

Pre-Authorization Notice

We review proposed and rendered health services to determine whether the services are or were medically necessary, experimental or investigative. This process is called pre-authorization.

Contact us for pre-authorization of the following services:

Non-Emergency Confinements: Call at least 7 business days prior to an inpatient stay in a hospital. A non-emergency confinement is an inpatient stay for a sickness or injury that is not immediately life-threatening but is medically necessary.

Emergency Confinements: Call within 24 hours (excluding Saturdays, Sundays and legal holidays), or as soon as reasonably possible, after an inpatient admission for emergency treatment.

Organ Transplant or Marrow Reconstitution or Support: Call prior to any transplant evaluation, testing, preparative treatment or donor search.

Skilled Nursing Facility Confinements: Call at least 7 business days prior to your admission.

Inpatient Rehabilitation Programs: Call at least 7 business days prior to your admission.

Outpatient Physical Medicine: Call at least 7 business days prior to receiving any services.

Outpatient or Day Surgery Procedures: Call at least 7 business days prior to a scheduled outpatient procedure. Authorization is not required for: magnetic resonance imaging (MRI); computerized axial tomography (CAT) scan; ultrasound testing; an emergency room visit; or an office visit to a doctor unless surgery is performed.

Home Healthcare: Call at least 7 business days prior to receiving any services.

Durable Medical Equipment: Call at least 7 business days prior to obtaining the equipment if the purchase or rental price per month is more than \$500.

Dental Procedures Performed in a Hospital or Free-Standing Ambulatory Surgical Facility: Call at least 7 business days prior to receiving any services.

Pre-Authorization Notice (Continued)

REDUCTION OF PAYMENT:

These authorization requirements are included to assist a covered person in obtaining the most appropriate medical care. Follow the requirements described above so you can receive the full benefits of coverage under the policy. If you do not obtain authorization for the services listed above or if the course of treatment is not performed in the manner authorized, your benefits will be reduced for otherwise Covered Expenses by the amount shown on the Benefit Schedule. The reduced amount, or any portion thereof, will not be applied to any deductible or out-of-pocket maximum determination.

In addition, NO benefits will be paid for expenses:

1. That are not for medically necessary services; or
2. That are otherwise not considered a covered expense; or
3. For organ transplant or marrow reconstitution or support if the procedure was not authorized prior to the beginning of the transplant evaluation, testing, preparative treatment or donor search.

AN AUTHORIZATION IS NOT THE SAME AS “VERIFICATION OF BENEFITS” AND DOES NOT GUARANTEE THAT BENEFITS WILL BE PAID. AUTHORIZATION ADDRESSES ONLY THE MEDICAL NECESSITY AND APPROPRIATENESS OF THE CARE TO BE RECEIVED, INCLUDING THE TYPE OF TREATMENT AND FACILITY. PAYMENT OF BENEFITS IS SUBJECT TO ALL THE TERMS, LIMITS, AND CONDITIONS IN THE POLICY, CERTIFICATE AND BENEFIT SCHEDULE.

THE REVIEW PROCESS MUST BE REPEATED IF TREATMENT IS RECEIVED MORE THAN 30 DAYS AFTER OUR REVIEW OR IF THE TYPE OF TREATMENT, ADMITTING DOCTOR OR FACILITY DIFFERS FROM WHAT WE AUTHORIZED .

Dependent Definitions

Spouse:

Your lawful spouse, or common law spouse, on the day we issue your certificate.

Dependent Children:

Any natural children, step-children, legally adopted children, children placed into your custody for adoption including children for whom you are a party in a suit in which the adoption of the child is being sought or grandchildren if your grandchildren are dependents of yours for federal income tax purposes at the time of application for coverage of the grandchildren are made; and who are under 26 years of age.