Provider Benefits Fact Sheet

UNITE HERE HEALTH ALASKA

Silver Plan (Plan Unit 190)

Disclaimer: *Information provided does not guarantee payment. All claims are subject to eligibility based on current information in our system and terms of the plan.*

Filing Claims:

Your patients have new medical ID cards. Be sure to submit the claim with the updated medical ID number.
Claims time filing limit: 18 months from date of service
Electronic claims payer ID code: UNITE
Claims address: UNITE HERE HEALTH P.O. Box 6020 Aurora, IL 60598-0020

When to call for Prior Authorization

Medical Management Review is a mandatory program requiring prior authorization and review of certain treatments and procedures. Call Medical Rehabilitation Consultants toll free at 800-827-5058 for the following medical and surgical utilization review services: inpatient pre-admission prior authorizations, emergency admission review, prior authorization of certain outpatient medical procedures and treatments, as well as retrospective review when prior authorization or authorization is not obtained as required.

A list of items subject to prior authorization is on page 8.

For Prior Authorization, please contact:

Medical Rehabilitation Consultants

Phone: **800-827-5058** (toll free)

Once a participant's cost sharing for Coalition/PPO Provider or Any Provider Outside of Anchorage covered expenses reaches the out-of-pocket maximums listed below, the Plan pays 100% for most covered Coalition/PPO Provider or Any Provider Outside of Anchorage expenses for the rest of the calendar year.

Coalition/PPO Provider or Any Provider Outside of Anchorage - Deductible and Out-of-Pocket Maximums	
Calendar Year Deductible **(Coalition/PPO Provider or Any Provider Outside of Anchorage)**	$500 per person/$1,000 per family
Medical Benefits Out-of-Pocket Maximum **(Coalition/PPO Provider or Any Provider Outside of Anchorage)**	$3,500 per person/$7,000 per family per calendar year
Prescription Drug Benefit Out-of-Pocket Maximum	$2,350 per person/$4,700 per family per calendar year
Medical Benefits Out-of-Pocket Maximum **(Non-PPO [Non-Coalition] in Anchorage)**	$10,000 per person/$20,000 per family per calendar year

Preventive Services				
Type of Care	**Service or Location**	**What the Patient Pays*** (Coalition/PPO Provider or Any Provider Outside of Anchorage)	**What the Patient Pays*** (Non-PPO [Non-Coalition] in Anchorage)	**Other Information**
Office/Clinic Visits (PCP)	Preventive healthcare services	**No charge**		Plan covers preventive care, including screenings, and counseling, as required by the ACA. Certain age and frequency limits may apply.
Cervical Cancer Screening	Preventive pap smear/HPV	**No charge**		Preventive cervical cancer screenings (pap smears) and HPV screenings will be covered annually at all ages.
Colonoscopies	Screening colonoscopy	**No charge**		Screening colonoscopy - 1 every 10 years beginning at age 50 for persons of average risk.
Contraceptives	Birth control	**No charge**		Covered under women's preventive care. FDA approved contraceptive methods are covered.
Mammogram	Breast cancer mammography screenings	**No charge**		One per calendar year for all women age 35 and older. One per calendar year for women under age 35 who are at high risk for breast cancer. Preventive screenings (other than diagnostic mammography) performed more frequently or for women under age 35 or over age 75 who are not at high risk will not be a covered expense. *Routine mammogram screenings are covered as preventive healthcare at 100%.
Prostate Specific Antigen	PSA	**No charge**		Covered once every 12 months for men between the ages of 40-69.

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When a Non-PPO facility is used within the Municipality of Anchorage, the Allowed Amount for inpatient services is based on the PPO Coalition Contracted Rate. For physical therapy (outpatient services), the Allowed Amount will be equal to 50% of billed charges. This means the patient is responsible for the difference in the Allowed Amount and the total amount billed for the service.

Office Visits

Type of Care	Service or Location	What the Patient Pays* (Coalition/PPO Provider or Any Provider Outside of Anchorage)	What the Patient Pays* (Non-PPO [Non-Coalition] in Anchorage)	Other Information
Office Visit for a Primary Care Healthcare Professional	Non-preventive visit	30% coinsurance after deductible		Includes all services provided during the visit.
Office Visit for Treatment of Mental Health/ Substance Abuse Disorders		30% coinsurance after deductible		Includes all care provided during visit.
Specialist Care Office Visits		30% coinsurance after deductible		Includes all care provided during visit.
Telehealth Healthcare Professional	Telemedicine	**No charge**	Not covered	Must be with the Fund-designated Contracted Provider, Teladoc.
Acupuncture		Not covered		Except when used as an anesthetic agent for covered surgery.
Allergy Shot		30% coinsurance after deductible		
Maternity Care		30% coinsurance after deductible		No coverage provided for pregnancy of a dependent child other than preventive prenatal care. Cost sharing does not apply to certain preventive services. Depending on the type of services, a copay or coinsurance may apply.
Chiropractic Services		30% coinsurance after deductible		Limited to 1 visit per person, per day.
Routine Podiatric Services		30% coinsurance after deductible		
Non-Routine Podiatric Services		30% coinsurance after deductible		
Sleep Study Performed in a Doctor's Office		30% coinsurance after deductible		

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Urgent and Emergency Treatment

Type of Care	Service or Location	What the Patient Pays* (Coalition/PPO Provider or Any Provider Outside of Anchorage)	What the Patient Pays* (Non-PPO [Non-Coalition] in Anchorage)	Other Information
Urgent Care Center Visit		30% coinsurance after deductible		
Hospital Emergency Room Services	Emergency room	$100 copay plus 30% coinsurance after deductible		Care and services that could be provided in a clinic, urgent care center or healthcare professionals office are not considered Emergency. Copay waived if admitted.
Hospital Emergency Room Services for Routine Care	Emergency room	$100 copay plus 30% coinsurance after deductible		
Ambulance	Professional ambulance transportation	30% coinsurance after deductible		

Inpatient Treatment

Type of Care	Service or Location	What the Patient Pays* (Coalition/PPO Provider or Any Provider Outside of Anchorage)	What the Patient Pays* (Non-PPO [Non-Coalition] in Anchorage)	Other Information
Hospital Inpatient Department Services **Copay is waived after 4 visits, per person, in a calendar year.**	Hospitalization	$350 copay plus 30% coinsurance after deductible	$350 copay plus 40% coinsurance after deductible	Including inpatient professional services. Includes the treatment of Mental Health/ Substance Abuse Disorders. Also applies to maternity/pregnancy delivery for employees and spouses, and all inpatient services. **Prior authorization required. Call 800-827-5058.** Prior authorization is not required for maternity admissions less than 2 days for vaginal deliveries and 4 days for cesarean sections.
Skilled Nursing Facility Confinement		**No charge**		Limited to 100 days per person, per confinement each calendar year for Coalition/PPO Provider and Non-PPO provider care combined. **Prior authorization required. Call 800-827-5058.**

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Laboratory and Imaging Services

Type of Care	Service or Location	What the Patient Pays* (Coalition/PPO Provider or Any Provider Outside of Anchorage)	What the Patient Pays* (Non-PPO [Non-Coalition] in Anchorage)	Other Information
Laboratory Services	Office or non-hospital facility	30% coinsurance after deductible		
	Hospital outpatient department	30% coinsurance after deductible	40% coinsurance after deductible	
Radiology	Office or non-hospital facility	30% coinsurance after deductible		
	Hospital outpatient department	30% coinsurance after deductible	40% coinsurance after deductible	
Diagnostic Imaging	Office or non-hospital facility	30% coinsurance after deductible		Includes CT, MRI, PET, and Cardiac Testing.
	Hospital outpatient department	30% coinsurance after deductible	40% coinsurance after deductible	

Outpatient Services

Type of Care	Service or Location	What the Patient Pays* (Coalition/PPO Provider or Any Provider Outside of Anchorage)	What the Patient Pays* (Non-PPO [Non-Coalition] in Anchorage)	Other Information
Outpatient Surgery	Ambulatory surgical center	30% coinsurance after deductible	40% coinsurance after deductible	**Prior authorization is required for all outpatient surgery. Call 800-827-5058.**
	Hospital outpatient department	30% coinsurance after deductible	40% coinsurance after deductible	
Physical,Speech, & Occupational Therapy		30% coinsurance after deductible	40% coinsurance after deductible	
Infusion Medication and Chemotherapy		30% coinsurance after deductible		
Kidney Dialysis		30% coinsurance after deductible		
Radiation Therapy		30% coinsurance after deductible		

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Other Care				
Type of Care	**Service or Location**	**What the Patient Pays*** (Coalition/PPO Provider or Any Provider Outside of Anchorage)	**What the Patient Pays*** (Non-PPO [Non-Coalition] in Anchorage)	**Other Information**
Podiatric Orthotics		Not covered		
Diabetes Education		**No charge**		For the care, monitoring, or treatment of diabetes and dietary needs.
Nutritional Counseling		**No charge**		
Partial Hospitalization, Intensive Outpatient, Ambulatory Detoxification, and Outpatient (non-office) Treatment for Mental Health/ Substance Abuse Disorder		30% coinsurance after deductible		
Home Healthcare		**No charge**		Limited to 100 visits per person each calendar year for Coalition/PPO Provider or Provider Outside of Anchorage and Non-PPO [Non-Coalition] in Anchorage care combined.
Hospice Care		30% coinsurance after deductible		Inpatient limited to 30 days.
Non-Hospital-Grade Breast Pumps		**No charge**		**Call 800-827-5058.**
Durable Medical Equipment -DME		30% coinsurance after deductible		
Habilitative Therapy for Children with Autism Spectrum Disorder		Not covered		Plan exclusion.
Medical Foods for Inborn Metabolic Errors		30% coinsurance after deductible		
Hearing Aids		Not covered		Plan exclusion.

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Other Care (continued)

Type of Care	Service or Location	What the Patient Pays* (Coalition/PPO Provider or Any Provider Outside of Anchorage)	What the Patient Pays* (Non-PPO [Non-Coalition] in Anchorage)	Other Information
Travel and Lodging for Certain Serious Medical Conditions		Reimbursement of 100% up to $3,500 annual maximum, per person, for all related treatment.		The travel benefit includes reimbursement for public transportation expense, reimbursement for hotel/motel expenses, and reasonable reimbursement for meals. **Prior authorization required Call 800-827-5058.**
Sleep Study	Office, hospital outpatient department, or non-hospital facility	30% coinsurance after deductible		
All other Covered Expenses		30% coinsurance after deductible		

Prescription Drug Benefits

Type of Care	What the Patient Pays
Preventive Prescriptions or Supplies	**No charge**
Prescriptions at a Retail Pharmacy	40% coinsurance ($5 minimum)
Diabetes Oral Medicine, Insulin and Supplies	• $5 copay at retail pharmacy; • $10 copay by mail order
Prescriptions by Mail	40% coinsurance ($10 minimum)
Out-of-pocket Maximum	$2,350 per person; $4,700 per family

For compound medications that cost $500 or more, the patient must get prior authorization. Please call CVS at **866-818-6911**. If the patient gets a brand drug when a generic drug is available, the patient will have to pay the full cost of the difference between the brand drug and generic drug.

Dental - Administered by the Aurora Fund Claims Office

Dental Plan Feature	Details
Deductible	$50
Annual Maximum	$1,000 per calendar year
Preventive Services - Paid at 100% up to UCC	Including: periodic oral exams, most x-rays, and regular periodic cleanings (adult or child prophylaxis) - up to 2 total per person per year
What the Patient Pays	Deductible and 50% coinsurance*
Dentist/Specialist	The patient can go to any dentist or specialist without a referral.

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When to call for prior authorization

The patient or healthcare professional must contact Medical Rehabilitation Consultants before any of the following:

- Adenoidectomy – surgical removal of the adenoids;
- Carpal tunnel release – surgery to release pressure on the median nerve in the wrist;
- Hemorrhoidectomy – surgical removal of hemorrhoids;
- Knee arthroscopy (diagnostic and repair) – examination of the inside of the knee with a tiny camera (arthroscope);
- Pelvic laparoscopy – examination of female organs by a scope;
- Surgical treatment of obesity;
- Tonsillectomy adenoidectomy – surgical removal of the tonsils and adenoids;
- Tonsillectomy – surgical removal of the tonsils;
- Tympanostomy tube insertion – surgery to place drainage tubes in the ear; or
- Upper gastrointestinal endoscopy - examination of the esophagus, stomach and the first part of the small intestine by inserting a small tube (camera with a light) down the throat;
- Outpatient surgery;
- Hospital stays;
- Inpatient services for mental health, behavioral health or substance abuse services;
- Rehabilitation services;
- Clinical trials;
- Hospice services.

The patient or healthcare professional should also contact Medical Rehabilitation Consultants before any of the below types of services and supplies are given:

- **If a patient needs emergency care,** the patient or healthcare professional should contact Medical Rehabilitation Consultants as soon as possible, but no later than the next business day, after the service or supply is received.
- **If a patient is hospitalized because they are having a baby**, the patient or healthcare professional must call Medical Rehabilitation Consultants if the stay will be longer than 48 hours for normal childbirth, or 96 hours for a Cesarean section.
  - ›Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or a newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a Cesarean section.
  - ›However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).
  - ›In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).