

2016 Individual & Family Insurance Plans

Look inside! >

For more information on our available plans

and visit prevea360.com/ sign-me-up





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prevea360.com/sign-me-up

How to Enroll and Get Help

We're here to help make Prevea360 Health Plan coverage as clear and understandable as possible because we know insurance can be confusing. That's why we've staffed the Prevea360 Customer Care Center with experienced and knowledgeable Customer Care Specialists, ready to answer your questions. You can also visit us online or send an email. Whatever works for you, we're here to help.



To Purchase Plans Go Online Visit prevea360.com/sign-me-up



For Email Support

Go Online Visit prevea360.com/sign-me-up and fill out the Get Help Form.



For Phone Support

Call the Customer Care Center 877.230.7555 (TTY: 711) Monday through Thursday 7:30 a.m. to 5 p.m. Friday 8 a.m. to 4:30 p.m.

We are just a call, click or visit away from getting you the information you need to stay covered. The important part is that you continue to get the coverage and care you need. And we hope you continue to select Prevea360 as your partner in health.



Prevea Care After Hours*

Get prompt access to a nurse when you have questions. A registered nurse is available 24/7, 365 days per year via Prevea Care After Hours. Maybe you're not sure if you need to make a doctor's appointment or go to urgent care. Just pick up the phone and get some advice, anytime, at 888.277.3832.* For any life-threatening emergencies, always dial 911.

*NOTE: Due to licensing regulations, Prevea Care After Hours triage services are only available to Wisconsin residents.

About Prevea360

Prevea360 Health Plan connects providers, hospitals and your insurance partner into one integrated system to provide the best of three worlds—a strong network of providers, innovative hospitals and clinics, and comprehensive insurance coverage—all working for you. This means we're all on the same page, and when it comes to your health care, that's important.

With hundreds of providers in the Green Bay area, Brown County and the surrounding counties throughout northeastern Wisconsin, the Prevea360 network provides you with many options to access care. And, if you're traveling out of the Prevea360 network, you're still covered.

New Member Transition

We've also produced a helpful printed Member Guide, which will help ease the transition to Prevea360 Health Plan. It contains a great variety of important information, including how to choose a primary care physician, set up an initial appointment or register for your Member Profile, which gives you access to your insurance claims and documentation. The Member Guide, which you will automatically receive upon joining us, also helps explain the tools and resources available to you, as well as practical suggestions for how to stay healthy. Check it out at **prevea360.com/newmember**.

NCQA Excellent Accreditation

Prevea360 Health Plan is proud to have maintained the National Committee for Quality Assurance's Excellent Accreditation—the highest level awarded. Prevea360 Health Plan's quality performance is continually being monitored through standards as determined by the NCQA. The NCQA is an independent, not-for-profit organization dedicated to improving health care quality. This accreditation is a nationally recognized process for consumers, purchasers and regulators to compare the performance of health plans. NCQA evaluates more than 50 standards to determine health plan accreditation levels.





Why Prevea360 is the Smart Choice

At Prevea360 Health Plan, we understand the value of the patient/physician relationship. In addition, we offer a wide variety of plans to meet your needs. Prevea360 Health Plan is a market leader in individual and family health insurance in northeast Wisconsin, so you can trust that you're in good hands.

Access to Providers

Prevea360 has you covered with access to more than 39 primary care clinics and 6 premier hospitals including HSHS St. Mary's Hospital and HSHS St. Vincent Hospital in Green Bay, Holy Family Memorial Hospital in Manitowoc, HSHS St. Clare Memorial Hospital in Oconto Falls, HSHS St. Nicolas Hospital in Sheboygan and Ministry Door County Medical Center in Sturgeon Bay. In addition, the Prevea360 network offers expertise in more than 60 specialties and services, with advanced specialties that are not found anywhere else in northeastern Wisconsin.

Prevea Care After Hours

You're not feeling great, but you aren't sure if you really need to see a doctor. RNs at Prevea Care After Hours are always available to answer your questions (Wisconsin residents only). Call 24 hours a day, 365 days a year at 888.277.3832.

Technology & Innovation

Get online access to your family's personal health information with **MyPrevea**. It's a free service and provides access to information in your personal and family health records – any time. With **MyPrevea**, you can communicate with your doctor and health care team through secure messaging, get real-time lab and test results and request prescription refills. While you're there, you can schedule future medical appointments, review past visits and pay medical bills. We also offer a mobile app that provides the same services whenever and wherever you are.

Get the Right Care

We ask our members to select a primary care physician (or location) within the Prevea360 network upon enrollment. This is because at Prevea360 Health Plan, all of our coverage options emphasize a proactive, preventive approach to care—one in which a primary care physician (PCP) oversees all aspects of an individual's health care needs and keeps him or her well through regular visits. Your PCP should be your first choice for care whenever possible. When a more immediate need arises, however, you do have other options, including urgent care centers and emergency room service.

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Wellness and Rewards from Prevea360 Health Plan

New in 2016 – Prevea360 Health Plan is partnering with WebMD! Our online Living Healthy portal, powered by WebMD, offers a wide range of tailored and interactive tools, including a health assessment and digital health coaching, along with videos, articles, recipes, electronic reminders, trackers, and apps for healthy living.

Prevea360 Health Plan values your health and wants to reward you for living a healthy lifestyle. You can earn points toward rewards for completing the health assessment, annual preventive visits (primary care and dental) and a variety of healthy activities.

Our Living Healthy program also includes tobacco cessation assistance and care management services for those needing extra help with a complex health care issue or chronic condition.



The Prevea360 Network

BROWN CALUMET DOR KEWAUNEE MANITOWOC MARINETTE MENOMINEE OCUTAGAMIE SHAWANO SHEBOYGAN

The Prevea360 Network emphasizes coordinated care from trusted providers in 11 counties with your primary care physician (PCP) serving as your first point of contact for all aspects of your health care. This means health insurers and health care providers work together to provide a comprehensive benefit plan that's easy to use.

Features include:

- » Streamlined Care Highly directed care from a team of physicians working together.
- Extensive Provider Network With more than 500 network providers at over 50 primary care physician locations, you're never far from a Prevea360 Health Plan provider. Provider locations can be found at prevea360.com. If you need help selecting a network that is right for you, contact us for more information, or contact a health insurance agent.

Prevea Clinic Doctors—Where Quality Soars

The Prevea360 Provider Network includes more than 60 specialty offerings, providing excellent care in a great variety of areas:



Cardiology

- Surpassing the nation's benchmarks in heart attack "door-to-balloon" survival rates.
- The heart teams at Prevea Health, HSHS St. Vincent and St. Mary's Hospitals lead the region in heart and vascular care.

Cancer

• Region's LARGEST group of oncologists, working together to deliver the most comprehensive care in a personalized manner.

Pediatrics

- Region's LARGEST group of pediatricians and pediatric specialists, including pediatric hematologists-oncologists, cardiologists, gastroenterologists, hospitalists, intensivists, neurologists, orthopedic surgeons, plastic surgeons and rheumatologists.
- Region's ONLY Pediatric Intensive Care Unit, one of only five in the state of Wisconsin.
- Only area provider to offer Child Life services for hospitalized children and their families.

Orthopedics

- The region's MOST COMPREHENSIVE specialty-trained orthopedic group, consisting of fellowship-trained orthopedic surgeons for hip and knee, spine, hand, sports medicine, pediatric and trauma.
- Continually in the top 10% nationwide for overall orthopedic patient satisfaction.

Obstetrics/Gynecology

- Wisconsin's FIRST breast surgeon certified in Stereotactic Breast Procedures by the American Society of Breast Surgeons (ASBS).
- Expertise in Maternal Fetal Medicine, plus the region's FIRST Level III Neonatal Intensive Care Unit (NICU).

Emergency/Trauma

- ACS Level II Trauma Center, the highest ranking a non-university-affiliated emergency center can attain.
- Advanced diagnostic services including CT, MRI, PET, nuclear medicine, sonography, angiography, EEG, EKG and DMG.
- Emergency air and ground transportation.









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Counties in Service Area

*Numbers last updated 10/12/2015.

Understanding Health Care Reform

Health reform is complicated, so we're going to walk you through the basics. This page offers a recap of health reform information, moves into an overview of benefits and finally, summarizes our large portfolio of plans designed for individuals and families. Remember, the federal health reform law, also known as the Affordable Care Act, includes an individual mandate that means everybody must have health insurance.

To avoid a fine, sign up between November 1, 2015 and January 31, 2016.

Visit prevea360.com/sign-me-up.

The Affordable Care Act was passed in 2010 and continues to evolve. It affects how insurance is purchased, what benefits are provided and more options for where to buy coverage. No matter where you choose to buy, Prevea360 will be there. We have plans that are available directly from Prevea360 at prevea360.com/sign-me-up and through agents.

Prevea360 Health Plan offers a variety of plans in the Health Insurance Marketplace, also known as the Exchange. The Marketplace also offers tax credits and subsidies to people who qualify. This makes health insurance more affordable. To determine if you are eligible for financial assistance, get started at prevea360.com/sign-me-up and select Shop Plans. After entering your zip code and some basic information, you'll see plan options from which to choose. And since Prevea360's site works hand-in-hand with the Marketplace (healthcare.gov), you'll know right away if you qualify for assistance, along with your estimated savings. If you need help or have questions, you can always contact a Prevea360 Health Plan sales representative or an insurance agent.

HEALTH CARE REFORM QUICK GUIDE

When considering your health insurance coverage, there's a lot to think about. Here are some simple definitions that should help clarify the main points, and more are listed on page 24.

The Individual Mandate means that most U.S. citizens must be covered by health insurance that meets "Minimum Essential Coverage" rules. If you are not covered, you may face a tax penalty.

Preventive Care Benefits are services such as child immunizations and certain cancer screenings. These benefits are covered with zero out-of-pocket cost to you when you use in-network providers and all other criteria are met.

Essential Health Benefits are a set of benefits that individual plans must now cover. These Essential Health Benefits include things like preventive and wellness services, maternity and newborn coverage, prescription drugs, doctor visits and coverage for hospital stays. Most of these benefits were already covered by Prevea360 Health Plan long before the health reform law came into effect, as we have always provided comprehensive health services and valuable benefits through our health insurance plans.

Federal Poverty Level (FPL) – A measure of income level issued annually by the Department of Health and Human Services. The relationship between your income and the Federal Poverty Level is used to determine your eligibility for certain programs and benefits. Health Insurance Marketplace (also referred to as the Exchange or healthcare.gov) – A website where individuals can compare plans and purchase health insurance. Individuals who qualify for federal assistance or tax breaks must purchase through the Marketplace to take advantage of any cost sharing or tax credits. Prevea360 makes it easy to access the Marketplace at prevea360.com/sign-me-up.

Metal Tiers refer to plans of varying cost and coverage. These are indicated by four metal levels (or tiers): bronze, silver, gold and platinum (Prevea360 Health Plan does not offer platinum plans on the Marketplace). These plans will all offer coverage of the same Essential Health Benefits but with different out-of-pocket costs for things like doctor or hospital visits. The level you buy determines 1) your monthly premium, 2) your cost-sharing amounts, and 3) your maximum out-of-pocket limit. In addition to the metal tier options, there is an option called the Catastrophic Plan. It is only for people under age 30 or who qualify through financial hardship. See the plan details for more information on metal tiers and catastrophic coverage.



Holding Down Insurance Costs

Having health insurance means peace of mind in knowing you are covered. Depending on your income and personal situation, you may be eligible for a variety of discounts and subsidies, too. Prevea360 Health Plan is the smart choice, especially when you consider the variety of cost-saving possibilities.

Health Insurance Affordability Programs

Many people are eligible for programs that make health insurance more affordable. Visit **prevea360.com/sign-me-up** to determine if you are eligible for, and how much you can receive under, either of the following programs.

Advance payments of the premium tax credit are available to individuals with household income of at least 100 percent but not more than 400 percent of the Federal Poverty Level (FPL). Advance payments of the premium tax credit reduce the amount you have to pay in monthly premiums.

Cost-sharing reductions are available to individuals who have a household income of at least 100 percent but not more than 250 percent of the FPL and are enrolled in a silver tier plan. Cost-sharing reductions reduce the amount you have to pay toward your deductible, coinsurance and copays.

It's important to check if you qualify for one or more of these programs based on your income level. The following table shows FPL guidelines, but an agent or Prevea360 Health Plan representative can help you if you're not sure.

2015 Plan Year Federal Poverty Level Guidelines							
Percentage of Federal Poverty Level							
Size of Household	100%	250%	400%				
1 👖	\$11,770	\$29,425	\$47,080				
2	\$15,930	\$39,825	\$63,720				
3 ###	\$20,090	\$50,225	\$80,360				
4 ††††	\$24,250	\$60,625	\$97,000				
Each Additional Person Adds	\$4,160	\$10,400	\$16,640				
Coverage Information	May Qualify for Cost-Sharing Reductions and Advanced Premium Tax Credits	May Qualify for Cost-Sharing Reductions and Advanced Premium Tax Credits	May Qualify for Advanced Premium Tax Credits				

Out-of-Pocket Costs

Cost-sharing reduction is only available on silver plans. There are three levels of cost sharing based on income brackets: 100- 150 percent of Federal Poverty Level (FPL), 151-200 percent FPL, and 201-250 percent FPL.

Prevea360 Health Plan offers a variety of options for silver plans that are eligible cost-sharing reduction plans.

Price Breaks

Advance Premium Tax Credits (APTC)

Tax credits can lower the amount you pay toward your monthly premium. Tax credits are available to individuals and families who earn at least 100 percent and not more than 400 percent of the FPL. See if you qualify and access Prevea360's Marketplace plans at prevea360.com/sign-me-up.

Cost Sharing Reduction (CSR)

If your income is at least 100 percent and not more than 250 percent of the FPL, you are eligible for special plans with cost-sharing reductions to lower your out-of-pocket costs, in addition to the Advanced Premium Tax Credits. See if you qualify and access Prevea360's Marketplace plans at prevea360.com/sign-me-up.

Cost-sharing Maximums

The plan you purchase will include a maximum out-of-pocket expense you have to pay for health care per year, after which point your health insurance plan begins to pay 100 percent of the cost. This maximum cost-sharing amount is lower for some plans, so be sure to take a look at the plan's maximum out-of-pocket level as well as deductible, coinsurance and copays when selecting a plan. Cost-sharing maximums do not apply to care received outof-network.

How you can use your tax credit

You can use your tax credit on any Marketplace plan. When you visit prevea360.com/sign-me-up and begin shopping plans, your tax credit allowance will be calculated for you. Your monthly premium will be personalized for you based on the plan you select, but the credit will stay the same.

Example: You have a \$250 tax credit per month and have income of less than 400 percent of FPL.

- If you buy a silver plan with a premium of \$400 per month, you will lower your monthly premium payment to \$150.
- If you buy a Bronze plan with a premium of \$260 per month, you will lower your monthly premium to \$10, but you may have additional out-of-pocket costs with a bronze plan.

What are Metal Tiers?

Understanding Metal Tiers

You can use metal tiers to help determine which type of plan is right for you. No matter where you purchase your plan, it will be categorized using metal tiers. In addition to your personal situation and values, you'll want to consider if you are eligible to receive a price break, which can be delivered in the form of a tax credit or cost-sharing subsidy.

	P	Metal Tiers	S	B
	Platinum	Gold	Silver	Bronze
Monthly Cost	\$\$\$\$	\$\$\$	\$\$	\$
Cost When You Get Care	\$	\$\$	\$\$\$	\$\$\$\$
Maximum Out-of-Pocket Expenses	\$	\$\$	\$\$\$	\$\$\$\$
Good Option if You	plan to use a lot of health care services	want to save on monthly premiums while keeping out-of-pocket costs low	need to balance monthly premium with out-of-pocket costs	don't plan to need a lot of health care services

Overview of Plan Types

Prevea360 Health Plan offers a variety of plan options to fit your situation. You may want to keep costs more predictable by choosing a plan with an office visit copay. Or you might prefer a plan that qualifies for a Health Savings Account (HSA) and the tax advantages that go with it. You also may base your plan decision on features offered on the Health Insurance Marketplace, such as cost-sharing reductions and premium tax credits. As you choose your plan, you'll want to understand the metal tier pairing. Metal tiers categorize plans by how much of your medical costs you can expect to pay as a percentage of premiums.

COPAY PLUS PLANS

Prevea360's Copay Plus Plans include various levels of copays for services, as well as deductibles and coinsurance. These plans give you the flexibility to balance your copays and annual out-of-pocket expenses to fit your budget, while providing the coverage you and your family need. A copay plan may be right for you if you want a more predictable cost for regular office visits to your primary care or specialty providers.

CLASSIC PLANS

Prevea360's Classic Plans are designed for those who want their health coverage to be as simple as possible. With a Prevea360 Classic Plan, you pick the deductible level and coinsurance combination you're comfortable with, and you're done!

HSA (HEALTH SAVINGS ACCOUNT) PLANS

Prevea360's HSA-eligible plans are developed to provide multiple options for members interested in combining a highdeductible health plan with a health savings account (HSA). The HSA-eligible plans were built to be fully compatible with an HSA of your choice.

VALUE COPAY PLANS

For those who prefer a lower monthly premium, without an HSA, we offer Value Copay Plan options. These plans include limited office visits, and most include access to generic medications with a dependable copay.

SAFETY NET PLANS

The Safety Net Plan is a high-deductible, catastrophic plan available only to those under age 30 or those who meet certain income guidelines as determined by the Health Insurance Marketplace, also known as the Exchange. The plan carries a high deductible and provides coverage in case of an emergency.

NEED HELP?

Whether you need help determining if you're eligible for financial help, deciding which plan and benefits are right for you, or assistance enrolling in a plan, a Prevea360 Health Plan Sales Representative at 877.230.7615 or an Insurance Agent or Broker can help you!

Care for Special Circumstances



Primary Care

Emergency Care

+

Urgent Care

Out-of-Area Care

With Prevea360 Health Plan, there's no need to take health insurance worries on vacation. Both urgent and emergency care are covered by Prevea360 Health Plan if a member is not able to return to the service area for immediate treatment. It's also a good idea to familiarize oneself with the types of ailments that can be treated as urgent care vs. emergency care. Visit **prevea360.com/rightcare** for details.

Prior Authorizations

As our members navigate their health care, it's important to note there are certain medical services or provider visits that will require prior authorization by Prevea360 Health Plan. These authorizations are required so our Medical Affairs team can make sure our members are getting the appropriate care.

Getting Help with Care Decisions

When you need to discuss issues or have questions related to using health care services, such as prior authorization, Prevea360 Health Plan is available to help. Simply contact the Customer Care Center at 877.230.7555 (TTY: 711). A staff member will connect you to our Medical Affairs Department if they are unable to address your questions. Customer Care Specialists can also assist those members who do not speak English. Staff members are available Monday through Friday, 8 a.m. to 4:30 p.m. If you have an urgent need outside those hours, leave a message with the Customer Care Center and your call will be returned within one business day.

prevea360.com/sign-me-up

What's Covered?

Understanding Your Coverage

Prevea360 Health Plan strives to provide high-quality health services and valuable benefits in our health plan, just as we always have. Below is information about Prevea360's covered benefits.

PREVENTIVE SERVICES

The following services are provided with no copays, coinsurance or deductibles when services are delivered by a network provider, and when all preventive services criteria are met:

- Routine vaccines for both adults and children
- Flu and pneumonia shots
- Preventive care visit for routine screenings and preventive services, including Well Baby and Well Child visits
- Blood pressure, cholesterol and diabetes screenings
- Colorectal cancer screening for adults over age 50
- Breast cancer mammography screenings every one to two years for women over age 40*

For a more comprehensive list, visit prevea360.com/preventivecare.

ESSENTIAL HEALTH BENEFITS

Essential Health Benefits include common coverage needs, such as visits to the doctor and hospital. They also cover some services that were previously optional in health plans, including maternity coverage. All Affordable Care Act-compliant health plans must cover a standard set of health care service categories known as Essential Health Benefits, with the exception of pediatric oral care. The 10 categories of Essential Health Benefits include:

- Ambulatory patient services (outpatient care without being admitted to a hospital)
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)
- Prescription drugs
- Rehabilitative and habilitative services and devices. This general category includes coverage of a variety of rehabilitation care, including services such as immediate post-operative, intensive, inpatient hospital rehabilitation to outpatient rehabilitation therapies provided in a variety of settings. Habilitation services include ongoing, medically necessary therapies provided to children with developmental disabilities and similar conditions who need habilitation therapies to achieve functions and skills never before acquired.
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including vision and oral care**

For a more comprehensive list, visit **prevea360.com/preventivecare**.

*Although Prevea360 Health Plan covers routine mammography beginning at age 40, the U.S. Preventive Services Task Force recommends that women with an average risk of breast cancer begin routine screening mammography every two years beginning at age 50.

**A note about Pediatric Oral (Dental Coverage): Prevea360 Health Plan does not offer pediatric dental services. This coverage is available on the Health Insurance Marketplace and can be purchased as a stand-alone product. Please contact your insurance agent or the Marketplace if you wish to purchase pediatric dental coverage or a stand-alone dental services product.

PRE-EXISTING CONDITIONS

Your plan will not contain exclusions or limitations for any pre-existing conditions, which are health issues you experienced before you purchased insurance. In addition, your health insurance premiums will not be higher because of any pre-existing conditions.

CHILD-ONLY COVERAGE NOW AVAILABLE

Prevea360 Health Plan now offers child-only policies through all its plan options. Individuals 20 years of age and younger are qualified to enroll in these plans, regardless of whether a parent is enrolled.

PRESCRIPTION COVERAGE

Prevea360 Health Plan offers programs to make filling prescriptions easier and save you money along the way. Prescription coverage benefits vary from plan to plan. Please read the plan information for more specific information.

Save Time with a Three-month Supply. When you take advantage of a three-month supply for your long-term medications, you skip the hassle of going to your local pharmacy every month. It's easy to get started. Just ask your doctor to prescribe a three-month supply and have the order sent to your pharmacy of choice and pick up your prescription just once every three months.

Cut Costs with Generic Medication. When you take the generic version of your medication, you experience significant savings over brand-name drugs. Prevea360 Health Plan offers a Generic Sampling Program that allows you to try certain generic medications at no charge. If your medication qualifies for the Generic Sampling Program, ask your doctor to write a prescription for a 30-day trial supply, and the first time you fill it, your prescription is free. Visit **prevea360.com > For Members > Pharmacy Benefits** to see if your medication is eligible.

You Split the Tablet, We'll Split the Copay. Some medications are eligible for tablet splitting. This means you save up to 50 percent on your medication copayment or coinsurance by splitting your pills. Visit prevea360.com > For Members > Pharmacy Benefits to see if your medication is eligible for tablet splitting.

Take Advantage of Mail-Order Pharmacy. Prevea360 Health Plan partners with WellDyneRx to provide members with mail-order pharmacy for long-term medications. With mail-order pharmacy, you are sent up to a three-month supply—including free shipping.

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Go Online

Prevea360 Health Plan's pharmacy page has everything you need to know about prescription drug coverage. Visit the Pharmacy Benefits page at **prevea360.com**.

- Our plans include a standard drug listing of covered medications called a formulary. Browse the complete drug formulary that includes a list of covered medications and what you can expect to pay for each tier.
- View the Quick Drug Reference Guide.
- Check out the complete drug exclusion list.



Limitations & Exclusions

All benefits are subject to limitations and exclusions as described in your Schedule of Benefits and in your Individual Policy and Benefit Summary ("Policy"). The following list is not exhaustive and may vary based on your Policy. For a complete listing refer to your Policy.

Medical

- Cytotoxic testing and sublingual antigens in conjunction with allergy testing.
- Hair analysis (unless lead or arsenic poisoning is suspected).
- Preimplantation genetic testing of embryos and gametes.
- Convenience items for a member or a member's family, unless otherwise specified in this policy.
- Drugs provided in conjunction with the treatment of infertility, including but not limited to those administered in a physician's office.
- Outpatient prescription drugs, except those prescriptions otherwise covered under this Policy.
- Oral Nutrition: Oral nutrition is not considered a medical item. We do not cover nutritional support that is taken orally (i.e., by mouth), unless mandated by state law or covered under our medical policy for a specific condition. Examples include, but are not limited to, over-the-counter nutritional supplements, infant formula, and donor breast milk.
- Replacement of an item if the item is lost, stolen, or unusable/ nonfunctioning because of misuse, abuse, or neglect.
- Sexual dysfunction and sexual transformation supplies, including but not limited to medications and injections, unless mandated by law or covered under our medical policy.
- Autopsy.
- Charges or costs relating to donor sperm.
- Consultation for, or procedures in connection with, in vitro fertilization, embryo transplantation, and/or any other assistive reproductive technique (e.g. GIFT, ZIFT).
- Cosmetic services, including cosmetic surgery.
- Experimental or investigational services, treatments, or procedures, and any related complications as determined by our Medical Affairs division, unless coverage is required by state or federal law.
- Infertility-related services and procedures.
- Infertility-related services or procedures not otherwise covered by this policy, including but not limited to the collection and storage of sperm and eggs outside the course of treatment for, and diagnosis of, infertility, including for surrogacy or gestational carriers.
- Laser treatment for Port Wine Stain (PWS) lesions, except on the face and neck.

- Podiatry services or routine foot care rendered in the absence of localized illness, injury, or symptoms in connection with, but not limited to: a) the examination, treatment, or removal of all or part of corns, calluses, hypertrophy or hyperplasia of the skin or subcutaneous tissues of the feet; b) the cutting, trimming, or other non-operative partial removal of toenails; or c) for any treatment or services in connection with any of these.
- Obesity-related services, including any weight loss method, unless specifically covered under this policy.
- Reversal of voluntary sterilization and related procedures.
- Services related to surrogacy.
- Sexual dysfunction and sexual transformation treatment and services including but not limited to surgical treatment, unless mandated by law or covered under our medical policy.
- Travel immunizations.
- Acupuncture.
- Behavioral health therapy services provided in the home.
- Chelation therapy for atherosclerosis.
- Coma stimulation programs.
- Dry needling.
- Holistic medicine and any other form of alternative medicine.
- Low level light therapy.
- Massage therapy.
- Prolotherapy.
- Swim or pool therapy, unless prior authorization is obtained.

Non-Medical

- Administrative examinations such as employment, licensing, insurance, adoption, or participation in athletics.
- Court-ordered care, unless medically necessary and otherwise covered under this plan.
- Educational services, except for diabetic self-management classes.
- Internet and phone consultations, including all related charges and costs, except as defined by our medical policy.
- Missed appointment charges.
- Telephone consultation charges by or between providers.
- Charges or costs exceeding a benefit maximum or maximum allowable fee where applicable.

prevea360.com/sign-me-up

- Expenses incurred before the supply or service is actually provided unless prior approved by our Medical Affairs division.
- Services, treatment, and supplies provided to a member while the member is held or detained in custody of law enforcement officials, or imprisoned in a local, state, or federal penal or correctional institution.
- Services and supplies furnished by a government plan, hospital, or institution unless by law you must pay.
- Service for hospital or medical care not listed in this policy.
- Services, treatment, and supplies provided in connection with any illness or injury caused by: a) a member's engaging in an illegal occupation or b) a Member's commission of, or an attempt to commit, a felony. (Note that this exclusion does not apply to the treatment of injuries that result from an act of domestic violence, to the extent that such treatment would otherwise be covered.)
- Services provided by members of the subscriber's immediate family or any person residing with the subscriber.
- Services or supplies for, or in connection with: a non-covered procedure or service, including complications, regardless of when a non-covered procedure or service is or was performed; a denied prior authorization; or a denied admission.
- Services or supplies not medically necessary, not recommended or approved by a provider, or not provided within the scope of the provider's license.
- Services and supplies rendered outside the scope of the provider's license.
- Services or items required as a result of war or any act of war, insurrection, riot, terrorism, or sustained while performing military service.
- Services to the extent a member receives or is entitled to receive any benefits, settlement, award, or damages for any reason of, or following any claim under, any Workers' Compensation Act, employer's liability insurance plan, or similar law or act.
 "Entitled" means the Member is actually insured under Workers' Compensation.

This notice was last updated 7/27/2015

Privacy & Confidentiality

Protecting the Privacy of Your Personal Health Information

Prevea360 Health Plan is required by law to maintain the privacy of your personal health and financial information (collectively referred to as "nonpublic personal information") and provide you with written notification of our legal duties and privacy practices concerning that information. This Notice describes how we protect the confidentiality of our members' (and former members') nonpublic personal information. It includes brief explanations on how we obtain, use, and protect your nonpublic personal information.

Types of Nonpublic Personal Information Prevea360 Collects About You

We collect a variety of nonpublic personal information needed to administer health insurance coverage and benefits. We collect nonpublic personal information about you from some of the following sources:

- Information we receive directly or indirectly from you or your employer or benefits plan sponsor through applications, surveys or other forms. The information may be received in writing, in person, by telephone or electronically. Examples include name, address, social security number, date of birth, marital status and medical history.
- Information about your transactions with us, our affiliates, our providers, our agents and others. This includes information from health care claims, medical history, eligibility information, payment information, service request, and appeal and grievance information.
- Information you authorize us to collect from others.

Choices about Your Health Information

We will not use or disclose your health information without your written authorization, except as described in this Notice. You generally have the right and choice to tell us to:

- Share information with your family, close friends or others involved in payment for your care.
- Share information in a disaster relief situation.

In the following cases we never share your information unless you give us written permission:

- Most uses and disclosures of psychotherapy notes.
- Marketing purposes.
- Sale of your information.

If you do give us written authorization to use or disclose your health information for a particular purpose, you may change your mind at any time. You must let us know in writing if you change your mind.

How Prevea360 May Use or Disclose Your Health Information

We will not disclose your nonpublic personal information unless we are allowed or required by law to do so. The following categories describe the ways that Prevea360 Health Plan may use and disclose your nonpublic personal information. For each category of uses and disclosures, we will explain what we mean and present some examples. Not every use or disclosure we might make will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

Note: Some of the uses and disclosures described in this notice may be limited in certain cases by applicable State laws that are more stringent than Federal laws, including disclosures related to mental health and substance abuse, developmental disability, alcohol and other drug abuse (AODA), and HIV testing.

We are allowed to use and disclose information that falls within one of the following categories:

- Payment. We may use and disclose your health information to make and collect payment for treatment and services you receive, such as: determining your eligibility for plan benefits, obtaining premiums, determining your health plan's responsibility for benefits, and collecting payment for your health services.
- Health Care Operations. We may use and disclose your health information to support our business activities and improve our coverage and services. However, we are not allowed to use genetic information to decide whether we will give you coverage or the price of that coverage. Health care operations include such activities as:
 - Underwriting
 - Premium rating
 - Other functions related to plan coverage
 - Quality assessment and improvement activities
 - Activities designed to improve health and reduce health care cost
 - Case management and care coordination

Note: We are part of an Organized Health Care Arrangement (OHCA) with SSM Health and Dean Health System. As part of the OHCA, we may from time to time share your information with other members of the OHCA in order to perform joint health care operations. These uses and disclosures allow the OHCA to run efficiently. For example, we may share your information in order to: improve population health management; conduct quality assessment and improvement activities; conduct or arrange for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general OHCA administrative activities.

- Treatment. We may disclose your health information to a physician or other health care provider that is treating you. We may contact you with information on treatment alternatives and other related functions that may be of interest to you.
- Distributing Health-related Benefits and Services. We may use and disclose your health information to provide information on health-related benefits and services that may be of interest to you.
- 5. Disclosure to Plan Sponsors. If applicable, we may disclose your health information to the sponsor of your group health plan for purposes of administering benefits under the plan. If you have a group health plan, your employer is the plan sponsor.
- 6. Public Safety. We can share health information about you for certain situations such as: preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; and preventing or reducing a serious and imminent threat to the health or safety of a particular person or the public.
- 7. Research. Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.
- Required by Law. We will share information about you if laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- 9. Workers' Compensation, Law Enforcement, and Other Government Requests. We can use and share health information about you: for workers' compensation claims; for law enforcement purposes or with a law enforcement official; with health oversight agencies for activities authorized by law; and for special government functions such as military, national security, and presidential protective services.
- Legal Actions. We may disclose your health information in the course of any administrative or judicial proceeding.

How Prevea360 Protects This Information

We limit the collection of nonpublic personal information to that which is necessary to administer our business, provide quality service, and meet regulatory requirements. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to safeguard your nonpublic personal information. We limit the internal use of oral, written, and electronic nonpublic personal information about you and ensure that only authorized staff and business associates with the need to know have access to it. We maintain safeguards for your nonpublic personal information and review them regularly to protect your privacy.

Your Health Information Rights

- 1. Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your health information.
- 2. Right to Request Confidential Communications. You have the right to receive your health information through a reasonable alternative means or at an alternative location.
- 3. Right to See and Copy. You have the right to see and copy certain health information about you.
- Right to Correct Records. You have a right to request that Prevea360 correct certain health information held by Prevea360 if you think it is incorrect or incomplete.
- 5. Right to Accounting of Disclosures. You have the right to receive a list or "accounting of disclosures" of your health information made by us in the past six years. The list will not include disclosures made for purposes of treatment, payment, health care operations, or certain other disclosures (such as those you asked us to make).
- 6. Right to Copy of Notice. You have a right to receive a paper copy of this Notice at any time.
- 7. Right to be Notified of a Breach. You will be notified in the event of a breach of your unsecured protected health information.

Changes to this Notice of Privacy Practices

Prevea360 Health Plan may change this Notice from time to time and make the new provisions effective for all nonpublic personal information we maintain, including information we created or received before the change. Prevea360 will always comply with the current version of this Notice.

Complaints

Please submit complaints about this Notice or how we handle your health information, in writing, to our Privacy Officer. Prevea360 Health Plan will not hold any complaint you submit against you in any way. In addition, if you believe your privacy rights have been violated, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services.

If you have questions, complaints, or want to exercise any of your health information rights, call the Customer Care Center at (877) 230-7555 or contact us at the following address: Privacy Officer PO Box 56099 Madison, Wisconsin 53705 This notice was last updated 1/1/15

General Insurance Terms

Annual maximum out-of-pocket cost

The maximum amount a member would pay for covered health care services in a plan year before the plan would pay 100 percent of the charges.

Benefit maximum

A limit on a covered service. A service may be limited by duration or number of visits, and if not an essential health benefit, by dollar limit. To review your benefit maximums please refer to your member policy document.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for the service. You pay coinsurance plus any deductibles you owe first. For example, if Prevea360 Health Plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. Prevea360 Health Plan pays the rest of the allowed amount.

Copay

A fixed amount that you pay for a covered health care service, usually when you get the service. The amount can vary by the type of covered health care service.

Deductible

The amount you owe for health care services covered by a health plan before the plan begins to pay. For example, if your deductible is \$1,000, Prevea360 Health Plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Formulary

A list of prescription drugs covered by an insurance plan offering prescription drug benefits. Also called a drug list. Normally a formulary will also tell you what tier (or cost-sharing level) a particular drug will be in.

Health Savings Account or HSA

A medical savings account available to taxpayers who are enrolled in a high deductible health plan. The funds contributed to the account aren't subject to federal income tax at the time of deposit. Funds must be used to pay for qualified medical expenses. Unlike a Flexible Spending Account (FSA), funds roll over year to year if you don't spend them.

Out-of-network providers

Physicians, hospitals or other health care providers who are not contracted with Prevea360 Health Plan, which could result in a greater cost for services for you.

Preventive care

Routine health care that includes screenings, checkups and patient counseling to prevent illness, disease or other health problems.

Prior authorization

Approval from a health plan that may be required before you receive a certain service or fill a prescription in order for the service or prescription to be covered by your plan.

Prohibition on pre-existing condition exclusion

A requirement that health plans cannot deny you coverage based on your health status.

Rating rules

A requirement that health plans can only rate your plan based on age, geographic area, family status and tobacco use.

Prevea360 Health Plan does not discriminate on the basis of disability in the provisions of programs, services or activities. If you need this printed material interpreted or in an alternate format, or need assistance in using any of our services, please contact a Customer Care Specialist at 877.230.7555 or TTY: 711.

Dean Health Plan is a Qualified Health Plan issuer, featuring Prevea360 plans, on the Health Insurance Marketplace.

PREVEA360 HEALTH PLAN • PO Box 28467 • Green Bay, WI 54324-0467 • 877.230.7555 • TTY: 711 prevea360.com

Prevea360 is underwritten by Dean Health Plan, Inc.

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