

Important Information for Members

HMO

- **ALL ROUTINE MEDICAL SERVICES** must be provided or referred by your Primary Care Physician (PCP) except for the annual well woman visit, maternity care, outpatient mental health visits and the annual diabetic retinal exam. Any treatment or services recommended by a contracting specialist must also be referred by your PCP.
- **ALL REFERRAL AUTHORIZATIONS** for specialty care, if deemed medically appropriate by your PCP, must be obtained prior to seeking services from contracting specialists. Referrals will not be back-dated. Please make sure you understand the number of visits authorized and the specific services to be performed.
- **SHOULD YOU SEEK** routine medical services without obtaining Referral Authorization in advance from your PCP, those services will not be covered. This includes vision services for treatment of a medical condition (e.g. eye infection).
- **IF YOU ARE A NEW MEMBER** and are currently seeing a specialist or have scheduled an outpatient visit or inpatient admission, contact your PCP so they may coordinate continued care/services with PPK.
- **CONTRACTING PROVIDERS** can be searched on our website at www.phsystems.com. Your ID card states your assigned network.
- **ALL CARE FOR EMERGENCY Medical Conditions** should be obtained from Contracting Providers, if possible. You will receive a lower level of benefits for using a non-contracting ER when a contracting ER could have been used. **Wesley Medical Center and Wesley West Emergency & Diagnostic Center are not Contracting Providers.**
- **NON-EMERGENCY Medical Conditions treated in a hospital emergency room are not covered.** We recommend you contact your PCP prior to going to an ER to ensure coverage. Your PCP or the covering doctor is available 24 hours a day to help you get the care you need. Any follow-up treatment for emergency services must be provided or referred in advance by your PCP.
- **ANY CHANGES** that need to be made to your policy, such as adding or removing Dependents due to marriage, divorce, or birth, must be done within 31 days to ensure coverage. Contact your employer's Personnel Office to make changes to your policy.
- **A HIPAA CERTIFICATE OF CREDITABLE COVERAGE** is documentation provided by a health plan containing information about the length of time you had coverage under our plan. When your coverage terminates, we will automatically generate a HIPAA Certificate and mail it to you at the address we have on file. To request a copy of a previously generated HIPAA Certificate, contact Member Services.
- **NEWBORNS** are not enrolled automatically. If your newborn is not added within 31 days of birth, you will have to wait until the next open enrollment period. If you are on a family plan, your child will be covered from the moment of birth for the first 31 days. To ensure continued coverage, you must add the child to your policy.
- **ALL PCP CHANGES** will become effective the first day of the month following notification to PPK. Any referral issued by your former PCP will no longer be valid on services received after the change is effective. You will need to get a referral from your new PCP.
- **YOU HAVE A RIGHT** to request the following:
 - A complete description of health care services and benefits, limitations or exclusions to coverage;
 - A listing of our Contracting Providers, their business addresses and phone numbers and the availability of these providers;
 - Notification in advance of any benefit year changes to your plan, which would result in a reduction in coverage or benefits or an increase in cost to you;
 - A description of the appeal procedures available to you under this health plan, as well as your rights regarding termination, disenrollment, non-renewal or cancellation of coverage.

Whenever you have questions regarding your coverage, please call Preferred Health Systems Member Services at **316.609.2390** or **1.800.660.8114**, Monday — Friday, 7:30 a.m. — 5:30 p.m., or visit our website at www.phsystems.com.

HMO

For up-to-date information, simply download it from our website.

Provider Directory

Go to www.phsystems.com.

Click on **Find a Provider**. There are selections to allow you to Download the entire Provider Directory, or if you prefer to narrow your search, click on **Online Provider Search**.

Select **Preferred Plus of Kansas (PPK – HMO/POS)** and then **Via Christi Preferred**.

Searches may be performed by:

- **Provider Names**
- **Group Names**
- **Primary Care Physicians**
- **Specialty/Facilities/Hospitals**
- **Counties**
- **Cities**
- **Zip Codes and radius**

Click on **Submit** and begin your search. When physicians have more than one location, the address must be listed in order for that location to be contracting.

Prescription Drug Coverage Details

Go to www.phsystems.com.

Click on **Find a Drug** and select the link to the 2010 PHS Formulary online search or the downloadable pdf. This search details commonly prescribed medications and information about their coverage status and any limitations.

Type the drug name in the search field, or if you are unsure of the spelling, type in the first three letters of the drug name or click on the first letter from the alphabet to bring up a list of potential matches.

Under **Descriptions**, you will find explanations of the various programs in place, which assist us in providing you an affordable, comprehensive drug program.

Claim and Benefit Details

Go to www.phsystems.com.

After your plan effective date, you will be able to register on **PreferredCONNECT** to view your claim and benefit details. To register, click on the link in the top left corner where you can create your own user name and password. For confidentiality, each family member over age 18 can create their own login.

After you log in to PreferredCONNECT, click on the **Benefits & Eligibility** link on the left side where you can scroll down to view your benefits and any limits that have been met during the Benefit Period. At the top of the screen you may select to view or print your Schedule of Benefits and Certificate of Coverage.

Click on the **Claims** link to view and print your claim details and Explanation of Benefits.

To view or print a **Member Handbook**, which explains in easy to read terms how to use your plan and maximize your benefits, go to our home page at www.phsystems.com and click the Members tab. Select **Understanding Your Benefits** and then **Member Handbooks**. Click on either HMO or POS plan.

The above information may also be requested by contacting Member Services at 316-609-2390 or 800-660-8114 (outside Wichita), Monday-Friday, 7:30 am - 5:30 pm.