



## Danville Community Consolidated School District No. 118 Health Benefit Plan

### **In-Network (HMO/PPO/POS)**

Your Primary Care Physician, Participating Provider or Extended Network Provider is responsible for obtaining Preauthorization from Health Alliance on your behalf. If the Preauthorization request is approved, you and the Provider who requested the Preauthorization will be notified of the effective dates and the care and services you are authorized to receive. If the Preauthorization request is denied, your Provider will be notified in writing. If the Preauthorization request is denied, the Plan will not provide coverage for the requested services.

### **Out-of-Network (PPO/POS)**

#### **Non-Preferred Provider or Extended Network Preauthorization Procedure**

When using Non-Preferred Providers, you are responsible for ensuring that all services listed are Preauthorized before you receive the service. If the Preauthorization request is approved, both you and your Provider will be notified of the effective dates and the kind of care and services you are authorized to receive. Once your Preauthorization approval expires, it is your responsibility to notify your Provider so he/she can determine whether further care is needed, and if so, submit another Preauthorization request to Health Alliance.

Preauthorization can be initiated by calling Health Alliance at the number on the back of your Member Identification Card.

If there is no Preauthorization, a Retrospective Review will be performed. If Medical Necessity criteria are not met, you are responsible for the entire cost of the services received.

#### **Healthcare Services that Require Preauthorization**

Preauthorization provides you with assurance that a hospitalization, procedure or supply will be covered by the Plan. Coverage will not be provided for health care services that are not Medically Necessary. Services that require Preauthorization will not be covered if you receive those services prior to approval of the Preauthorization request and it is later determined the services were not Medically Necessary.

To determine what procedures or supplies would require preauthorization visit the Health Alliance website, [healthalliance.org](http://healthalliance.org), or contact the Customer Service Department at the number listed on the back of your Member Identification Card.

**PLEASE NOTE:** You may use Non-Participating Providers and have benefits paid at the Participating Provider level only when services are not available from a Participating Provider and if you have received Preauthorization from Health Alliance, or in a Medical Emergency. In other words, the Plan will pay at the Participating Provider benefit level for Non-Participating services only if you obtain Preauthorization before receiving treatment. The only exception to this rule is in a Medical Emergency. Care required to treat and stabilize a Medical Emergency will be covered at the same level as services received through a Participating Provider.

**Non-Preferred Provider and Extended Network Provider Preauthorization Penalty**

If you or your Physician does not Preauthorize healthcare services that require prior approval, the Plan will impose a Preauthorization penalty. See your Description of Coverage for the amount of the penalty. The Preauthorization penalty does not apply to your Plan Year Out-of-Pocket Maximum.