

Tier 1 Frequently Asked Questions

1. What is Tier 1?

Tier 1 is a benefit for you and all covered members of the health plan that will reduce the cost associated with certain services including cardiac, orthopedic, bariatric, renal care and gastroenterology. Tier 1 is based on the service, facility and provider. To receive the highest level of benefit, you must have a Tier 1 service performed at an approved Tier 1 facility by an approved Tier 1 provider.

2. Why should I use Tier 1?

If you have a Tier 1 service performed at an approved Tier 1 facility by an approved provider, you will have a lower out-of-pocket maximum. The out-of-pocket maximum is the most you will pay for services during a fiscal year.

3. Can I choose a Non-Tier 1 facility and what is the cost difference?

Yes, you can choose to utilize a Non-Tier 1 facility. If you want to have a Tier 1 service at a Non-Tier 1 facility, you will pay the higher out-of-pocket maximum.

COVERAGE FOR TIER 1					
\$500 Deductible Plan		\$1,000 Deductible Plan		\$1,800 Deductible Plan with HSA	
Tier 1*	Non-Tier 1	Tier 1*	Non-Tier 1	Tier 1*	Non-Tier 1
<ul style="list-style-type: none"> • \$500 per person Deductible • 25% Coinsurance • \$2,500 Out-of-pocket maximum 	<ul style="list-style-type: none"> • \$500 per person Deductible • 25% Coinsurance Network Provider • 35% Coinsurance Out-of-Network Provider • \$5,000 Out-of-pocket maximum 	<ul style="list-style-type: none"> • \$1,000 per person Deductible • 25% Coinsurance • \$3,500 Out-of-pocket maximum 	<ul style="list-style-type: none"> • \$1,000 per person Deductible • 25% Coinsurance Network Provider • 35% Coinsurance Out-of-Network Provider • \$5,000 Out-of-pocket maximum 	<ul style="list-style-type: none"> • \$1,800 per person Deductible • 25% Coinsurance • \$3,600 Out-of-pocket maximum single • \$7,200 Out-of-pocket maximum family 	<ul style="list-style-type: none"> • \$1,800 per person Deductible • 25% Coinsurance Network Provider • 35% Coinsurance Out-of-Network Provider • \$5,400 Out-of-pocket maximum single • \$10,800 Out-of-pocket maximum family

* To receive the highest level of benefit, you must have a Tier 1 service performed at an approved Tier 1 facility by an approved Tier 1 provider.

4. Who can help me understand Tier 1?

DAKOTACARE can help you understand how the health plan covers Tier 1 services. If you have questions, call DAKOTACARE customer service at 877.573.7347, option 1.

5. Is pre-authorization required?

Yes, pre-authorization is required for all services considered Tier 1. Colonoscopies and Upper GI were recently added to the pre-authorization listing.

Heath Management Partners (HMP) assists you and providers with pre-authorization. If a service is determined by the CPT code(s) to be a Tier 1 service, you will be notified.

If you already plan on utilizing a Tier 1 facility, you do not need to do anything else. If you plan on utilizing a Non-Tier 1 facility, you will be provided information on the cost difference and options for selecting a Tier 1 facility. The choice between utilizing a Tier 1 facility and Non-Tier 1 facility is yours.

Note: Please be certain that all pre-authorization requirements are satisfied and you have received a pre-authorization confirmation letter **before** having the service performed. You will be responsible for charges if pre-authorization is not approved.

Pre-authorization

- call HMP at 866.330.9886
- pre-authorization online for providers at www.preauthonline.com

6. How do I know who the Tier 1 providers are?

Tier 1 facilities, services and providers are listed below. For a complete Tier 1 listing visit <http://benefits.sd.gov/tier1.aspx> and choose Tier 1 Services, Facilities and Providers Chart.

TIER 1 FACILITIES, SERVICES AND PROVIDERS FOR FY14		
Sanford	Avera	Sioux Falls Specialty Hospital
<ul style="list-style-type: none"> • Cardiac • Orthopedic • Bariatric 	<ul style="list-style-type: none"> • Renal Care 	Gastroenterology
<ul style="list-style-type: none"> • Must be a Sanford provider 	<ul style="list-style-type: none"> • Must be an Avera provider 	Must be an approved provider

7. What if I am admitted through the Emergency Room for a Tier 1 service?

If you are directly admitted from the Emergency Room to the hospital and have a Tier 1 service, you will not be subjected to the Non-Tier 1 out-of-pocket maximum.

If you are discharged from the Emergency Room and need follow up care, please call Health Management Partners for pre-authorization. See question 5 for more information on pre-authorization.

8. The Tier 1 facilities are located far from my home in South Dakota, what are my options?

You can choose to utilize a Tier 1 facility or Non-Tier 1 facility. If you want to have a Tier 1 service at a Non-Tier 1 facility, you can but you will pay the higher out-of-pocket maximum. You need to decide if

the travel and expenses associated with visiting a Tier 1 facility are greater than the difference in the out-of-pocket max for visiting a Non-Tier 1 facility.

DAKOTACARE can help you understand how the health plan covers Tier 1 services. If you have questions, call DAKOTACARE customer service at 877.573.7347, option 1.

9. What happens if I am an out of State resident?

If you reside out-of-network, such as you are a retiree in Florida or a college student in Texas, Tier 1 does not apply to you.

10. Will my Colonoscopy still be considered eligible preventive care?

Yes. You can choose any participating provider for eligible preventive care, such as a colonoscopy, if you meet the age and frequency requirements and request pre-authorization. Tier 1 does not apply to eligible preventive care. Please call DAKOTACARE at 877.573.7347, option 1 to verify if you are eligible for preventive care.