

A Quick Overview

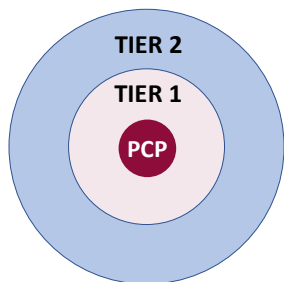
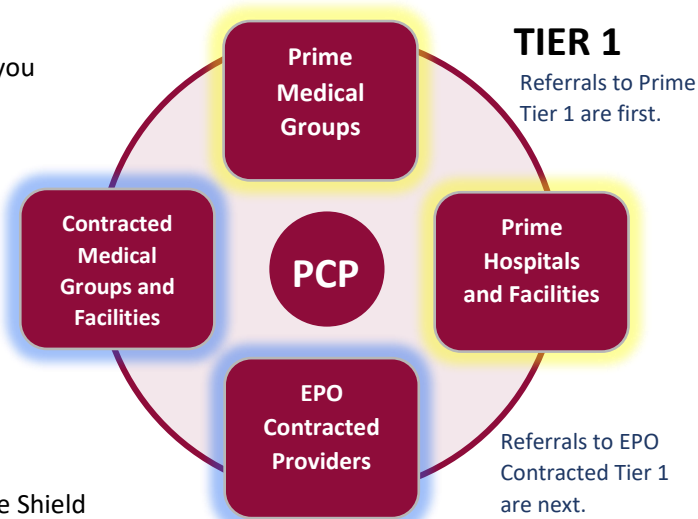
How to Use the Prime Employee Health Plan

How the Prime EPO Plan Works

Your **Primary Care Provider (PCP)** takes care of you and refers you for medical services as needed. When you go to your PCP and other Tier 1 Providers, you receive almost all care at no cost with no need for advance approval.

Tier 1 is made up of two kinds of providers: 1. Prime medical groups, hospitals, and facilities, and 2. Contracted providers medical groups, and facilities. **Services received from Prime providers bring you the greatest benefits at the lowest cost.**

If the services you need are not available in Tier 1, your PCP or provider will refer you to Tier 2.



Tier 2 is made up of Blue Cross Blue Shield plan providers contracted by Prime to serve our EPO members. **Services in Tier 2 always require referral and approved prior authorization.** Your services must be approved *before you receive them* to be covered under your plan.

1.5 Benefits allow you to receive Tier 2 services at Tier 1 rates when some services are not available in Tier 1 or Tier 2. **Approval and prior authorization are always required before you can be covered for 1.5 Benefits.**



When Prior Authorization is required, always be sure to get approval before getting medical services.

The Prime EPO is a nationwide plan. Based on differing availability of providers in the communities we serve, your benefit tiers may vary slightly from what is shown above.

Tips to Make it Easy to Use Your EPO Plan Benefits

1. Be sure your providers know that you are in an EPO plan and may require authorizations before you receive care. Also ask them about treatment options that are covered under your plan.
2. Follow plan requirements carefully, and you will receive your full benefits and not incur extra costs.
3. If you are unsure about what to do, please ask *before you receive care*. You can get help from Customer Service. Contact information is on the other side of this page and can be found on the back of your member ID card.

See other side for additional information.



How to Understand Your Prior Authorization Requirements

The details about how and when to receive authorizations are covered in two charts. They include definitions for some common health benefit terms. The columns list services and the type of providers you would visit to receive them. Color coding shows which services need or don't need authorizations. Finally, footnotes provide additional information about specific requirements.

The charts are expanded and explained as part of a brief video presentation available online at www.primehealthcare.com/EHP or on your smartphone by scanning the QR code at the bottom of this page.

Authorization for PCP and Specialty Services

Benefits can vary by location. Please refer to the Summary Plan Description (SPD) for specific details.

Referral: Required to see a provider in the network or another provider. Referrals to Prime employed or Tier 1 physicians do not need authorization or review by Prime EPO.

Physician Order Prescription: An order given to a provider for a service/medication. Referrals to Prime employed or Tier 1 physicians do not need authorization or review by Prime EPO.

Authorization: The Approval for services given by Prime EPO (eligibility management).

Tier Level	Tier 1		Tier 2		Tier 3	
	Referral	Authorization	Referral	Authorization	Referral	Authorization
Primary Care Office Visit						
General Practice, Family Practice, Pediatrics, OB/GYN, Internal Medicine, Geriatrics, Allergy/Immunology, Endocrinology, Infectious Disease, Rheumatology, Dermatology, Ophthalmology, Otolaryngology, Cardiology, Pulmonary, Nephrology, Hematology, Oncology, Neurology, Psychiatry, Behavioral Health, Geriatric Services, Palliative Care, Hospice, Wound Care, Plastic Surgery, Orthopedics, Ophthalmology, Otolaryngology, Cardiology, Pulmonary, Nephrology, Hematology, Oncology, Neurology, Psychiatry, Behavioral Health, Geriatric Services, Palliative Care, Hospice, Wound Care, Plastic Surgery, Orthopedics	N/A	No	N/A	No	N/A	Yes ¹

Authorization for Facility Services

Benefits can vary by location. Please refer to the Summary Plan Description (SPD) for specific details.

Referral: Required to see a provider or refer member to another provider. Referrals to Prime employed or Tier 1 physicians do not need authorization or review by Prime EPO.

Physician Order Prescription: An order given to a provider for a service/medication. Referrals to Prime employed or Tier 1 physicians do not need authorization or review by Prime EPO.

Authorization: The Approval for services given by Prime EPO (eligibility management).


Service	Physician Order or Prescription		Referral		Authorization	
	Referral	Authorization	Referral	Authorization	Referral	Authorization
Emergency Room Services	Yes	Yes	Yes	Yes	Yes	Yes
Inpatient Care	Yes	Yes	Yes	Yes	Yes	Yes
Outpatient Care	Yes	Yes	Yes	Yes	Yes	Yes
Observation Services	Yes	Yes	Yes	Yes	Yes	Yes
Urgent Care	Yes	Yes	Yes	Yes	Yes	Yes
Other Services	Yes	Yes	Yes	Yes	Yes	Yes

Footnotes:

- Qualifies as a hospital inpatient.
- Prime EPO must be notified and authorization is required for post-stabilization care and inpatient hospitalization.
- Should be provided at a Prime facility whenever possible. If rendered at a non-Prime facility, Tier 1 rates may apply.
- Urgent care should be provided at a Prime facility ER or contracted urgent care facility whenever possible. If rendered at a non-Prime facility, Tier 1 rates may apply.
- Lab services should be sent to a Prime facility lab or Prime contracted Lab/Long location.

How to Get Support and Service

Knowing who to contact makes it easier to get the help you need. Your Prime EPO is serviced by three companies.

 Prime Healthcare is your benefits plan.

Prime Customer Service: 877-234-5227

Prime EHP Website: <https://www.primehealthcare.com/EHP>

Prime provides authorization, referral, and care coordination, and can tell you the status of referrals and prior authorizations. Please contact us for urgent and retroactive authorization requests. We oversee inpatient admissions, discharge planning, transfers, and clinical appeals.


 Keenan is your benefits manager.

Keenan Customer Service: 888-773-7218

Call Center Support M-F 6:00 am to 5:00 pm PST

Keenan MESA 24/7 Online Access: <https://keenan-mesa.javelinaweb.com>

Keenan oversees member eligibility, issues benefit verification for providers, claims, appeals, copay, co-insurance, deductible, EOB questions, Provider Finder assistance and coordinates requests for duplicate medical ID cards. Many services are available online at the Keenan MESA portal.

 EXPRESS SCRIPTS® is your pharmacy benefits manager.

Express Scripts Customer Service: 866-718-7955, TDD 800-899-2114

Express Scripts administers our prescription drug plan. You can create an account by visiting www.expressscripts.com.

How to Learn More about Using Your EPO Plan

Your Prime EPO Plan is one of the nation's most comprehensive, low-cost employer health plans. A video presentation that clearly explains how to get the most from your plan is available at www.primehealthcare.com/EHP or scan here to watch it now.



Download here.



Watch here.