QualChoice®
HEALTH INSURANCE

Member Handbook

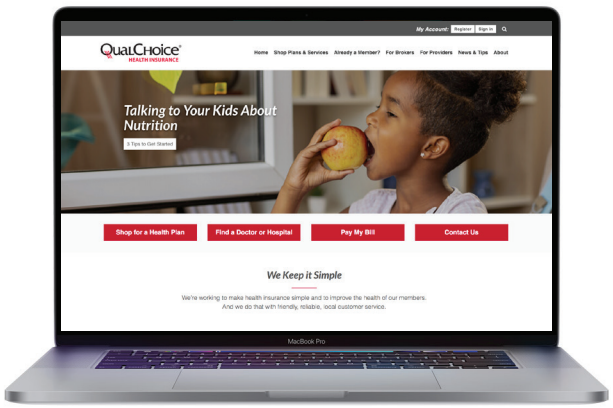
Make the most of your health benefits.

Welcome to QualChoice!

Review this handbook to learn how to use your QualChoice benefits. Our goal is to make it easy to manage your benefits wisely. For full details about your specific health plan, visit QualChoice.com. To view and print your official plan documents, sign in to *My Account*. Select *Your Benefit Booklet*.

QualChoice Online

The home page and *Already a Member?* sections of QualChoice.com contain everything you need to know to manage your benefits.



Sign in to your *My Account* pages to:

- Review claims
- See what you've spent toward your deductible
- View benefit documents
- View referrals and authorizations
- Change your address
- Change your password
- Order an ID card or print a temporary one
- View your drug formulary
- Access more QCARE health and wellness resources

For help, call Customer Service.

QualChoice.com

For questions, suggestions, or complaints	*Already a Member? > Tools and Resources > Have a Question?*
How to use *My Account*	*Already a Member? > Tools and Resources > Using My Account*
Find a doctor or hospital	*Already a Member? > Tools and Resources > Find a Doctor or Hospital*
Look up a medical coverage policy	*Already a Member? > Tools and Resources > Medical Coverage Policies*
See a list of preventive care benefits	*Already a Member? > Tools and Resources > Find a Form or Document*
See all formularies and pharmacy information	*Already a Member? > Using Your Benefits > Pharmacy and Drug Formularies*
See which services require pre-authorization	*Already a Member? > Tools and Resources > Services Needing Pre-authorization*
Download a medical claim form	*Already a Member? > Tools and Resources > Find a Form or Document*
Find information on appeals	*Already a Member? > Tools and Resources > Find a Form or Document*

QualChoice by Phone

Our highly trained and experienced Customer Service reps are easy to reach and easy to talk to!

When you call, have these items ready:

- Your QualChoice ID card
- Your claim number or invoice for billing questions

Customer Service
501.228.7111 or 800.235.7111
Monday–Friday, 8 a.m. to 5 p.m.
For medical or mental health emergencies outside of these times, contact your doctor or go to the nearest ER. Or use QualChoice Telehealth from Teladoc 24 hours a day. Learn more and set up your account at QualChoice.com.

Prescription Drug Benefits
833.750.9904

Specific Prescription Drugs
833.750.9904 (Express Scripts)

QCARE Health & Wellness Programs
501.228.7111 or 800.235.7111
Talk with a registered nurse care manager or a health coach.

Healthcare Fraud
501.228.7111 or 800.235.7111
Report suspected fraud to our Compliance Department. Email: fraud@QualChoice.com

Eligibility (Enrollment/ID Cards)
501.228.7111

Please call Customer Service for free interpreter services as needed.

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IMPORTANT NOTICE

The QualChoice *Member Handbook* is an overview of your health plan benefits, which are underwritten by the following entities:

QCA Health Plan, Inc. (QCA) is a Health Maintenance Organization which is licensed with the State of Arkansas. All Point of Service (POS) and HMO products are underwritten by QCA. QualChoice Life and Health Insurance Company, Inc. (QCLHIC) is a life and health insurance company which is licensed with the State of Arkansas. All Preferred Provider (PPO) and ancillary products are underwritten by QCLHIC.

For a complete and detailed explanation of all benefits and services covered by your plan, please refer to your Coverage Policy or Certificate, *Benefit Summary* and the federally mandated *Summary of Benefits and Coverage (SBC)*. If there are any differences between this *Member Handbook* and the official plan document(s) for any benefit plan, the official plan documents will govern.

Enrollment

Life events — such as a new baby — bring great joy. They also bring many new concerns. That's why we make adding to or changing your coverage as easy as we can.

Open Enrollment Period (OEP) & Special Enrollment

Open Enrollment is an annual time when your employer allows you to add to or change your benefits or sign up for coverage. To apply outside the OEP, you must have a qualifying event like the birth of a child or a marriage or divorce. This is also known as a Special Enrollment Period. You must let us know within a certain timeframe when you have a qualifying event.

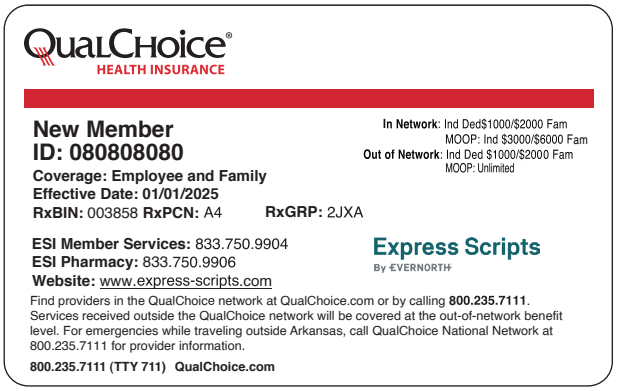
If you have this qualifying event	Let us know within
Death of a covered family member	30 Days
Marriage or divorce	
Legal custody of a child	
Loss of other group health plan	
Added a child through a Qualified Medical Child Support Order	
Adoption or addition of a stepchild or stepchildren	60 Days
Loss of Medicaid or state Children's Health Insurance Program (CHIP) such as ARKids	
Birth of a child	90 Days
Return to civilian status after military duty	

If a qualifying event happens, ask your employer/group administrator for eligibility rules and a *Change Form*. You must complete, sign and return the *Change Form* to your employer/group. Be sure to keep a copy for your records.

Your QualChoice ID Card

You should receive your card about two weeks after enrollment. If you need one sooner, please call the Enrollment team. They can provider your member ID number and help you sign up for the *My Account* member portal at QualChoice.com.

Sign in to *My Account* if you'd like to print a temporary ID card. When you get your permanent card, make sure your information is correct. If there are any errors, please call Enrollment right away. Always carry your card with you and show it each time you need healthcare services. Don't let anyone else use your card. To learn more or for questions about your ID card, call Enrollment at 800.235.7111.



Your Health Plan Overview

What Does Your Plan Cover?

We want to meet your healthcare needs. Our plans cover a wide range of medical and mental health services. To be covered and for the cost to be reimbursed, a service must be:

- Described in your plan documents
- Medically needed
- Ordered by your treating provider or primary care provider (PCP)
- Approved by us (when required)

Some services that must be pre-approved:

- Care from an out-of-network provider
- Some surgeries
- Hospital stays

QualChoice follows the Mental Health Parity and Addiction Equity Act (MHPAEA) for plans with mental health benefits. We make sure that for these plans, coverage for mental health or substance use disorder compares to coverage for medical care. Some mental health care may require authorization. Check your official plan documents to see if your plan includes mental health benefits. For questions, call Customer Service at 800.235.7111 or 501.228.7111.

Refer to your Coverage Certificate or Policy to get the details for each covered service. Some services may be excluded or have cost limits.

Note: *Each time you receive care, be sure to stay within the QualChoice network. Remember to use an in-network provider for preventive care too. Use our Find a Doctor or Hospital tool at QualChoice.com to see if a provider is in-network.*

Pre-Authorization

Some services call for pre-authorization. This means you need approval from QualChoice before getting the care. If you don't get approval before you receive the care, you may have to pay the total cost!

Visit QualChoice.com to see if a service needs pre-approval. In the Member section, look under Tools & Resources for Services Needing Pre-Authorization. To check the status of an approval request, call Customer Service at 501.228.7111 or 1.800.235.7111 (TTY: 711).

In-Network and Out-of-Network Pre-Authorization

- If you use an in-network provider, they must get any needed pre-approval.
- If you're traveling and using the QualChoice National Network, you must get it if it's required.
- If you're using an out-of-network provider, you must make sure they get it if required.

What's Not Covered?

We cover many vital wellness services and health screenings. But there are still some things that your plan doesn't include. See your Coverage Certificate or Policy for:

- A full list of limits and exclusions for your plan
- A list of which healthcare and preventive services are covered

To review or download your official plan documents, sign in to *My Account* at QualChoice.com. At right choose Your Benefit Booklet. Find information about copayments, cost sharing, and deductible in your *Benefit Summary*. For a list of covered services and those that are excluded, see your Coverage Certificate or Policy.

Getting Care In-Network

To get the best use of your benefits at a lower cost, use doctors and facilities that are in your network.

Some care is covered only in-network. Make sure your main doctor uses in-network providers for all your care. If your doctor orders services or equipment outside your network, like X-rays or lab tests, QualChoice may not pay for those. You will have to pay all charges.

See your *Benefit Summary* for services that are not covered out-of-network. Make sure all your providers are in-network.

Getting Care Out-of-Network

A doctor or other provider who is not in our network is called an out-of-network (OON) provider. Most of the time, if you use an out-of- network provider, benefits will pay less. Sometimes, care from an out-of-network provider is not covered at all.

If your plan includes coverage for out-of-network care, those services are subject to a Maximum Allowable Charge. That means QualChoice will only pay costs up to that amount. You will have to pay your cost share amount plus the difference between the Maximum Allowable Charge and the amount billed by the provider. Check your *Benefit Summary* and Coverage Policy or Certificate for details.

Where to Go for Care

Finding the Type of Care You Need

Find the type of care you need at QualChoice.com. Click on Find a Doctor or Hospital. Choose from Individual Providers, Hospitals, or Other Facilities. Whether you need primary care, behavioral health, specialty or urgent care, you'll find a provider here. Be sure to choose a provider in your network for the highest benefits and lowest out-of-pocket costs.

Call Customer Service at 1.800.235.7111 (TTY: 711) for:

- Information about a provider's medical school and residency
- A printed Provider Directory (a listing of providers near you)
- Information on how to obtain primary care services, including points of access

Travel or School Outside the Service Area

Let us know within 30 days of moving or starting work or school outside your network area. If you use a QualChoice National Network (QCNN) provider, your Covered Services will be paid at the in-network level. Services from a non-QCNN provider will be paid as out-of-network.

You also must let us know if you go to an out-of-network emergency room for treatment and are admitted for further care or inpatient treatment. If you do not notify us within 24 hours, or on the next business day, your claims may be denied.

Telehealth Services

QualChoice Telehealth gives you access to in-network healthcare providers 24 hours a day by phone or video. Use it when you can't see your regular doctor — right when you need it or by appointment. Use it for things like:

- Colds, flu, and fevers
- Sinus problems, allergies
- Upper respiratory infections
- Pink eye
- Rash, skin conditions
- Ear infections
- Bronchitis

Depending on your plan, cost sharing may apply. Be prepared in case you can't see your PCP when you need care. Set up and activate your account online at Teladoc.com/QualChoice.

Get the Right Care at the Right Place

When you need medical care, know where to go or what to do. Your choices include:

1. Making an appointment with your primary care provider (PCP)
2. Going to an urgent care center
3. Going to the emergency room (ER)
4. Using our Telehealth Services from Teladoc

Your decision will depend on your situation. Always make sure your providers are in-network. Using in-network doctors can save you money!

If Your Health Issue Isn't Life Threatening, See Your PCP

Visit your PCP if you need:

- Help with things like colds, flu, and fevers
- Treatment for an ongoing health issue like asthma or diabetes
- A general checkup
- Vaccinations
- Advice about your overall health
- Preventive care or screenings

When to Go to an Urgent Care Center

An urgent care center gives fast, hands-on care for sickness or injuries. These are things that aren't life threatening but need to be treated within 24 hours. An urgent care center is a good choice if you can't see your PCP right away. Common urgent care issues include:

- Sprains
- Ear infections
- High fevers
- Flu symptoms with vomiting

If you think you need to go to an urgent care center, call your PCP first. He or she may give you care or advice over the phone or direct you to the right place. If your PCP's office is closed, do one of these things:

1. At QualChoice.com, choose Find a Doctor or Hospital. Type in your ZIP code and under Other Facilities, choose Urgent Care Center.
2. At QualChoice.com, choose Telehealth Services in the Member section under Using Your Benefits. Follow the links to set up a Teladoc account to get help 24 hours a day.

Check your coverage certificate for your urgent care cost share. After your visit, let your PCP know you were seen at an urgent care and why.

When to Go to the Emergency Room (ER)

Anything that endangers your life (or your unborn child's) without medical help right away is an emergency. Call 911 in case of an emergency.

Emergency services treat injuries or the onset of what appears to be a medical problem. We cover emergency medical and mental health care both in and out of our service area.

If your health issue is not an emergency, your treatment at an ER will not be covered. Read your Coverage Policy or Certificate for the full meaning of an emergency.

For ER care when traveling outside our network, use the QualChoice National Network (QCNN). For a list of QCNN providers, call the toll-free number on your QualChoice ID card. You must let us know if you go to an out-of-network ER for treatment and are admitted for further care or inpatient treatment. If you do not let us know within 24 hours or on the next business day, your claims may be denied.

Note: *Providers that treat you in the ER may not be in the QualChoice network. In that case, they may balance bill you for the difference between our allowed amount and their billed charge. Be sure to ask your providers if they are in-network so you don't end up with surprise charges.*

Check your coverage certificate for more about provider billing and balance billing.

YES **Go to the ER for if you have:**

- Broken bones
- Bleeding that won't stop
- Labor pains or other bleeding (if you're pregnant)
- Severe chest pains or heart attack symptoms
- A drug overdose
- Poison danger
- Bad burns
- Shock symptoms (sweat, thirst, dizziness, pale skin)
- Convulsions or seizures
- Trouble breathing
- The sudden loss of sight, movement, or speech
- Gun or knife wounds

NO **Don't go to the ER for:**

- Flus, colds, sore throats, or earaches
- Sprains or strains
- Cuts or scrapes that don't need stitches
- Prescription refills
- Diaper rash

Making an Appointment With Your PCP

To make an appointment with your PCP, call their office during business hours and set up a time and date. To cancel or change your appointment, call 24 hours ahead of time. At every visit, be sure to bring your member ID and a photo ID.

How long should it take to get an appointment?

It's important to get the care you need within a reasonable time. Here's what you should expect:

- Routine PCP visits – within 30 calendar days
- Urgent PCP visits – within 48 hours
- Adult sick visits – within 48 hours

You should not have to wait more than 30 minutes from your appointment time. If the wait time will be more than 30 minutes, the office should give you a choice of waiting or rescheduling.

Prescription Drug Benefits

QualChoice Pharmacy Network

QualChoice partners with Express Scripts to handle your prescription benefits.

Express Scripts Pharmacy Help Desk: 833-750-9904

Your benefit includes:
- Wide retail pharmacy network
- Online tool to compare pharmacy drug prices
- Home delivery service
- Generic and therapeutic substitution programs

Access the Express Scripts website from the QualChoice.com member portal. Sign in to *My Account* at QualChoice.com and select your drug formulary to enter the Express Scripts website. From there, you can manage your pharmacy benefits.
- View your drug formulary
- Find an in-network pharmacy
- Manage your prescriptions
- Get prescription costs
- Order refills for mail-order prescriptions

For questions or to have a copy of your drug formulary mailed to you, call Customer Service.

Benefits for High-Deductible Health Plans

If you are in a high-deductible health plan, your drug claims will be applied to your deductible. Show your member ID card to get the QualChoice discount rate. After meeting the deductible, you may pay only coinsurance for each 30-day supply. Out-of-pocket costs will depend on which drugs you use.

Filling and Managing Your Prescriptions

How to Get Your Prescription

- See a network provider for a prescription.
- Go to a network pharmacy and show them your QualChoice ID card. For a list of pharmacies near you, in the Member section, look on the Pharmacy and Drug Formulary page and see the Alliance Network – Arkansas Pharmacies. Or, contact Customer Service at 1.800.235.7111 (TTY: 711) for help.
  - When traveling, you may use out-of-state pharmacies in the network.
- Give the pharmacy your prescription order.

Maintenance Drugs

Depending on your plan, you can get up to a 90-day supply of maintenance drugs. You may get them at your retail pharmacy or sent right to your door.

Maintenance drugs are those taken routinely for things like high cholesterol, high blood pressure or high blood sugar. You must pay your member cost share.

Please check your Coverage Policy or Certificate for exclusions and limits, including procedures that affect coverage of pharmaceuticals.

To enroll in pharmacy mail service, sign in to *My Account* and select Your Drug Formulary to enter the Express Scripts website. Or call the Express Scripts Pharmacy Help Desk at 833-750-9904.

Our Covered Drug Lists

The QualChoice Drug Formularies or Preferred Drug Lists (PDL) are lists of brand name and generic drugs that you may receive at retail, mail and specialty pharmacies. They have been chosen for their effectiveness, safety, and cost. They are listed by the category of medical condition they are used to treat. They are also assigned to certain tiers according to their value. The PDL includes all drugs available both with and without pre-authorization (PA) and those that have the restrictions of Step Therapy (ST).

Depending on your plan, you may pay a lower cost share for drugs in the lower tiers of your formulary. Be sure to ask your doctor to write a prescription for a preferred drug first.

See your Coverage Policy or Certificate or *Benefit Summary* for your prescription drug benefits. View all current drug formularies at QualChoice.com or to have a copy of your drug formulary mailed to you, call Customer Service.

How We Create Our Formularies

We want to make sure our formularies (drug lists) reflects clinical standards and gives our members the best value. To do this, we work with a Pharmacy and Therapeutics (P&T) Committee to continually review new FDA-approved drugs and those already on the market. Doctors, pharmacists, and nurses make up the committee. They choose the drugs based on safety, effectiveness, and cost compared to other drugs in their class. The drug lists are not meant to be complete lists of all the drugs covered under your benefit; not all dosage forms or strengths of a drug may be covered.

Updates and major changes in drug coverage and pharmacy management are communicated to members and providers as needed.

Note: *The formulary may be updated at any time during the year. Listing of a medication on the formulary does not ensure that it is covered. Please check your plan's coverage.*

Formulary Tiers

QualChoice prescription drug benefits fall into five member payment categories. Sign in to *My Account* to check your cost by tier and the name of your specific formulary. Select Your Benefit Booklet.

Note: *If you choose a covered brand name drug over a generic, you may have to pay the brand name copayment amount. You may also have to pay the difference in cost between the brand and the generic.*

TIER 1 **Lowest Cost Share**

Most, but not all, generic medicines are in Tier 1. For the lowest out-of-pocket expense, ask your doctor if a Tier 1 medicine would work for you.

TIER 2 **Medium Cost Share**

Ask your doctor to consider a Tier 2 medicine if a Tier 1 won't work for you.

TIER 3 **Highest Cost Share**

If your medicine is in Tier 3, ask your doctor if a Tier 1 or Tier 2 might work for you.

SPECIALTY DRUGS

Drugs in this tier need special handling. They often require pre-authorization (pre-approval). They are used to treat complex or rare health issues and are very costly.

Small group ACA-approved metallic plans include two specialty tiers:

- **Tier 4** – Generic Specialty
- **Tier 5** – Brand Name Specialty

Note: *Copayments do not apply to high deductible health plans.*

Generic Drugs

Generic drugs have the same active ingredients as the brand name drugs and should be used as the first line of treatment. The FDA requires generics to be safe and work the same as brand name drugs. If there is no generic available, there may be more than one brand name drug to treat a condition. Preferred brand name drugs are listed on Tier 2 to help identify brand drugs that are clinically appropriate, safe, and cost-effective treatment options, if a generic medication on the formulary is not best for your condition.

Drugs That Need Pre-Authorization

Some prescription and specialty drugs need approval by QualChoice before you get them. This is called must be pre-authorization (PA). They may be right only for certain diseases or require other drugs to be tried first. Ask your doctor if your prescription requires a PA. If it does, ask if there is another medicine that can be used that doesn't require a PA.

QualChoice network doctors can check Services Needing Pre-authorization at QualChoice.com or the PDL for medications requiring pre-authorization. They have been notified the drugs included in the PDL, how to request a pre-authorization and the special procedures to use for urgent requests.

If your doctor wants to prescribe a drug that requires a PA, you or your doctor must have approval before filling the prescription. If you don't get approval, your medication may not be covered. Call Express Scripts at 833.750.9904 to start the pre-authorization process. Your doctor must provide the needed information to Express Scripts for review. If the PA request is not approved, you and your doctor will be notified in writing and you will be provided information about how the appeal and administrative review process.

Step Therapy

Some medications listed on the QualChoice PDL may require use of other drugs first before the medications are covered. This is called step therapy (ST). If QualChoice has a record that the required medication was tried first, the ST medications are automatically covered. If QualChoice does not have a record that the required medication was tried, you or your doctor may be required to provide more information and request a PA. If the PA request is not granted, we will notify you and your doctor and provide information regarding the appeal process.

Drugs With Limits

Generally, non-maintenance drugs may be dispensed up to a maximum 30-day supply while maintenance drugs can be dispensed up to a maximum 90-day supply. A total of 75% of the days supplied must have elapsed before the prescription can be refilled.

Additionally, select drugs may have different quantity limits placed on them and are designated with a QL beside the drug in the PDL or Comprehensive Medication List. Some medications on the QualChoice PDL may also an age limit (AL). These are set for certain drugs based on FDA-approved labeling for safety concerns and quality standards of care. The AL aligns with current FDA alerts for the appropriate use of pharmaceuticals.

QualChoice may limit how much of a medication you can get at one time. Dispensing outside the quantity limit (QL) or age limit (AL) requires PA. If the doctor feels you have a medical reason for getting a larger amount, he or she can ask for PA. If QualChoice does not grant PA, we will notify you and your doctor and provide information regarding the appeal process.

Medical Necessity Exception Requests

If you require a medication that does not appear on the PDL, your doctor can make a Formulary Exception request for the medication. Exceptions are rare because PDL medications will be appropriate to treat the majority of medical conditions.

For an Exception Request, QualChoice requires:

- Documentation of failure of all PDL drugs used to treat the same diagnosis (for example: migraine, neuropathic pain, etc.); or
- Documented intolerance or contraindication to all drugs used to treat the same diagnosis (provided two agents exist in the therapeutic category with comparable labeled indications); or
- Documented clinical history or presentation where the patient is not a candidate for any of the PDL agents for the indication.

All reviews are performed by a licensed clinical pharmacist using the criteria established by the QualChoice P&T Committee. If the clinical information provided does not meet the coverage criteria for the requested medication, QualChoice will notify the member and their practitioner of options and provide information regarding the appeal process.

Health and Wellness

Helping You Get and Stay Healthy

Preventive care helps to keep you well and catch health problems early. Be sure to use your preventive care benefits. Depending on your plan, preventive care benefits may be paid at 100%. See your *Benefit Summary* or call Customer Service to see what your plan covers.

For a list of covered preventive health services, check the Preventive Health Benefits policy under Medical Coverage Policies at QualChoice.com. Download a table of suggested preventive screenings on the Find a Form or Document page. Or call Customer Service for help.

QCARE Health Management

Our QCARE programs can help you live a healthier life and handle any serious or ongoing health issues.

Care managers provide support for members with complex health problems. You may call Care Management to ask for help at any time. A doctor or a family member may also refer you to Care Management. If your claims show that you may need help, a care manager may call you.

Complex and Ongoing Illness

Our registered nurse care managers offer support for complex health problems and long-term health issues like:

- Asthma
- Cancer
- Congestive heart failure
- High blood sugar
- High-risk pregnancy
- High blood pressure
- Organ transplant

A skilled nurse care manager will help you:

- Handle long-term health issues
- Follow your doctor's plan
- Catch problems early
- Stay healthy

One-on-One Health Coaching

Improve your health and lower your out-of-pocket costs. QCARE health coaches will help you set and reach health and well-being goals. They provide support on stopping tobacco use, eating better, managing stress, and more.

QCARE Programs

▶ **Managing Diabetes**
If you have diabetes (high blood sugar), a QCARE nurse care manager can help you handle day-to-day issues and teach you how to take better care of yourself.

▶ **Heart Health**
Get a personal healthcare plan to handle high blood pressure. By following the plan, you will build skills for a healthier heart and a healthier life.

▶ **CARES Cancer Management**
CARES — Cancer Awareness Resources and Support — is for members with cancer and their loved ones. It helps them follow their doctor's plan, lessen treatment side effects and manage the illness through recovery.

▶ ***Kick the Nic!* Stopping Tobacco Use**
This 12-week program of health coaching and tools can help you quit tobacco use. The program includes two doctor visits. If Chantix (Varenicline) is prescribed, it is included at no out-of-pocket cost. YOU have to take the first step and make the call!

▶ **Special Additions Maternity Program**
Along with pre-birth care from a doctor, this program helps ensure a healthy pregnancy and a healthy newborn. Our nurse care managers teach future moms what to expect through all stages of pregnancy.

▶ **Organ Transplant Care**
Organ transplants can help people live longer and have a better life. Our nurse care managers make sure you get the right care and support before, during, and after a transplant. All transplant procedures must be pre-authorized.

For information on QCARE programs, visit QualChoice.com or call Customer Service.

Get Help and Learn More Online

Register for *My Account* at QualChoice.com and sign in for more resources. In the QCARE programs section, you'll find:

- Questions to Ask Your Doctor
- Find and Compare Hospitals in Your Area
- Health Topics A to Z
- USDA's Choose My Plate website

QCARE may not be included with all plans. Check with your employer or the person who handles your benefits. It's free to take part, and completely private.

How We Make Coverage Decisions

The Right Care at the Right Time

QualChoice affirms that:

- Coverage decisions are based only on correctness of care and the member's coverage.
- We do not reward doctors or other providers to deny coverage.
- We do not offer rewards to encourage under-use of benefits.

We support the best care possible and the best use of healthcare dollars. To ensure this, the care being given must:

- Be medically needed
- Be correct for the condition
- Follow best practices

This is called utilization management. It means the review by our Medical Director and clinical staff of things like:

- Time frame of care given
- Number of days in hospital
- Amount of medicine given
- Recovery time

Reviewing these things helps patients get the right service at the right time, and for the right length of time. It also ensures that only the care that is needed is given. No unneeded care is given.

The QualChoice Utilization Review program reviews services to ensure the care you receive will be the best way to help your medical condition. The procedures include a review of your medical notes and talking with your doctor, hospital, or other care providers. There are different types of utilization review methods and time frames for decisions and notifications. Utilization management procedures may include, but are not limited to:

- Preservice review (before you receive the service)
- Urgent concurrent review (while you are receiving the service)
- Postservice review (after you have received the service)
- Filing an appeal

You or your doctor may always call us for questions about medically necessary care. Your doctor may also call our Medical Director to discuss your case and treatment plan. QualChoice can provide language help if you need it. Your doctor may ask for pre-authorization in the *My Account* portal at QualChoice.com 24 hours a day.

New Technology

Medical technology changes often, and we want to grow with it. If we think a new medical technique can help our members, we consider it for coverage. This can include things like:

- New technology
- New medical procedures
- New drugs
- New tools
- A new use of existing technology

When weighing a new technology, our Medical Director may review:

- Clinical policies from other health plans
- Federal and state rules
- Published data from scientists
- Public information such as online resources
- Facts from a board-certified expert

A panel of local Arkansas doctors reviews and approves a medical policy for the new technology. The Medical Director may approve one-time coverage if the medical policy is not in place yet.

Quality

Our Quality Improvement (QI) program is an important part of your plan. The program supports our goal of improving member health. It reviews the quality of care and services, to ensure that:

- Members get the care they need, when and where they need it
- Members receive quality care.
- Members' cultural needs are met.
- Members are happy with their care and service.
- Members' safety and privacy are maintained.
- A wide range of provider specialties are covered.

Some of our QI goals include:

- Good health and quality of life for all members
- Quality provider care that meets industry standards
- Customer service that meets performance standards
- Reminding members to get preventive care each year
- A minimum of incomplete or duplicate services in all departments
- A member experience that meets our target metrics
- Compliance with all State and Federal laws and rules
- High HEDIS®* scores on the quality of care our members receive

*Healthcare Effectiveness Data and Information Set

For a copy of our annual QI program review, call us at 1.800.235.7111 (TTY: 711).

Claims, Complaints, and Appeals

How to Submit a Claim

For most Covered Services, there's no paperwork when you receive care from an in-network provider. Just show your QualChoice ID card and pay your cost share. Your provider will send the claim to us and we will pay the provider.

If you receive out-of-network care, you or the provider must file a Medical Claim Form. You will get an Explanation of Benefits (EOB) by mail, showing the costs covered by your plan and the charges you must pay.

To download a Medical Claim Form, visit Find a Form or Document at QualChoice.com or call Customer Service.

How to Make a Comment or Complaint

Get your questions answered, give us ideas on how we can better serve you, or express a concern. Use our QuicQuestions service to tell us your thoughts and get a reply in one to two business days. You can also check the status of your request in the same place.

To make a comment, suggestion or complaint, visit QualChoice.com. Select Contact Us, Have a Question? to use the QuicQuestions service. You may also call Customer Service, Monday through Friday, 8 a.m. to 5 p.m.

How to Appeal a Coverage Decision

If we deny all or part of a claim, you will get an Explanation of Benefits (EOB) or a denial letter in the mail. This is called an adverse determination. If you do not agree with the decision, you can ask for a review or an appeal.

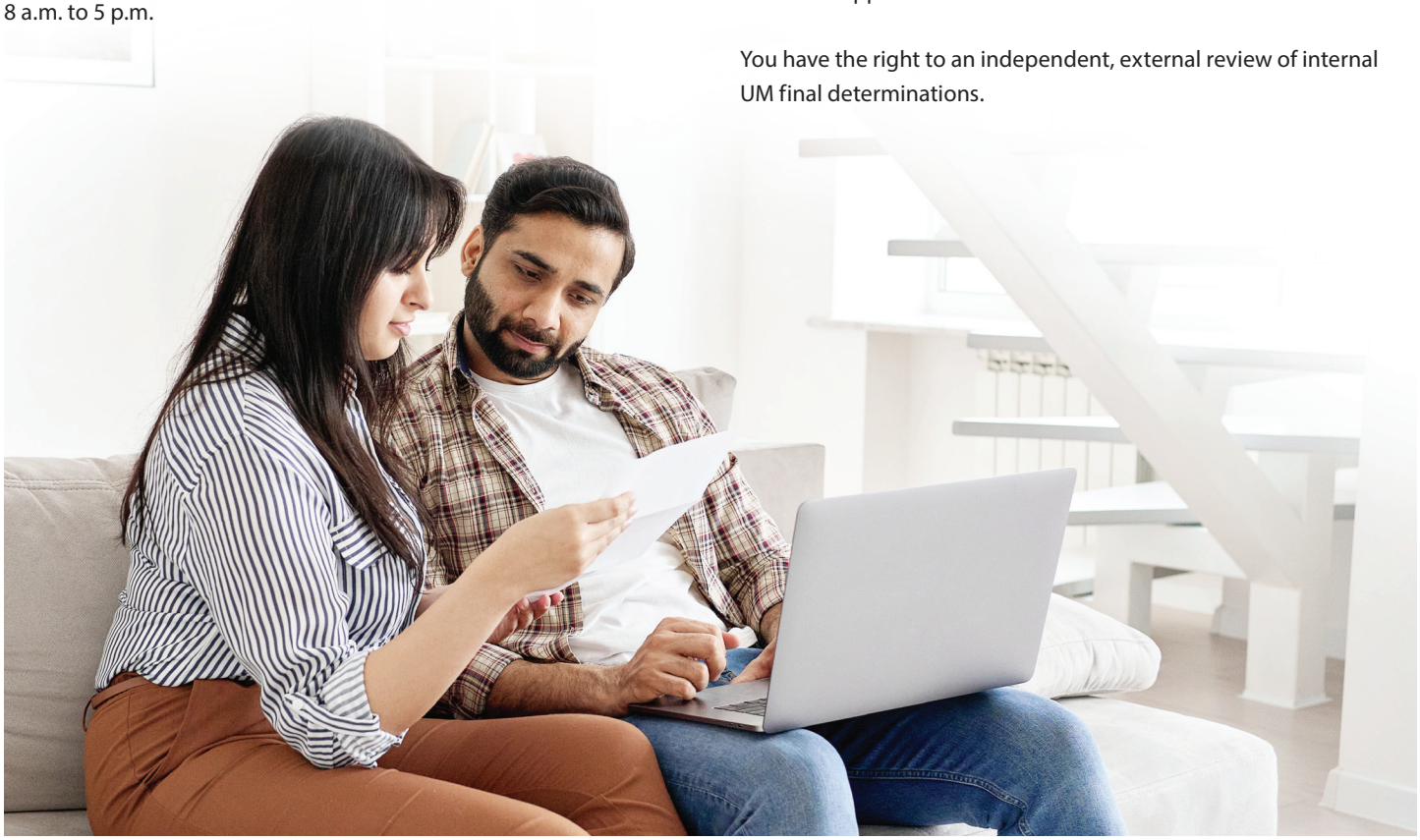
You may make the appeal yourself or name someone else (such as your doctor or a family member) to appeal for you. This person is known as an authorized representative. Please complete Section IV of the Member Appeal Request Form if you are asking someone else to act on your behalf.

Step 1: Call Customer Service at 800.235.7111 or 501.228.7111 to review your denial. We may be able to solve your issue quickly outside of the formal process.

Step 2: Send us a Member Appeal Request Form or an appeal letter, along with all supporting records or papers. Be as accurate as you can. This will help us do a timely and in-depth review. We must receive your appeal within 180 calendar days of the date you get your EOB or denial letter. We will send you an answer in writing.

Plans vary, so be sure to read your plan documents for complete details on appeals.

You have the right to an independent, external review of internal UM final determinations.



Helpful Terms (A–N)

Review these terms to better understand how your health plan works. Please refer to your Coverage Policy or Certificate or *Benefit Summary* for the specific details of your plan.

Balance Billing
When an out-of-network provider bills you for the difference between their actual charges and the Maximum Allowable Charge. If the provider charges $100 and the Maximum Allowable Charge is $70, the provider may bill you for $30 added to any cost share you are required to pay. An in-network provider cannot balance bill you for Covered Services.

Benefit Summary
An outline of your plan benefits and limits. Be sure to keep your *Benefit Summary* where you can easily find it.

Care Management
Planning, carrying out, coordinating, and evaluating choices and care to meet a member's health needs.

Coinsurance
A fixed portion of the Maximum Allowable Charge you must pay toward the cost of certain Covered Services. Those Covered Services that call for coinsurance are listed in your *Benefits Summary*.

Copayment
A fixed amount you pay for a Covered Service, most often at the time of service. The amount can differ by the type of Covered Service.

Cost Share
The share of the Maximum Allowable Charge that you pay out of your own pocket. Generally includes deductibles, coinsurance, and copayments or similar charges. It doesn't include premiums, balance billing amounts for out-of-network providers, or the cost of non-covered services.

Covered Services
The services or goods your health plan covers.

Coverage Certificate
A legal document that describes the terms and conditions of your group health insurance plan.

Coverage Policy
A legal document that describes the terms and conditions of your individual/family health insurance plan.

Deductible
The amount you pay for healthcare services covered by your plan before the plan starts to pay. The deductible may not apply to all services.

Designated Personal Representative
A person authorized by the member to act on their behalf, in pursuing a claim or an appeal of a denied claim.

Drug Formulary
A list of generic and brand name drugs in your prescription drug plan.

Effective Date
The date your insurance coverage starts. You are not covered until the policy's start date.

Emergency
A sickness, injury, symptom, or health issue so serious that a normal person would seek care right away to avoid serious harm. Please check your Coverage Policy or certificate for the full meaning.

Excluded Services
Healthcare services that your health insurance plan doesn't cover.

Explanation of Benefits (EOB)
A written statement issued by QualChoice for any healthcare services that you have received and the resulting benefits and charges covered or not covered by your health plan.

Health Coach
An RN trained to help members in reaching short- and long- term goals for a healthier life. QualChoice health coaches can help members stop smoking, improve their diet, or better handle ongoing health issues like high blood sugar or high blood pressure.

In-Network Provider
A doctor or other healthcare provider who contracts with your health plan to provide services at a set rate.

Maximum Allowable Charge
The amount a health plan will allow for a Covered Service. It may be less than the real charges billed by the provider, and is subject to any cost sharing amounts under your plan.

Network (or Provider Network)
The healthcare experts, facilities and suppliers that have agreed to provide healthcare services to your health plan at an agreed upon rate.

Nurse Care Manager
QualChoice nurse care managers are RNs who offer support to members with complex and long-term health issues.

Helpful Terms (O–U)

Out-of-Network Provider
A doctor or other healthcare provider who doesn't have a contract with your health insurer to provide services. You'll likely pay more to see an out-of-network provider.

Open Enrollment Period (OEP)
A period when members can add to or change their health benefits or sign up for coverage.

Out-of-Pocket Limit
The most you pay during a plan period (usually a year) before your health plan starts to pay 100% of the Maximum Allowable Charge. This limit never includes your premium, balance-billed charges, or care that your health plan doesn't cover.

Plan
Benefits your employer, union, or other group sponsor provide to you to pay for your healthcare services.

Pharmacy Network
A group of pharmacies that has agreed to provide prescription drugs to plan members at certain discounts or rates.

Pre-Authorization
A decision by your health plan that a service, care plan, prescription drug, or healthcare device is medically necessary. Sometimes called prior authorization, prior approval, or pre-certification. Your health plan may call for pre-authorization for certain services before you get them, except in an emergency. Pre-authorization isn't a guarantee your health insurance or plan will cover the cost.

Preventive Care
Programs or services that can help prevent disease. This may include yearly exams, shots, and tests for some diseases. The tests are sometimes called screenings. QualChoice follows the direction of the U.S. Preventive Services Task Force in deciding on coverage for preventive services.

Primary Care Provider (PCP)
A doctor, nurse practitioner, clinical nurse specialist, or physician assistant (as allowed under state law) who provides, coordinates, or helps a patient use a range of healthcare services.

QCARE
The QualChoice health and wellness program offering support for complex health problems and long-term health issues. It also helps members set and reach health and well-being goals, leading to more effective and efficient care.

Qualifying Event
A change in your life that means you may enroll in health coverage or change plans outside an Open Enrollment Period. Changes may be, but are not limited to, moving to a new state or changes in your family size (marriage, divorce, or birth of a baby).

Rehabilitation Services
Healthcare services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or decreased because a person was sick, hurt, or disabled. May include physical and occupational therapy, speech-language pathology, and psychiatric services in inpatient and/or outpatient settings.

Skilled Nursing Care
Services from licensed nurses in your own home or in a nursing home.

Specialist
A doctor who focuses on a certain area of medicine or group of patients to diagnose, manage, prevent, or treat certain types of symptoms and health problems.

Summary of Benefits and Coverage (SBC)
A summary of the price, benefits, and other features of a health plan, provided by health insurers and group health plans as required by the Affordable Care Act.

Service Area
The area of the country or state in which a health plan is licensed by the state to do business. The QualChoice service area includes all 75 counties in Arkansas.

Special Enrollment Period
A time outside of an Open Enrollment Period (OEP) when you and your family may add to, change, or sign up for health coverage because of a qualifying event, such as marriage, birth of a child, or involuntary loss of other health coverage.

Utilization Management
The review of the healthcare need, appropriateness, and efficiency of healthcare services, procedures, and clinics under a health benefits plan.

Member Rights and Responsibilities

All members have the right to be treated with respect and recognition of your dignity and to privacy.

As a QualChoice member, you have the right to:

1. Information about QualChoice and its services.
2. Access to healthcare providers and information on the providers in your plan's network.
3. Timely processing of claims, according to industry standards.
4. Facts about how your claims were paid or denied (Explanation of Benefits or EOB).
5. Facts about your health, your care, and likely outcome from a doctor or health expert in terms you can understand.
6. Appoint another person to view and receive facts about your care.
7. Information on and a candid discussion of treatment choices, no matter the cost or benefit coverage.
8. Know the name, title and duties of any healthcare staff giving services to you.
9. Work with healthcare experts in making your own healthcare choices.
10. Emergency healthcare if you have a health problem that a reasonable person would believe needs immediate attention.
11. Have all healthcare records treated as private unless the law allows them to be released.
12. See all data in your healthcare records, subject to state and federal laws.
13. Give your consent before the start of any surgery or care.
14. Voice complaints and make appeals about QualChoice or your care, and receive a timely answer.
15. Say no to any medicine, treatment, or care from a network healthcare expert and to be informed of the health results and cost of refusing.
16. Not be denied plan renewal based only on your health, as required by law.
17. Be informed about and say no to any treatment that is experimental.
18. Be informed of these rights and responsibilities.
19. Give your opinion or suggest changes to our member rights and responsibilities policies.

You have the responsibility (duty) to:

1. Give all facts needed for QualChoice and healthcare experts to give or arrange for care.
2. Keep, or cancel in a timely way, all appointments with healthcare providers.
3. Follow care plans that have been agreed on with your healthcare expert.
4. Review your health plan and confirm benefits before receiving care.
5. Show your ID card each time you get care.
6. Discuss healthcare desires and/or concerns with doctors and other healthcare providers.
7. Inform us of address or phone number changes so you can be sure of getting important messages.
8. Use network doctors, facilities, and other healthcare providers to receive full benefits.
9. Pay any deductibles, copayments, or coinsurance amounts owed to healthcare providers.
10. Learn about your health problems and take part in deciding on healthcare goals.

Tips for Saving on Healthcare Costs

Stay In-Network

Your benefits will be paid at a lower rate, or not at all, if your healthcare provider is not in your network. Be sure any health expert you see is in-network. This means your primary doctor, anesthesia doctors, lab or X-ray testing, and others.

Tip: *Your network name is listed on your QualChoice ID card.*

Get Pre-Authorization

To be covered by QualChoice, some care must be pre-authorized (approved before getting the service). To see which services these are, go to QualChoice.com or call Customer Service.

Your claim could be denied if pre-authorization was needed and you didn't get it before you received care. Most often, when you use an in-network provider, they must get any needed pre-authorization. But if you see an out-of- network provider, you must get pre-authorization if it is required.

See a Primary Care Provider (PCP) Instead of a Specialist

Your PCP is the main doctor you see for your healthcare. He or she knows your health history and can take care of most health issues without the cost of specialty care. And your PCP can refer you to a specialist when needed.

Use Generic Prescription Drugs

Ask your doctor if a less costly generic form of a drug will work for you instead of a name brand.

Know What's Covered in an Office Visit

Some routine treatments are covered with your office visit copayment (if your plan has one). But other complex or advanced treatments go toward your deductible or require a coinsurance payment.

For a list of routine procedures covered in the office visit , check Medical Coverage Policies at QualChoice.com. Use the A–Z index or search box to find Routine and Complex Office Procedures.

Use Your Preventive Care Benefits

Most plans cover routine preventive care at no cost to you. This means things like screenings, check-ups, and counseling to prevent sickness or other health problems. Use these benefits for annual pap tests, mammograms, health exams, flu shots, and more.

QualChoice covers the screenings suggested by the U.S. Preventive Services Task Force with no cost to you. If your doctor does other tests not on this list, we cover them like any other medical tests and you may have to pay a cost share.

For the list of suggested preventive screenings by age and gender, visit QualChoice.com, Find a Form or Document.

Note: *Check your Benefit Summary for exact coverage on your plan.*

QualChoice offers help for members with limited English proficiency (LEP). The following statement is printed in the top languages used in Arkansas, as required by the Federal government:

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-235-7111 (TTY: 711).

Spanish
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-235-7111 (TTY: 711).

Vietnamese
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-235-7111 (TTY: 711).

Marshallese
LALE: Ñe kwōj kōnono Kajin Ṃajōḷ, kwomaroñ bōk jerbal in jipañ ilo kajin ṇe aṃ ejjeḷọk wōṇāān. Kaalọk 1-800-235-7111 (TTY: 711).

Chinese
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-235-7111 (TTY: 711).

Lao
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-235-7111 (TTY: 711).

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-235-7111 (TTY: 711).

Arabic
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-235-7111 (رقمهاتف الصم والبكم: 711).

German
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-235-7111 (TTY: 711).

French
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-235-7111 (ATS: 711).

Hmong
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-235-7111 (TTY: 711).

Korean
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-235-7111 (TTY: 711) 번으로 전화해 주십시오.

Portuguese
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-235-7111 (TTY: 711).

Japanese
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-235-7111 (TTY: 711)s まで、お電話にてご連絡ください。

Hindi
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-235-7111 (TTY: 711) पर कॉल करें।

Gujarati
સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-235-7111 (TTY: 711).

Your Information Is Safe With Us

Your health details are personal. So we do all we can to protect them. Your privacy is important to us. We have rules in place to protect your records. We protect all oral, written and digital Protected Health Information (PHI). We follow Health Insurance Portability and Accountability Act (HIPAA) requirements and have a Notice of Privacy Practices.

We must let you know about these practices each year. We also let you know how your health data may be used and disclosed and how to get access to it. Please review the privacy notice with care. For the complete notice, please visit QualChoice.com. Or call Member Services at 1.800.235.7111 (TTY: 711).

QualChoice®
HEALTH INSURANCE

QualChoice.com | 800.235.7111 | 501.228.7111 | FAX 833.681.2495

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