid infectious disease testing (flu, strep, mono, COVID-19)
- Catheter insertion: Foley, Coude, suprapubic
- Nasal packing and cautery
- Bronchodilator administration
- IV medications: antibiotics, antiemetics, diuretics, and steroids



A Team You Can Trust

For every house call we send a physician assistant or nurse practitioner along with a medical technician. An on-call ER physician is also available at all times via phone.

DispatchHealth can test for COVID-19, as well as treat people with a known positive test. Our medical teams follow strict protocol to keep our patients safe, and wear the proper personal protective equipment (PPE) to every visit.

We've Got You Covered

Quick. Efficient. Affordable.

We are in-network with Prominence Health Plan. Please contact DispatchHealth for more information about your specific plan.

We accept credit card, debit card, health savings account (HSA), health reimbursement account (HRA) and flexible spending account (FSA) payments.

Open 7 days a week, including holidays | 8 a.m. to 10 p.m.

Request Care Today:

Reno: 775-442-5872 | Las Vegas: 702-848-4443
DispatchHealth.com



Prominence[®] Health Plan

National Network Access through Cigna[®]

Now available to select Prominence Health Plan Members

Through a collaboration with Cigna, Prominence is pleased to now offer a network for members who live, work or travel outside of Nevada and have national network benefits available within the following Prominence health plans:

- PPO
- PPO HDHP
- POS (Tier 2)
- HMO Freedom

The Prominence Health Plan Custom Cigna Network provides high-quality care in the most cost-effective setting.

Cigna has an expansive national network that includes more than 6,300 hospitals, more than 1 million physicians and multiple ancillary providers across the country¹.

As with other networks, it will always be the member's responsibility to validate that a provider they are seeing is in the network.

IMPORTANT! Please note the Cigna PPO network² is available for national network coverage outside the state of Nevada for those specific groups with plans that include national network benefits. It is not available within the state of Nevada. For in-state providers, visit www.prominencehealthplan.com



To search all Cigna locations within the Cigna national network, **visit www.cigna.com** and select **Find a Doctor, Dentist, or Facility**

- 1) Click **"Employer or school"**
- 2) Enter search criteria
- 3) Select **"Continue as Guest"**
- 4) Select a plan **"PPO, Choice Fund PPO"**

Questions?

Call Prominence Health Plan Customer Service

800-863-7515

Monday through Friday,
6 a.m. to 5 p.m. PT

¹ Based on Cigna analysis, November 2019. Subject to change.

² The Cigna PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO Network for Shared Administration.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

Cigna is an independent company and not an affiliate of Prominence Health Plan.



UNDERSTANDING EMERGENCY SERVICES – KNOW YOUR OPTIONS FOR CARE

When an unexpected illness or emergency happens it can be a very scary time. It is important to educate yourself about what is considered a true life-threatening emergency and where you can go to receive care.

RECOMMENDED IN-NETWORK HOSPITALS FOR EMERGENCY SERVICES

- Carson Tahoe Regional Medical Center
- Saint Mary's Regional Medical Center
- South Lyon Medical Center
- Carson Valley Medical Center
- Northern Nevada Medical Center
- Banner Churchill Community Hospital

ALTERNATIVES TO THE EMERGENCY ROOM



Call or Video Telemedicine services 24/7 at 800-TELADOC. Address concerns like cold & flu symptoms, respiratory infections, allergies and more. Doctors can prescribe medications, when appropriate.



Visit an urgent care. Receive prompt care with a smaller copay than an ER visit for cuts, colds, flu or earaches. Search www.prominencehealthplan.com for in-network locations.



Visit a CVS MinuteClinic® in your local neighborhood or any location nationwide. No appointments are required and you can pay the same out-of-pocket cost as a PCP copay.

For a complete list of all in-network providers and facilities, visit www.prominencehealthplan.com and use the online tool under the "Find a Doctor Tab". You can search by provider, facility and even geographic region.

UNDERSTANDING EMERGENCY CARE & YOUR PROVIDER NETWORK

WHAT IS AN EMERGENCY?

Medically Necessary Emergency Services are those health situations where a sudden onset of a medical condition is presented by symptoms of severity that an average person would believe the absence of immediate medical attention could result in:

- Serious jeopardy to the health of a member
- Serious jeopardy to the health of an unborn child
- Serious impairment of a bodily function
- Serious dysfunction of any body organ or part

Examples of emergency illness/injuries include: heart attacks, severe chest pains, burns, loss of consciousness, sudden paralysis/slurred speech, bleeding, poisoning and severe trauma.

Trauma is considered a body wound or shock produced by sudden physical injury, as from violence or an accident.

WHAT IS A PROVIDER NETWORK?

A provider network is a network of health care providers contracted with Prominence Health Plan to provide care to our members.

WHAT IS AN OUT-OF-NETWORK PROVIDER?

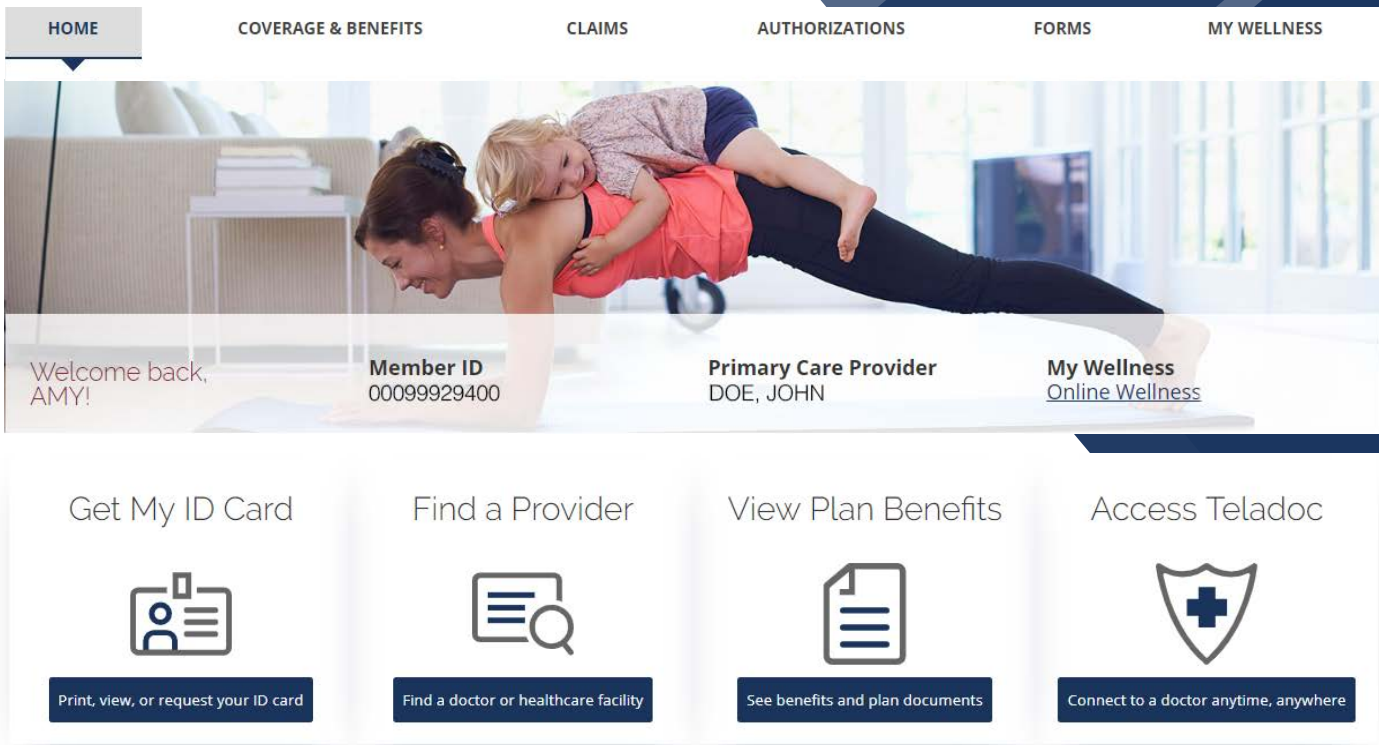
Any doctor, facility or medical group that does not have a contract with Prominence Health Plan is considered an out-of-network provider.

- HMO members do not have any coverage for services received by out-of-network providers. If a member seeks medically necessary emergency services at an out-of-network provider, usual and customary rates (UCR) may apply and the member may be billed the balance by the provider.
- PPO members have access to out-of-network providers. Claims will be processed at the out-of-network benefit level and subject to UCR rates. Members may be balance billed by an out-of-network provider.

WHAT HAPPENS IF I RECEIVE EMERGENCY SERVICES FROM AN OUT-OF-NETWORK PROVIDER?

The provider may bill you for all or part of the services provided depending on your plan design. Out-of-network providers are not contracted with Prominence and do not have to accept the in-network contracted rate, also referred to as "usual customary rate" or "UCR". Out-of-network providers do not have to accept this rate and may balance bill the member.





Manage Your Health Online!

New & improved secure member portal

The Prominence Health Plan member portal is designed to help you easily manage your plan benefits and see your personal health information in a secure online setting.

Registered users have access to:

- Virtual member ID card
- Recent claims information and history
- Deductible and out-of-pocket balances
- Provider authorization status
- Information about your health plan and important documents like benefit summaries
- Helpful online wellness tools and resources

You can also **change or update your primary care provider (PCP)** selection and **connect to your Teladoc telemedicine benefit**. Plus, **send secure messages** to our Customer Service team.

AND DON'T FORGET THE APP!

The My PHP app brings the secure Prominence member portal right to your smartphone whenever and wherever you need it. Download today from the App store or Google Play.

Register for the secure portal at
ProminenceMember.com!

Prominence[®]
Health Plan
prominencehealthplan.com

THE THREE "C'S OF PRIOR AUTHORIZATION

How Prominence and eviCore work with your provider to help manage your care



START

Your provider submits a request for prior authorization (PA)

The request is submitted to eviCore, our prior authorization (PA) partner, with supporting clinical information either online, by fax, or phone for certain procedures and services.

When your provider submits complete, accurate, and medically necessary requests online, he/she will be notified immediately of the decision.



STEP 1: CONFIRM

Prominence Customer Service can confirm if a procedure or service requires PA and answer any questions you might have. You can also visit the secure member portal for the PA list.



STEP 2: CALL

Prominence Customer Service can review your records with you and let you know if the PA request has been received and/or approved. You will always receive written notification of the Plan's decision for all PA requests.



STEP 3: COMPLETE

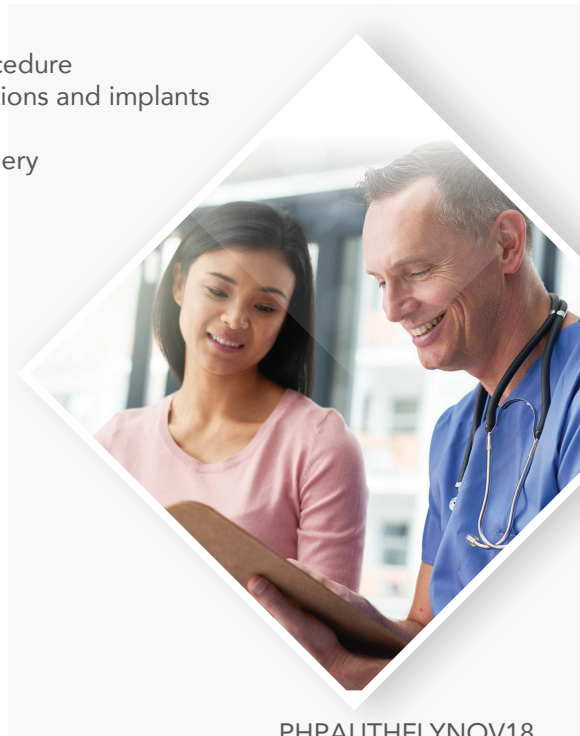
Prominence strongly encourages members to wait for confirmation that their procedure or service has been approved before receiving care.

If PA is not approved for the date of the procedure or service, the claim will be denied.

Prominence Health Plan has partnered with eviCore Healthcare to review medical requests for the following health services:

- Genetic counseling and testing
- Imaging studies, including advanced and cardiac imaging
- Joint procedures for hip, knees, and shoulders
- Oncology, including cancer chemotherapy drugs and radiation therapy
- Pain management procedure
- Therapeutic joint injections and implants
- Sleep medicine
- Spinal procedures/surgery

If you have any questions about prior authorization, contact Prominence Customer Service at 800-863-7515.



Prior Authorization List

Last revised – November 2018

HealthFirst (HMO/POS) Commercial and Health Choice (PPO), Nevada and Texas

Visit www.prominencehealthplan.com for updates

SERVICES REQUIRING PRIOR AUTHORIZATION	
Service Authorized by Prominence	Contact Information
<ol style="list-style-type: none"> Ambulance: Non-emergency Transportation by Ground Ambulance or Medical Van Behavioral Health: Mental Health, Alcohol & Chemical Dependency Services [includes inpatient, residential, partial hospitalization (PHP), acute detox, acute rehab, intensive outpatient programs (IOP), electroconvulsive therapy (ECT), applied behavior analysis (ABA), neuropsychological and psychological testing]. Cochlear Device and Implantation Cosmetic/Plastic and Reconstructive Services (including vein surgery) Dental Care: Anesthesia >7 years old, oral surgery, TMJ services, oral appliances, dental implants Dialysis (notification only) Durable Medical Equipment (DME), including Prosthetics (Refer to complete list online at www.prominencehealthplan.com) Experimental/Investigational Procedures/Clinical Trials Home Healthcare (skilled nursing; includes home based PT and OT) Infertility Treatment/Reproductive Endocrinology Infusion Therapy and Injectables (except cancer therapy drugs, which are listed below and authorized by eviCore) Inpatient Admissions; Outpatient Hospital/Ambulatory Surgical Center; Skilled Nursing Facilities; Acute Rehab; LTAC; and Observation Greater than 24-Hours ** colonoscopy, EGD, flexible sigmoidoscopy do not require prior authorization ** (Note: see eviCore section directly below for hip, knee and shoulder joint and spinal procedures). Non-Participating Providers/Facilities: Includes office visits, procedures, labs, diagnostic studies Nutritional Supplements & Enteral Formulas Rehabilitation Services: Includes cardiac, pulmonary and comprehensive outpatient rehab facility Wound Therapy: Includes, but not limited to, wound vacs and hyperbaric oxygen therapy. 	<p style="text-align: center;">Prominence Health Plan Phone: (844) 894-8086 or (775) 770-9350 www.prominencehealthplan.com</p> <p style="text-align: center;">Inpatient Fax: (888) 391-3720</p> <p style="text-align: center;">Outpatient Fax: (888) 393-2335</p> <p style="text-align: center;">Behavioral Health Fax: (888) 393-2348</p> <p style="text-align: center;">Medical Necessity Appeals Fax: (888) 393-2393</p>
Services Authorized by eviCore	Contact Information
<p>NOTE: Services descriptions below are guidelines. Please see complete list of CPT Codes requiring prior authorization through eviCore at www.ProminenceHealthPlan.com → About Us → Forms and Resources → Provider Procedure CPT Codes</p> <ol style="list-style-type: none"> Genetic Counseling and Testing Imaging Studies (excludes routine x-rays and ultrasounds): Advanced and Cardiac Imaging Joint Procedures (IP and OP): Hip, Knee, and Shoulder Oncology: Cancer Chemotherapy Drugs and Radiation Therapy Pain Management Procedures, Therapeutic Joint Injections and Implants (except trigger point). Sleep Medicine (includes PAP Equipment/Supplies) Spinal Procedures/Surgery (IP and OP) 	<p style="text-align: center;">eviCore Phone: (844) 224-0495 www.eviCore.com</p> <p style="text-align: center;">Imaging Studies Fax: (800) 540-2406</p> <p style="text-align: center;">Musculoskeletal Fax: (855) 774-1319</p> <p style="text-align: center;">Medical Necessity Appeals Fax: (866) 699-8128 <i>eviCore does not accept fax submissions for: Medical Oncology, Radiation Therapy, Genetic Counseling & Testing, or Sleep Medicine cases</i></p>
Other Services Requiring Prior Authorization	Contact Information
Air Ambulance	Sentinel Air Ambulance: (800) 763-4069
Outpatient Pharmacy (Oral and Injectable); Chemotherapy is authorized by eviCore (see above).	Refer to PHP Specialty Pharmacy list at www.prominencehealthplan.com
Transplant Evaluation and Services	Call TETHYS: (866) 771-0697



Prominence[®] Health Plan

What you need to know about your **prescription drug coverage**

OUR PARTNERSHIPS HELP SERVE YOU BETTER

MedImpact

Prominence Health Plan partners with MedImpact to provide your pharmacy benefits. Retail pharmacy program offers a three-month supply of Tier 2 and Tier 3 drugs for the reduced cost of two copays. Tier 4 drugs can also be filled for a 90-day supply, but three copays will apply. You can call the MedImpact Pharmacy Help Desk at **844-282-5339** with questions regarding your prescription drug plan. Representatives are available 24 hours a day, seven days a week to assist you, or you can visit **www.medimpact.com** and enter the member information located on the back of your Prominence Health Plan member ID card.

MedImpact Direct - Pharmacy by Mail

If you take prescribed medications regularly, you can have them delivered right to your door. MedImpact Direct provides custom delivery service for maintenance medications – the ones you take for chronic or long-term conditions. The pharmacy by mail option offers a three-month supply of Tier 2 and Tier 3 drugs for the reduced cost of two copays. Tier 4 drugs can also be filled for a 90-day supply but three copays will apply. This delivery option offers flexible payment options and delivery. Learn more at **www.medimpactdirect.com** or call **855-873-8739**.

MedImpact

**MedImpact
Direct™**

PHARMACY FORMULARY

The Prominence Health Plan formulary helps manage the cost of prescription drugs and includes a range of medications. It may not include every drug from every manufacturer.

To access the Prominence Health Plan pharmacy formulary, visit www.prominencehealthplan.com.

FORMULARY DESIGN

The Prominence Health Plan formulary features different copayment amounts for medications in tiers. If a brand-name product is listed in the "Preferred Brand" tier and its corresponding generic product is not listed in the "Generics" section, the a generic version of the medication is not available.

- **Tier 1** Essential Health Benefits (includes certain vaccines, contraceptives, smoking cessation medications and more)
- **Tier 2** Generic
- **Tier 3** Preferred Brand
- **Tier 4** Non-Preferred Brand
- **Tier 5** Specialty

SPECIALTY PHARMACY

Tier 5 specialty medications include self-injectables and medications given by other routes of administration. Specialty Drugs require the coinsurance listed on your Summary of Benefits (SOB). Insulin is not considered a Specialty Drug. Some specialty drugs must be obtained through a specialty drug provider.

STEP THERAPY

Step Therapy is a process for finding the best medication to help treat an ongoing condition such as arthritis, asthma or high blood pressure. One drug must be tried before the next one. These are considered "steps" of therapy.

Step Therapy programs require the use of one or more Step One medication(s) (often a more affordable generic medication) that has been proven effective for most people with a condition before members can get a similar, more expensive, brand-name drug covered. This means that Step Two drugs will not be covered until Step One prescription drugs are first tried, unless your physician contacts MedImpact to obtain a prior authorization.

PRIOR AUTHORIZATION

Certain medications require prior authorization by your prescribing physician. A form should be completed by your doctor requesting coverage for a specific drug within the formulary, a non-formulary drug for which there is no suitable alternative available, or any overrides of pharmacy therapy or quantity limits. Prior authorization means that approval must be given for certain drugs to be covered by your plan. MedImpact will work with your doctor or provider to make sure coverage is appropriate for certain medications.

CONSULTING THE PRESCRIBER'S OFFICE WHEN APPROPRIATE

Your pharmacy benefit may provide coverage for certain medications or for particular uses, time periods, doses, or quantities (e.g. they may exclude coverage for medications for unapproved, unproven, or cosmetic indications, as well as over-the-counter medications). When coverage is provided based on use or quantity, MedImpact may contact your prescribing doctor's office for additional information to determine whether coverage is available under your plan. If you are unsure about whether these coverage rules apply for a particular medication, you can consult a MedImpact Member Services representative to determine specific coverage requirements.

Thank you for choosing
Prominence Health Plan.

To learn more visit

www.prominencehealthplan.com or
call MedImpact Pharmacy Help Desk
at **844-282-5339**.



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ProminenceHealthPlan.com

ACA Guidelines for Women's Preventive Health Services

Prominence[®]
Health Plan

As part of the Affordable Care Act (ACA), the Department of Health and Human Services (HHS) adopted additional Guidelines for Women's Preventive Services that will be covered without cost sharing. These guidelines (see list below) require health plans and health insurance issuers to cover the recommended women's preventive health services without charging a copayment, coinsurance or deductible for in-network services. Your regular plan benefits apply for out-of-network services.

Additional Women's Preventive Services Covered Without Cost Sharing Requirements

- **Well-woman visits.** This includes an annual well-woman preventive care visit for adult women to obtain the recommended preventive services, and additional visits if women and their providers determine they are necessary.
- **Gestational diabetes screening.** This screening is for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes.
- **HPV DNA testing.** Women who are age 30 or older will have access to high-risk human papillomavirus (HPV) DNA testing every three years, regardless of pap smear results.
- **STI counseling, and HIV screening and counseling.** Sexually active women will have access to annual counseling on HIV and sexually transmitted infections (STIs).
- **Breastfeeding support, supplies and counseling.** Pregnant and postpartum women will have access to comprehensive lactation support and counseling from trained providers, as well as to breastfeeding equipment.
- **Domestic violence screening.** Screening and counseling for interpersonal and domestic violence will be provided for all women.
- **Contraception coverage and counseling.** Women have access to certain Food and Drug Administration approved contraceptive methods. FDA Guidelines also provide coverage for sterilization procedures, sterilization procedures, patient education and counseling. Guideline recommendations do not include benefit coverage for abortifacient drugs. For a list of covered contraceptive medications, refer to the Pharmacy Formulary found on www.prominencehealthplan.com.

Please refer to your EOC/COC and Summary of Benefits for additional information about family planning care and benefit copays.

www.prominencehealthplan.com

Preventive Family Planning In-Network Covered Benefits

CONTRACEPTIVES

Oral

Generic (28 day)	\$0 copay
Brand (28 day)	Refer to Summary of Benefits
Non-Preferred	Refer to Summary of Benefits

Injectable

Medroxyprogesterone, vial (90 day) (Generic Depo Provera)	\$0 copay
Physician Injection	\$0 copay

Devices

Diaphragm (per year)	\$0 copay
Nuva Ring (per month)	\$0 copay
Norelgestromin/ethinyl estradiol (Xulane generic for Ortho Evra® Patch) (per month)	\$0 copay
IUD – Paraguard® (per 10 years)	\$0 copay
IUD – Mirena® (per 5 years)	\$0 copay
Cervical Cap (per year)	\$0 copay
Nexplanon® (per year)	\$0 copay

Emergency

Ella®	\$0 copay
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Physician Services

Contraceptive consult (1 per year)	\$0 copay
Insertion (IUD or Nexplanon)	\$0 copay
Removal (IUD or Nexplanon)	\$0 copay
Service Follow-up Consult (1 per service period)	\$0 copay

STERILIZATIONS

Vasectomy

Physician	\$0 copay
Associated Lab	\$0 copay

Essure®

Physician	\$0 copay
Device	\$0 copay
Radiology	\$0 copay

Bilateral Tubal Ligation

Physician	\$0 copay
Anesthesia	\$0 copay
Facility	\$0 copay

Ultrasounds or paracervical blocks not covered in association with IUD insertion; IUD limitation one per every three years; contraceptives prescribed for medical purposes are not covered.

All sterilization services are limited to once per lifetime. Professional and facility claims for Eligible Expenses are paid at the health plan contractually adjusted rate. Hysterosalpingogram is limited to one per lifetime.

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