Offering healthcare coverage for individuals, families and employers backed by the health system you know and trust, Baptist Health.
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ABOUT BAPTIST HEALTH PLAN

Baptist Health Plan offers healthcare coverage to individuals, families and employers— backed by Baptist Health, the largest not-for-profit healthcare system in Kentucky.*

While the Baptist Health Plan name may be new to you, Baptist Health’s insurance arm, Bluegrass Family Health, has offered health insurance through area employers for more than 20 years. Our new name represents our close ties to the Baptist Health mission and brings us even closer to our parent organization in Louisville.

Baptist Health Plan is committed to improving the health and wellness of Kentuckians and all the communities we serve. We are not only reaching more people—we are focused on delivering real value to our members. That means providing coverage for serious illnesses and other needs, and finding ways to reduce our members’ healthcare costs along the way.

* Based on inpatient hospital discharges in calendar year 2014, per Kentucky Hospital Association

GETTING STARTED WITH BAPTIST HEALTH PLAN

Customer Service Contact Information
As a Baptist Health Plan member, you can email Customer Service at CSinfo@BaptistHealthPlan.com or call 800.787.2680 from 8:30 a.m. - 5:30 p.m. ET, Monday – Friday. A team of dedicated professionals is here to answer your questions and help you understand your benefits. Our goal is to get you the answers you need in just one call.

How To Find a Doctor and Other Network Providers
Baptist Health Plan members can find an in-network provider by visiting BaptistHealthPlan.com. Be sure to select the correct network when searching for a doctor or provider within your network. If you need assistance with identifying your plan’s network please call Customer Service at 800.787.2680.

Important Pharmacy Information
All of our plans include prescription drug coverage and medical care.

Health Plan Information for Employers, Individuals and Families
Baptist Health Plan offers health insurance plans for both individuals and employers. Visit us at BaptistHealthPlan.com for more information or call 800.787.2680 for assistance.
GLOSSARY OF HEALTHCARE INSURANCE COVERAGE AND MEDICAL TERMS

**Allowed Amount** - Maximum amount on which payment is based for covered healthcare services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

**Appeal** - A request for your health insurer or plan to review a decision or a grievance again.

**Balance Billing** - When a provider bills you for the difference between the provider’s charge and the allowed amount. A preferred provider may not balance bill you for covered services.

**Co-insurance** - Your share of the costs of a covered healthcare service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. The health insurance or plan pays the rest of the allowed amount.

**Copayment** - A fixed amount (for example, $15) you pay for a covered healthcare service, usually when you receive the service. The amount can vary by the type of covered healthcare service.

**Deductible** - The amount you owe for healthcare services your health insurance or plan covers before your health insurance or plan begins to pay. The deductible may not apply to all services.

**Emergency Care** - A medical condition or accidental traumatic bodily injury manifesting itself by acute symptoms of sufficient severity, including severe pain, that a prudent lay person would reasonably have cause to believe constitutes a condition that requires immediate medical attention.

**Excluded Services** - Healthcare services that your health insurance or plan doesn’t pay for or cover.

**Grievance** - A complaint that you communicate to your health insurer or plan.

**Health Insurance** - A contract that requires your health insurer to pay some or all of your healthcare costs in exchange for a premium.

**Network** - The facilities, providers and suppliers your health insurer or plan has contracted with to provide healthcare services.

**Non-Preferred Provider** - A provider who doesn’t have a contract with your health insurer or plan to provide services to you. You’ll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a “tiered” network and you must pay extra to see some providers.
GLOSSARY OF HEALTHCARE COVERAGE AND MEDICAL TERMS

Out-of-Pocket Limit - The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or healthcare your health insurance or plan doesn’t cover. Some health insurance or plans don’t count all of your copayments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

Plan - A benefit your employer, union or other group sponsor provides to you to pay for your healthcare services. Individuals may also purchase their own medical plan.

Pre-authorization - A decision by your health insurer or plan that a healthcare service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or pre-certification. Your health insurance or plan may require pre-authorization for certain services before you receive them, except in an emergency. Pre-authorization isn’t a promise your health insurance or plan will cover the cost.

Preferred Provider - A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a “tiered” network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also “participating” providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Premium - The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage - Health insurance or plan that helps pay for prescription drugs and medications.

Specialist - A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of healthcare.

Urgent Care - Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Usual, Customary and Reasonable (UCR) Charge - The amount the plan determines to be the eligible expense for a service. The eligible expense is determined by the healthcare service or procedure being performed and the usual amount paid for the procedure.
HEALTH INSURANCE FOR INDIVIDUALS AND FAMILIES

If you are looking for health insurance not provided by your employer, Baptist Health Plan recommends you seek out a broker’s help if you do not understand the process. You can call 844.842.1510 for assistance with finding a broker, learning about our plan details or for pricing information. You can also visit BaptistHealthPlan.com for more information including where we offer our individual plans and how to start the process to purchase a plan.

Baptist Health Plan Select is focused on helping you stay well and live better. That’s why we offer coverage and benefits that fit your lifestyle and your budget.

Baptist Health Plan Select makes it as simple as possible for you and your loved ones to get the care you need. By choosing a provider-led health plan, you get care and coverage working together. That means a personalized, simple process for you from a plan that provides you with preventive care, prescription drug coverage, and other benefits.

Baptist Health Plan Select providers - including Baptist Health and non-Baptist Health providers work together and share information, making sure you get the care, services and support you need. Many of our doctors are connected to each other through technology. It allows them to coordinate your care every step of the way, and build a valuable partnership.

One of the things that make Baptist Health Plan Select different is our doctor-led, team-based approach to care. A great example is PATH, your Personal Approach to Health. PATH is designed to help our members manage the challenges that come along with difficult and complex health conditions. If you participate in this service, you will have a personalized care team who will work with you to create a step-by-step plan for your health needs. This team is led by your primary care physician (PCP), and it may also include a nutritionist, pharmacist, caregivers and community resources. This coordinated approach can help reduce your healthcare costs while improving your health.

For questions regarding Baptist Health Plan Select call 844.842.1510 and a Baptist Health Plan representative can assist you.

Baptist Health Plan Select might be right for you if:
- You work for an employer that doesn’t offer health insurance
- You are not eligible for health insurance from your employer
- You are self-employed
- You want to explore health insurance options other than what is offered by your employer
- You are losing coverage under your parent’s plan
- You qualify for subsidies

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- You qualify for subsidies
Baptist Health Plan can help meet the unique healthcare needs of your mid- or large-sized organization. From fully insured solutions, to incentivized health management to self-funding with stop loss, Baptist Health Plan has options for your business. We look forward to working with you.

For group health plan information or more details on the services Baptist Health Plan offers, call us at 859.335.4139. To request a quote, contact your insurance agent or broker or email us at quotes@BaptistHealthPlan.com.

Baptist Health Plan also offers customized solutions for small businesses (50 - 100), including our NEW Baptist Health Preferred plans. Baptist Health Preferred includes access to a network of Baptist Health and non-Baptist Health providers focused on our proactive model of care.

For small group health plan questions call us at 859.335.4139 or may email us at quotes@BaptistHealthPlan.com.

Baptist Health Plan also offers employers Third Party Administrator (TPA) services and Network Lease options if you are interested in having more control of the coverage you offer your employees.

For questions regarding our Network Lease and TPA services call us at 615.872.8770 or 866.471.8770 or send an email to ASOdivision@BaptistHealthPlan.com.
Examples of medical care and services you may need that are included in the benefit plan you enroll in include; doctor office visits, preventive care and screening, immunizations, diagnostic testing, blood work, drug coverage, surgery and hospital coverage, emergency care, behavioral health services, pregnancy care, home healthcare, durable medical equipment, recovery services, hospice and other specialized services. This is not a complete list. All of our plans meet at least the minimum essential coverage and value standard required by the Affordable Care Act. If you want detail about coverage and costs, you can get more information by visiting BaptistHealthPlan.com or by calling 1.800.787.2680.
One of the best things you can do for your health is to use preventive services. We help patients stay well by offering preventive services available at no additional cost.

**A partial list of covered preventive care services includes:**

- Annual wellness exam
- Immunizations (e.g., flu and pneumonia)
- Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- Preventive screenings and exams (e.g., mammogram, Pap test and colorectal screening)

The U.S. Preventive Services Task Force publishes recommendations on the preventive care services individuals should receive. Below are a few examples of important preventive care services.

**Important Note:** The following list of immunizations, screenings and criteria is not a comprehensive list. Please talk to your physician about the preventive care services, including the immunizations and screenings, you should receive.

**Immunizations**

- Influenza virus vaccine (annual)
- Pneumococcal pneumonia vaccine (one time)
- Tetanus vaccine (every 10 years)
- Zoster (shingles) vaccine (one time)

**Screenings**

- Breast cancer screening (mammogram every one to two years)
- Blood pressure screening
- Colon cancer screening (up to age 75)
- Diabetes screening
- High cholesterol screening
- HIV screening
- Osteoporosis screening (bone mass measurement)
- Pap test and pelvic exam
- Prostate cancer screening

* A separate copay may apply if you receive additional medical services during the same visit as your screening exam.
Twenty-four hours a day/7 days a week, Baptist Health Plan members have immediate access to healthcare advice through the NurseFirst™ service. Experienced registered nurses are available around the clock to provide you with prompt and efficient service. If you have questions about a new diagnosis or medication, or need advice about an urgent symptom or illness, nurses are available. To speak to a nurse, simply call 800.391.6861.

**Baptist Health Plan members can talk to a registered nurse in the middle of the day or night about:**
- Medication side effects or dosing questions
- Pains, cramps or upset stomach
- Fevers and common colds
- Cuts or bruises
- Determining the need to call a doctor or go to the emergency room
UNDERSTANDING HEALTH PLAN NETWORKS

A network is a group of healthcare providers including, doctors, hospitals, facilities and other types of healthcare professionals that have a contract with Baptist Health Plan (BHP) to provide services to our members at a discounted rate. And the network healthcare provider agrees to accept the contract rate as payment. That means staying in-network = lower out-of-pocket costs for you.

Networks can be different depending the plan you are enrolled in. BHP offers more than one plan that offer different doctor and hospital networks. It is important when picking a plan to look at more than the monthly premium. Make sure you check that your doctors are in-network for the plan you choose.

Make sure you check that your doctors are in-network for your plan
- Out-of-network benefits are not available for HMO plans except in an emergency.
- If your plan does have out-of-network benefits, the plan may pay less of the bill than it pays for in-network healthcare.
- Your share of the cost or coinsurance is also going to be higher if you choose to use your out-of network benefits.
- Out-of-network healthcare providers can balance bill you for anything over the amount allowed for payment by BHP. BHP does not control how much the provider may bill and the difference between what the health plan pays and the provider charges can mean large out-of pocket expenses for you.
- Balance billing by out-of-network healthcare providers do not count towards your deductible or maximum out-of-pocket expenses.

Or your plan may have separate deductibles for out-of-network services that are higher than in-network deductibles.
At Baptist Health Plan, we believe in the importance of building strong doctor-patient relationships. That’s why we make every effort to help connect each of our members with a primary care physician.

Having a PCP can make a very positive impact on your health and wellness. Your doctor can be—and should be—a trusted advisor for you, not only helping you when you’re sick, but working with you to find ways to feel your best. By getting to know you and treating you holistically, your PCP can become an important advocate for your care and help identify potential health risks early.

If you’re looking for a new provider, we can help you find the right match for your healthcare needs. We’re here to support you in any way we can—just visit BaptistHealthPlan.com or give us a call at 800.787.2680.
What does my plan cover?
We encourage our members to check their plan document before seeking care. Call our Customer Service number at 800.787.2680 to ask specific questions about how to locate your plan document or have a copy mailed to you.

How does the health plan determine what is covered?
We use and develop scientific, evidence based criteria from recognized sources to determine if services being requested are medically necessary, cost effective and appropriate for your care. This evidence is reviewed regularly to make sure the information is up to date and with current standards of care.

Information about the health plan review process
• Emergency care is for symptoms that are sudden and severe and could result in harm to you, your unborn child or family member without immediate medical care. Emergency care is covered without a review for all covered members.
• Urgent requests where services are already underway are reviewed within 24 hours. An example would be an urgent admission to the hospital.
• Urgent pre-service requests are not life threatening but mean care decisions could affect your health, if delayed. We review requests and make decisions about coverage within three days.
• Pre-service authorization requests that are non-urgent are made within 15 days.
• Post-service review means we received the request for authorization after you received care. These requests are reviewed within 30 days.

If a determination is made by BHP to deny, reduce, or limit payment for a healthcare service, a written denial notice will be mailed to the member and provider explaining the specific reasons for the denial or reduction of payment, along with a detailed description of the appeal process available and any alternative benefits, services or supplies covered by the health plan, if applicable. All authorizations are based on medical necessity only and are not a guarantee of payment, payment level or member eligibility.
In addition to medical coverage, Baptist Health Plan also provides coverage to help make taking the drugs you need as simple and affordable as possible.

As a member you:
- Get coverage for thousands of the brand-name and generic drugs you use most
- Have access to pharmacies nationwide

Generic drugs vs. brand name drugs
Some brand name drugs may have a generic available and plans may provide benefits for both. Both generic and name brand drugs have the same active ingredients. Overall, the generic drug is just as safe and effective as the brand name drug. The price of the generic drug is usually lower than that of the brand name drug. If you or your physician requests a brand name drug when a generic drug is available, you will pay more for it. You will pay your normal copay plus 100% of the difference between the costs of the two drugs.

We may also encourage you to use certain drugs
We may encourage you to use certain prescription drugs over others. The plan may even pay a larger share for those drugs. When you get a drug that is not preferred in the Select (Individual) Drug Formulary, your share of the cost will usually be more. Check your plan documents to see how much you will pay.

Mail order services
Home delivery from the Express Scripts Pharmacy™ can help you stay healthy and lower your costs. Through your prescription benefit, you can get up to a 90-day supply of maintenance medications delivered right to your door, with free standard shipping.

Specialty drug services
Specialty drugs and injectables may only be obtained through Accredo® Specialty Pharmacy Services. Prior authorization is required for certain specialty drugs including those delivered in the physician office, clinic, or home setting.

Your physician might have to get approval first
Some drugs require prior authorization. This means that your physician will need to get approval before you can fill your prescription. If they don’t get approval, we may not cover the drug.

You may have to try one drug before you can try another
“Step-therapy” means you may have to try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat you medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
PRESCRIPTION DRUG COVERAGE

Some drugs are not covered at all
Prescription drug plans do not cover drugs that don’t need a prescription. Your plan documents might also list specific drugs that are not covered.

New drugs may not be covered
Your plan may not cover drugs we haven’t reviewed yet. Your doctor may have to get our approval to use one of these new drugs.

Get a copy of the drug formulary
You can find the Drug Formulary on our website at BaptistHealthPlan.com. We frequently add new drugs to the guide. Look online or call Pharmacy Services at 877.205.6308 or 859.335.3755 for the latest updates.

Have questions? We have answers
Ask your physician about certain prescription drugs. Your plan documents also tell you what is covered and what is not.

For complete benefits information for your specific plan, please refer to your plan document or visit BaptistHealthPlan.com. You may call the Pharmacy Services Department at 877.205.6308 or 859.335.3755 with further questions.

NON-COVERED BENEFITS

Regardless of medical necessity, benefits will not be provided for services that are excluded from coverage or are not a covered benefit, even when a participating provider performs the services. Examples of non-covered services would include services such as: cosmetic surgery, dental care (adult), bariatric surgery, infertility, weight loss programs, long-term care, and non-emergency care. This is not a complete list. If the service is non-covered, you may be billed by participating provider(s) for any non-covered services you receive or when you have not acted in accordance with the certificate of coverage/policy or summary of benefits for your health plan.
We protect your Personal Health Information (PHI) and keep it private. It is our legal duty. PHI is any information that identifies you, your health or financial information and is protected by using policies that follow all State and Federal laws that apply to your privacy.

We protect the use and communication of oral, written and electronic PHI when providing for your care.

Summary of Baptist Health Plan Privacy Policy
Sharing your personal information becomes necessary when we or our associates help provide for your care or treatment; carry out healthcare operations and other related activities.

Your personal information is used within our company or by our business associates and may be disclosed to:
• Your doctors, hospitals or other healthcare providers
• Other insurers
• Government departments

We use your information to:
• Determine what is covered
• Pay claims
• Coordinate benefits
• Assess and improve quality
• Provide care management

PHI may be used if it is information available to the public but not information that specifically identifies you.

Certain types of PHI may be shared with an employer who provides insurance to its employees, such as whether you are enrolled with the health plan. It may also share reports that do not identify you.

We have listed some of the most common uses of your PHI allowed under the law without your approval. These activities are essential to operating our health plan and providing for your care.

You may have access to your information, request changes, restrictions or corrections to your PHI. We must review and respond to your request within a reasonable amount of time. If we disagree with your changes, you have the right to appeal.

The Privacy Notice is provided to new enrollees upon enrollment and information about how to obtain a copy of the Privacy Policy is published annually in the Member Newsletter. For more information about our Privacy Notice, you may view or print a copy from the Baptist Health Plan website by visiting BaptistHealthPlan.com or by contacting Customer Service at 800.787.2680 and a paper copy will be provided.