

Key Things to Know and Do

An enrollment guide made for you.



Our Story

Doctors started Health Alliance™ more than 40 years ago. They know from hands-on experience what their patients expect from a health plan. That expertise continues to define us today, helping us deliver the world-class coverage and service our members know and trust.

Our headquarters are in east central Illinois, and we serve members nationwide. We're proud to provide you with a variety of wellness programs to stay on top of your health, along with interactive tools and calculators that help you manage your coverage, track your usage and spending, compare costs across providers and more.

As one of our members, you're part of the Health Alliance story. We look forward to serving you and helping you live your healthiest life.

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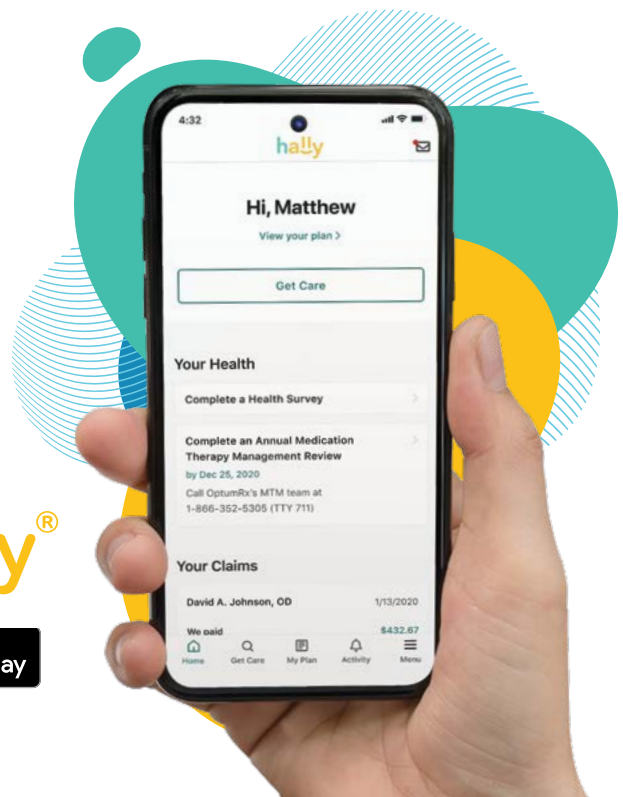
Questions?

Contact us at (800) 851-3379 or [HealthAlliance.org](https://www.healthalliance.org).

Get the Hally® mobile app.

We encourage all members to download the Hally® app. It's free and gives you the ability to manage many of your healthcare needs 24/7 from your mobile device. It's simple to use and gives you the power to:

- Check what care, services and medications your benefits cover.
- See what you'll pay for common healthcare services, both in and out of network.
- Find covered doctors, hospitals and pharmacies.
- Access virtual visits with a healthcare provider on your mobile device.
- Check your deductible and out-of-pocket maximum.
- Access and use your virtual ID card on the go.
- Contact your primary care provider right away.
- And much more.



Info that's good to know.

Using Your Benefits


- If you are a new member, you should expect your member ID card in the mail within 10 business days after we receive your enrollment. Visit hally.com to print a temporary card or to order a new one.
- Carry and present your newest ID card when you visit your doctor and pharmacy. This helps prevent billing problems and payment delays. Download the Hally mobile app to access your virtual ID card on the go.
- Understand that some procedures require prior authorization. Your doctor will help you with the process. See page 4 to learn more.
- Know that you can enroll with a care coordinator to get personalized help managing any new or complex health conditions. The service is free. Call (800) 851-3379, ext. 28947 to get started.
- Visit hally.com for health and wellness tips, tools, programs and resources. Discover tasty recipes, healthy cooking demos, engaging podcasts and blog articles, disease management resources and more. Hally® health is our comprehensive suite of wellness offerings and personalized health tools, and we're constantly adding new things.

Who to Ask

This enrollment guide gives you the basics, but the HR representative or benefits manager at your company is often the best resource for certain coverage concerns. You can ask them about:

- Premium and payroll deductions.
- Address changes.
- Adding or removing a spouse or child to/from your plan.
- COBRA or continuation coverage.
- Flexible Spending Accounts.
- Health Reimbursement Arrangements.
- Health Savings Accounts.

For anything else, call us. Our Customer Service team is happy to help!



Member Name:	Group #:
Member Number:	Rx BIN: 005947
Subscriber Name:	Rx PCN: CLAIMCR
	Rx GRP: HA0015
In-Network Copay/Coinsurance:	
Office Visit:	Specialty Visit:
	Emergency:
Date Card Printed:	

Health Alliance Medical Plans • HealthAlliance.org

Customer Service: (217) 337-8100 or (800) 851-3379 (TTY: 711), 8 a.m. - 5 p.m. CT Mon-Fri

For Health Questions: Anytime Nurse Line (855) 802-4612

Send Medical Claims to:
Health Alliance, P.O. Box 6003, Urbana, IL 61803-6003
EDI Payor #77950

Prescription Claims: Pharmacies call OptumRx at (855) 209-1292.
Mail paper claims to: OptumRx, P.O. Box 650334 Dallas, TX 75265

Please note:

- Present this card when purchasing prescriptions.
- This card is for identification only, and is not a guarantee of eligibility or benefits.

Tips for using care.

The more you know about your coverage, the more you can plan ahead and avoid unexpected costs.

It's important to know:

- Where to go for care in different situations.
- How to get approval for certain services or medicines.
- How you and Health Alliance divide up your bills.

Primary Care Provider (PCP) or Woman's Principal Healthcare Provider (WPHCP)

- **Definition:** A personal doctor you choose to manage your care.
- **When to use:** Start with your PCP or WPHCP for any care that's within normal business hours and isn't an emergency. For emergencies, see the "Emergency Department Care" section on the next page.
- **Why:** This doctor will make sure you get the treatment you need. Your PCP knows your health history and can see patterns in your health. They can also give you referrals to specialists if needed.

Note: Many specialists won't see you unless you're referred from another provider, such as your PCP. Having a PCP is very helpful in these situations.

Urgent Care

- **Definition:** Also called convenient care, this is care provided in a non-emergency situation, similar to what you'd see a PCP for.
- **When to use:** Seek out urgent care services if you don't have a PCP, your PCP is full or it's after normal business hours, as long as it's not an emergency.
- **Why:** You can just walk in - you don't need to schedule an appointment or call ahead. Plus, wait times are usually short and costs are typically lower than an emergency department visit. Most urgent care centers are open earlier and later than standard clinics and they're often open on weekends and holidays.

Note: Many urgent and convenient care facilities list their wait times online.

Emergency Department Care

- **Definition:** This is the care you receive at an emergency room (ER) or emergency department.
- **When to use:** When you believe your health is at serious risk, seek emergency department care immediately. Don't hesitate to call 911 for assistance.

Always go to the emergency department for the below reasons.*

- Heavy bleeding
- Poisoning
- Severely broken bone
- Head, neck or back injury
- Chest pain or shortness of breath
- Seizures

*These are examples, not a complete list.

- **Why:** When people use the emergency department as intended, those needing emergency care are seen quickly and effectively. When people go to the emergency department for things that can be treated at a PCP or urgent care facility, wait times go up.

Virtual Visits

- **Definition:** This is care you can receive anywhere, anytime by connecting with a healthcare provider on your mobile device or laptop.
- **When to use:** Virtual visits aren't for every medical situation, but they're great for diagnosing and treating more than 80 of the most common conditions including the flu, sinusitis, bronchitis and strep throat. They're also ideal for mental health and therapy checkups. However, always visit the emergency department for all serious conditions.
- **Why:** You can see board-certified physicians and licensed therapists 24/7 from the comfort of your home. It's simple, secure and easy to use – plus it costs less than going to urgent care or the emergency department.
- **How to sign up:** Your Hally app connects you directly to the virtual visit services of MDLIVE®. Register one of three ways:
 - Visit hally.com/care, scroll down to Virtual Visits and click Get Started.
 - Open the Hally app on your mobile device, pick Get Care from the bottom menu, select Book a Virtual Visit and click Get Started.
 - Call (888) 912-0904.

Then, when you're ready to schedule an appointment, open up the app, select Get Care from the bottom menu, click on Book a Virtual Visit and follow the directions.

Prior Authorization

- **Definition:** Pre-approval for certain services or medicines.
- **How it's used:** You'll need to get approval from us before receiving certain high-risk or high-cost procedures, services or drugs. In most cases, your doctor will send in the prior authorization request for you.
- **Why:** It keeps costs lower for you by making sure you're being prescribed a medicine or service that lines up with your clinical data and health history. If something requires prior authorization, but you don't receive it, you may pay full price.

To see a list of procedures and services that require prior authorization, please refer to your plan materials or log in to your account at hally.com.



Referral

- **Definition:** This process lets you get care from a specialist or hospital.
- **How it's used:** Your PCP typically refers you to specialty care based on your health needs. It lets your insurance, as well as the specialist or hospital, know your PCP has approved you to see an expert specializing in your medical condition, who'll evaluate you for treatment. Please note that some plans require prior authorization for referral if the specialist is out of network.
- **Why:** Specialists work best when they know your condition, needs and the care you've already received. Through the referral process, they can get a health history from your PCP that'll help them shape your care and understand your medication usage (to avoid drug interactions).
- **Coinsurance:** You pay a fixed percentage of the total cost (e.g., 20%) each time you use a covered service.
- **Copayment:** You pay a set amount (e.g., \$25) each time you use a covered service.
- **Out-of-Pocket Maximum:** The maximum total amount you'll have to pay between deductible and coinsurance/copayments during your benefit period. After you reach this amount, we pay 100% of covered in-network expenses until the next benefit period begins. You'll no longer pay copayments or coinsurance, just your monthly premium. Some plans have a separate out-of-pocket maximum for out-of-network care.

Please note: In some cases you may still have additional out-of-pocket costs even after you meet your out-of-network, out-of-pocket maximum.

Cost Sharing

- **Definition:** How you and Health Alliance split the bill for health services and medications. There are several areas of cost sharing.
- **Deductible:** A set amount you pay for your care or pharmacy benefits, that you must reach before your plan starts kicking in to help share costs. Some plans have separate medical and pharmacy deductibles. Plans with out-of-network (OON) coverage often have a separate deductible for OON care. Once you've reached your deductible, you'll only pay the coinsurance or copay amount when you receive in-network care.

Get access to world-class care.

Health Alliance is built on relationships. We work closely with thousands of healthcare providers to bring you dependable, best-in-class care.

To find your in-network providers, log in to your account at hally.com and select Find Care. You can also call the number on the back of your ID card.



We offer more than just group coverage.

You have a health plan through your employer, but you might know someone who needs individual coverage. Health Alliance has that, too.

Individual Plans

Our individual plans for those under age 65 range from short-term coverage to more comprehensive HMO and POS plans.

To learn more or get an information kit, call (877) 686-1168 (TTY 711), or go to HealthAlliance.org to compare plans, get free quotes and enroll online.

Medicare Plans

Depending on where you live, we have numerous Medicare options for people 65 and older and those with certain disabilities. We offer Medicare Advantage HMO and POS plans with or without prescription drug coverage, as well as Medicare Supplement plans.

For more information or a helpful guidebook, call us at (888) 382-9771, or visit healthalliance.org/medicare.

Some terms you should know.

Benefit Period: The year-long time period your plan is active (for example, January 1 to December 31). See your plan materials for your benefit period's start and end dates.

Dependents: Your spouse or children covered on your plan.

Explanation of Benefits (EOB): A description of the healthcare service(s) you have received, listing what we paid and what you are responsible for paying.

Formulary: A list of medicines covered by your plan that includes generic and brand-name options. Our Pharmacy department and doctors decide what medicines to include based on quality, safety and how well they work.

HIPAA (Health Insurance Portability and Accountability Act): The federal law that protects the privacy of your personal health information.

In-Network Providers give you care at discounted rates and have been vetted by us as providing a high level of care.

Inpatient Care: The healthcare services you receive when you're staying in the hospital.

Out-of-Network Providers have no agreements with Health Alliance, so you generally pay more (except in urgent or emergency care situations).

Outpatient Care: Medical care or treatment that doesn't include staying overnight in a hospital.

Preventive Services: Services like tests, screenings and vaccines that help keep you healthy or prevent sickness.

Provider Network: The group of doctors, hospitals, pharmacies and other healthcare professionals who've agreed to provide services to our members at a discounted rate. We pass those discounts on to you, so staying in network can help you save money.

Qualifying Event: A life-changing event - such as moving, marriage or having a baby - that lets you change your health plan outside of the normal enrollment period.

To find doctors in your network or check what drugs your plan covers, log in to your account at hally.com or visit HealthAlliance.org/Groups and choose "I'm an Employee" to search for your plan's materials.