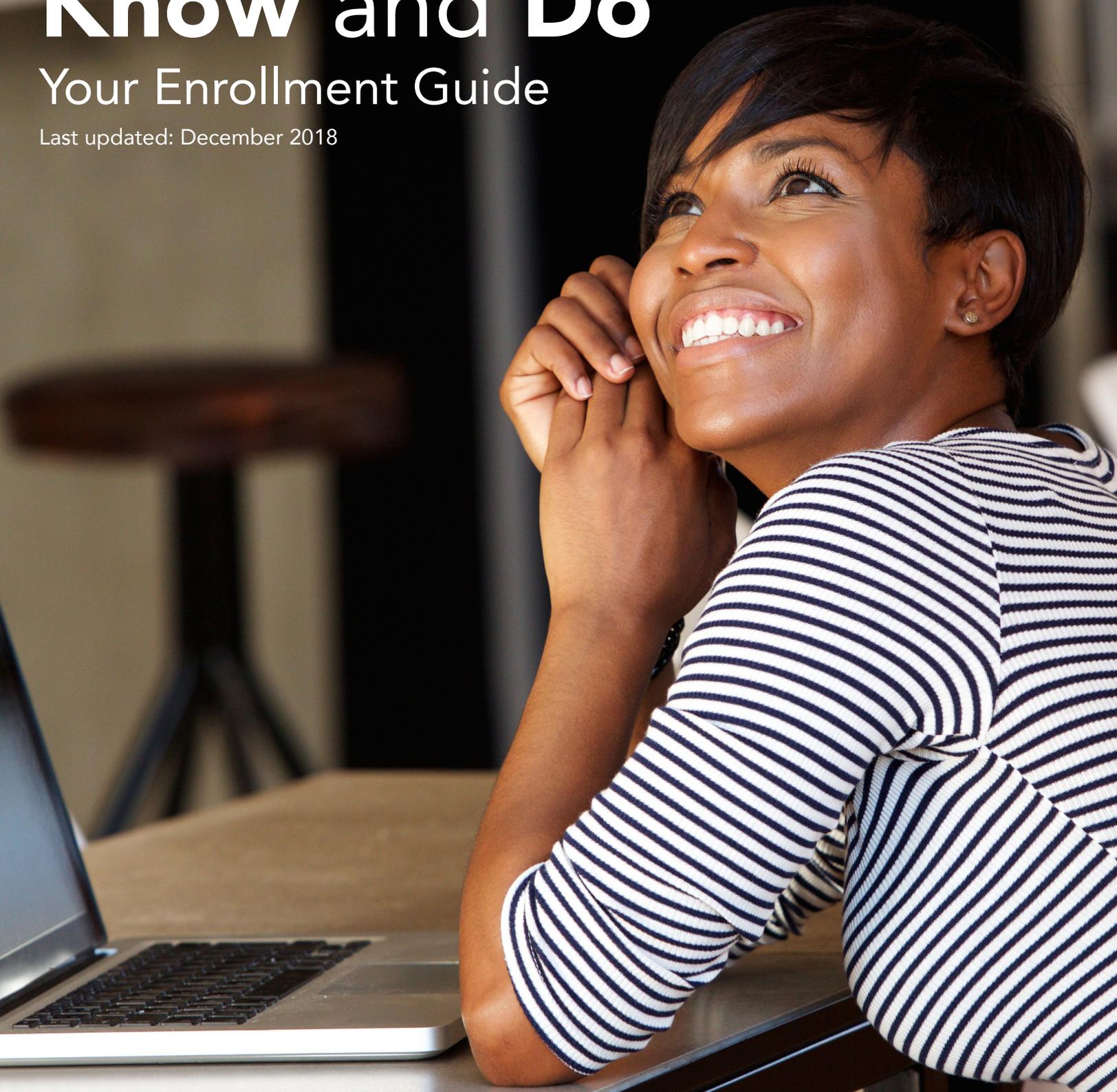


Key Things to **Know and Do**

Your Enrollment Guide

Last updated: December 2018



Our Story

Doctors started Health Alliance more than 35 years ago. They know from hands-on experience what their patients expect from their healthcare coverage. That knowledge continues to help us deliver world-class service to our members.

Our headquarters are in East Central Illinois, and we currently serve members nationwide. Health Alliance stays on top of changing trends in health care, offers numerous wellness programs, including interactive platforms, and calculators that help you track your usage and compare costs across providers and more.

Questions?

Call us at 1-800-851-3379 or visit YourHealthAlliance.org.

As one of our members, you become part of the Health Alliance story. We look forward to serving you and helping you be your best.



Good-To-Know Info

As a New Member:

- Expect your Health Alliance ID card in the mail within 10 business days after we receive your enrollment. While you wait for your card to arrive, you can print a temporary one at YourHealthAlliance.org.
- Bring your new ID card when you visit your doctor and pharmacy. This helps avoid billing problems and payment delays.
- Understand that some procedures require preauthorization and your doctor will help you with that process (see page 4 to learn more).

Who to Ask

This guide gives you the basics, but the HR representative or benefits manager at your company is often the best resource for certain coverage concerns. Ask him or her about these things.

- Premium and payroll deductions
- Address changes
- Adding or removing a spouse or child to/from your plan
- COBRA or continuation coverage
- Flexible Spending Account
- Health Reimbursement Arrangement
- Health Savings Account
- Medicare status

i For anything else, call us. Our Customer Service team is happy to help!

Sample ID card



Member Name:
Member Number: -
Subscriber Name:

RxBIN: 005947
Cards Iss ID: 80840
PCN: CLAIMCR
Group: A12345

In-Network Copay/Coinsurance:
* Office Visit: Specialty Visit: Emergency:

* Copayments apply to office visits with physicians, physician assistants, nurses and other mid-level providers.

Date Card Printed:

Health Alliance Medical Plans • HealthAlliance.org
Customer Service: (217) 337-8100 or 1-800-851-3379, 8am - 5pm CST Mon-Fri for claims inquiries, verification of eligibility or benefits, notification of emergency services received or instruction after business hours.

For Health Questions: Anytime Nurse Line 1-855-802-4612

Send Medical Claims to:
Health Alliance, P.O. Box 6003, Urbana, IL 61803-6003 EDI Vendor #77950

Prescription Claims: Pharmacies call OptumRx at 855-209-1292. For paper claims write: OptumRx, PO Box 968022, Schaumburg, IL 60196-8022

Please note:
• After office hours, contact your physician or your physician's designated coverage.
• If this Plan has a prescription drug benefit, present this card when purchasing prescriptions.
• This card is for identification only. It is not a guarantee of coverage.
• All health care must be received from a Health Alliance Participating Provider. See your member materials for any exceptions.



Tips for Using Care

The more you learn about how your coverage works, the more you can plan ahead and help avoid unexpected costs.

It's important to know:

- Where to go for care in different situations
- How to get the OK for certain services or medicines
- How you and Health Alliance divide up your bills



Primary Care Provider (PCP) or Woman's Principal Health Care Provider (WPHCP)

- **Definition:** A personal doctor you choose to manage your care.
- **When to use:** Start here for anything that isn't an emergency (see "Emergency Room Care" section) and is within normal operating hours
- **Why:** Going to a PCP helps make sure you are getting the treatment you need. Your PCP knows your health history and can see patterns in your health. They also can give you referrals to specialists if needed.

Note: Many specialists will only see you if you are referred from another provider; having a regular doctor is very helpful in those situations.

Urgent Care

- **Definition:** Also called convenient care, this is care provided in a non-emergency situation, similar to what you'd see a PCP for.
- **When to use:** If you don't have a PCP, your PCP is full or it is after normal operating hours—but not an emergency—it's often best to seek out urgent care services.
- **Why:** There is no need to schedule an appointment or call ahead. You can just walk in. The costs are typically significantly lower than an ER visit. Also, wait times are usually low. Most urgent care centers are open earlier and later than a standard clinic and they are often open on weekends and holidays as well.

Note: Many urgent and convenient care facilities list their wait times on their website.

Emergency Room Care

- **Definition:** This is the health care you receive at an emergency room (ER) or emergency department.
- **When to use:** When you believe your health is at serious risk, seek ER care immediately. Do not hesitate to call 911 for assistance.

Always go to the ER for these reasons.*

- Heavy bleeding
- Poisoning
- Severely broken bone
- Head, neck or back injury
- Chest pain or shortness of breath
- Seizures

*These are examples, not a complete list.

- **Why:** When the ER is used as intended, those with the most urgent needs are seen quickly, helping alleviate serious issues. When people use the ER for things that can be treated at a PCP or Urgent Care facility, wait times go up.

Preauthorization

- **Definition:** Pre-approval for services or medicines
- **How it's used:** It can be used for certain high-risk or high-cost medications or services. Your doctor will send in the preauthorization request for you, in most cases.
- **Why:** It keeps costs lower for you by helping to make sure that you are being prescribed a medicine or service that lines up with clinical data and history. If something requires preauthorization, but you don't receive it, you may pay full price.
- To see a list of procedures and services that require preauthorization, please reference your plan materials or log in at YourHealthAlliance.org.

Referral

- **Definition:** A process that lets you get care from a specialist or hospital.

- **How it's used:** Your PCP typically refers you to specialty care based on your health needs. It lets your insurance as well as your specialist or hospital know that your PCP has decided to provide you with a consultation to an expert in the field of study for your condition to evaluate you for treatment. **Please note that some plans require preauthorization for referral if the specialist is out of network.**
- **Why:** Specialists work best when they know your history and know that other things have been ruled out. They can get a health history from your PCP that will help guide them in your care and understand your medication usage (to avoid drug interactions).

Cost Sharing

- **Definition:** How you and Health Alliance split the bill for using services. There are several areas of cost sharing.
- **Deductible**—A set amount you pay before your plan starts helping pay for your care or pharmacy benefits. Some plans have separate medical and pharmacy deductibles. Plans with out-of-network (OON) coverage often have a separate deductible for OON care. Once you've met your deductible, you will only pay the coinsurance or copay when you receive in-network care.
- **Coinsurance**—Shown as a percentage of the cost you pay each time you use a covered service.
- **Copayment**—A set amount you pay each time you use a covered service.
- **Out-of-Pocket Maximum**—The total amount you will have to pay between deductible and coinsurance/copayments during your benefit period. After you reach this amount, we pay 100 percent of covered in-network expenses until the next benefit period begins. You will no longer pay copayments or coinsurance, just your monthly premium. Some plans have a separate out-of-pocket maximum for out-of-network care. Please note: In some cases you may still have additional out-of-pocket costs even after your out-of-network, out-of-pocket maximum is met.

Access to Top-Notch Care

Health Alliance works with thousands of healthcare providers to bring you high-quality service.

- In-network providers give our members care at a discounted rate and have been vetted by us as providing a high-level of care.

- Out-of-network providers have no agreements with Health Alliance, so you generally pay more, except for urgent care and emergency room care.

To find your in-network providers, go to YourHealthAlliance.org or call the number on the back of your ID card.



Beyond Group Coverage

You have a health plan through your employer, but you might know someone who needs individual coverage. Health Alliance has that, too.

Health Alliance Individual Plans

Our individual plans for people younger than age 65 range from short-term coverage to more robust HMO and POS plans.

To learn more or get an information kit, call 1-877-686-1168 (TTY 711), or go to HealthAlliance.org to compare plans, get free quotes and enroll online.

Health Alliance Medicare

Depending on where you live, we have numerous Medicare options available to people 65 and older and those with certain disabilities. Our options include Medicare Advantage HMO and POS plans with or without prescription coverage, as well as Medicare Supplement plans.

- i** For more information or a helpful guidebook, call Health Alliance Medicare at 1-888-382-9771, or visit HealthAllianceMedicare.org.

A photograph of a woman from behind, carrying a baby in a denim carrier. She is standing in a sunlit forest with trees and foliage in the background. The lighting is bright and natural, creating a warm atmosphere. The woman is wearing a grey t-shirt and a patterned top under the carrier. The baby is wearing a green shirt. The overall scene is peaceful and outdoorsy.

To check your formulary or find doctors in your network, register or log on to YourHealthAlliance.org, or visit HealthAlliance.org/Groups and choose “I’m an Employee” to search for your plan’s materials.

Terms to Know

- **Benefit Period**—The year-long time period your plan is active (for example, January 1 to December 31). See your plan materials for your benefits’ start and end dates.
- **Dependents**—Your spouse or children covered on the plan.
- **Formulary**—A list of medicines covered by your plan that includes generic and brand-name options. Our Pharmacy Department and doctors decide what medicines to include based on quality, safety and how well they work.
- **Provider Network**—The group of doctors, hospitals, pharmacies and other healthcare professionals who have agreed to provide services to our members at a discounted rate. We pass those discounts on to you, so staying in-network can help you save money.

DISCRIMINATION IS AGAINST THE LAW

Health Alliance complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Health Alliance does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Health Alliance:

- 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 (large print audio, accessible electronic formats, other formats)
- 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 customer service.

If you believe that Health Alliance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Health Alliance, Customer Service, 3310 Fields South Drive, Champaign, IL 61822 or 316 Fifth Street, Wenatchee, WA 98801, telephone for members in Illinois, Indiana, Iowa and Ohio: 1-800-851-3379; telephone for members in Washington: 1-877-750-3515 TTY: 711, fax: 217-902-9705, CustomerService@healthalliance.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Customer Service 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 Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, TTY: 1-800-537-7697.

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. IA, IL, IN, OH: Llame 1-800-851-3379, WA Llame: 1-877-750-3515 (TTY: 711).

注意: 如果你講中文, 語言協助服務, 免費的, 都可以給你。IA, IL, IN, OH: 呼叫 1-800-851-3379, WA: 呼叫 1-877-750-3515 (TTY: 711)。

UWAGA: Jeśli mówić Polskie, usługi pomocy języka, bezpłatnie, są dostępne dla Ciebie. IA, IL, IN, OH: Zadzwoń 1-800-851-3379, WA: Zadzwoń 1-877-750-3515 (TTY: 711).

Chú y: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. IA, IL, IN, OH: Gọi 1-800-851-3379, WA: Gọi 1-877-750-3515 (TTY: 711).

주의: 당신이 한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. 1-800-851-3379 IA, IL, IN, OH: 전화 WA: 1-877-750-3515 전화 (TTY: 711).

ВНИМАНИЕ: Если вы говорите русский, вставки услуги языковой помощи, бесплатно, доступны для вас. IA, IL, IN, OH: Вызов 1-800-851-3379, WA: Вызов 1-877-750-3515 (TTY: 711).

Pansin: Kung magsalita ka Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. IA, IL, IN, OH: Tumawag 1-800-851-3379, WA: Tumawag 1-877-750-3515 (TTY: 711).

انتباه: إذا كنت تتكلم العربية، فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. إيلينوي، إنديانا، أوهايو: اتصل بالرقم 1-800-851-3379، ولاية واشنطن: اتصل بالرقم: 1-877-750-3515 (إذا كنت تعاني من الصمم أو صعوبة في السمع فاتصل على الرقم 711)

Aufmerksamkeit: Wenn Sie Deutsch sprechen, Sprachassistentendienste sind kostenlos, zur Verfügung. IA, IL, IN, OH: Anruf 1-800-851-3379, WA: Anruf 1-877-750-3515 (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. IA, IL, IN, OH: Appelez 1-800-851-3379, WA: Appelez 1-877-750-3515 (TTY: 711).

ધ્યાન: તમે વાત તો ગુજરાતી, ભાષા સહાય સેવાઓ, મફત, તમારા માટે ઉપલબ્ધ છે. IA, IL, IN, OH: કોલ 1-800-851-3379, WA: કોલ 1-877-750-3515 (TTY: 711).

注意: あなたは、日本語、無料で言語支援サービスを、話す場合は、あなたに利用可能です。1-800-851-3379 IA, IL, IN, OH: コール 1-877-750-3515 WA: コール (TTY: 711)。

LET OP: Als je spreekt pennsylvania nederlandse, taalkundige bijstand diensten, gratis voor u beschikbaar zijn. IA, IL, IN, OH: Bel 1-800-851-3379, WA: Bel 1-877-750-3515 (TTY: 711).

УВАГА: Якщо ви говорите український, вставки послуги мовної допомоги, безкоштовно, доступні для вас. IA, IL, IN, OH: Виклик 1-800-851-3379, WA: Виклик 1-877-750-3515 (TTY: 711).

ATTENZIONE: Se si parla italiano, servizi di assistenza linguistica, a titolo gratuito, sono a vostra disposizione. IA, IL, IN, OH: Chiamare 1-800-851-3379, WA: Chiamare 1-877-750-3515 (TTY: 711).

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