

FY15 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. Please see the chart below showing the difference between Tier 1 and Non-Tier 1.

FY15 COVERAGE FOR TIER 1					
\$750 Deductible Plan		\$1,250 Deductible Plan		\$1,800 Deductible Plan with HSA	
Tier 1*	Non-Tier 1	Tier 1*	Non-Tier 1	Tier 1*	Non-Tier 1
\$750 per person Deductible	\$750 per person Deductible	\$1,250 per person Deductible	\$1,250 per person Deductible	\$1,800 per person Deductible	\$1,800 per person Deductible
25% Coinsurance	25% Coinsurance	25% Coinsurance	25% Coinsurance	\$3,600 family Deductible	\$3,600 family Deductible
\$3,250 Out-of-Pocket maximum	\$5,350 Out-of-Pocket maximum	\$4,250 Out-of-Pocket maximum	\$5,350 Out-of-Pocket maximum	25% Coinsurance	25% Coinsurance
\$8,125 Out-of-Pocket maximum per family	\$10,200 Out-of-Pocket maximum per family	\$10,200 Out-of-Pocket maximum per family	\$10,200 Out-of-Pocket maximum per family	\$4,350 Out-of-Pocket maximum single	\$5,350 Out-of-Pocket maximum single

* 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. 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.

FY15 TIER 1 FACILITIES, SERVICES AND PROVIDERS		
Sanford	Avera	Sioux Falls Specialty Hospital
<p><u>Cardiac</u></p> <p>Heart Bypass Surgery</p> <p>Cardiac Catheterization</p> <p>Balloon Angioplasty</p> <p>Pacemakers</p> <p><u>Orthopedic</u></p> <p>Back & Neck Surgery (including spinal fusion)</p> <p>Total Knee Replacement</p> <p>Total Hip Replacement</p> <p><u>Bariatric</u></p> <p>Weight Reduction Surgery Lap-band, Gastric</p>	<p><u>Renal Care</u></p> <p>Kidney Transplants</p> <p>Dialysis</p>	<p><u>Gastroenterology</u></p> <p>Colonoscopies</p> <p>(does not apply to preventive colonoscopies)</p> <p>Upper GI and/or Endoscopies</p> <p>Hernia Repair</p> <p>Gallbladder</p>
<p>Must be a Sanford provider</p>	<p>Must be an Avera provider</p>	<p>Must be a specific provider authorized at Sioux Falls Specialty Hospital for Tier 1 procedures.</p>

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. 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.