

Pre-Authorization

Certain Services (listed on the next page) require Pre-Authorization and we always recommend that you use an In-Network Physician and an In-Network Facility in order to minimize your costs. Pre-Authorization is a process by which an Insured Person obtains approval for certain medical and non-medical Services prior to the commencement of the proposed Service. Please contact our ConciergeCare team to request a Pre-Authorization at least five (5) business days prior to the scheduled Service, unless a greater time period is required as stated in this Policy. When you contact us for Pre-Authorization, we will recommend that you use an In-Network Physician and an In-Network Facility within the Network. Complete medical records must be submitted to our Plan Administrator for review of Medical Necessity in accordance with the terms of this Policy. A cost Estimate of the Services will also be required at the time of the request for Pre-Authorization for any Services. Please refer to What Your Plan Covers for all Services and Procedures that require Pre-Authorization (which are indicated by an asterisk).

If we have not provided Pre-Authorization, you may be subject to the following:

- a 50% penalty (for covered medical Services) for the entire episode of care which will not apply towards your Out-of-Pocket Maximum.
- No coverage for non-medical Services.
- If the Service would not have been approved under this section, denial may apply to all Services including, but not limited to, Hospitalization, Procedures, Treatments, and Physician fees.

Notification of Medical Emergency Services must be received by the Insured Person, or someone acting on behalf of the Insured Person, within 48 hours of an Admission or Procedure. In the event of an Emergency, the Insured Person should go to the nearest Hospital or Provider for assistance even if that Hospital or Provider is not part of the Network.

Pre-Authorization approval does not guarantee payment of the claim (covered benefits are subject to eligibility at the time charges are actually incurred and all other terms, limitations, and exclusions of this Policy) and the Insured Person is responsible for any Deductible, Coinsurance and Copayment amounts, as applicable. The use of an In-Network Physician and an In-Network facility will keep your Out-of-Pocket expenses to the lowest possible amount.

If you need further assistance or guidance, please contact ConciergeCare +1-855-773-7810 or +1-786-453-4008 or by logging in to your Member Portal online at [wellaway.com](https://www.wellaway.com). You can also send an email to Conciergecare@payerfusion.com.

Medical Procedures Requiring Pre-Authorization

The following Services require Pre-Authorization. Please contact ConciergeCare for pre-authorization.

Medical Services

- Any Hospitalization
- Outpatient or Ambulatory Surgery
- All Cancer Treatment (including chemotherapy and radiation)
- Extended Care Facility
- Home Health Care

Non-Medical Services

- Emergency Medical Evacuation
- Emergency Reunion
- Interfacility Ambulance Transfer
- Natural Disaster Evacuation
- Return of Minor Children
- Repatriation of Mortal Remains