

NEW MEMBER GUIDE

Your Handbook
to your Health Plan



We're so Happy You Chose Prevea360 Health Plan

With Prevea360 Health Plan you can stay healthy and get the most out of your plan. As a member, you now have access to valuable resources to manage your health and empower you to take control of your care. That means benefits you can understand, tools that save you time and most importantly, support from our friendly staff whenever you need us.

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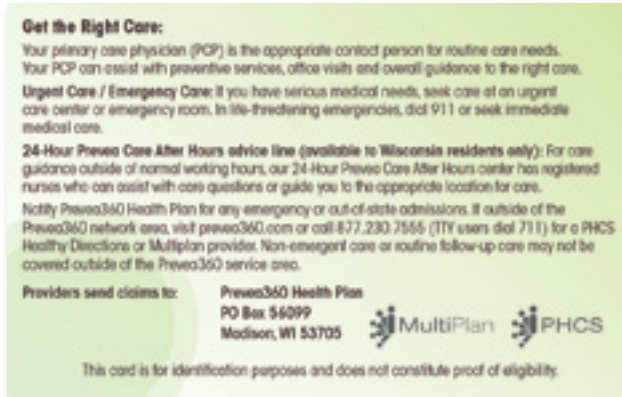
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Keep the attached magnet
on your refrigerator

Knowing the Ins and Outs of Your New Health Insurance

It's important to know **which network you belong to** because your network informs where you can go for care.

Your Member ID Card



Feel free to reach out to us 877-230-7555

Starting a New Health Plan Can be Complicated

We Make it Easy

Complete these steps to unlock resources and take important actions to get the most out of being a member. Check out prevea360.com/newmember for other helpful tips.

1

Activate your FREE accounts

- See pages 6–9 for details
- Schedule appointments, send secure messages to your provider and more through your **MyChart** account. Start achieving your goals for a healthy lifestyle and earn rewards along the way through your **Living Healthy** account
- Access your insurance details, view and pay your premium bill and more through your Member Portal account

2

Decide where you'd prefer to receive your primary care

Doing this makes it easier to schedule a visit when the time comes that you need one. Just visit prevea360.com to find a primary care clinic near you.

Before you come in for your first visit, it's a good idea to have your medical records transferred from your previous primary care clinic to your new one. Contact your previous clinic to obtain and complete an Authorization to Release Protected Health Information Form. The form allows your previous clinic to send your medical records to your new clinic so your medical team can best continue your care.



We're sharing helpful insurance tips, informative videos and much more. Go to facebook.com/prevea360 to join the conversation all year long.

PREVEA360
health planSM

Additional Member Info

Review important member documents

- Your **Member Certificate** (sometimes called a “Member Policy”) has information about your insurance benefits and coverage, and it lists general limitations and exclusions to your plan
- Your **Summary of Benefits and Coverage** (for Individual or Group coverage) is an easy-to-read grid that lists the details of plan coverage, along with a basic cost estimate of your financial responsibilities for common medical services*
- Take a moment to review common health insurance terms on pages 18–19 so you better understand your coverage and visit your member portal at prevea360.com/login for links to these member documents†
- The **Pharmacy Drug Formulary** is a list of prescription drugs that help you understand what is and isn’t covered by your insurance

I have other insurance coverage besides Prevea360 Health Plan

- Your Prevea360 Health Plan policy has a Coordination of Benefits (COB) provision – a fancy way of saying we’ll need to sort through situations where you are covered by another health insurance company (such as through an employer or Medicare). Please let us know by contacting the Customer Care Center. See page 6 for contact details

I have a chronic condition or a health concern

- We’re here to support you if you have a serious condition or have a complex health care need
- Visit prevea360.com/livinghealthy and click on “Complex Case Management” to learn how we can help, or contact the Customer Care Center

** Your financial responsibilities may come in the form of a copay, coinsurance or deductible. The terms stated in these documents may change at your annual policy renewal, and we would send you an outline of any changes at that time.*

† These documents are also available by contacting the Customer Care Center to request copies be mailed to you. See page 6 for contact details. If you receive health insurance through your employer, you can ask your company’s plan administrator or benefits specialist for your specific benefits and coverage information.



LIKE | **JOIN**
US? | US!

Health Insurance Support is Just a Tap or Click Away

You shouldn't have to be a rocket scientist to figure out health insurance. We offer innovative tools to help you sort through all your information. And if you need a little help along the way, we're standing by.



Member Portal

Manage your health insurance information with your secure and convenient Member Portal account.

- View your insurance plan details
- Request member ID cards or download a digital copy
- Change your primary care clinic
- Review past claim details and more
- View and pay your premium bill

Visit prevea360.com/login and use your member number from your ID card to activate your account.

Customer Care Center

Our friendly Customer Care Specialists are here to turn health insurance confusion into clarity.

- Get answers to benefit and coverage questions
- Figure out what your financial responsibility is for a bill
- Learn the details about a provider

877-230-7555 (TTY: 711)*

Monday – Thursday, 7:30 am – 5 pm
Friday, 8 am – 4:30 pm

Visit prevea360.com and send us a message.

** Please call 877-230-7555 if you purchased your coverage from the Health Insurance Marketplace.*

† During the current public health crisis, these are offered by phone or video.



CALL

CLICK

Health Care Support is Always at Your Beck and Call

Time is precious. That's why we offer technology so you can keep tabs on what's most important – your health. When health concerns come up, call our nurses for real insight into your specific situation.



Virtual Visit

Get help for common illnesses like flu or sinusitis by connecting to a local provider via smart phone or computer. Only certain conditions qualify for a Virtual Visit. Go to prevea360.com/virtualvisit.



MyChart

Manage your health – all from a computer or smart phone. MyChart is designed for the way you live today.

- Send and receive secure messages with your primary care provider
- Schedule appointments
- Get lab results
- Request prescription refills
- View and pay your medical bill

Visit prevea360.com/mychart to activate your account.

Some features of MyChart may not be available at all primary care clinic locations.



24-Hour Nurse Advise Hotline

Take the guesswork out of getting the health care you deserve. A nurse is ready to help 24/7/365.

- Talk with an experienced registered nurse from SSM Health
- Get help figuring out where to go for care
- Get answers to your health-related questions or concerns

Call **800-57-NURSE**

Save our number in your phone so you can call us anytime.

24 Hour Nurse Hotline's triage phone services are only available to residents of Wisconsin due to licensing regulations.



Epidemics

If and when epidemics happen, Prevea360 Plan will make every effort to provide up to date information. For Coronavirus (Covid-19) updates, please visit prevea360.com/wellness/coronavirus



Achieve Your Goals and Earn up to \$150 Along the Way

We believe that with the right tools, information and motivation, you can achieve your goals for a healthier lifestyle on your own terms. That's what Living Healthy is all about. Visit prevea360.com/livinghealthy to create your personalized Living Healthy portal account today.†



LivingHealthy
POWERED BY **WebMD** | health services

Living Healthy Rewards*

Get up to \$150 per calendar year by completing and logging healthy activities:

- Take a 10-minute health assessment within your Living Healthy portal
- Have an annual preventive visit
- Get your annual flu vaccine
- Submit Advance Directive forms to your physician OR Volunteer your time
- Visit prevea360.com/livinghealthy for a list of healthy activity reward options†

Here's how it works:

- Choose the healthy activities you want to complete
- Each completed activity is worth reward points
- Earn up to 1,500 points for a maximum of \$150 per calendar year
- Get your reward in the form of gift cards to your choice of many national retailers, restaurants and other popular merchants
- All rewards must be redeemed before December 31, 2021

** You must complete the online health assessment in order to earn reward points for other healthy activities. Check with your plan administrator for reward offerings specific to your plan. Only Dean Health Plan members, ages 18 and older, are eligible for Living Healthy rewards. Covered adult children can earn up to \$100 per year for completing healthy activities. Your employer may be required to report health plan-issued incentives as taxable income. We may be required to report incentive payment information to your employer. Your health information is protected by federal law and will not be shared with your employer. Living Healthy rewards are not available to Federal Employee Health Benefits (FEHB) Program members.*

† Employee Trust Fund members should visit prevea360.com/wi-employees for details.



Foodsmart and Prevea 360 Health Plan

Digital Nutrition

Foodsmart is a free digital nutrition tool. Together, Prevea and foodsmart provide programs and services that empower you to make better decisions about your and your family's nutrition—at home, at work, and on the go.

Earn Living Healthy rewards just by using foodsmart.

Key features include:

- Grocery delivery and meal kit ordering
- Personalized, healthy eating suggestions based on biometrics and dietary needs
- Quick recipes based on what's already in your kitchen
- Real-time access to healthy grocery deals and instant delivery
- Healthy grocery purchase tracking
- Restaurant menu guidance

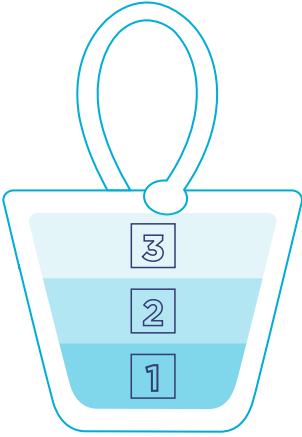
Download the app at
prevea360.com/foodsmart



Health Insurance 101: How Insurance Works

We provide you with tools to learn where your health care dollars go, and we try to make it as easy as possible to understand your financial responsibilities.*

Your policy may use a system of cost sharing that can include a copay, coinsurance, deductible or any combination of the three.



** Not all of the cost-sharing terms listed here apply to all members. Refer to your Member Policy document to understand which apply to you.*

† Coinsurance is your share of the costs of a covered health care service. It's calculated as a percent of the allowed amount for the service.

1

DEDUCTIBLE

Each time you receive medical services, you'll pay the bill towards these services up to a certain amount. This amount is your deductible, which is what you must pay for covered health care services each year before we begin to pay.

2

COINSURANCE[†]

Once you've paid the deductible amount, your insurance will then start splitting the cost of additional medical services with you. This is known as coinsurance, where you only pay a percentage or part of the total cost of services and we'll pay the rest.

Deductible and Coinsurance Limit – There's a dollar limit to the amount you'll pay towards your deductible and coinsurance.

3

COPAYS

A copay is a fixed dollar amount, which you pay at the time you receive medical services (for things like an office visit) and prescriptions. All your copays add up toward your Maximum Out-of-Pocket total.

Maximum Out-of-Pocket – There's a dollar limit to all your cost sharing. You reach this amount by means of your deductible, plus your coinsurance, plus your copays. Once this limit is reached, you'll pay nothing on subsequent covered medical charges for the remainder of your policy year.

"Premium" the amount you pay each month to access your health insurance.

Payments and Claims

How can I get a cost estimate for services?

Check your Member Policy document for details about common medical services. You may also visit prevea360.com/members/cost-estimator for three tools that estimate physician, facility and pharmacy costs.

I need to make a payment.

For insurance premiums: You can pay your insurance premiums online or by mail. We also accept cash payments at a CheckFree® kiosk near you. Visit prevea360.com/billpay to learn more.

For medical bills: When you are seen at a clinic location for services, you may pay a copay when you check-in. SSM Health Dean Medical Group will send you a bill for any copay charges not paid at the time of service or any deductibles and coinsurance for which you are financially responsible. You can pay your bill online through your MyChart account or mail your payment (check or credit card info) with the enclosed payment form. Visit prevea360.com/billpay to learn more.

I received an Explanation of Benefits (EOB). Is this a bill?

The EOB is not a bill. You'll receive an EOB when you use your health plan for a covered service. The EOB lists the services used, amount charged by the provider and your financial responsibility to pay toward deductibles or coinsurance. Log in to Member Portal to see your past EOBs. To understand your EOB, visit prevea360.com/members/for-me-my-family

I need to submit a claim.

Claims are usually sent directly to Dean Health Plan by providers or clinics. Sometimes – if you're traveling out of the area or have a college-age dependent, for example – it may be necessary for you to submit a claim for reimbursement. Visit prevea360.com and search the phrase: "member paid claim reimbursement form." Be sure to follow these guidelines:

- Send an itemized bill from the provider of service. If services were received outside of the U.S., you will need to submit the original bill along with an itemized bill that has been translated into English and indicate the appropriate currency exchange rate at the time the services were received.
- Send the bill within 60 days (up to 12 months are allowed) after the services are received to: **Prevea360 Health Plan, Attn: Claims Department, P.O. Box 56099, Madison, WI 53705.**
- If you have another insurance company that is the primary payer, you will need to send the Explanation of Benefits to Dean Health Plan or your health care provider.

Where to Go for Care



Knowing your care options in advance is not just good for your health, but it also saves you money.



Virtual Visit

Get care for certain common conditions from the comfort of home via smart phone or computer at prevea360.com/virtualvisit. Receive a diagnosis, a treatment plan and a prescription.



The lowest-cost option.*

Common reasons for a Virtual Visit include:

- Acid reflux
- Allergies & hay fever
- Bladder infections
- Cold/flu, sinus infections
- Diaper rash
- Lice
- Motion sickness
- And more



Primary Care

Need care? Call your primary care clinic for an appointment. Same-day appointments are usually available. May include a telehealth visit.



A lower-cost option.

Common reasons to visit include:

- Annual Preventive Office Visits and checkups
- Flu and other recommended immunizations
- Less severe issues like earaches, cold or flu symptoms and sore throat
- Managing chronic conditions



Urgent Care

If a same-day appointment is not available to treat your illness or injury at your primary care clinic, you may be directed to Urgent Care.



A lower-cost option.

Common reasons to visit include:

- Unable to schedule a same-day appointment with primary care clinic
- Primary care clinic is closed



Emergency Care

For a life-threatening illness or injury, go to the nearest emergency room or call 911. Tell your primary care provider that you went to the ER. You may need follow-up services.



The high-cost option.

Common reasons to visit include:

- Heart attack symptoms (chest pain, shortness of breath, nausea/vomiting)
- Stroke symptoms (slurred speech, sudden weakness and vision loss, and dizziness)
- Head injury or sudden confusion
- Severe abdominal pain

* HSA Plan members do not qualify for \$0 Virtual Visit Copay. See your plan for details.



Still not sure of the type of care you need?
Call 800-57-NURSE (800-576-8773)
A nurse is ready to help 24/7/365.

24-Hour Nurse Advice Line's triage phone services are only available to residents of Wisconsin due to licensing regulations.

The Best Relationships Include a Healthy Dose of Trust

We know health care is a very personal – and at times, intimidating – experience. That’s why our Care Teams work so hard to earn and keep your trust. No judgments. Just compassion.



Primary Care Provider (PCP)

Your Care Team is committed to working with you to build a relationship of trust. Trust combined with their training and experience means you have a true health advocate who cares. Your care team:

- Consists of your primary care providers
- Provides care for a wide range of preventive and long-term health care
- Helps you stay healthier with regular visits, immunizations and screenings
- Handles your immediate care needs
- Coordinates needed specialist care and health care with other medical experts

Visit prevea360.com/doctors to search our online provider directory for an available primary care provider. You can filter your search so you only see providers in your network. Then select a provider to learn about his or her education, specialty, certification and more.



You're in the right place for quality.

We're proud to be recognized for high-quality care. Dean Health Plan receives accreditation from the National Committee for Quality Assurance (NCQA). NCQA is an independent, not-for-profit organization that evaluates health plans based on more than 50 standards of care and service to determine health plan accreditation. Learn more at prevea360.com/quality

Getting Sick Happens. Staying Healthy? We Help Make That Happen

We do more than pay the medical bill. At the heart of our preventive care philosophy is a promise that you'll get the support you need to remain as healthy as possible and help prevent disease.



Annual Preventive Visit

This type of visit can bring to light health concerns so they can be addressed before they get worse. That's what preventive care is all about.

- Allows your primary care provider to get to know you and your health care needs
- Helps you prevent or manage illnesses, diseases or other health problems
- Includes important preventive services, such as patient counseling, referrals to specialists and recommendations for other preventive care to get. (See below for examples).



Preventive Care*

In addition to an Annual Preventive Visit for all ages, we encourage and cover:

- Immunizations - doses and age-specific vaccines vary
- Screenings for breast, cervical and colon cancer
- Annual Sexually Transmitted Infection (STI) counseling for adults and adolescents
- Cholesterol screening for all ages and more

Visit prevea360.com/preventivecare for a complete list of covered preventive services.

** Information presented here is meant to supplement - not replace - the advice and care of health care professionals. To see your specific preventive care coverage details, please review your Member Certificate (sometimes called a "Member Policy") and Summary of Benefits and Coverage documents. Details for covered preventive services may change. For coverage questions, contact the Customer Care Center. See page 6 for contact details.*

Traveling?

Here's What You Need to Know

You don't need to take insurance coverage worries with you on your vacation. We have you covered for urgent and emergency care worldwide.



- We'll cover services provided in an urgent care facility and/or emergency room while you're out of the Dean Health Plan service area, subject to policy copayments, coinsurance, deductibles and maximum allowable fees. No referral or prior authorization needed. If you are unable to get to an in-network plan provider, please go to the nearest urgent care or emergency center for treatment. **Please notify us as soon as possible by calling the Customer Care Center at 877-230-7555.**
- An in-network provider should resume all follow-up care. If you are out of the area and not able to see an in-network plan provider, call your primary care provider to discuss the urgent/emergent services you received and the recommended follow-up with an out-of-network provider. You must have an approved prior authorization for services to be covered. Your primary care provider will submit a request for medically necessary services with the out-of-network provider.

Your Covered Dependent Lives Outside the Service Area?



Students who attend college outside of our service area and children living in another community are common examples of out-of-area dependents. Please notify us if you have an out-of-area dependent (up to age 26). Visit prevea360.com/out-of-area and click on Out-of-Area-Dependent form. Then fill in the blanks and click Submit. You may also contact our Customer Care Center. See page 6 for contact details.

- We offer a nationwide network of providers for out-of-area dependents so they can get the health care they need when they need it. If care is received by these in-network providers, claims will be paid at the in-plan level, which means lower out-of-pocket costs.
- Visit prevea360.com to use our online provider directory and select "Out-of-Area Coverage" to display in-network providers.

Out-of-area dependent coverage for non-urgent and non-emergency care applies to large employer (51+ employees) plans only; please check with your employer if you have questions.

Specialty Care is Everywhere When You Need it

In addition to primary care providers, our network includes a variety of medical specialties. Your primary care provider can help you find the specialist who is right for you.



Specialty Care 101

Talk with your primary care provider if you think you need to be seen by a specialist. He or she may even recommend you seek specialty care.

- Examples of specialty care include physical therapy, podiatry, chiropractic services and dermatology
- There are many specialists affiliated with Prevea360 Health Plan, including but not limited to SSM Health Dean Medical Group
- You should be seen by a specialist within the Prevea360 Health Plan network of providers

Visit prevea360.com/doctors for a comprehensive list of our specialty providers, behavioral health services and hospitals.



Prior Authorization

Certain medical services or specialty care services from a specialty provider might require you to get prior authorization.*

- A good rule to remember is that any time you seek services with an out-of-network provider, you will need to get prior authorization unless your benefit plan includes an out-of-network option
- We require prior authorization so our medical management team can review the medical necessity of the recommended service or visit and make sure you are getting appropriate care unless your benefit plan includes an out-of-network option

** A prior authorization can only be obtained for services that are covered under your plan benefits. For example, if bariatric surgery isn't covered in your policy, prior authorization will not change the policy to cover it. If the services are covered under your plan, they remain subject to a decision regarding medical necessity and any applicable cost sharing (e.g., copays, coinsurance or deductibles).*



Have a Question? Contact the Customer Care Center.†

877-230-7555 (TTY: 711)*

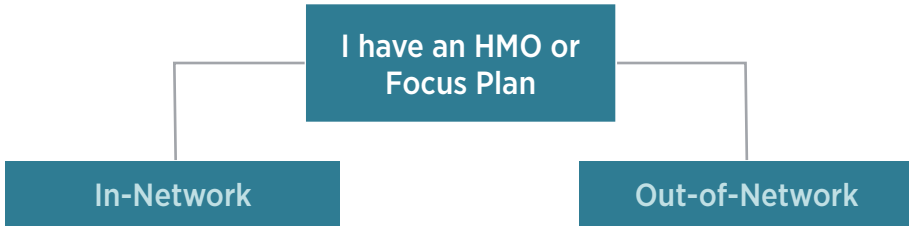
Monday – Thursday: 7:30 am – 5 pm

Friday: 8 am – 4:30 pm

† If the Customer Care Center is unable to address your authorization concerns, you will be connected to the Care Management Department. If you have an urgent need outside of business hours, leave a message with the Customer Care Center and your call will be returned within one business day.

Do I Need Prior Authorization?

My primary care provider (or other in-network provider) recommended I visit a specialist:



You don't need to do anything.

Although the service may require a prior authorization, it is up to your in-network provider to get prior authorization for you.

Yes, you need to get prior authorization to see an out-of-network provider.

Discuss this with your plan physician and he or she will submit an authorization to the health plan if the services are not available with plan providers. We'll then review the request and provide a written decision to both you and the referring provider within 15 calendar days from receipt. Make sure you wait until you receive this approval before receiving the recommended services to avoid any unnecessary fees.

I have a PPO or POS Plan

Because each POS and PPO plan is different, we recommend **you check to see if a prior authorization is required** for any services outside of a normal office visit. For a plan-specific list of these services, refer to the "Prior Authorization" section of your Member Certificate (sometimes called "Member Policy") available at prevea360.com/member-benefits. You may also call **877-230-7555** for help.

For a plan-specific list of services that need a prior authorization, refer to your Member Certificate found at:

prevea360.com/member-benefits

Getting the Most From Your Drug Benefit

Convenience and member affordability are the name of the game when it comes to Prevea360 Health Plan pharmacy services. We're here to help you manage your prescriptions and lower your expenses.



Pharmacies

- Get answers to your questions and make sure your medications are right
- Refill prescriptions by phone or online
- Pickup prescriptions or receive FREE mail-order delivery from Costco Mail Order Pharmacy to your door (within the continental US)*
- Get prescriptions filled for 90 days at a time

Visit prevea360.com/pharmacy to view your drug formulary, find nearby pharmacies and learn more about mail-order delivery, immunizations and other pharmacy services.

** Mail-order delivery service is not available to all members. Refer to your Summary of Benefits and Coverage document or contact the Customer Care Center. See page 6 for contact details.*

Costco Pharmacy

Our Preferred Mail Order Pharmacy



Interested in receiving your prescriptions delivered? You can order all your prescriptions through the Costco Pharmacy! A Costco membership is not needed to use their mail order pharmacy.

To switch to Costco, members will need to register with Costco Mail Order Pharmacy. They can register by visiting pharmacy.costco.com and clicking "Sign In/Register." You will also need your prescriber to submit new prescriptions to Costco.

For more information about our Mail Order Pharmacy program, contact our Customer Care Center. 877-230-7555 (TTY: 711)



Specialty Pharmacy

Medications for many chronic and complex health conditions can be hard to manage. Lumicera, our Specialty Pharmacy, works with you and your provider to help you to manage your condition and to make sure you receive the best care possible. We offer free delivery, same-day service, refill reminders, financial assistance and more. Patient Phone Number: 855-847-3553.

Drug Formulary & Management Procedures

We use a drug formulary, which is a list of prescription drugs that helps you understand what is and isn't covered. Our drug formulary breaks medications into different tiers. The tiers are organized by the level of cost sharing between you and the health plan. The drug formulary is reviewed every month and updated on a regular basis. For example, we update the drug formulary when a new generic drug is approved. There are restrictions to and procedures for your coverage in order to help keep plan costs down.

Restrictions to and procedures for your prescription coverage mean you may only receive drugs listed on our drug formulary (closed formulary). Certain drugs may have specialist restrictions or require you to visit a specialty pharmacy. You may also be required to have prior authorization, mandatory generic substitution, step therapy and quantity level limits for certain drugs. Be familiar with your plan's specific coverage details and visit prevea360.com/pharmacy to review our drug formulary, along with general limitations and procedures.



Find a pharmacy location near you:

prevea360.com/pharmacy

We Can Help Make Changes to Your Plan

Special Enrollment

We understand that sometimes big events happen in your life and it means you need to make a change to your coverage with Prevea360 Health Plan. You can make changes to your plan outside of the designated open enrollment period (whether you purchased coverage on or off the Health Insurance Marketplace), but only if you have a qualifying event that would trigger a special enrollment period. If you get your coverage through your employer, please contact your HR department to make a change.*

Please review our special enrollment page at prevea360.com/specialexrollment for more information on qualifying event requirements.

** Special enrollment periods, which were created by the Affordable Care Act (ACA), give consumers a limited time period after a qualifying event to purchase new individual health insurance or make changes to an existing policy, like adding a dependent or changing plans.*

† You are Medicare-eligible if you are a legal U.S. resident and one of the following applies to you:

- You are age 65 or older*
- You are any age and have a qualifying permanent disability*
- You are any age and have been diagnosed with end-stage renal disease (ESRD)*

Let us know if you have other coverage or Medicare.

Do you have health insurance coverage in addition to your coverage through Prevea360 Health Plan? When you have coverage through more than one source, we have to determine in what order claims will be paid, referred to as coordination of benefits. It is especially important that you notify us when you are eligible for Medicare. When you are eligible for Medicare, Prevea360 Health Plan processes your claims as if you are enrolled in Medicare, even if you choose not to enroll in Medicare Part A and/or B. This will result in you paying out-of-pocket for services that Medicare would have covered. For this reason, we strongly suggest that you enroll in Medicare Part A and B as soon as you are eligible.†

We're here to help you sort it all out. If you have an Individual plan, please call the Customer Care Center at **877-230-7555 (TTY: 711)** to notify us of any other insurance coverage you have, including Medicare. If you have a group plan, please call the Customer Care Center at **877-230-7555 (TTY: 711)**. For questions related to Medicare coordination of benefits, please call **800-356-7344, ext. 4189**.

How to Submit a Complaint

If you have a complaint, please contact our Customer Care Center at **877-230-7555**. We will document and investigate your complaint and notify you of the outcome. For more information, visit prevea360.com/appeals.



Member Information

Member Rights & Responsibilities

You deserve the best service and health care possible. Rights and responsibilities help foster cooperation among members, providers and Dean Health Plan. Visit prevea360.com/member-rights to view all of your member rights and responsibilities.

Grievance & External Independent Review Rights

We know that at times you may have questions and concerns about benefits, claims or services you have received from Dean Health Plan. When a question or concern arises, we encourage you to reach out to our Customer Care Center. Our Customer Care Specialists will make every effort to resolve your concern promptly and completely. Your input matters, and we encourage you to call with any concerns you may have regarding your health care. If after contacting us, you continue to feel a decision has adversely affected your coverage, benefits or relationship with Dean Health Plan, you may file a grievance (sometimes called an appeal). Visit prevea360.com/appeals for details on how to file or for more information about these procedures. You may also find information in your Member Certificate or Summary. Contact the Customer Care Center with any questions about the process. *See page 6 for contact details.*

Terms & Conditions

All your benefits are subject to terms and conditions as described in your Schedule of Benefits and in either your “Member Policy” if you have individual coverage or your “Member Certificate” if you have coverage through your employer. Please refer to these important documents for complete details.

Drugs and New Medical Technology

Each year, we evaluate new and existing medical technology to determine if any updates to medical policies are needed. Drugs covered under your pharmacy benefit are also reviewed by a Dean Health Plan medical director and pharmacists from SSM Health System and Navitus Health Solutions. Dean Health Plan follows the review process set forth by the National Committee for Quality Assurance (NCQA) any time there is a new product or process. Based upon the results of the technology assessment, Dean Health Plan will revise its medical policies if necessary.

Privacy & Confidentiality

Dean 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.

Please visit prevea360.com/privacy or call **877-230-7555** to request a copy.

For more information on qualifying event requirements:

prevea360.com/specialenrollment

Only for individual plans (for example, purchased through the Marketplace)

Child Appointment Tips and Vaccine Information

When it comes to medical appointments for your child, a few minutes of preparation can make a big difference.

Here are some helpful tips for you and your child to have a successful experience with your child's Primary Care Provider.

- Be honest and tell your child what to expect. For example, you could say that immunizations will hurt, but only for a minute or so.
- Use a toy or musical instrument to distract your child during shots or other uncomfortable moments. Let them know it's okay to cry.
- Talk with other people who know your child well, such as a grandparent or caregiver, and ask if they have any concerns

Do you or your child need to catch up on any vaccines?

Visit [cdc.gov/vaccines/schedules](https://www.cdc.gov/vaccines/schedules) to view the Catch-Up immunization Schedule and learn more about vaccines. To learn more about important immunizations and to check which vaccines your family members have received in the past. Visit the Wisconsin Immunization Registry at dhfswir.org



PO Box 56099
Madison WI 53705-9399



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

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