

PREVEA³⁶⁰
health planSM
centered around you



2014
Individual & Family Plans



a better kind of health plan.

Please refer to our
PLAN DETAILS
on page 6-9
to review complete
Individual Plan
options.

Why Choose Prevea360

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Prevea360 Health Plan, brought to you by Wisconsin-based Dean Health Plan, is a better kind of health care coverage. Unlike most health care providers, Prevea360 offers the best of three worlds—a strong network of providers, innovative hospitals 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 pretty important.

The Prevea Network is filled with local health care professionals who are here to help you and your loved ones remain as healthy as possible. With Prevea Health's clinics and physicians and its partner hospitals we provide you with many choices for accessing care, near your home or office. Prevea360 also offers several plans that are designed to fit your lifestyle and meet your health care needs.

It's local care centered around you. Health care coverage we all deserve.

NCQA Excellent Accreditation

Prevea360 Health Plan's quality performance is continually monitored through national standards determined by the National Committee for Quality Assurance (NCQA). The NCQA is an independent, not for profit organization dedicated the improving health care quality. The NCQA accreditation process is a nationally recognized process for consumers, purchasers and regulators to compare the performance of health plans. NCQA evaluates over 50 standards to determine health plan accreditation levels.



WHY CHOOSE PREVEA360 HEALTH PLAN

At Prevea360 Health Plan we believe we're all part of one family, and the best health care starts with a trusted relationship—someone who is always there for you.



ACCESS

Whatever your health care need, there's a provider or service for you in our network. We feature a network of hospitals, including St. Mary's and St. Vincent's Hospitals in Green Bay and St. Nicholas Hospital in Sheboygan, as well as other in-network clinics and hospitals in Door, Marinette, Oconto, Menominee, Shawano, Outagamie, Brown, Kewaunee, Manitowoc and Sheboygan counties. And, as a new patient to our system, you'll receive priority and personal assistance in scheduling your new member visit.

SUPPORT

You can conveniently and easily manage your health information anytime and anywhere using MyPrevea. MyPrevea allows you to communicate via email with your doctor's office and to view your health records from the comfort of your home or even on your mobile device. MyPrevea saves you time and keeps you in touch with the doctor's office, before and after a visit.

WELLNESS

Our plans offer preventive care with first-dollar coverage and offer a variety of wellness programs that help keep you happy and healthy. With programs that help you quit tobacco and manage chronic health conditions, it will be easier to get well and stay well with Prevea360 Health Plan.

PEACE OF MIND

We offer 24 hour/7 days a week access to nurses by calling Prevea Care After Hours* (888.277.3832). Our caring, local nurses are here to assist you with your health questions or concerns day or night and to help you decide what to do when health issues arise.

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

Get online access to your family's personal health information with MyPrevea.



MyPrevea is a free service for Prevea Health patients, providing online access to information in your personal and family health records – anytime. The mobile app also gives you access whenever, wherever you are.

With MyPrevea, patients can:

- » Communicate with your doctor and health care team through secure messaging
- » Get real time lab and test results
- » Request prescription refills
- » View current medical records
- » Schedule future medical appointments and review past visits
- » Pay medical bills online



GETTING STARTED

1
STEP

Where to buy?

BUYING on the HEALTH INSURANCE MARKETPLACE

may be right for you if:

- ✓ You qualify for tax credits or subsidies (includes incomes below about \$46,000 per year for an individual or about \$94,000 for a family of four)
- ✓ You are currently uninsured
- ✓ You are losing your BadgerCare Plus (Medicaid) coverage
- ✓ You are an American Indian
- ✓ You are under age 30

The Health Insurance Marketplace, or the Exchange, is a place for you to go to shop and compare health insurance options and to see if you qualify for tax credits or subsidies (see chart below). Refer to page 6 to see the plans Prevea360 offers on the Health Insurance Marketplace, or look for Prevea360 on healthcare.gov.





BUYING DIRECTLY FROM PREVEA360 HEALTH PLAN

may be right for you if:

- ✓ Your income is too high to qualify for tax credits or subsidies (income above about \$46,000 per year for an individual or about \$94,000 for a family of four based on 2013 levels)
- ✓ You already use doctors or services within the Prevea360 system/network
- ✓ You are looking for more choices in insurance plans

You may purchase coverage online directly through Prevea360 at prevea360.com/quickquote, or with assistance from a licensed agent. You will be able to select from a wider variety of plans than on the Marketplace – please see pages 7-9 for an overview of plans available directly from Prevea360.

Federal Poverty Level Guidelines

Size of Household	Percentage of Federal Poverty Level		
	100%	250%	400%
1 	\$11,490	\$28,725	\$45,960
2 	\$15,510	\$38,775	\$62,040
3 	\$19,530	\$48,825	\$78,120
4 	\$23,550	\$58,875	\$94,200
Each Additional Person Adds	\$4,020	\$10,050	\$16,080
Coverage Information		May Qualify for Cost Share Reductions	May Qualify for Advance Premium Tax Credits

GETTING STARTED



Choose the right plan for you

At Prevea360 Health Plan we believe we’re all part of one family, and the best health care starts with a trusted relationship—someone who is always there for you.

Copay Plus Plans

Prevea360’s Copay Plus plans include a variety of options that feature copays for services, as well as deductibles and co-insurance. This plan gives 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.

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 co-insurance combination you’re comfortable with and you’re done!


HSA & Value Plans

Prevea360’s HSA-eligible plans are developed to provide multiple options for members interested in combining a high-deductible health plan with a health savings account (HSA). The HSA plans were built to be fully compatible with an HSA of your choice. For those who want a high deductible without an HSA, we offer Value plan options.


Safety Net Plan

The Safety Net Plan is a high deductible catastrophic plan available only to those under age 30 or those that meet certain income guidelines related to affordability as determined by the Health Insurance Marketplace. Prevea360 only offers this plan on the Health Insurance Marketplace.


UNDERSTANDING METAL TIERS				
   	Platinum	Gold	Silver	Bronze
Monthly Cost	\$\$\$\$	\$\$\$	\$\$	\$
Cost When You Get Care	\$	\$\$	\$\$\$	\$\$\$\$
Maximum Out-of-Pocket Expenses	\$	\$\$	\$\$\$	\$\$\$\$
A good option if ...	you plan to use a lot of services	you want to save on monthly premiums while keeping out-of-pocket costs low	you need to balance monthly premium with out-of-pocket costs	you don't plan to need a lot of health care services




Example 1 – 32 year old single – my income is around \$35,000 per year. We’d suggest going to the Marketplace, looking at SILVER or BRONZE level plans. Our Classic or Value plans may be right for you.



Example 2 – 50 single – my income is around \$60,000 per year; we’d suggest shopping directly from Prevea360, looking at gold or silver levels, Copay Plus or HSA plans may be right for you.



Example 3 – age 34 family – I have a family of four to cover and household income of over \$95,000, with a variety of health care needs. We’d suggest shopping directly from Prevea360, looking at Copay Plus or Classic plans for a Platinum, gold or silver level.



Example 4 – I am 28, rarely visit the doctor and only want a plan to cover emergencies – we’d suggest checking out the Safety Net plan (only available through the Health Insurance Marketplace) or the Value plan–bronze level.

GETTING STARTED

3
STEP

Choose a provider network



The Prevea360 network

The Prevea360 Network focuses on coordinated care from trusted providers in Brown, Calumet, Door, Kewaunee, Manitowoc, Marinette, Menominee, Oconto, Shawano and Sheboygan counties. Your primary care provider (PCP) is the point of contact for all aspects of your health care. And as part of a coordinated care network, your health insurance and health care providers work together to provide a comprehensive benefit plan that's easy to use.

THE NETWORK OPTION is a good choice if:

- » You live in the Prevea360 service area.
- » The doctors and clinics you currently use are all in the network.

The Prevea360 POS network

The POS Network option allows you to choose your own physicians/clinics to use whether or not they are within the Prevea360 network. The plan benefits will pay more for care (and you'll pay less) when you use the Prevea360 network but you'll still have coverage (and you'll pay more) when you go to a doctor outside of the Prevea360 network. Note: there are fewer plans available with the POS network than the Prevea360 network.

THE POS NETWORK OPTION is a good choice if:

- » You or your family members use different doctors or clinics and some, not all, are in the Prevea360 network.
- » You are willing to pay more for freedom of choice of providers.

PLANS ON THE MARKETPLACE

Health Insurance Marketplace Plans



	Copay Plus 1000X	Copay Plus 2000X	Copay Plus 3500X	Classic 3000X	Classic 4500X	HSA 5000X	HSA 6250X	Value 4000X	Value 6000X	Safety Net
Metal Category	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Catastrophic
HSA eligible	No	No	No	No	No	Yes	Yes	No	No	No
Deductible (single / family)	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,500 / \$7,000	\$3,000 / \$6,000	\$4,500 / \$9,000	\$5,000 / \$10,000	\$6,250 / \$12,500	\$4,000 / \$8,000	\$6,000 / \$12,000	\$6,350
Co-insurance	20%	30%	10%	10%	0%	10%	0%	20%	0%	0%
Annual Out-of-Pocket Maximum (single / family)	\$3,000 / \$6,000	\$6,250 / \$12,500	\$6,250 / \$12,500	\$6,250 / \$12,500	\$4,500 / \$9,000	\$6,250 / \$12,500	\$6,250 / \$12,500	\$6,250 / \$12,500	\$6,000 / \$12,000	\$6,350
Office Visit - PCP	\$30 Copay	\$30 Copay	\$30 Copay	10% after deductible	0% after deductible	10% after deductible	0% after deductible	20% after deductible	0% after deductible	3 free visits; then 0% after deductible
Office Visit - Specialist	\$60 Copay	\$60 Copay	\$60 Copay	10% after deductible	0% after deductible	10% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Prescription Drug	Tier 1 Generics: \$10 Copay; Tier 2 Preferred Brand: 30% Co-insurance Tier 3 Non-preferred Brand: 50% Co-insurance; Tier 4 Specialty: 50% Co-insurance					10% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Preventive Exam*	No Charge									
Urgent Care	\$60 Copay	\$60 Copay	\$60 Copay	10% after deductible	0% after deductible	10% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Emergency Room	\$200 Copay before deductible & co-insurance					10% after deductible	0% after deductible	\$200 Copay before deductible & co-insurance		0% after deductible
Outpatient Lab / X-Ray	20% after deductible	30% after deductible	10% after deductible	10% after deductible	0% after deductible	10% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Outpatient Surgery	20% after deductible	30% after deductible	10% after deductible	10% after deductible	0% after deductible	10% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible
Hospitalization	20% after deductible	30% after deductible	10% after deductible	10% after deductible	0% after deductible	10% after deductible	0% after deductible	20% after deductible	0% after deductible	0% after deductible

*Preventive exams are covered in accordance with the recommended preventive services as required by the Patient Protection and Affordable Care Act (PPACA).

PLANS AVAILABLE DIRECTLY FROM PREVEA360

Copay Plus Plans

	Copay Plus Full	Copay Plus 500	Copay Plus 1000	Copay Plus 1500	Copay Plus 2000	Copay Plus 3500	Copay Plus 5000
Metal Category	Platinum	Platinum	Gold	Gold	Gold	Silver	Silver
Deductible (single / family)	No Deductible	\$500 / \$1,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,500 / \$7,000	\$5,000 / \$10,000
Co-insurance	10%	10%	20%	10%	10%	10%	10%
Annual Out-of-Pocket Maximum (single / family)	\$750 / \$1,500	\$1,000 / \$2,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$6,250 / \$12,500	\$6,250 / \$12,500
Office Visit - PCP	\$25 Copay						
Office Visit - Specialist	\$50 Copay						
Prescription Drug	Tier 1 Generics: \$10 Copay; Tier 2 Preferred Brand: 30% Co-insurance; Tier 3 Non-preferred Brand: 50% Co-insurance; Tier 4 Specialty: 50% Co-insurance						
Preventive Exam*	No Charge						
Urgent Care	\$50 Copay						
Emergency Room	\$150 Copay before policy deductible & co-insurance						
Outpatient Lab / X-Ray	10% after deductible	10% after deductible	20% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Outpatient Surgery	10% after deductible	10% after deductible	20% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible
Hospitalization	10% after deductible	10% after deductible	20% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible

* Preventive exams are covered in accordance with the recommended preventive services as required by the Patient Protection and Affordable Care Act (PPACA).

PLANS AVAILABLE DIRECTLY FROM PREVEA360

Classic Plan

	Classic 1000		Classic 1500		Classic 2000		Classic 3000		Classic 4000	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Metal Category	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Silver	Silver
Deductible (single / family)	\$1,000 / \$2,000	\$2,000 / \$4,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$8,000 / \$16,000
Co-insurance	20%	40%	10%	20%	30%	60%	10%	20%	0%	0%
Annual Out-of-Pocket Maximum (single / family)	\$2,500 / \$5,000	\$5,000 / \$10,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$6,250 / \$12,500	\$12,500 / \$25,000	\$6,250 / \$12,500	\$12,500 / \$25,000	\$4,000 / \$8,000	\$8,000 / \$16,000
Office Visit - PCP	20% after deductible	40% after deductible	10% after deductible	20% after deductible	30% after deductible	60% after deductible	10% after deductible	20% after deductible	0% after deductible	0% after deductible
Office Visit - Specialist	20% after deductible	40% after deductible	10% after deductible	20% after deductible	30% after deductible	60% after deductible	10% after deductible	20% after deductible	0% after deductible	0% after deductible
Prescription Drug	In-Network - Tier 1 Generics: \$10 Copay; Tier 2 Preferred Brand: 30% Co-insurance; Tier 3 Non-preferred Brand: 50% Co-insurance; Tier 4 Specialty: 50% Co-insurance Out-of-Network* - Tier 1 Generics: 50% Co-insurance; Tier 2 Preferred Brand: 50% Co-insurance; Tier 3 Non-preferred Brand & Tier 4 Specialty: Not Covered									
Preventive Exam**	No Charge	40% after deductible	No Charge	20% after deductible	No Charge	60% after deductible	No Charge	20% after deductible	No Charge	0% after deductible
Urgent Care	20% after deductible	20% after deductible	10% after deductible	10% after deductible	30% after deductible	30% after deductible	10% after deductible	10% after deductible	0% after deductible	0% after deductible
Emergency Room	\$150 Copay before deductible & co-insurance									
Outpatient Lab / X-Ray	20% after deductible	40% after deductible	10% after deductible	20% after deductible	30% after deductible	60% after deductible	10% after deductible	20% after deductible	0% after deductible	0% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	10% after deductible	20% after deductible	30% after deductible	60% after deductible	10% after deductible	20% after deductible	0% after deductible	0% after deductible
Hospitalization	20% after deductible	40% after deductible	10% after deductible	20% after deductible	30% after deductible	60% after deductible	10% after deductible	20% after deductible	0% after deductible	0% after deductible

* Out-of-Network benefits available on Classic Point-of-Service (POS) network options only.

** Preventive exams are covered in accordance with the recommended preventive services as required by the Patient Protection and Affordable Care Act (PPACA).

PLANS AVAILABLE DIRECTLY FROM PREVEA360

HSA & Value Plan Details

	HSA 1500	HSA 2000	HSA 2500	HSA 3000	HSA 3500	HSA 5500	Value 3500	Value 5000
Metal Category	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze
HSA eligible	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Deductible (single / family)	\$1,500 / \$3,000	\$2,000 / \$4,000	\$2,500 / \$5,000	\$3,000 / \$6,000	\$3,500 / \$7,000	\$5,500 / \$11,000	\$3,500 / \$7,000	\$5,000 / \$10,000
Co-insurance	20%	20%	10%	0%	30%	0%	30%	10%
Annual Out-of-Pocket Maximum (single / family)	\$6,250 / \$12,500	\$6,250 / \$12,500	\$6,250 / \$12,500	\$3,000 / \$6,000	\$6,250 / \$12,500	\$5,500 / \$11,000	\$6,250 / \$12,500	\$6,250 / \$12,500
Office Visit - PCP	20% after deductible	20% after deductible	10% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	10% after deductible
Office Visit - Specialist	20% after deductible	20% after deductible	10% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	10% after deductible
Prescription Drug	20% after deductible	20% after deductible	10% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	10% after deductible
Preventive Exam*	No Charge							
Urgent Care	20% after deductible	20% after deductible	10% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	10% after deductible
Emergency Room	20% after deductible	20% after deductible	10% after deductible	0% after deductible	30% after deductible	0% after deductible	\$150 Copay before deductible & co-insurance	\$150 Copay before deductible & co-insurance
Outpatient Lab / X-Ray	20% after deductible	20% after deductible	10% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	10% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	10% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	10% after deductible
Hospitalization	20% after deductible	20% after deductible	10% after deductible	0% after deductible	30% after deductible	0% after deductible	30% after deductible	10% after deductible

Understanding HSAs

A Health Savings Account, or HSA, is an account in which you may set aside pre-tax dollars for qualified medical expenses. The funds can roll over from year to year if you don't use them entirely. In order to be eligible to open or contribute to an HSA, however, you must be enrolled in a federally-qualified high-deductible health plan (HDHP). Prevea360 Health Plan offers several of these options. If you choose one of these plan designs, you have the ability and freedom to select where you would like to set up your HSA account.

Prevea360 does not contract with or recommend any HSA custodian. Contact a trusted bank or financial institution for more information about setting up an HSA account.

*Preventive exams are covered in accordance with the recommended preventive services as required by the Patient Protection and Affordable Care Act (PPACA).

UNDERSTANDING YOUR COVERAGE

Find more information about Essential Health Benefits on healthcare.gov.

Covered Benefits

Below are key changes/additions to Prevea360's covered benefits, giving you more reasons to choose Prevea360 Health Plan.

Child-Only Coverage

Prevea360 Health Plan now also offers all our plan designs as child-only policies. Individuals 20 years of age and younger are qualified to enroll in these plans on and off the Health Insurance Marketplace, regardless of whether a parent is enrolled.

Preventive Services

Preventive Services With First Dollar Coverage Include:

- » Routine vaccines for both adults and children
- » Flu and pneumonia shots
- » Preventive care visits 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 50
- » Breast Cancer Mammography screenings every one to two years for women over 40

The above recommended service are provided at first dollar coverage when services are delivered by a network provider and all criteria are met. For a more comprehensive list, visit prevea360.com.

Essential Health Benefits

All health plans, regardless of where they are purchased, must cover a standard set of health care service categories known as Essential Health Benefits. The ten 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 (to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
- » Laboratory services
- » Preventive and wellness services and chronic disease management
- » Pediatric services, including vision and oral care

Annual and Lifetime Limits Removed on Essential Health Benefits

The benefits provided under the Essential Health Benefits noted above also cannot include dollar limits either annually or on a lifetime basis. Depending on the type of plan you purchased, services associated with Essential Health Benefits may still require cost sharing in the form

of copays, co-insurance and deductibles. Your plan may still have an annual dollar limit and/or a lifetime dollar limit on spending for health care services that are not considered Essential Health Benefits.

Pre-existing conditions

The plan you purchase will not impose any exclusions or limitations for pre-existing conditions, nor can your health insurance premiums be modified due to a pre-existing condition.

Cost-sharing Maximums

The plan you purchase will include a ceiling for the maximum out-of-pocket expenses you have to pay for health care per year, after which point your health insurance plan begins to pay 100 percent of the cost. The 2014 maximum is set at \$6,350 per year for single coverage and \$12,700 per year for family coverage. This maximum will be lower for some plans, so be sure to take a look at the plan's maximum out-of-pocket level (as well as deductible, co-insurance and copays) when selecting a plan.

A Note About Pediatric Oral (Dental Coverage)

Prevea360 Health Plan does not offer pediatric dental services. This coverage is available in the Health Insurance Market 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.

UNDERSTANDING YOUR COVERAGE

Pharmacy Benefits

Prevea360 Health Plan offers some options that ease the process of filling prescriptions and save our members money along the way.

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, have the order sent to your pharmacy of choice, then 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. Plus, Prevea360 Health Plan offers a Generic Sampling Program that allows you to try certain generic medications at no charge. Just ask your doctor to write a prescription for a 30-day trial supply of your medication. The first time you fill it, your prescription is free!

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 co-insurance by splitting your pills. Visit our website to check 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 — plus shipping is free!

Go online

Prevea360 Health Plan's pharmacy site has everything you need to know about prescription drug coverage. Visit prevea360.com.

- » Our plans include a standard drug listing 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.
- » Search for a pharmacy in your area.
- » Check out the complete drug exclusion list.



UNDERSTANDING YOUR COVERAGE

Getting the Most Out of Your Coverage

Understanding how your plan will work once you're enrolled in coverage is just as important as picking your benefit package.

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 healthcare needs and keeps them well through regular visits. Your primary care physician should be your first choice for care whenever possible. When a more immediate need arises, however, you do have other options. If you are unsure where to get care, call Prevea Care After Hours, our 24-hour nurse hotline for help. See page 18 for more information. Making the right choice when it comes to your health care ensures you receive the right care in the right place.

The Cost of 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—and if the medical need is determined as such upon review. We just ask that our members let us know about any care received out of area as soon as they can. It's also a good idea to familiarize oneself with the types of ailments that can be treated at which location. Visit prevea360.com for details.

Prior Authorization

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 review the medical necessity of the recommended service or visit and make sure our members are getting the appropriate care. Our printable process sheet, available on prevea360.com, will help walk you through whether you may need a prior authorization.

Getting Help with Care Decisions

When you need to discuss issues or have questions related to the requirement of an authorization for a particular service, Prevea360 Health Plan staff members are available to help. Simply contact the Customer Care Center at 877.230.7555 (TTY/TDD Users Dial 711) and they will connect you to the Utilization Management department. This department is in place to make sure you receive the appropriate and necessary care for your condition. Customer Care Specialists can also assist those members who need assistance and do not speak English. Utilization Management 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.

UNDERSTANDING YOUR COVERAGE

Limitations & Exclusions

All benefits are subject to limitations and exclusions as described in the Member Policy and Benefits Summary. The following list is not exhaustive. For a complete listing refer to the Member Policy and Benefits Summary.

Infertility Services

- » Services provided in conjunction with the diagnosis and treatment of infertility.
- » Reversal of voluntary sterilization and related procedures.
- » All charges or costs relating to donor sperm.
- » Treatment, services, or supplies for a non-member traditional surrogate or gestational carrier.

Non-Covered Maternity Services

- » Elective abortions.
- » Home or intentional out of hospital deliveries (e.g. free standing birthing centers).
- » Amniocentesis or CVS (Chorionic Villi Sampling) performed exclusively for sex determination.
- » Birthing classes.
- » Treatment, services, or supplies for a non-member traditional surrogate or gestational carrier.
- » Collection and storage of sperm and eggs outside the course of treatment for, and diagnosis of, infertility.

Non-Covered Outpatient Physical, Speech and Occupational Therapy

- » Long term and maintenance therapy.
- » Non-Covered Transplant Services
- » Transplants and all related expenses, not outlined as covered procedures in the Member Policy and Benefits Summary.
- » Services and supplies in connection with covered transplants unless prior authorized by the Medical Affairs Division (except corneal transplants).
- » Any experimental or investigational transplant or any other transplant-like technology not listed in the member Certificate. Any resulting complications from these and any services and supplies related to such experimental or investigational transplantation or complications, including, but not limited to: high dose chemotherapy, radiation therapy or immunosuppressive drugs.
- » Transplants involving permanent mechanical or animal organs.

General Exclusions & Limitations

- » Acupuncture, dry needling, and prolotherapy.
- » Autopsy.
- » Chelation therapy for atherosclerosis.
- » Coma Stimulation programs.
- » Court ordered care, unless medically necessary and otherwise covered under the policy.
- » Cytotoxic testing and sublingual antigens in conjunction with allergy testing.
- » Dental or dental-related services, treatments, or procedures not specifically covered under the policy.
- » Dental implants.
- » Orthognathic surgery, except for the treatment of TMD when prior authorized by our Medical Affairs Division.
- » Services required for administrative examinations such as, employment, licensing, insurance, adoption, or participation in athletics.
- » Experimental or investigational services, treatments or procedures, and any related complications as determined by Dean Health Plan's Medical Affairs Division, unless coverage is required by state or federal law.
- » Services provided by members of the subscriber's immediate family or any person residing with the subscriber.
- » Holistic medicine and any other form of alternative medicine.
- » Lyme disease vaccination.
- » Massage therapy.
- » Oral surgery, unless specifically covered under the policy.
- » Swim or pool therapy, unless prior authorization is obtained.
- » Services and supplies furnished by a government plan, hospital, or institution unless by law you must pay.
- » Items or services required as a result of war or any act of war, insurrection, riot, terrorism, or sustained while performing military service.
- » Podiatry services or routine foot care rendered in the absence of localized illness, injury, or symptoms in connection with, but not limited to the examination, treatment or removal of all or part of corns, calluses,

UNDERSTANDING YOUR COVERAGE

Limitations & Exclusions *Continued*

- hypertrophy or hyperplasia of the skin or subcutaneous tissues of the feet; the cutting, trimming or other nonoperative partial removal of toenails; the treatment of flexible flat feet; or for any treatment or services in connection with any of these.
- » Any 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. Treatment, services, and supplies provided in connection with any illness or injury caused by: a member's engaging in an illegal occupation or a member's commission of, or an attempt to commit, a felony.
 - » Treatment, services, 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.
 - » Hair analysis (unless lead or arsenic poisoning is suspected).
 - » Obesity-related services, including any weight loss method, unless specifically covered under this policy.
 - » All services or supplies provided in conjunction with the treatment of sexual dysfunction or sexual transformation, including, but not limited to, medications, surgical treatment, and injections.
 - » Any hospital service or medical care not listed in the policy.
 - » Outpatient prescription drugs, except those prescriptions otherwise covered under the policy.
 - » Services and supplies rendered outside the scope of the provider's license.
 - » An expense incurred before the supply or service is actually provided, unless prior approval is received.
 - » 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 authorization; or a denied admission.
 - » Services provided in conjunction with the diagnosis and treatment of infertility.
 - » Treatment, services or supplies for a non-member traditional surrogate or gestational carrier.
 - » All charges or costs exceeding a benefit maximum or maximum allowable fee where applicable.
 - » Collection and storage of sperm and eggs outside the course of treatment for, and diagnosis of, infertility including for surrogacy or gestational carriers.
 - » Oral nutrition.
 - » Educational services, except for diabetic self-management classes.
 - » Cosmetic services, including cosmetic surgery.
 - » Replacement of an item if the item is lost, stolen, or unusable/nonfunctioning because of misuse, abuse, or neglect.
 - » No coverage is available for missed appointment charges, or telephone consultation charges by or between providers.
 - » Low Level Light Therapy.
 - » In-home behavioral health therapy services provided for the convenience of the member.
 - » Laser treatment for Port Wine Stain (PWS) lesions, except on the face.
 - » Items of convenience for a member or a member's family.
 - » Travel immunizations.



UNDERSTANDING YOUR COVERAGE



Privacy & Confidentiality

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Protecting the Privacy of Your Personal Health Information

We are 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.

What Types of Nonpublic Personal Information Do We Collect About You?

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

- » Information we receive directly or indirectly from your applications, surveys, and other forms, in writing, in person, by telephone, and 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 requests, 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 We 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 Dean Health Plan, which underwrites 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:

1. **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.
2. **Health Care Operations.** We may use and disclose your health information to support our business activities and improve our coverage and services. Health care operations include such activities as:
 - » Underwriting, premium rating, and other functions related to plan coverage. However, we are not allowed to use genetic information to decide whether we will give you coverage or the price of that coverage.
 - » Quality assessment and improvement activities.
 - » Activities designed to improve health and reduce health care cost.
 - » Case management and care coordination.
3. **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.

UNDERSTANDING YOUR COVERAGE

Privacy & Confidentiality *Continued*

4. **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.
8. **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.
10. **Legal Actions.** We may disclose your

health information in the course of any administrative or judicial proceeding.

How Do We Protect 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 Dean correct certain health information held by Dean if you think it is incorrect or incomplete.
4. **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).
5. **Right to Copy.** You have a right to

receive an electronic or paper copy of this Notice at any time. 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

We may amend 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. We 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. We 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 Customer Service at (877) 230-7555 or contact us at the following address:

**Dean Health Plan (Prevea360 Health Plan), Privacy Officer,
1277 Deming Way, Madison, WI 53717**

The effective date of this Notice is September 23, 2013.

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Common Insurance Terms



- » **Annual maximum out-of-pocket** – This is the maximum amount a member could pay out of pocket for covered health care services in a plan year before the plan would pay 100 percent of the charges.
- » **Benefit maximum** – A benefit maximum is a limit on a covered service. A service may be limited by duration or number of visits – and if not essential, by dollar limit. To review your benefit maximums please refer to your member policy document.
- » **Co-insurance** – Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for the service. You pay co-insurance 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 co-insurance payment of 20% would be \$20. Prevea360 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.
- » **Essential Health Benefits (EHB)** – a set of ten health care service categories that must be covered by plans purchased by individuals from Prevea360 Health Plan (directly or through an insurance agent) or through the Health Insurance Marketplace.
- » **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.
- » **Guaranteed issue** – A requirement that health plans must allow you to enroll for coverage regardless of health status, age, gender or any other factors that might predict the future use of health services.
- » **Health Insurance Marketplace (also referred to as the Exchange)** – This is an online system where individuals will be able to 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.
- » **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.
- » **Individual mandate** – All individuals, with certain exceptions, are required to maintain minimum essential health coverage under the Affordable Care Act provisions.
- » **Out-of-network providers** – Refers to 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.
- » **Pre-existing condition** – A health problem you had before the date that new health coverage starts.
- » **Preventive care** – Routine health care that includes screenings, check ups and patient counseling to prevent illnesses, 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.

UNDERSTANDING YOUR COVERAGE

Here when you need us

Our ultimate goal is to eliminate any confusion about Prevea360 coverage. But sometimes health insurance is still difficult to understand. So, we've staffed the Prevea360 Health Plan Customer Care Center with experienced and knowledgeable Customer Care Specialists, ready to answer any questions and address all concerns that come their way. And if making a phone call isn't possible, members can always send us an email message or visit us in person.

We're here to help—when and where it's convenient.



Go Online:

Submit a question online at **prevea360.com**

Call Us:

877.230.7555 (TTY Users Dial 711)

Monday through Thursday | 7:30 a.m. to 5 p.m.

Friday | 8 a.m. to 4:30 p.m.



Prevea Care After Hours

If you're not sure whether you should wait to see your primary care physician (PCP) or if you should go to urgent care, call your provider's office or Prevea Care After Hours at (920) 496-4700 or toll free at (888) 277-3832. Prevea Care After Hours is available to answer medically related questions 24 hours a day, 365 days a year, and a registered nurse is always available to answer questions.

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



FOR MORE INFORMATION

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 users dial 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 Users Dial 711
prevea360.com

Prevea360 is underwritten by Dean Health Plan, Inc.