

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 or a dependent receives 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) or Certificate of Coverage (COC). Also view claims information, update your PCP selection and find out if you've reached your out-of-pocket maximum or deductible.



MY PHP APP

The secure My PHP mobile app is username and password protected and available on Google Play and the Apple store. Have your virtual member ID card and benefit plan information whenever and wherever you need it.



PHARMACY BENEFITS

Call **844-282-5339** 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. Call **855-873-8739**.



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.**

Contact your broker or our
sales team to learn more
888-840-9080

Prominence Health Plan Network Strength Northern Nevada, Commercial Market



- Banner Churchill Community Hospital
- Banner Lassen Medical Center
- Barton Memorial Hospital
- Battle Mountain General Hospital
- Carson Tahoe Regional Medical Center
- Carson Valley Medical Center
- Humboldt General Hospital
- Incline Village Community Hospital
- Mount Grant General Hospital
- Northeastern Nevada Regional Hospital
- Northern Nevada Medical Center
- Pershing General Hospital*
- Saint Mary's Regional Medical Center
- South Lyon Medical Center Hospital
- Tahoe Forest Hospital
- William Bee Ririe Hospital

* PPO only contracted facility

HMO NETWORK SUMMARY

- ✓ 15 Hospitals
- ✓ 15 Urgent Care Facilities
- ✓ 7 CVS MinuteClinics®
- ✓ 439 Primary Care Providers
- ✓ 336 Behavioral Health Providers
- ✓ 23 Cardiologists
- ✓ 15 Neurologists
- ✓ 35 Gastroenterologists
- ✓ 57 OB/GYNs
- ✓ 17 Oncologists/Hematologists
- ✓ 57 Ophthalmologists
- ✓ 96 Optometrists
- ✓ 65 Orthopedic Surgeons
- ✓ 46 Pediatric Specialists
- ✓ 16 Urologists

PPO NETWORK SUMMARY

- ✓ 16 Hospitals
- ✓ 15 Urgent Care Facilities
- ✓ 7 CVS MinuteClinics®
- ✓ 448 Primary Care Providers
- ✓ 409 Behavioral Health Providers
- ✓ 28 Cardiologists
- ✓ 19 Neurologists
- ✓ 36 Gastroenterologists
- ✓ 58 OB/GYNs
- ✓ 17 Oncologists/Hematologists
- ✓ 33 Ophthalmologists
- ✓ 90 Optometrists
- ✓ 63 Orthopedic Surgeons
- ✓ 15 Pediatric Specialists
- ✓ 18 Urologists

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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?

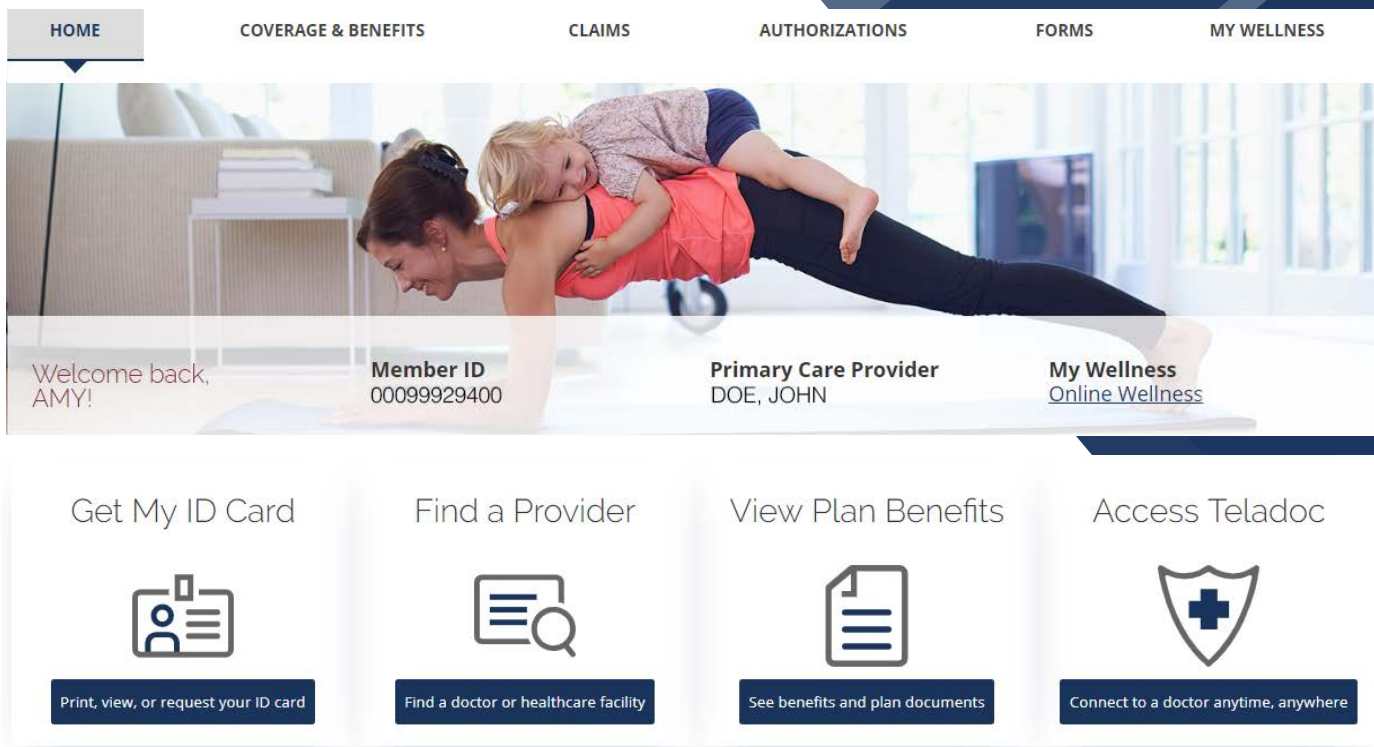
Any doctor, facility or medical group that does not have a contract with Prominence Health Plan is considered an out-of-network provider.

- 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!

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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

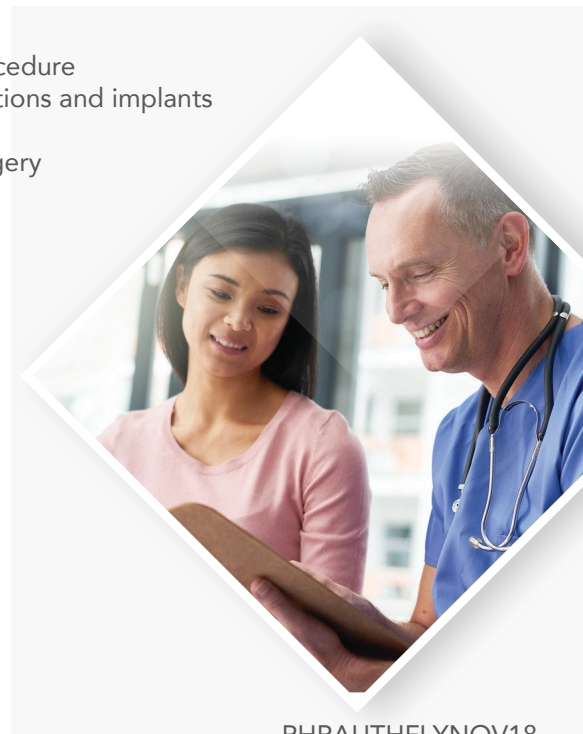
Prominence strongly encourages members to wait for confirmation that their procedure or service has been approved before receiving care.

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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ACA Guidelines for

WOMEN'S PREVENTIVE HEALTH SERVICES



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 complete 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 and contraceptive counseling.** Women will have access to all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling. These recommendations do not include abortifacient drugs.

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