

## How to Use Your Prime Employee Health Plan

Everything you need to know to get the most  
from your employee health benefits is here.



*Saving hospitals. Saving jobs. Saving lives.*



# Your Employee Health Plan (EHP)

---

Prime Healthcare provides high-quality, compassionate care **to our patients.**

It is an honor to provide that same care **to our employees and their dependents** as part of our Prime family.



# Get to Know Your EHP Better

Here's what you need to know to get the most from your EHP

EHP Overview	5
Network Tiers and Benefits	12
Member ID Cards	21
Getting Medical Care	23
Authorizations Made Easier	26
Submitting an Appeal	33
Avoiding Balance Billing	34
Customer Service	36
Q&A	38
Additional Information	40
Authorization Charts, Common Definitions, and Online Resources	



This presentation and other resources for Prime EHP Members are available online. Visit [www.primehealthcare.com/EHP](http://www.primehealthcare.com/EHP).

# Details about Your Benefits

This presentation tells **how to use your benefits**.  
**What your benefits cover has not changed.**

Detailed information for your **specific medical benefits** is in the **materials provided to you** when you signed up for the Prime EPO.

If you have benefit questions, please contact the Prime Benefits Team by email or phone:  
[EHPbenefits@primehealthcare.com](mailto:EHPbenefits@primehealthcare.com) or 877-234-5227.



# Prime Employee Health Plan Overview

Prime offers one of the nation's best employer health plans because it provides comprehensive medical benefits at little or no cost to you.

## **Prime is a self-funded employee health plan.**

Prime Healthcare is your health insurer because we take on the cost of benefits. This helps us provide an excellent health plan for you.

## **Employee-only coverage is as low as \$0 to \$25 per pay-period.**

Up to 90% of the total monthly premium cost is paid by Prime.

## **No employee contribution increases in 2022.**

Despite rising healthcare costs, Prime has chosen NOT to increase the monthly cost of your plan in 2022. Most other plans increase premiums annually.



# Your EHP is Powered by Prime

## The Resources of a Leading National Health System

Acute Care Hospitals	Licensed Beds	Outpatient Locations	Annual Unique Patient Visits	People Employed	Physicians with Staff Privileges	Diverse Communities Served: Urban, Suburban, Rural
<b>45</b>	<b>8,734</b>	<b>300+</b>	<b>2.6 M</b>	<b>40,000</b>	<b>12,000</b>	<b>600</b>

## Top-Quality, Compassionate Care from the People of Prime





### Member Experiences

*"People should really try using our own Prime Tier 1 doctors and services. Not only is there no deductible or copay (for annual wellness visits), but you'll get treated by our own phenomenal care team."*

*Pepper K. Williams*



# Prime EHP: Three Medical Benefit Choices

---

**1. Prime EPO**

**2. MERP**

Medical Expense Reimbursement Plan

**3. Value Plan**

# Prime EHP: Three Medical Benefit Choices

## 1. Prime EPO\*

**Most services are at little or no cost to you within the Prime Healthcare Network**

Preventive care costs and most inpatient and outpatient hospital based services are 100% covered.

Members don't have to pay anything for care, besides usual premium and copays.

## 2. MERP

Medical Expense Reimbursement Plan

## 3. Value Plan

**97%**  
of Prime employees  
choose **Prime EPO**

\* The Prime EPO option is an **Exclusive Provider Organization** that brings Members the most benefits at the least cost.



# Prime EHP: Three Medical Benefit Choices

## 1. Prime EPO

**Most services are at little or no cost to you within the Prime Healthcare Network**

Preventive care costs and most inpatient and outpatient hospital based services are 100% covered.

Members don't have to pay anything for care, besides usual premium and copays.

## 2. MERP

Medical Expense Reimbursement Plan

**A great choice if your health benefits are covered through another employer health plan**

If a family elects to receive medical benefits through another qualified employer-sponsored medical plan, all their copays and deductibles are paid through MERP.

## 3. Value Plan

**97%**  
of Prime employees  
choose Prime EPO

# Prime EHP: Three Medical Benefit Choices

## 1. Prime EPO\*

**Most services are at little or no cost to you within the Prime Healthcare Network**

Preventive care costs and most inpatient and outpatient hospital based services are 100% covered.

Members don't have to pay anything for care, besides usual premium and copays.

## 2. MERP

Medical Expense Reimbursement Plan

**A great choice if your health benefits are covered through another employer health plan**

If a family elects to receive medical benefits through another qualified employer-sponsored medical plan, all their copays and deductibles are paid through MERP.

## 3. Value Plan

**All the essential health benefits specified under the Affordable Care Act (ACA)**

Prime Value Plan covers the ten categories of essential services outlined in the ACA.

Value Plan Members can also use Prime Healthcare facilities and Tier 1 Providers for services.

**97%**

of Prime employees  
choose Prime EPO

# Prime EHP: Three Medical Benefit Choices

## 1. Prime EPO

**Most services are at little or no cost to you within the Prime Healthcare Network**

Preventive care costs and most inpatient and outpatient hospital based services are 100% covered.

Members don't have to pay anything for care, besides usual premium and copays.

## 2. MERP

Medical Expense Reimbursement Plan

**A great choice if your health benefits are covered through another employer health plan**

If a family elects to receive medical benefits through another qualified employer-sponsored medical plan, all their copays and deductibles are paid through MERP.

## 3. Value Plan

**All the essential health benefits specified under the Affordable Care Act (ACA)**

Prime Value Plan covers the ten categories of essential services outlined in the ACA.

Value Plan Members can also use Prime Healthcare facilities and Tier 1 Providers for services.

**97%**

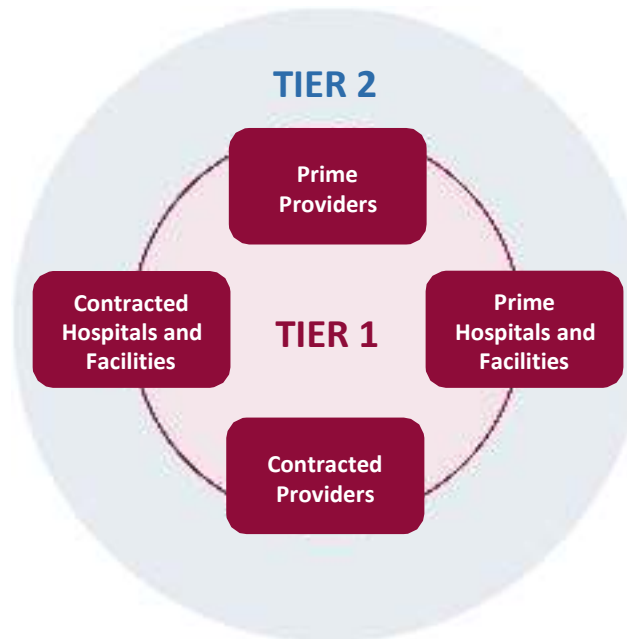
of Prime employees  
**choose Prime EPO**

# Network Tiers and Benefits

EPO stands for Exclusive Provider Organization. This network of Providers delivers medical services to Prime EPO Members.

## The heart of the EPO is Tier 1.

Tier 1 is a network of Prime-employed physicians and Prime-owned hospitals and facilities, as well as Providers and facilities contracted to provide medical services to Prime EPO Members.



# How Tier 1 Works

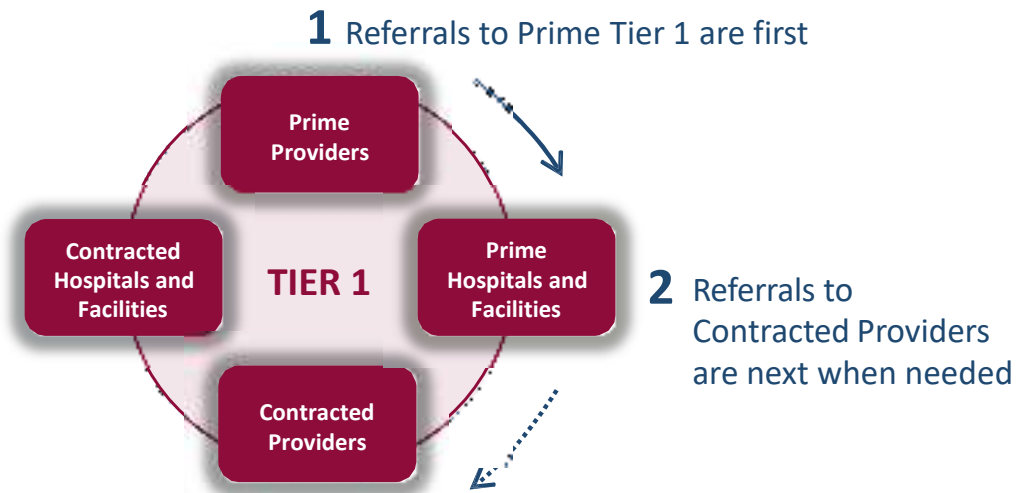
Your benefits and cost depend on where you receive medical services within Tier 1.

**Benefits are highest and costs are lowest through Prime Providers and facilities.**

Whenever possible, we **refer first** to Prime's own Providers, hospitals and other facilities.

**Then** we refer to the **Contracted** Providers and facilities only as needed.

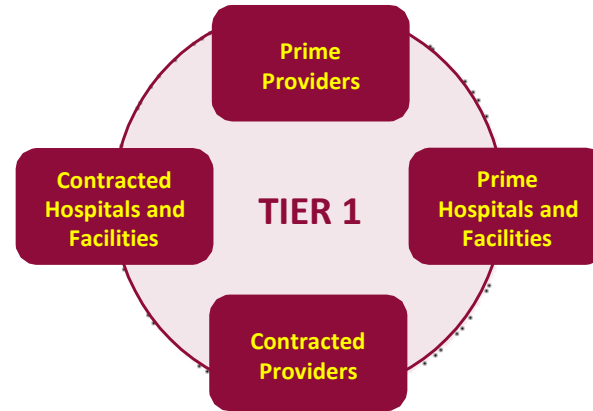
Employee-only  
**EPO coverage**  
is just **\$0 to \$25**  
per pay period.



# No Authorizations within Prime Tier 1

When you stay within Prime Tier 1, you do not need to get approval before getting care.

**At Prime Medical Groups, hospitals, and facilities,**  
Providers can care for you without waiting for authorization.



## Authorization

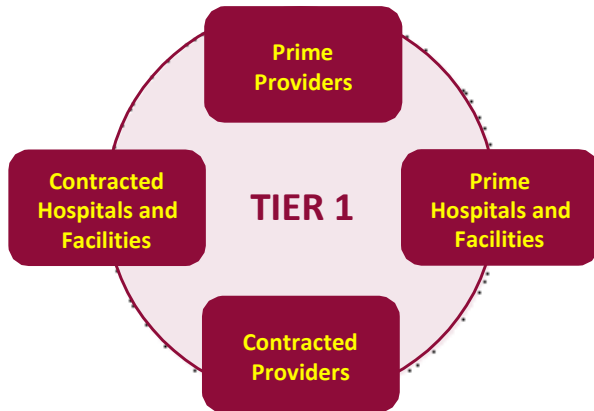
Approval that must be given to you before you can receive medical services under the EPO plan.

(More detail later in this presentation)

# No Authorization means No Delay

At Tier 1 Providers, you can get care during your visit for most services provided at their office or facility.

Tier 1 Provider Network → No Authorization Required. No Waiting to Provide Services.



No Authorizations Required for  
**Any PCP and Specialty Office Visits**

No Authorizations Required for  
**Any U.S. Prevention Task Force Screenings**

No Authorizations Required for  
**Any Auto-Approved Services**  
Members may receive many services at any Prime facility without waiting for prior approval.

For the full list of Auto-Approved Services visit [www.primehealthcare.com/EHP](http://www.primehealthcare.com/EHP)

# Tier 1: Built to Serve Members Nationwide

Where you receive care within Tier 1 may vary because each community is unique.

**Your Prime EPO is designed to bring you the highest quality and lowest cost, wherever you live.**

The availability of Prime-employed Providers and Prime-owned hospitals and facilities is different across the many communities we serve.





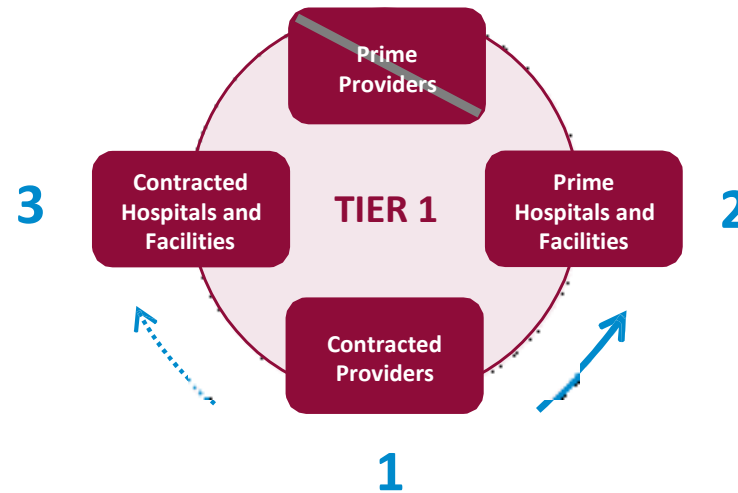
# How Tier 1 Differs by Location

In communities with fewer Prime Providers, hospitals, and facilities, you may receive more care from EPO-Contracted Providers.

**Your referrals may be different, but you will receive most medical services in Tier 1.**

Even if your PCP is a Contracted Provider, your benefits are covered under your EPO plan.

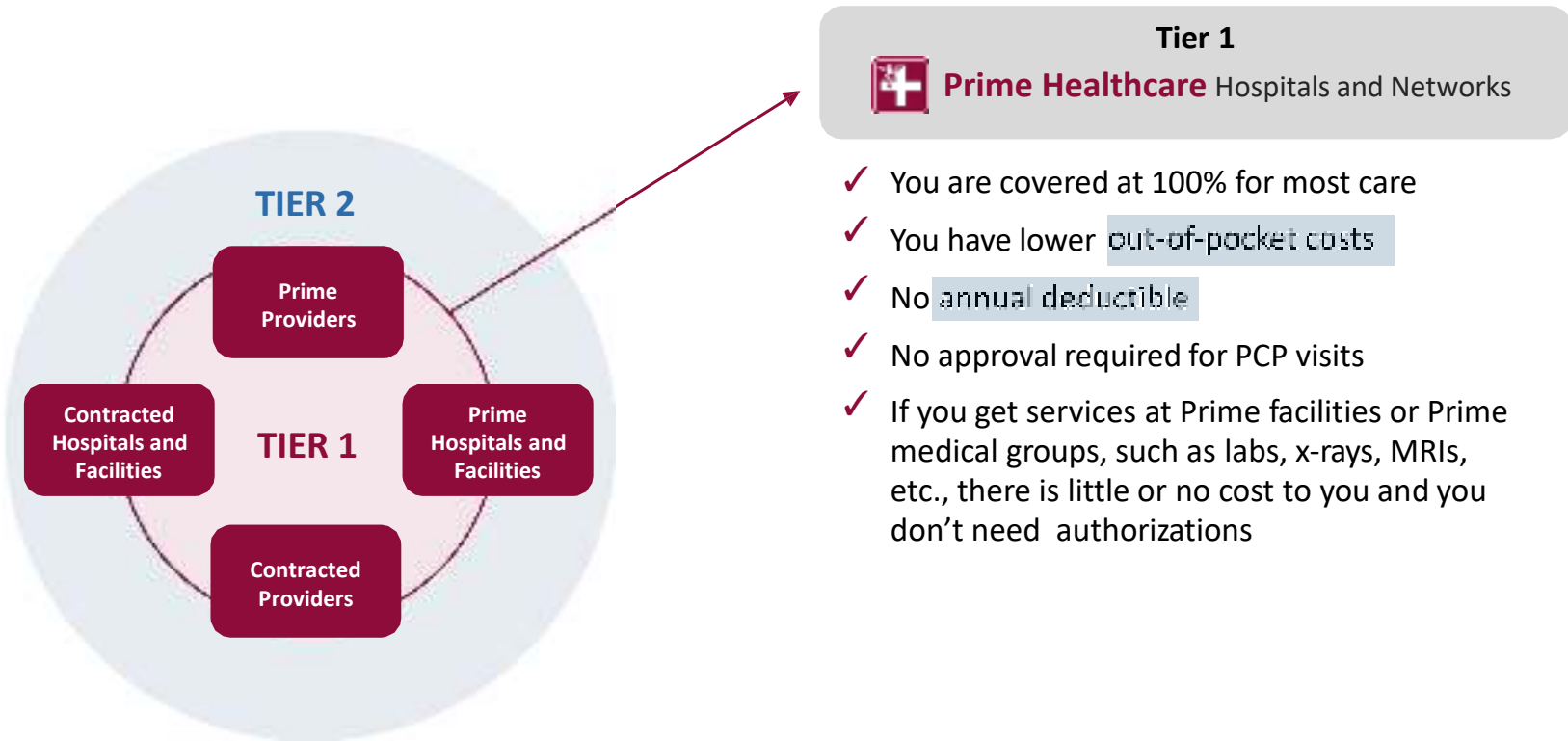
When **Prime-Employed PCPs** are not available...



**Your PCP will be a Contracted Provider.**

# Tier 1 Benefits

When you receive services from Tier 1 Providers, you get the highest level of benefits at the lowest cost.



## Out-of-Pocket Costs

The amount you pay for medical services that are not covered under your benefit plan.

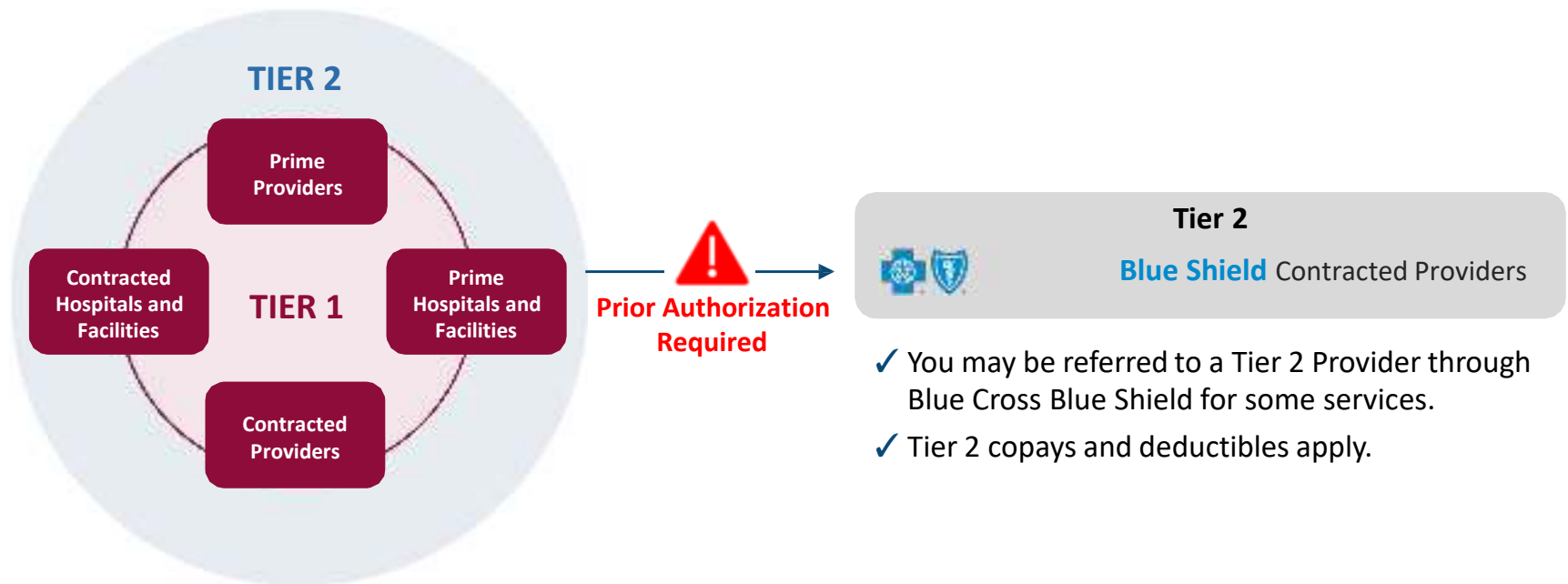
## Annual Deductible

The amount you pay each year before the health plan begins to pay for medical services. There are different amounts for individual and family deductibles

# Tier 2 Benefits

If the service you need is not available in Tier 1, your Provider will refer you to a Tier 2 Blue Shield or BlueCard Provider.

Prior Authorization is always required before receiving Tier 2 services.

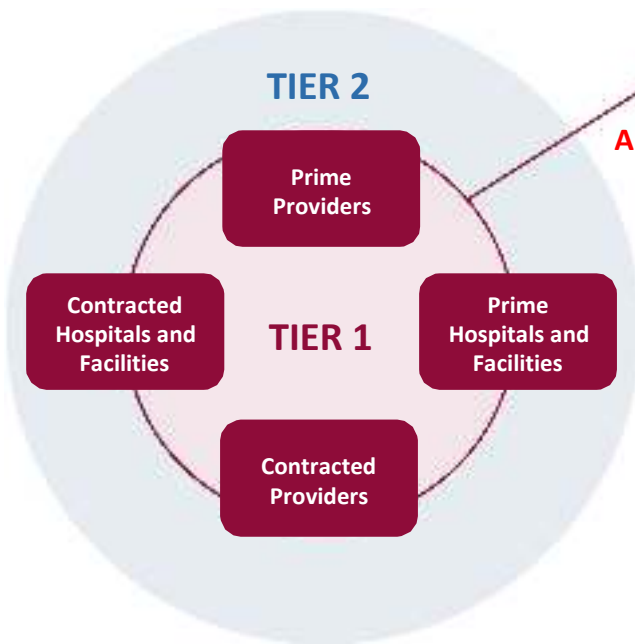


If you follow Prior Authorization requirements, you receive no-cost or low-cost benefits.

**!** If you do not follow Prior Authorization requirements, you may need to pay for services.

# 1.5 Benefits

When some services are not available in Tier 1, 1.5 Benefits allow you to receive Tier 2 services at Tier 1 rates. **Prior authorization is required.**



  
**Prior  
Authorization  
Required**

1.5 Benefit  
 **Blue Shield** Contracted Providers

- ✓ Tier 1 copays and deductibles apply to approved 1.5 Benefits.
- ✓ **Prior authorization is required.**
- ✓ 1.5 benefits **may not apply** for all services, and **do not apply** for skilled nursing or dialysis.

See the full details about 1.5 Benefits in your local [Summary Plan Description](#) or call Customer Service at 877-234-5227.

### Summary Plan Description (SPD)

The document that tells what your health plan covers and how to use it. You get it when you sign up or can request it from Customer Service.

# Member ID Cards - Front

1. Covered Member Name

2. Member ID Number

3. Prescription Benefits

4. Plan Name:

**EPO Employee Medical Plan**

5. Plan Group Number

6. Copayments

7. PPO Logo

**blue**  
A Member of Keenan

**Prime Healthcare**

**Participant Name**  
Prime Test

**Participant ID PHU10012345P**

**Rx Group:** JYEA

**Rx BIN:** 003858

**Rx PCN:** A4

**Retail Pharmacy:** \$10 Generic / \$30 Formulary

**Maintenance Rx:** \$20 Generic / \$80 Formulary

**Specialty Rx:** \$200 Generic / \$300 Formulary

**Prime EPO Medical Plan**

**Group:** W0069774

**Coverages:** Medical - Pharmacy\*

	Tier 1 Prime	Tier 2 BSC
Primary Care Visit	\$10	\$40
Pediatrician Visit	\$10	\$10
Specialist Visit	\$10	\$60
Emergency Room	\$25	\$200 + 20%
Urgent Care	\$10	\$40

For detailed benefit information including Deductible and Out of Pocket maximums, please visit [Keenan.com/benefits](http://Keenan.com/benefits)

Keenan Provides Member Services for Prime Healthcare Healthplan. See back.

This is an EPO Plan.  
\*\*Prior Authorization is needed.  
See back of card it.

**PPO**

Although the PPO logo appears on the card, you are enrolled in an **EPO plan**

**⚠ Please tell your Providers you are in an EPO plan and prior authorizations are needed.**

# Member ID Cards - Back

- 8. Tier 1 Provider Billing Info
- 9. Tier 2 Provider Billing Info
- 10. Services Needing Prior Authorization
- 11. Tier 2 Provider Website
- 12. **Prime Customer Service Contact**
- 13. Direct Referral Contact
- 14. Keenan Customer Service Contact
- 15. Prescription Benefits Contact
- 16. Date of Issue (on some cards only)

The image shows the back of a Blue Shield of California Member ID Card. The card is divided into two columns of text. On the left side, there are six callout boxes numbered 8 through 16, each with an arrow pointing to a specific section of the card. On the right side, there are five callout boxes numbered 11 through 15, each with a bracket pointing to a specific contact number or email address. The card features the Blue Shield of California logo at the top left and the Prime Healthcare logo at the top right. The text on the card includes information about provider billing, prior authorization, and customer service contacts.

**8** Members: Use Prime Healthcare providers and facilities to receive maximum benefits.

**9** Prime Healthcare Providers - Submit claims to:  
Electronically: EDI Payer ID 85279  
Mail: Keenan  
P.O. Box 2744, Torrance, CA 90509

**10** BSC Providers\*\* - Submit claims to:  
Blue Shield of California  
P.O. Box 272540, Chico, CA 95927-2540

**11** [Blueshieldca.com/networkppo](https://www.blueshieldca.com/networkppo)

**12** Prime Healthcare Customer Service 877-234-5227  
EHP@primehealthcare.com

**13** Prior-Authorization, Referral Status, Member Support  
Provider Directory/Pre-Approved Services  
[Primehealthcare.com/EHP](https://www.primehealthcare.com/EHP)

**14** Keenan Customer Service 888-773-7218  
[Keenan.com/benefits](https://www.keenan.com/benefits)  
Member Eligibility, Plan Benefits, Claims and Appeals

**15** Pharmacy\*  
Customer Service 866-339-3731  
Pharmacy Help Desk 866-339-3731  
Rx Specialty Pharmacy 877-838-2907

**16** \*\*Prior Authorization: All services require authorization from Prime Healthcare UR prior to service date except; General Pediatric (In-office), ER/Urgent Care, Tier 1 PCP (In-office) and pre-approved services for Tier 1. Inpatient Notice of Admission and Concurrent Review REQUIRED.  
Blue Shield of California, an independent member of the Blue Shield Association, provides administrative services only and does not assume any financial risk or obligation with respect to claims.  
Members have no or limited out-of-area benefits, except when services from a BlueCard PPO network provider are pre-authorized. Providers should file claims with their local BCBS plan.

\*Pharmacy Benefits Administrator

Plenty of information you need to know is as close as your ID Card.

# Medical Care through Prime EPO

**YOUR  
PCP**

Your Prime medical benefits start with your Primary Care Physician.  
Here's how to find one.

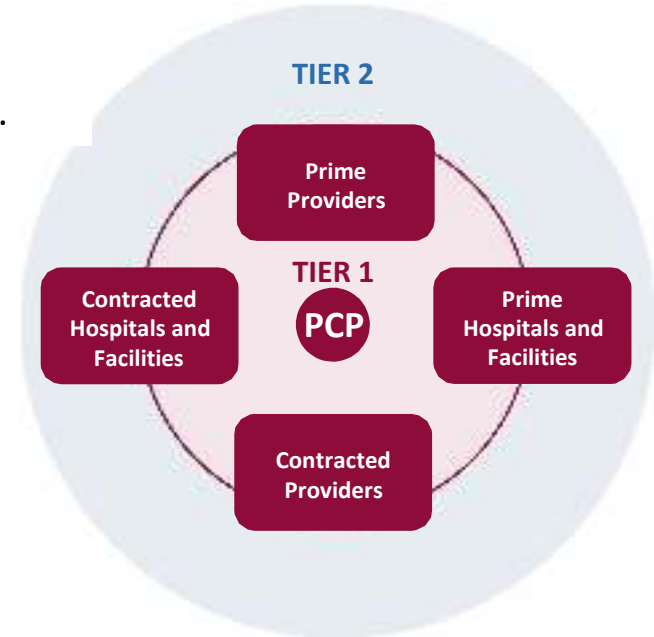
**Your Primary Care Physician (PCP)** takes care of you or refers you for care.

**If you need to find a PCP**, you can learn about Prime physicians and choose the one that's right for you by using the online **Find a Provider** tool. Visit your local Prime Hospital website or [www.primehealthcare.com](http://www.primehealthcare.com)

**If you already have a PCP**, please check the Find a Provider tool to be sure they are in Tier 1.

**If you have a PCP you prefer who isn't in the Prime Tier 1 Provider Network**, you can nominate them to join by emailing your request to [EHPPProvidercontracts@primehealthcare.com](mailto:EHPPProvidercontracts@primehealthcare.com).

Prime will send an invitation to the PCP and let you know if they become part of the network.



# How to Get Medical Care through Prime EPO

## YOUR CARE

Next, let's take it step by step.

Knowing how your plan works, will make it easier to use your employee health benefits.

- 1 Your Primary Care Physician (PCP)** takes care of you or refers you for care.
- If needed, your PCP will **refer** you to another **Prime Employed Provider or Tier 1 Provider**.
- Go to that Provider and your care is **covered under the Prime EPO**. No Prior authorization is needed.
- Your PCP or Provider will request a **Prior Authorization (PA)** if you require a medical service that can't be provided by a Prime Employed Provider or Tier 1 Provider, or if any service involves a non-Prime facility.
- Prime Utilization Management (UM) reviews all PAs** to ensure quality care is provided in the right setting.
- 6 UM approves 96 to 98% of PAs** and then sends you and your Provider an **approved authorization**. Then you can make an appointment for care. When you go to that Provider, care is **covered under EPO benefits**.  
If the PA is denied, you or your PCP may **dispute** or **appeal** the decision.
- Next, claims for payment for your services are processed. **96% of claims are processed within 24 hours**.  
**Keenan is the third-party administrator (TPA)** that manages claim payment.  
**Prime Claims Department** audits claim payment to ensure accuracy and quality.
- For any questions, you can reach **Customer Service** from Prime and Keenan online and by phone. **A complete list of who and when to call for service is later in this guide.**

 **Prime Healthcare**  
is your benefit plan

 **Keenan**  
manages your benefits



# Continuation of Care

## YOUR CARE

Under some circumstances, you may need **Continuation of Care**.

This allows you or a covered family Member to stay with your same Provider if you need critical care with continuity. Continuation of Care **must be approved to be covered under your plan**.

Conditions that qualify may include:

- Third-trimester or high-risk pregnancies
- Ongoing behavioral health services
- Surgery/treatment approved to occur within 90 days
- Terminal illness



## How to request Continuity of Care

- 1 Ask your Provider about your need for Continuation of Care.
- 2 Your Provider will submit a request to Prime Utilization Management (UM).
- 3 UM will review the request and contact you and your Provider with approval or denial.

 **Prior Authorization is required for Continuation of Care.**

# Authorizations Made Easier

When authorization is required, our new online authorization tool makes getting approvals easier than ever.

**60% Instant Approval**  
with new  
**Online Authorization**

**96 to 98% Approval**  
of  
**All Authorizations**

**92% Approval**  
within  
**24 Hours**

**85 to 99% of Claims**  
paid within  
**30 days**

# Urgent Prior Authorizations

Whenever prior authorization is required, you need to get approval before you go for services, **even if the need is urgent.**

## How to receive urgent approval for authorizations

- If you need urgent approval for immediate treatment or an upcoming surgery, contact your PCP or Provider. In a life-threatening emergency, call 911 or go to the nearest emergency department.
- Your PCP or Provider will request urgent approval from Utilization Management (UM) on your behalf.
- UM will complete an expedited review and your Provider will receive a response within 24 to 72 hours. (98% receive a response within 24 hours.)
- You may receive notice simultaneously based on availability of your contact information, as well as notification by mail.
- For any questions or support, please call Prime Customer Service at 877-234-5227. Listen for the prompts for urgent matters.



# How to Meet Authorization Requirements

Follow these steps as you go for care, and you'll know what to do.

1. Contact your PCP or Provider when you need medical care.
2. If you need to have a Prior Authorization, be sure it is approved before you go for care.
3. Be sure you go to the Prime Network Provider where your PCP sends you.
4. Always contact Prime Customer Service if you are not sure what to do.  
Visit [www.primehealthcare.com/EHP](http://www.primehealthcare.com/EHP) or call 877-234-5227.

Details are summarized in two charts: Services from PCPs and Specialists and Services from Facilities.

It is important that you review these charts and reference them to use your benefits correctly.

**Authorizations for PCP and Specialty Services**

This chart provides a grid of authorization requirements for various services. The columns represent different service categories, and the rows list specific services. The grid uses color-coding to indicate authorization status: green for 'No Authorization Required', yellow for 'Prior Authorization Required', and red for 'Referral Required'. Below the grid, there are detailed instructions for each authorization type.

**Authorizations for Facility Services**

This chart provides a grid of authorization requirements for various facility services. The columns represent different service categories, and the rows list specific services. The grid uses color-coding to indicate authorization status: green for 'No Authorization Required', yellow for 'Prior Authorization Required', and red for 'Referral Required'. Below the grid, there are detailed instructions for each authorization type.

# Reading the Authorization Charts

## 1 Get to know the definitions at the top of the chart.

**Referral:** A request by a PCP or Provider to direct you to another Provider for services. Referrals may be verbal, written, or digital.

**Physician Order/Prescription:** An order for services that your PCP or Provider gives you to present at the facility when you go for services. It may be on paper or a digital file. You will need it to get medical care under your benefit plan.

**Authorization:** For some of your medical services, your PCP or Provider must request approval from Prime EHP Utilization Management. Please be sure you receive approval before you go for care so you can be sure services are covered under your plan.

## 2 Use colors to quickly see if authorization is needed.

- Pink means referral or authorization is NOT REQUIRED.
- Blue means referral or authorization IS REQUIRED.

## 3 Find your type of Provider and tier to learn about the referrals and authorizations you need.

Your requirements vary based on whether your Provider is Prime-employed, EPO-contracted to provide services in Tier 1, or provides services in Tier 2.

## 4 Look for the footnotes to see important details.

Be sure you understand how each footnote affects your care, and to follow what it tells you.

**2 Authorization for PCP and Specialty Services**  
■ Required ■ Not Required ■ Benefits can vary by location. Please refer to the Summary Plan Description (SPD) for specific details.

Referral: Request by a Provider to refer member to another Provider  
 Physician Order/Prescription: An order given by a Provider for a service/medication  
 Authorization: The Approval for services given by Prime EHP Utilization Management

Referrals to See a Prime-employed or EPO-contracted physician do not need authorization or review by Prime UM.

Tier Level Provider	Tier 1 Prime Employed		Tier 1 EPO Contracted		Tier 2 Non-Member of CA/NO/CO BlueCard	
	Referral	Authorization	Referral	Authorization	Referral	Authorization
Primary Care-Office Visit General Practice, Family Practice, OB/GYN, Internal Medicine	N/A	No	N/A	No	N/A	Yes <sup>1</sup>
Perioperative Office Visit	N/A	No	N/A	No	N/A	No
Specialist Office Visit <sup>2</sup> Initial visit/Consult and follow-up visits	No	No	Yes	No <sup>3</sup>	Yes	Yes <sup>4</sup>
PCP Lab Work In Office/Prevention/Screening	No	No	N/A	No	N/A	No <sup>5</sup>
PCP Lab Work In Office/Non-Prevention	No	No	N/A	Yes	N/A	No
Audio-Approved Services PCH <a href="http://www.pch.com">www.pch.com</a> or <a href="http://www.pch.com/2016/03/01/">http://www.pch.com/2016/03/01/</a> for a list of services.	No	No	No	No	No <sup>6</sup>	No <sup>7</sup>

**3** **4**

**1. Specialist Office Visit:**  
Initial consults with Tier 1 specialists require a PCP referral. Subsequent visits require authorization or Prime UM review.

**2. Tier 2 Office Authorization Not Required:**  
• Office visit evaluation and management codes  
• Initial approval code: [www.cpt.com/codes/99201-99205](http://www.cpt.com/codes/99201-99205)  
• All Prevention Task Force preventive screening services.  
[www.pch.com/prevention-services](http://www.pch.com/prevention-services)  
• Facility-based services provided at a Prime facility.  
Specialty services included above require this authorization.

**3. Tier 2 Authorization:**  
If authorization is required for Tier 2 Provider is approved and Tier 1,2 benefits are applied.  
• Tier 2 follow-up visits approved within 90 days following the initial approved authorization.  
• All other services require prior authorization for each follow-up visit.  
• Benefits may vary. Some locations do not need authorization for Tier 2 PCP visits.

**4. Tier 2 Lab Work:**  
All labs should be sent to a Prime facility or Prime contracted lab/scan location. All other labs require an authorization.

Prime Healthcare 41 Copyright © 2016 Prime Healthcare

In the next few slides, we expand and explain the charts

# Authorization for PCP and Specialty Services

The footnotes are expanded and explained to guide you.

## 1 Specialist Office Visit

Initial consults with Tier 1 specialists require a PCP referral, but do **not** require authorization or Prime UM review. No need to wait for referral or authorization.

## 2 Tier 1: Prior Authorization Not Required

- Office visits
- Auto-approved services listed at: [www.primehealthcare.com/EHP](http://www.primehealthcare.com/EHP)
- US Prevention Task Force preventive screening services listed at: [www.uspreventiveservicestaskforce.org/uspstf](http://www.uspreventiveservicestaskforce.org/uspstf)
- Facility-based services provided at a Prime facility

1

Tier Level Provider	Tier 1 Prime Employed		Tier 1 Prime Network		Tier 2 Blue Shield of CA/BCBS BlueCard	
	Referral	Authorization	Referral	Authorization	Referral	Authorization
Primary Care Office Visit: General Practice, Family Practice, OB/GYN, Internal Medicine	N/A	No	N/A	No	N/A	3 Yes <sup>1</sup>
Pediatrician Office Visit	N/A	No	N/A	No	N/A	No
Specialist Office Visit <sup>1</sup> Initial visit/Consult and Follow up visits	No	No	Yes	2 No <sup>2</sup>	Yes	3 Yes <sup>3</sup>
PCP Lab Work In Office Preventive, Routine	No	No	N/A	No	N/A	4 No <sup>4</sup>
PCP Lab Work In Office Non-Preventive	No	No	N/A	Yes	N/A	Yes
Auto-Approved Services Visit <a href="http://www.primehealthcare.com/EHP">www.primehealthcare.com/EHP</a> for a list of these services	No	No	No	No	No <sup>2</sup>	4 No <sup>4</sup>

## 3 Tier 2 Authorization

If authorization to a Tier 2 Provider is approved and 1.5 benefits are applied:

- Three follow-up visits approved within 365 days following the initial approved authorization.
- A new authorization is required for follow-up visits after 365 days of initial approved authorization.
- All other services require prior authorization for each follow-up visit.
- Benefits may vary. Some locations do not need authorization for Tier 2 PCP visits.

## 4 Tier 2 Lab Work

Lab work at a Prime facility or Prime-contracted LabCorp location does not require an authorization. All other labs require an authorization.

# Authorization for Facility Services

More information is expanded and explained to guide you.

Facility Services	Prime Owned Hospitals and Facilities			Non-Prime Facilities		
	Physician Order or Prescription	Referral	Authorization	Physician Order or Prescription	Referral	Authorization
Imaging MRI/CT/MRA/PET scan/DEXA Hospital imaging	Yes	No	No	Yes	Yes	Yes
Inpatient Hospitalization	Yes	No	No	Yes	Yes	1 Yes <sup>1</sup>
Outpatient Surgery	Yes	No	No	Yes	Yes	Yes
Bariatric Services	Yes	Yes	Yes	Yes	Yes	Yes
Sleep Studies	Yes	Yes	No	Yes	Yes	Yes
Emergency Room Services	N/A	No	2 No <sup>2</sup>	N/A	No	2 No <sup>2</sup>
Urgent Care	N/A	No	3 No <sup>3</sup>	N/A	No	3 No <sup>3</sup>
Labs <sup>4</sup>	Yes	No	No	Yes	Yes	Yes
Auto-Approved Services Visit <a href="http://www.primehealthcare.com/EHP">www.primehealthcare.com/EHP</a> for a list of these services	Yes	No	No	Yes	Yes	Yes

## 1 Inpatient Hospitalization

Prime UM must be notified and authorization is required for post-stabilization care and inpatient hospitalization.

## 2 Emergency Department Services

Members should go to a Prime facility whenever possible. If they receive services at a non-Prime facility, Tier2 rates may apply.

## 4 Lab Work

Members should get lab work at a Prime facility or Prime-contracted LabCorp location whenever possible. If they receive services at a non-Prime facility, Tier 2 rates may apply.

## 5 Physician Order or Prescription

To receive some services under your plan, you need to get an order from your PCP and present it at the facility when you go for care. The order may be on paper or it may be a digital file. Without the order, you may not get the services or they may not be covered under your plan.

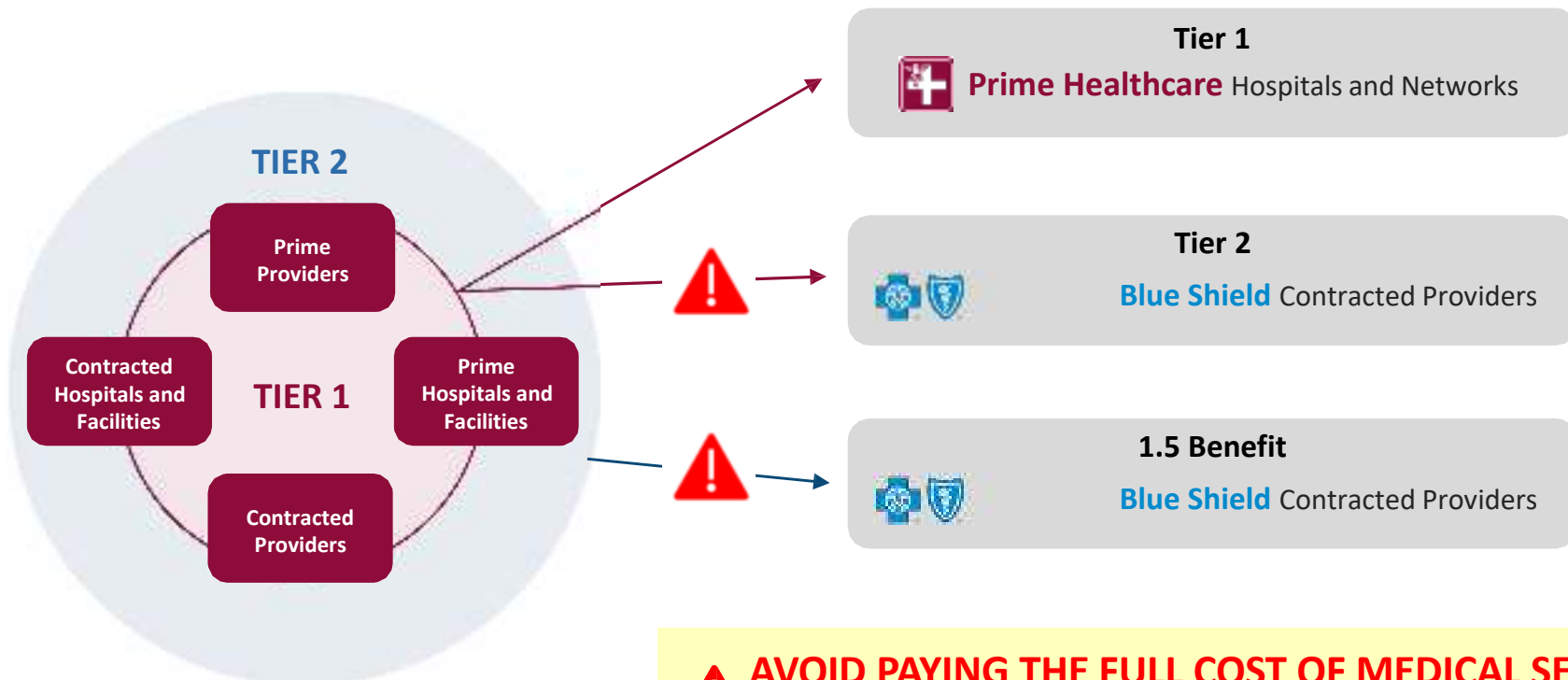
## 3 Urgent Care

Members should get urgent care at a Prime ER or Prime Urgent Care. If care at a Prime facility is not possible then seek care at a Prime-contracted urgent care facility, Carbon Health, whenever possible. If Members receive services at a BCBS contracted urgent care, Tier 2 rates may apply. Urgent care at a non-BCBS contracted center may incur significantly greater rates.

Please be sure to review and understand these two guides to fully understand Referral and Authorization requirements.

# Prior Authorization Requirements

You may be responsible to **pay the full cost for medical services** if your Providers don't know you are in an EPO Plan or you do not get required Prior Authorization.



**AVOID PAYING THE FULL COST OF MEDICAL SERVICES**

Be sure to know and follow Prime Authorization requirements.



# Submitting an Appeal

Sometimes you may not agree with benefit decisions. You may appeal.

If you disagree with a full or partial claim rejection or denial, or the payment amount, you may submit an appeal.

It **must be received in writing within 180 calendar days** from the date of the decision you are appealing. Even if you make a verbal request, you must still file it in writing within the 180-calendar-day timeframe.

## How to submit an appeal

1. The Member Appeal Request Form is available online at [www.primehealthcare.com/EHP](http://www.primehealthcare.com/EHP)
2. Download it. Follow the directions and fill it out completely.
3. Mail or fax the completed form and any supporting documents, such as your explanation of payment or balance billing statement to the address below.
4. Your request will be reviewed, and a written response will be completed within 30 days.
5. If you still disagree, you may submit a Second Appeal. It will be processed within 30 days.
6. Contact Keenan Customer Service at 310-773-7218 if you have any questions or concerns.



# Prime Helps Members Avoid Balance Billing

No one likes to receive a bill when they believe everything is paid for — especially if it's for medical services. This is known as **balance billing**.

## About Balance Billing

A balance bill occurs when Members are billed by providers or facilities after deductibles, coinsurance or copayment are paid, and Prime has paid allowable costs.

**Member bills are NOT sent by Prime.** We work to protect our Members from these bills and will support and defend them if they have followed all requirements for referrals and authorizations.

Like all health plans, **Prime must follow the terms of our Summary Plan Description** and equally apply it for all our Members. Sometimes services are not included in your plan, and **we can't make exceptions.**

## Top Reasons for Balance Billing

Balance bills are most likely when Members receive services:

- outside Prime's provider network: A doctor, hospital, or other facility that has no contract or relationship with Prime.
- not covered by Prime benefit plan, even if they are from a Prime network provider.
- without required referral and prior authorization approval.



# How You Can Help Avoid Balance Billing

If you help avoid balance billing by following plan requirements, Prime can do its best to help protect and defend you against them.

## **Get to know your plan and use it properly.**

Your Summary Plan Description tells you about required referral and prior authorization, your costs for services inside and outside the Prime Tier 1 Network, and exclusions and limitations. **Be sure to follow the requirements.**

## **Tell providers that you are in an EPO plan and must follow requirements.**

Also ask them about treatment options and health plan coverage.

## **Be sure you receive services in the Prime Tier 1 Network.**

Sometimes out-of-network providers work at in-network facilities, or you go to your Tier 1 Network Provider for a service not covered under your plan.

If you follow plan requirements, Prime can do the most to protect you and defend you from balance bills.

When in doubt about what your benefits cover, always ask before receiving care.

# Customer Service: Three Companies Serve You

## 1 Prime Healthcare: Your Benefits Plan

**Prime Customer Service: 877-234-5227**

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

Prime provides authorization, coordinates referral and clinical care, and oversees inpatient admissions. We also manage discharge planning, transfers, and clinical disputes. Call anytime or email [EHP@primehealthcare.com](mailto:EHP@primehealthcare.com).

**For any urgent clinical needs, call Prime Customer Service anytime at 877-234-5227.**



## 2 Keenan: Your Benefits Manager

**Keenan Customer Service: 888-773-7218**

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

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.

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

After access is granted, log in anytime to see claims status, benefit summary, and eligibility status or request a new ID card or printable EOBs. Sign up for access at <https://kenan.com/benefits>

## 3 Optum Rx®: Your Pharmacy Benefits Manager

**OptumRx Customer Service: (866) 339-3731**

Administers our prescription drug plan. You can create an account by visiting [optumrx.com](http://optumrx.com)

**Customer service contact information**  
is also on the back of your Member ID Card.



# Customer Service Topics and Contacts

## PRIME CUSTOMER SERVICE

Confirm or change your PCP, Non-HIPAA related questions	Prime Customer Service	<a href="mailto:EHP@primehealthcare.com">EHP@primehealthcare.com</a>
Referral status, urgent services, eligibility	Prime Customer Service	<a href="mailto:EHP@primehealthcare.com">EHP@primehealthcare.com</a> or 877-234-5227
Benefit-related questions	Benefits	<a href="mailto:EHPbenefits@primehealthcare.com">EHPbenefits@primehealthcare.com</a>
Urgent referral status, discharge planning, and hospital transfers	Utilization Management	<a href="mailto:EHP@primehealthcare.com">EHP@primehealthcare.com</a> or 877-234-5227
Tier 1 Provider contracts and directory	Bhavya Manugunta	<a href="mailto:EHPProvidercontracts@primehealthcare.com">EHPProvidercontracts@primehealthcare.com</a>
Prime Authorization Service (PAS) tool	Bhavya Manugunta	<a href="mailto:EHP@primehealthcare.com">EHP@primehealthcare.com</a>

## KEENAN CUSTOMER SERVICE

Member eligibility, copay, co-insurance, deductible, EOB questions, benefits fax back for Providers	Keenan Customer Service	888-773-7218
Appeals	Keenan Customer Service	Phone: 310-533-5755, Fax: 888-773-7218

## OPTUMRX CUSTOMER SERVICE

Pharmacy benefit questions and appeals	OptumRx Customer Service	866-339-3731 <a href="https://www.optumrx.com/">https://www.optumrx.com/</a>
--	--------------------------	---

# Q&A

## Prime Employee Health Plan

Not sure? Just ask.



Please see additional resources on the slides that follow.

The answers to many common questions are also in the Q&A resource on the Prime EHP website.

Visit [www.primehealthcare.com/EHP](http://www.primehealthcare.com/EHP).



# With Gratitude for your Kind Attention and More.

---

- Thank you for the opportunity to be part of your and your family's care.
- Thank you for your support and partnership.
- **We are honored** to take care of each other as we take care of our communities.



## Prime Employee Health Plan

---

Authorization Charts, Common Health Plan Definitions, and Online Resources



These resources are available to view or download at [www.primehealthcare.com/EHP](http://www.primehealthcare.com/EHP).

*Saving hospitals. Saving jobs. Saving lives.*





# Authorization for PCP and Specialty Services

Required
Not Required
 Benefits can vary by location. Please refer to the Summary Plan Description (SPD) for specific details.

**Referral:** Request by a Provider to refer Member to another Provider.

**Physician Order/ Prescription:** An order given by a Provider for a service/ medication.

**Authorization:** The Approval for services given by Prime EHP Utilization Management.

Referrals to Tier 1 Prime- employed or EPO-contracted physicians do not need authorization or review by Prime UM.

Tier Level Provider	Tier 1		Tier 1		Tier 2	
	Prime Employed		EPO Contracted		Blue Shield of CA/BCBS BlueCard	
Service	Referral	Authorization	Referral	Authorization	Referral	Authorization
<b>Primary Care Office Visit:</b> General Practice, Family Practice, OB/GYN, Internal Medicine	N/A	No	N/A	No	N/A	Yes <sup>3</sup>
<b>Pediatrician Office Visit</b>	N/A	No	N/A	No	N/A	No
<b>Specialist Office Visit</b> <sup>1</sup> Initial visit/Consult and Follow up visits	No	No	Yes	No <sup>2</sup>	Yes	Yes <sup>3</sup>
<b>PCP Lab Work</b> In Office Preventive, Routine	No	No	N/A	No	N/A	No <sup>4</sup>
<b>PCP Lab Work</b> In Office Non-Preventive	No	No	N/A	Yes	N/A	Yes
<b>Auto-Approved Services</b> Visit <a href="http://www.primehealthcare.com/EHP">www.primehealthcare.com/EHP</a> for a list of these services	No	No	No	No	No <sup>4</sup>	No <sup>4</sup>

### 1. Specialist Office Visits

Initial consults with Tier 1 specialists require a PCP referral, but do **not** require authorization or Prime UM Review.

### 2. Tier 1 Prior-Authorization Not Required

- Office visits (evaluation and management codes)
- Auto-approved codes ([www.primehealthcare.com/EHP](http://www.primehealthcare.com/EHP))
- US Prevention Task Force Preventive screening services ([www.uspreventiveservicestaskforce.org/uspstf](http://www.uspreventiveservicestaskforce.org/uspstf))
- Facility-based services provided at a Prime facility

Specialty services not listed above require Prior Authorization.

### 3. Tier 2 Authorization

If authorization to a Tier 2 Provider is approved and Tier 1.5 benefits are applied:

- Three follow-up visits approved within 365 days following the initial approved authorization.
- A new authorization is required for follow-up visits after 365 days of initial approved authorization.
- All other services require prior authorization for each follow-up visit.
- Benefits may vary. Some locations do not need authorization for Tier 2 PCP visits.

### 4. Tier 2 Lab Work

All labs should be sent to a Prime facility or Prime-contracted LabCorp location. All other labs require an authorization.

# Authorization for Facility Services

Required
Not Required
 Benefits can vary by location. Please refer to the Summary Plan Description (SPD) for specific details.

**Referral:** Request by a Provider to refer Member to another Provider.

**Physician Order/ Prescription:** An order given by a Provider for a service/ medication.

**Authorization:** The Approval for services given by Prime EHP Utilization Management.

Referrals to Prime employed or Tier1 physicians do not need authorization or review by Prime UM

Facility Services	Prime Owned Hospitals and Facilities			Non-Prime Facilities		
	Physician Order or Prescription	Referral	Authorization	Physician Order or Prescription	Referral	Authorization
<b>Imaging</b> MRI/CT/MRA/PET scan/DEXA Hospital Imaging	Yes	No	No	Yes	Yes	Yes
<b>Inpatient Hospitalization</b>	Yes	No	No	Yes	Yes	Yes <sup>1</sup>
<b>Outpatient Surgery</b>	Yes	No	No	Yes	Yes	Yes
<b>Bariatric Services</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>Sleep Studies</b>	Yes	Yes	No	Yes	Yes	Yes
<b>Emergency Room Services</b>	N/A	No	No <sup>2</sup>	N/A	No	No <sup>2</sup>
<b>Urgent Care</b>	N/A	No	No <sup>3</sup>	N/A	No	No <sup>3</sup>
<b>Labs<sup>4</sup></b>	Yes	No	No	Yes	Yes	Yes
<b>Auto-Approved Services</b> Visit <a href="http://www.primehealthcare.com/EHP">www.primehealthcare.com/EHP</a> for a list of these services	Yes	No	No	Yes	Yes	Yes

## 1. Inpatient Hospitalization

Prime UM must be notified and authorization is required for post-stabilization care and inpatient hospitalization.

## 2. Emergency Department Services

Should be provided at a Prime facility whenever possible. If rendered at a non-Prime facility Tier2 rates may apply.

## 3. Urgent Care

Should be provided at a Prime facility ER or contracted urgent care facility whenever possible. If rendered at a non-Prime facility Tier2 rates may apply.

## 4. Labs

Any lab services should be sent to a Prime facility lab or Prime-contracted LabCorp location.

# Common Health Plan Definitions

---

Use these definitions to refresh your knowledge and to help you and use your benefits more effectively.

**Referral:** Request by a Provider to refer you to another Provider. Referrals may be verbal, written, or digital.

**Physician Order/Prescription:** An order a Provider gives you on paper or as a digital file for you to get a service or medication.

**Authorization:** Approval for services from Prime EHP Utilization Management. Authorization approvals are sent to Providers by fax or online. You will receive approvals by mail at your home.

**Summary Plan Description (SPD):** A summary of your health plan benefits and coverage, including but not limited to covered services, excluded and limited services, cost sharing, and prior authorization requirements.

**Deductible:** A monetary limit paid for health care services before health plan assumes the cost of the medical procedures or services. If the plan covers more than one person, there may have family and individual deductible limits.

**Copay:** A relatively small, fixed amount that must be paid to the Provider at the time of visit.

**Co-Insurance:** A percentage of costs of the allowed amount for covered and approved services paid by Member until their out-of-pocket maximum is met.

**Out-of-Pocket Maximum (OOP):** A predetermined amount that a Member must pay before health plan will pay the entire costs of the allowed amount for covered and approved services for the remainder of the plan year.

OOP is reset every plan year. If the plan covers more than one person, there may have a family and individual OOP. Amounts that are paid for health care services which are not included in the plan's benefit do not go towards their OOP. The monthly premium payments, if applicable, do not go towards your OOP.

# Online Benefits Resources

Looking to learn more? Take these opportunities.

- <https://www.primehealthcare.com/EHP>

- Detailed benefit information for each hospital

- <https://prime-healthplan.com/>

Login details are available in your benefit guide.

- SharePoint in the **Benefits Learning Center** or at your **Prime Hospital**

- <https://primehealthcare.sharepoint.com/sites/HR/CorporateBenefits>



This presentation does not set forth any legal or contractual requirements for the Prime Healthcare Employee Health Plan.

Benefit information can change. For the most up-to-date overview and resources, visit [www.primehealthcare.com/EHP](https://www.primehealthcare.com/EHP). For specific benefits, see your Summary Plan Description.

© 2023 Prime Healthcare