

Insurance Disclosure Statement

Medical Care Coverage

What is a covered benefit?

A covered benefit is a medical procedure, test, office visit or other medical expense that is covered by Us, and generally must be medically necessary. Medically necessary benefits are clinically appropriate and effective services provided by a healthcare provider (such as a doctor or hospital) following generally accepted medical practice standards, where the service is not primarily for convenience, and is not more costly than other equivalent services. There are several reasons why a service might not be covered. One reason is if the latest scientific evidence suggests that a particular service has limited medical value or has not been proven as effective as other treatment options. A current Summary of Benefits and Coverage (SBC), including prescription drug benefits, plan limitations, and exclusions can be found at asuris.com or by calling Customer Service at 1 (888) 367-2109.

What procedures may require preauthorization from us and how do I obtain that authorization?

Preauthorization is your assurance that a medical service is medically necessary, though does not guarantee coverage (for instance, if the service is an exclusion of your plan). In most cases, your healthcare provider will initiate the preauthorization process. Your healthcare provider can provide a list of services that need to be preauthorized, or you may call Customer Service for additional information about the preauthorization process.

What are the premium rates?

We will send you a rate quote with any proposal. Once enrolled, you will receive premium information each year at the time of your policy's renewal.

What medical care costs are my responsibility?

Your plan may have an annual deductible, which is the annual amount that you are solely responsible to pay before benefits are available from us for most covered services. Once you have reached your annual deductible amount, we start to pay a portion of your covered services during the remainder of that year. This is called coinsurance, and is often expressed as a percentage. Coinsurance may vary from plan to plan and may also depend on the network status of the providers you choose. In some cases, you'll pay a copay – a fixed dollar amount that is paid directly to the health care provider – when receiving medical care, such as a visit to the doctor or when picking up a prescription. See your benefit booklet or SBC for specifics.

How can I be involved in decisions about benefits?

Your feedback is very important to us. If you have suggestions for improvements about our services, we would like to hear from you. Send your comments to us at asuris.com, or by U. S. mail to the address below:

Asuris Northwest Health
ATTN: Director, Customer Service
P.O. Box 91130, MS B32M
Seattle, WA 98111-9230

What are participating providers?

We arrange network pricing discounts with health care providers, meaning that members pay less for services when they use providers in their network.

How can I get a list of participating providers, health disclosure information, the appeals and grievance process, or additional information?

You may request copies of participating provider lists, health disclosure information, the appeals and grievance procedures, an accounting of carrier payments, and any documents or other information referred to in the contract or benefit booklet by calling Customer Service at 1 (888) 367-2109 or by visiting asuris.com.

How do I consult with a provider other than my Primary Care Provider (PCP)?

You do not need a referral or permission from your PCP to consult another provider.

Do we directly employ healthcare providers?

We do not employ healthcare providers.

How do we reimburse a provider network?

We pay providers a rate based on the following:

- For preferred and participating providers, the rate is based on a contracted amount.
- For nonparticipating providers, the amount is based on a reasonable amount. In many plans, coverage of nonparticipating providers is limited. Refer to your benefit booklet, Summary of Benefits and Coverage (SBC), or call Customer Service.

Do we utilize provider compensation agreements?

We typically use provider contracts (see above), not provider compensation agreements, to determine payment rates for any health care services rendered. Some products involve provider compensation agreements that incent particular practices or behaviors by providers, but there are no incentives or penalties that are intended to encourage providers to withhold services or minimize or avoid referrals to specialists. For more information, refer to your benefit booklet or call Customer Service.

Prescription Drug Benefit Plan

A prescription drug benefit plan contains products covered under a Drug List, which is a list of selected generic or brand-name prescription medications routinely reviewed and updated. Brand-name medications are prescription medications marketed and sold by limited sources and listed as “Brand-Name Medications” based on manufacturer and price. Generic medications are equivalent to brand-name medications, utilizing the same active ingredients, meeting the same manufacturing and testing standards, and are as safe and effective as brand-name medications. Members may be required to pay more if the drug does not appear in the Drug List. The Drug List is available at asuris.com or by calling Customer Service at 1 (888) 367-2109.

How much do I have to pay to get a prescription filled?

You may have to pay a portion (or all) of the cost of the prescription drug, depending on your benefits plan. For more information, refer to your benefit booklet, Summary of Benefits and Coverage (SBC), or call Customer Service.

Do I have to use certain pharmacies to pay the least out of my pocket for prescription drugs?

Yes. For a current listing of participating pharmacies go to asuris.com or call Customer Service.

What should I do if I want to change any limitations, exclusions, substitutions, or cost increases for drugs from those specified in this plan?

Contact your employee benefits administrator to discuss coverage options if you receive your health care benefits through your employer group. Contact Customer Service if you are covered under an individual plan.

Does this plan limit or exclude certain drugs my healthcare provider may prescribe, or encourage substitutions for some drugs?

Coverage for medications is described in your benefit booklet. Certain medications could be excluded or have limited coverage. Also, some medications may require preauthorization before being covered. For more information, refer to your benefit booklet or call Customer Service.

What are the general categories of drugs excluded from coverage?

Medications generally not covered include cosmetic, weight loss, and over-the-counter medications. However, other medications might not be covered under your plan. Refer to your benefit booklet or call Customer Service.

Other Information

What is our accreditation status with national managed care accreditation organizations?

All our health plans are accredited by the National Committee for Quality Assurance (NCQA). We also collect and report Health Employer Data and Information Set (HEDIS) information annually. For more information about accreditation or HEDIS reporting, contact Customer Service and ask to speak with our Quality Management Department.

What is our policy on confidentiality?

We have a written policy about how we protect member health information and confidentiality. For more information, please refer to the Notice of Privacy Practices at asuris.com.