

SmartHealth[®]

Member guide



Ascension

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Getting started

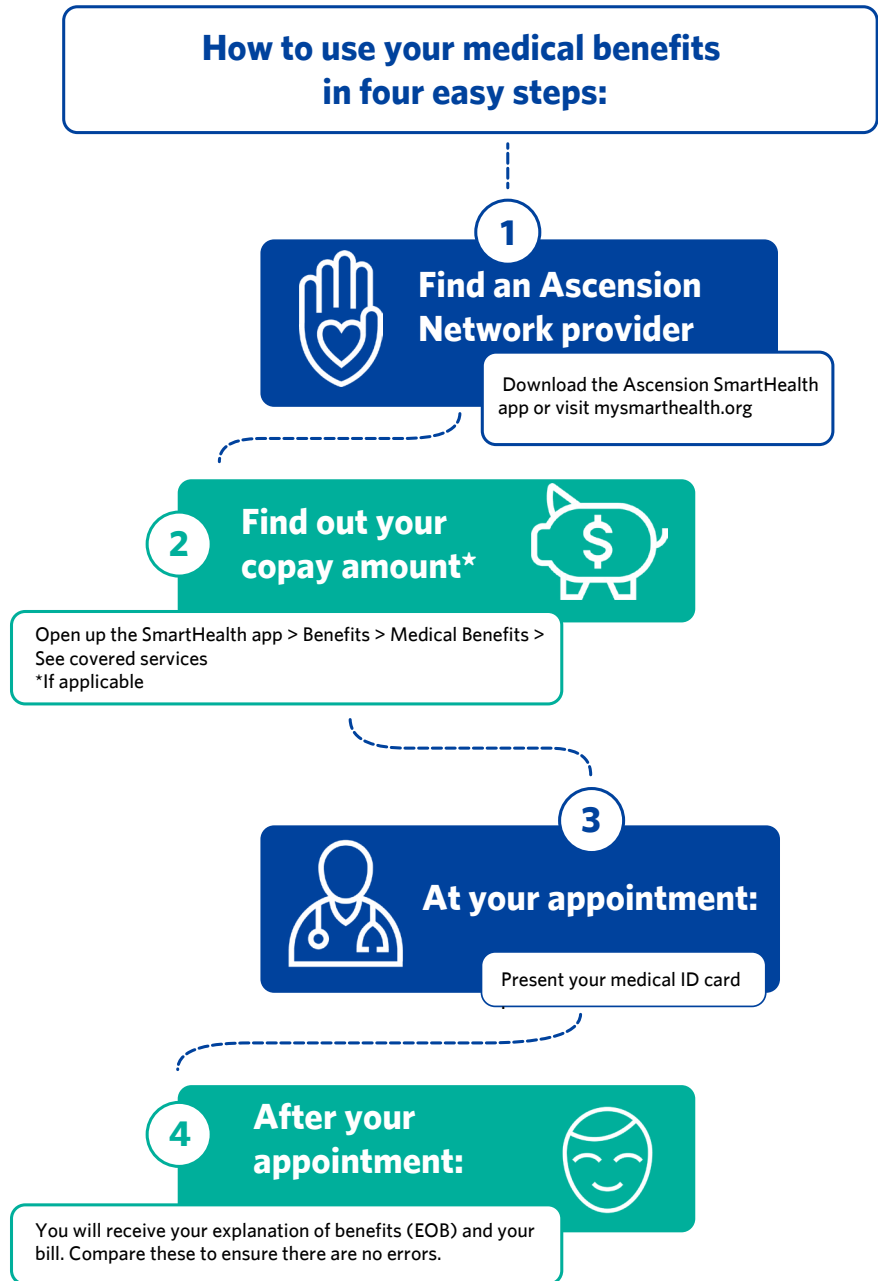


Welcome to SmartHealth

Ascension’s medical coverage for you and your eligible family members is provided through SmartHealth, which was designed in house leveraging our experience in healthcare. **As a member of the EPO plan, it is important to remember that services are covered only if you visit doctors, specialists or sites of care in the Ascension Network (except in an emergency). This includes labs and tests.** If you seek care outside of the Ascension Network without an approved referral, you will be responsible for the full cost of care.

To find an Ascension Network provider, visit mysmarthealth.org > **Find a doctor**. Be sure to check that they are a participating Ascension Network (Tier 1) provider and facility before you schedule your appointment.

For more information, see page 8, or visit mysmarthealth.org/plan-coverage/explore-plans.



Setting up your SmartHealth app

Download the SmartHealth app to:

- See what your plan covers.
- Find a doctor.
- View your health spending account balance, deductible amounts, claims, EOBs and ID cards.
- Access virtual urgent care and mental healthcare services.
- View Prescription information



Covered dependents can create their own accounts, too.


To download the app, scan the QR code to the right, or search your app store for "Ascension SmartHealth."

ID cards

You will receive your medical and prescription ID cards seven to 10 business days after you become effective with SmartHealth. You can access digital versions of these cards by downloading the SmartHealth app.

Medical

Members on the EPO plan will receive two separate medical ID cards, one from SmartHealth and the other from Blue Cross Blue Shield. **Use your SmartHealth EPO medical ID card when you receive care in the Ascension Network.**



EPO Plan

Group: ASCENSIO
Member: SAMPLE MEMBER
Member ID: 999999999

Medical Plan
mysmarthealth.org/EPO

Plan information

Deductible*	In-Network	Out-of-Network
Individual	\$0	No Benefit
Family	\$0	No Benefit
Out-of-Pocket Max*		
Individual	\$2,500	No Benefit
Family	\$5,000	No Benefit

*Medical and Prescription Drug Combined

Medical claims submission

EDI Payor ID # 38259

Mail all Ascension Network SmartHealth provider claims to:
P.O. Box 37705
Oak Park, MI 48237-7705

Customer service

SmartHealth Customer Service:
888-492-6811

RX Customer Service: 855-281-8312

To view your current medical deductible and out-of-pocket amounts, download the Ascension SmartHealth app.

Utilization

Any non-emergency service performed outside of the Ascension Network will be considered out-of-network and not covered. If a service is unavailable in the Ascension Network, Ascension Network providers must submit a referral to SmartHealth for approval, prior to services being rendered. Failure to obtain approval for a referral or prior authorization (PA) will result in denial of claim. For PAs and referrals, call 866-356-3666. To view all services that require PA, referral forms and more, visit mysmarthealth.org/EPO.



Eligibility

Clinicians: Eligibility, claims status and benefits can be obtained by calling our 24/7 automated fax back system at(888) 494-4600.

This card does not guarantee eligibility or payment.

Print Date 10/11/2022

Use your Blue Cross medical ID card if a service is not available through the Ascension Network, and you have an approved referral. With questions, or to order a replacement card, call customer service at 888-492-6811.





Subscriber Name
VALUED CUSTOMER

Subscriber ID ASY888888888
Issuer (80840) 9101003777

Group Number	71574	Network	Deductible(\$)	Out-of-Pocket Max(\$)
Issued	12/2022	In	0,000/0,000	0,000/0,000
Plan	EPO	Out	Not Covered	Not Covered

Individual/Family



Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd., Detroit, MI 48226-2998
A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

bcbasm.com

To locate BCBS participating providers outside of Michigan: **800-810-2583**
Misuse may result in prosecution.
If you suspect fraud, call: **800-482-3787**
SmartHealth Customer Service : **888-492-6811**

Use of this card is subject to terms of applicable contracts, conditions and user agreements. BCBSM provides administrative services only and has no financial risk for claims.

Ascension SmartHealth providers should submit claims to:

- EDI Payor #38259
- P.O. Box 37705*
- Oak Park, MI 48237-7705

BCBS only providers: file claims with the local BCBS plan. For Medicare claims, bill Medicare Limited or no benefits except when receiving services from a BlueCard PPO Network Provider. All services performed by non-Ascension Network providers require an approved referral. Certain services require prior authorization (PA). Failure to obtain referral or PA will result in denial of claim.


Claims benefits and status
 Eligibility
 Care management
 Locate an Ascension provider
 Pre-certification
 24/7 automated system **888-494-4600**
 Rx Customer Service** **855-281-8312**

Please refer to mysmarthealth.org/EPO* for more information.

*Contracts separately with the group
** Contracted for separately by the group
Not a BCBSM service

Prescription

This ID card will be used for your prescription drug benefits and will come from MaxorPlus. With questions, or to order a replacement card, call MaxorPlus customer service at 1-888-820-4082.




Effective Date: 01/01/2024
Subscriber ID: BIN: 005377 RxPCN: 10000019 RxGRP: ASCSH

Subscriber Name: _____ **Person Code:** _____

Dependent Name: _____

Deductible: _____
Combined Rx OOP: _____



Please call MAXORPLUS Member Services at
1-888-820-4082 for the following:

Member Assistance • Prescription Benefit Questions
Prior Authorizations • Participating Pharmacy Locations
Eligibility Verification • Technical/Transmission Assistance

For more information on SmartHealth pharmacy benefits, visit mysmarthealth.org

Rx Paper Claims Processing Information
Claim Form: www.maxorplus.com
Mailing Address: 320 S. Polk, Ste 200
Amarillo, Texas 79101

TERMS/CONDITIONS: This card is for identification only, is non-transferable and remains the property of MAXORPLUS. This card must be presented at a participating pharmacy. Prescription benefits obtained through the use of this card are governed by the conditions of the agreement between MAXORPLUS and the insuring organization. Only the person named on this card and eligible dependents may use this card to obtain prescription drug benefits. The unauthorized or fraudulent use of this card to obtain prescription drugs is punishable by law. This card is void when your eligibility terminates.

Dental

Ascension and your ministry offer dental care coverage through Delta Dental of Missouri.



Find a network dentist, print a claim form, request an ID card, ask questions and more:

deltadentalmo.com/ascension
(800) 335-8266



Although an ID card is not required, a card will be mailed to your home after your first enrollment with Delta Dental of Missouri. You may also visit the website to print a card to take with you. This will help dentists understand that your coverage is with Delta Dental of Missouri (if your ministry is outside Missouri).

Vision

Ascension and your ministry offer vision coverage through VSP Vision Care (VSP). You will not receive an ID card. When you make an appointment with the doctor, simply identify yourself as an Ascension associate with VSP coverage. The VSP provider's office can confirm that you are a VSP participant.

Find a VSP provider, review your benefits, ask questions and more:

vsp.com
VSP Member Services, available 24-hours a day: 800-877-7195
(TDD for the hearing impaired: 800-428-4833)



Please note: Illness and injury treatments for your eyes are covered by your SmartHealth medical plan, not through the vision plan.

The Ascension Network

Find providers and facilities in your area

Download the [SmartHealth app](#) or visit mysmarthealth.org > [Find a doctor](#) to find an in-network provider or facility.

Popular search terms include:

- Family medicine or family practice.
- Pediatrics.
- Internal medicine, internal medicine-pediatrics, internal medicine adolescent medicine.
- Geriatric medicine.

Be sure to check with the provider that they are a participating Ascension Network (Tier 1) provider and facility before you schedule your appointment.

It is important to remember that as an EPO member, services are covered only if you visit doctors, specialists or sites of care in the Ascension Network (except in an emergency). This includes labs and tests.

If you seek care outside of the Ascension Network without an approved referral, you will be responsible for the full cost of care.*

Prior authorization vs. referral



Prior authorization

A prior authorization is an approval that a member must receive from their health plan before receiving certain treatment, medications or services. Your doctor will request a prior authorization for you. You must have a prior authorization from SmartHealth before the service or procedure is completed.



Referral

If a service does not exist within the Ascension Network, your Ascension Network provider must submit a referral request, subject to review and approval by SmartHealth. Referrals must be within the Blue Cross Blue Shield Network. If this referral request is denied, you or your provider can submit an appeal.

Please note: In case of an emergency, prior authorization is NOT required. If you are admitted to an out-of-network hospital because of an urgent or emergency care need, SmartHealth should be notified by the second business day of your stay by your doctor or admitting facility.

*Instances that do not require a referral to go out of network: Urgent care, behavioral health and substance abuse visits, as well as medical emergencies, will be covered through any provider. For more information, visit mysmarthealth.org/plan-coverage.

Pharmacy benefits

SmartHealth offers comprehensive pharmacy benefits, administered through MaxorPlus. Ascension Rx, the preferred pharmacy for SmartHealth members for specialty and maintenance medications, offers home delivery services on certain maintenance medications in 90-day supplies. Outpatient specialty prescription medications must be filled by Ascension Rx Specialty Pharmacy to avoid paying the full out-of-pocket cost. For more information on how to enroll with Ascension Rx, visit ascensionrx.com.

For more information about SmartHealth pharmacy benefits, including the plan's prescription drug formulary, copay amounts and other details, visit mysmarthealth.org/plan-coverage/pharmacy.

Plan extras

Care management

Ascension's Care Management teams work in partnership with your doctors and multidisciplinary team members to better manage your medical, behavioral, and social conditions. Our care managers can also provide you with the education, resources and encouragement you need to support your healthcare journey.

Ascension's Care Management team is made up of registered nurses, social workers and wellness coaches, who can help with:

- Complex Care and disease management.
- Behavioral Health
- High-risk maternity.
- Transitional care management.
- Wellness and prevention programs.
- Resource referrals.

These services are available at no extra cost to you and your covered dependents. To get started, call **855-288-6747** or email acmmembers@ascension.org.

Pharmacy care management

Managing your medications can be complicated. The pharmacy care management team of pharmacists and pharmacy technicians can help ensure your medications are working for you, help you understand what your medications are for, identify possible lower cost options and answer any medication questions or concerns.

How the program works:

The pharmacist will conduct a personalized one-on-one review of your medications by phone or video chat. During the review the pharmacist may discuss:

- Understanding your medications, what they are for, what they do, when and how to best take them.
- Safety and effectiveness of the medications.
- Any side effects you might be experiencing.
- Tips and tools to help you to remember to take your medications.
- Prescription costs and possible lower-cost alternatives.
- Any of your medication concerns or questions.
- Strategies to help you reach your chronic disease state goals (e.g. diabetes, hypertension, heart failure).

Each consultation can range from 10-30 minutes, and the pharmacist can follow up with you as needed to help reach your health goals.

How to qualify:

Members with certain types of prescriptions, a large number of prescriptions, multiple chronic conditions and high prescription costs are automatically identified and will receive an offer to participate from the pharmacy care management team.

A member may also ask to participate by calling or emailing the pharmacy care management team.

These services are available at no extra cost to you and your covered dependents. To get started, call 877-560-4303 or email rxmedadherence@ascension.org.

Enhanced Disease Management program for diabetes

Ascension's care management team offers an Enhanced Disease Management program for patients with diabetes. The program is designed to help you (or your covered dependents) better self-manage your diabetes while giving you the confidence you need to make informed choices regarding your health. If you are interested in enrolling in the EDM program, please call 855-288-6747.

SmartHealth Center of Excellence Travel Benefit program for substance use disorder and addiction treatment

This program offers help to members struggling with substance use disorder and addiction. The treatment facilities are located at Ascension Brighton Center for Recovery in Brighton, Michigan, and the Ascension Illinois Foglia Family Foundation Residential Treatment Center outside of Chicago. This benefit includes:

- Assistance with travel arrangements.
- Coverage of travel to the facility for you and your travel companion.
- Reduced out-of-pocket costs for those on the SmartHealth PPO plan.

Understanding your plan



Key terms to know

Covered services

Any service, procedure or supply covered by your SmartHealth plan.

Copay

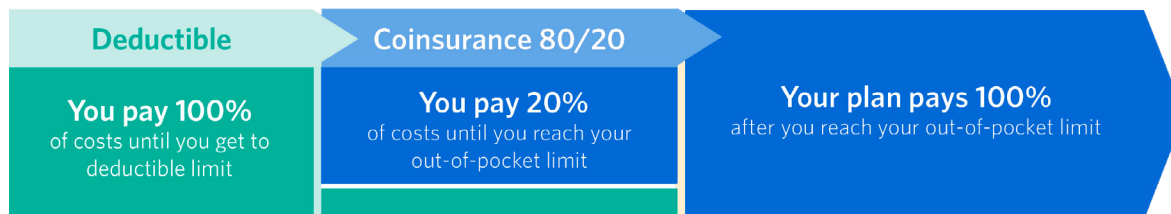
A specific, fixed amount the member must pay at the time and place services are rendered. Copays may be different amounts for different services, and a deductible may need to be met before copay rates apply. This also counts toward your out-of-pocket limits. Example: Within the Ascension Network, members pay a set copay for office visits.

Coinsurance

The share of the cost of covered services for which the member is responsible after the applicable annual deductible is met. Coinsurance payments accumulate throughout the calendar year until the individual or family out-of-pocket maximum is reached. For example, if you have a \$1,000 deductible and a 20% coinsurance responsibility, and you receive a service at a cost of \$2,000, you would be responsible for paying the full deductible (\$1,000) and 20% of the remaining balance (\$200) for a total of \$1,200, while the plan pays the remaining \$800. The \$1,200 you pay would apply to your individual and family out-of-pocket maximum for the benefit year.

Deductible

Coinsurance: who pays what and when



The amount of covered expenses that an individual or family must pay out of pocket before the plan begins to pay for covered services. Deductible amounts are accumulated per calendar year. Once the deductible is reached, the member may still be responsible for other cost-sharing amounts, such as coinsurance or copays, until the out-of-pocket limit is met for the year.

In-network

This refers to any provider, service or procedure that is contracted with the applicable network. With the EPO plan, services are covered only if you visit doctors, specialists or sites of care in the Ascension Network (except in an emergency). This includes labs and tests. **If you seek care outside of the Ascension Network without an approved referral, you will be responsible for the full cost of care.**

Out-of-network

This refers to any provider, service or procedure that is not contracted with a network covered under the plan. Out-of-network services will not be covered unless in the event of a medical emergency.

Out-of-pocket maximum

The out-of-pocket maximum is the maximum amount of covered expenses required to be paid each calendar year, including deductibles, copays and similar charges. Once you reach your out-of-pocket maximum, you will not pay any further covered expenses for the year. Note: The amount of the annual out-of-pocket maximum differs based on the plan option you choose.

Schedule of benefits

This document outlines the various services covered under SmartHealth by tier, as well as any fees associated with each type of healthcare service covered (deductibles, coinsurance, copays and maximums) and whether prior authorization is required.

Visit mysmarthealth.org to locate your schedule of benefits.

Summary of benefits coverage

This document will help you choose a SmartHealth coverage option by showing you how you and the plan would share the cost for covered healthcare services under each option.

Visit mysmarthealth.org to locate your summary of benefits coverage.

Healthcare claims process

1. **You visit your provider** and show them your ID card.
2. **You pay the copay** at the time of service (this varies depending on your plan, i.e PPO or HDHP).
3. **Your provider sends the claim** to the appropriate location specified on the back of your ID card.
4. **The claim is processed** by Automated Benefit Services (ABS), Ascension's wholly owned administrator.
5. **ABS reviews the claim** for accuracy and completeness, then determines which services will be covered by SmartHealth.
6. **SmartHealth pays or denies the claim** - this could be the entire bill or just a portion of the services, depending on your plan.
7. **ABS sends you an explanation of benefits (EOB).**
8. **You then receive a bill from your provider** with your remaining balance. (If SmartHealth covered the bill at 100%, it would show \$0 patient responsibility.)
9. **Verify that your EOB and bill match** for that date of service and for the services provided.
10. **You pay the remaining balance** to your provider.

How to read an explanation of benefits (EOB)

An EOB is a great way to keep track of your healthcare benefits and how your medical plan processes a healthcare claim. You will receive one of these for every service or claim billed to SmartHealth. They look similar to a bill, but they function a little differently. The EOB will be a letter that includes a chart, outlining how your claim was processed. You should make sure your EOB and bill from your provider match.

1. **Patient name:** The recipient of the service provided.
2. **Patient account number:** Your identification number with your doctor’s office.
3. **Claim number:** The number by which you and your SmartHealth medical plan will be able to refer to this claim should you have any questions or concerns.
4. **Provider:** The name of the healthcare provider or facility that rendered the services.
5. **Date of service:** The start and end date of the referenced service.
6. **Type of service:** A standard numerical description of the service received.
7. **Total charge:** The amount billed to your insurance by the provider or facility.
8. **Allowed amount:** The sum your health plan paid for your services.
9. **Ref no.:** This code will provide a brief description of service in the “Reference Code Explanation” section.
10. **Patient responsibility:** Any balance the provider billed that was not covered by your insurance.

EXPLANATION OF BENEFITS

This is NOT a Bill

<div style="display: flex; justify-content: space-between;"> 1 Patient: JANE SAMPLE 2 Patient Acct: 765472V3122 </div>														
<div style="display: flex; justify-content: space-between;"> 3 Claim: 1315738593 4 Provider: PROVIDER GROUP INC </div>														
5 Dates of Service	6 Service	7 Total Charge	PPC Disc	8 Allowed Amount	Ineligible Amount	Co-Pay Amount	Deductible Amount	Co-Insur Amount	Paid %	Other Ins	Payment Amount	Paid To	Patient Responsibility	9 Ref No.
01/23-01/01/01	99214	\$192.00	\$26.50	\$165.50	\$0.00	\$25.00	\$0.00	\$0.00	100%	\$0.00	\$140.50		\$0.00	S10
Column Totals		\$192.00	\$26.50	\$165.50	\$0.00	\$25.00	\$0.00	\$0.00		\$0.00	\$140.50		\$25.00	

Patient's Responsibility..... **10 \$25.00**

Reference Code Explanation

Code	Explanation
9 S10	This could be provider plan participation, deductible amount, duplicate service, etc.

What is balance billing? This happens when your insurance does not have an agreement with the healthcare provider (i.e. an out-of-network provider). This lack of agreement may mean the provider charges more than your medical plan has paid the provider. The amount you owe after insurance will be billed to you directly. This is not allowed for Tier 1 and Tier 2 providers; however, if you go to an out-of-network provider, balance billing may occur. If you receive a bill from a Tier 1 or Tier 2 provider for an amount above your patient responsibility, please contact SmartHealth customer service at 888-492-6811.

Know where to go

Your doctor's office	Virtual urgent care	Urgent care centers	Hospital-based emergency rooms	
Your first call	Convenient	When your doctor can't see you	For life-threatening illnesses or injuries	
\$	\$	\$\$	\$\$\$	Cost
			✓	Chest pain Head trauma Seizures Difficulty breathing Neurological changes
✓		✓		Vaccinations Vomiting/diarrhea
✓	✓	✓		Earache Flu or sore throat Sinus infections Sprains Urinary tract infection
		✓	✓	Broken arm Knee injury
✓		✓		Small cuts/lacerations

Thank you for being a valued SmartHealth member. If you have any questions, download the [SmartHealth app](#), visit mysmarthealth.org or call SmartHealth customer service at **888-492-6811**.

This is a brief summary of the plans. If there is any inconsistency between the official plan documents and the information provided in this summary, the official plan documents will govern. To obtain a copy of a plan document, please contact Ascension HR Central at 844-847-4747. For details about plan benefits, please contact customer service at the number shown on the back of the applicable ID card, or view the applicable Summary Plan Description at mysmarthealth.org.