

Ascension  
**Personalized Care**  
**Member handbook**  
2022



**Ascension**

## Welcome

Thank you for being a member of Ascension Personalized Care. With over 100 years of care experience, we created and designed this health plan for what matters most - you. This handbook contains information about your benefits and coverage, and is intended to help you understand everything included in your Ascension Personalized Care health plan.

At Ascension Personalized Care, our goal is to change the way our members experience healthcare. We start by offering access to a clinically integrated network of doctors and clinicians – including hospitals, outpatient facilities, and supporting caregivers. We try to make your care seamless and coordinated across the network so each member has access to the care that's right for them, when and where they need it.

We also help members navigate the complex healthcare system. As a member, you can take advantage of Ascension's national care management team to provide the support and resources you need to take charge of your health. This approach allows you to focus on what's important – your health and your family's health. Care management services are offered to all members as part of the Plan.

## Exclusive Provider Organization

Ascension Personalized Care is an Exclusive Provider Organization (EPO). You have enrolled in a managed care plan where services are covered only if you visit doctors, specialists or sites of care in the plan's network (except in an emergency).

Out-of-network doctors are not covered by your Ascension Personalized Care plan. If you see a doctor outside of the Ascension Personalized Care network, you will be responsible for the full amount of the service.



## Ascension Personalized Care

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Ascension Personalized Care is a Health Benefits Plan offered by US Health and Life Insurance Company through the health insurance exchange in Michigan, Kansas and Indiana.



Cigna is the Pharmacy Benefits Manager (PBM) that provides prescription drug coverage for Ascension Personalized Care members.



Ascension Personalized Care (Automated Benefit Services) is the Third-Party Administrator (TPA) that works with clinicians and Ascension Personalized Care to pay claims within the Ascension Network.



The Ascension Care Management network is a high-quality, clinically-integrated network of local clinicians.

Ascension Care Management Insurance Holdings is the utilization management vendor for Ascension Personalized Care.



Ascension Personalized Care insurance policies are underwritten by US Health and Life Insurance Company.

## Important next steps

### Member ID card

- Your member ID cards for you and any dependents on your plan will be mailed to you
  - Please note: You and your dependents will receive a total of two member ID cards: a medical ID card from Ascension Personalized Care and a pharmacy card from Cigna.
- Your ID card includes your health plan information for doctors as well as Ascension Personalized Care contact information
- You can also get a digital copy of your cards in the member portal

### Register for the member portal

- Go to [ascensionpersonalizedcare.com](https://ascensionpersonalizedcare.com). Then select [Member Login]. You can either sign up to create an account or log in to update your existing account
- The member portal provides access to your health plan information, including deductibles, claims, and doctor information
- Signing up for the member portal is optional and your coverage is not impacted. However, the member portal gives you direct access to important health plan information

### Learn about benefits and services

- Find information on your covered benefits and services. Refer to pages [insert] or visit us at [ascensionpersonalizedcare.com](https://ascensionpersonalizedcare.com)

### Choose an in-network primary care provider (PCP)

- Whether you need primary care, your child needs to see a pediatrician or someone needs specialty care, the Ascension Personalized Care network has a variety of doctors and facility locations ready to serve you
- Visit our website at [ascensionpersonalizedcare.com/find-a-doctor](https://ascensionpersonalizedcare.com/find-a-doctor) to locate an in-network doctor that is right for you
- You can search by location or doctor name, and filter results by online scheduling, gender, language, and more
- Schedule an appointment with your PCP

### Complete your health assessment

- Ascension Personalized Care offers you a way to get information on health and wellness, as well as preventive care and chronic care, that is truly customized to your health goals. Whether you are looking for ways to better manage a condition or want more information on prevention, we're here to deliver the information that makes sense for you
- You can complete your assessment in less than 20 minutes. Contact Ascension Personalized Care at 833-600-1311 to complete your health assessment today



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## Overview

Ascension Personalized Care plans are health plans providing medical and behavioral health services to members. Our health plans feature benefits that care for the whole person, including physical, mental, emotional, and spiritual health. Ascension Personalized Care is designed to achieve five main objectives:

- Access to our own Ascension network of primary care doctors and specialists, convenient locations, and options for online care and specialty prescriptions from Ascension Rx
- Plans with good coverage at a reasonable cost, that include features and benefits to connect all aspects of your health and wellness, including your emotional, mental, and spiritual health
- A customer service team who listens, respects, and helps you navigate your coverage so you can fully understand and maximize the value and benefits of your plan
- Coverage choices for the many stages of your life, allowing you and your family to get the care you need, when and where you need it
- Education and information to help you make smart, informed healthcare decisions that work for you

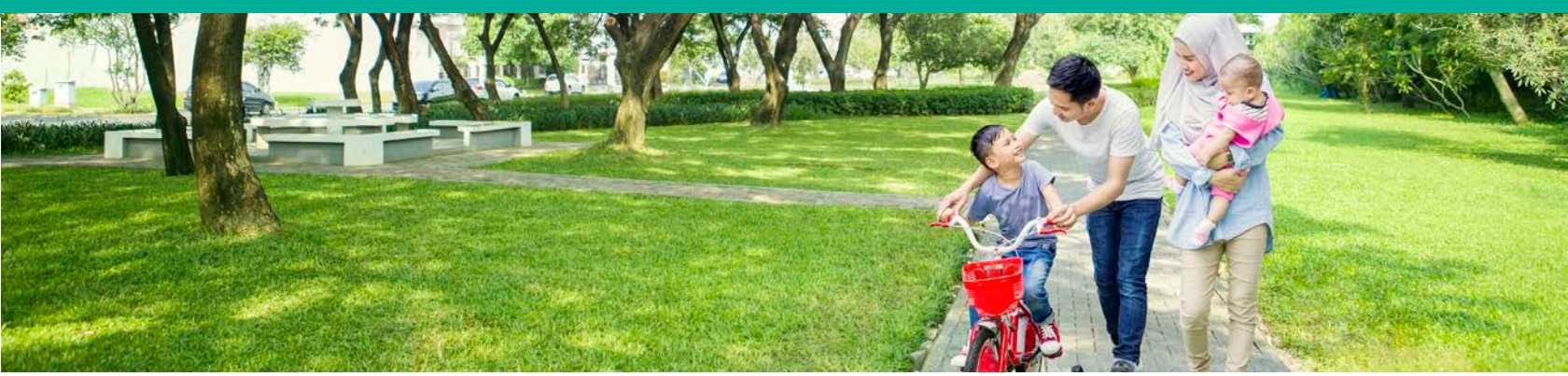
### Ascension Personalized Care products

Ascension Personalized Care products are designed to allow flexibility and enhanced benefits to its members. There are three metal categories offered by Ascension Personalized Care: Bronze, Silver, and Gold. Each category reflects the amount you and your health plan will pay.

Bronze plans offer the lowest monthly premium and the highest out-of-pocket costs.

Silver plans offer a moderate monthly premium. Out-of-pocket costs can vary but are generally lower than Bronze plans. If a member qualifies for cost-sharing reductions, they must choose a Silver plan.

Gold plans offer a higher monthly premium and the lowest out-of-pocket costs.



The following list of products are offered by Ascension Personalized Care:

### Bronze

Ascension Personalized Care Balanced Bronze 1

Ascension Personalized Care Balanced Bronze 2

Ascension Personalized Care No-Deductible Bronze

Ascension Personalized Care HSA-Eligible Bronze

	Balanced Bronze 1	Balanced Bronze 2	No Deductible Bronze	HSA Eligible Bronze
<b>Deductible</b>	\$8,000	\$8,700	\$0	\$7,000
<b>Out-of-pocket maximum</b>	\$8,700	\$8,700	\$8,700	\$7,000
<b>Coinsurance</b>	50%	0%	50%	0%
<b>Virtual primary care provider visit</b>	\$25	\$10	\$25	No charge after deductible
<b>Virtual specialist care provider visit</b>	\$50	\$20	\$50	No charge after deductible
<b>Virtual urgent care</b>	\$75	\$30	\$75	No charge after deductible
<b>Primary care provider visit</b>	\$50	\$25	\$50	No charge after deductible
<b>Specialist visit</b>	\$100	No charge after deductible	\$100	No charge after deductible
<b>Emergency room visit</b>	50% coinsurance after deductible	No charge after deductible	\$1,000	No charge after deductible
<b>Generic prescription drug coverage</b>	\$20	\$15	\$30	No charge after deductible



**Silver**

Ascension Personalized Care Low Premium Silver  
 Ascension Personalized Care Balanced Silver  
 Ascension Personalized Care No Deductible Silver

**CSR 73%**

Ascension Personalized Care Low Premium Silver 73  
 Ascension Personalized Care Balanced Silver 73  
 Ascension Personalized Care No Deductible Silver 73

**CSR 87%**

Ascension Personalized Care Low Premium Silver 87  
 Ascension Personalized Care Balanced Silver 87  
 Ascension Personalized Care No Deductible Silver 87

**CSR 94%**

Ascension Personalized Care Low Premium Silver 94  
 Ascension Personalized Care Balanced Silver 94  
 Ascension Personalized Care No Deductible Silver 94



	Low Premium Silver	Balanced Silver	No Deductible Silver
<b>Deductible</b>	\$6,000	\$4,500	\$0
<b>Out-of-pocket maximum</b>	\$8,700	\$4,500	\$8,700
<b>Coinsurance</b>	40%	0%	0%
<b>Virtual primary care provider visit</b>	\$20	No charge after deductible	\$10
<b>Virtual specialist care provider visit</b>	\$40	No charge after deductible	\$25
<b>Virtual urgent care</b>	\$50	No charge after deductible	\$50
<b>Primary care provider visit</b>	\$40	No charge after deductible	\$25
<b>Specialist visit</b>	\$180	No charge after deductible	\$50
<b>Emergency room visit</b>	40% coinsurance after deductible	No charge after deductible	\$1,000
<b>Generic prescription drug coverage</b>	\$25	No charge after deductible	\$25

Cost Sharing Reduction (CSR) is a discount that lowers the amount you have to pay for deductibles, copayments, and coinsurance. If you qualify, you must enroll in a plan in the Silver category to get the extra savings.

When you fill out a Marketplace application, you'll find out if you qualify for premium tax credits and extra savings. You can use a premium tax credit for a plan in any metal category. But if you qualify for extra savings too, you'll get those savings only if you pick a Silver plan.

If you qualify for cost-sharing reductions, you also have a lower out-of-pocket maximum — the total amount you'd have to pay for covered medical services per year. When you reach your out-of-pocket maximum, your insurance plan covers 100% of all covered services.

If you're a member of a federally recognized tribe or an Alaska Native Claims Settlement Act (ANCSA) Corporation shareholder, you may qualify for additional cost-sharing reductions.







## Gold

### Ascension Personalized Care Gold

Gold	
Deductible	\$3,500
Out-of-pocket maximum	\$6,000
Coinsurance	20%
Virtual primary care provider visit	\$10
Virtual specialist care provider visit	\$25
Virtual urgent care	\$50
Primary care provider visit	\$25
Specialist visit	\$50
Emergency room visit	20% coinsurance after deductible
Generic prescription drug coverage	\$15

## Contact us

Email: [apcsupport@ascension.org](mailto:apcsupport@ascension.org)

Phone number: 833-600-1311. TTY: 586-693-1214

Customer service representatives are available Monday through Friday, 8:00 a.m. to 6:00 p.m. EST.

Address: Ascension Personalized Care  
PO Box 1707  
Troy, MI 48099-1707

If you created an account on [enroll.ascensionpersonalizedcare.com](https://enroll.ascensionpersonalizedcare.com), you can make updates to your plan at any time. Important updates include:

- A change of address
- If you or a dependent have a change in your income
- If you get married or divorced
- If you have a child or adopt

If you enrolled through the Health Insurance Marketplace you will need to visit [healthcare.gov](https://healthcare.gov) or call the Marketplace directly at 800-318-2596 to make any changes.

### Uniquely Ascension Service Center

We're here for you. If you need assistance, please call a customer service representative at 833-600-1311. Our team is available Monday through Friday, 8:00 a.m. to 6:00 p.m. EST.

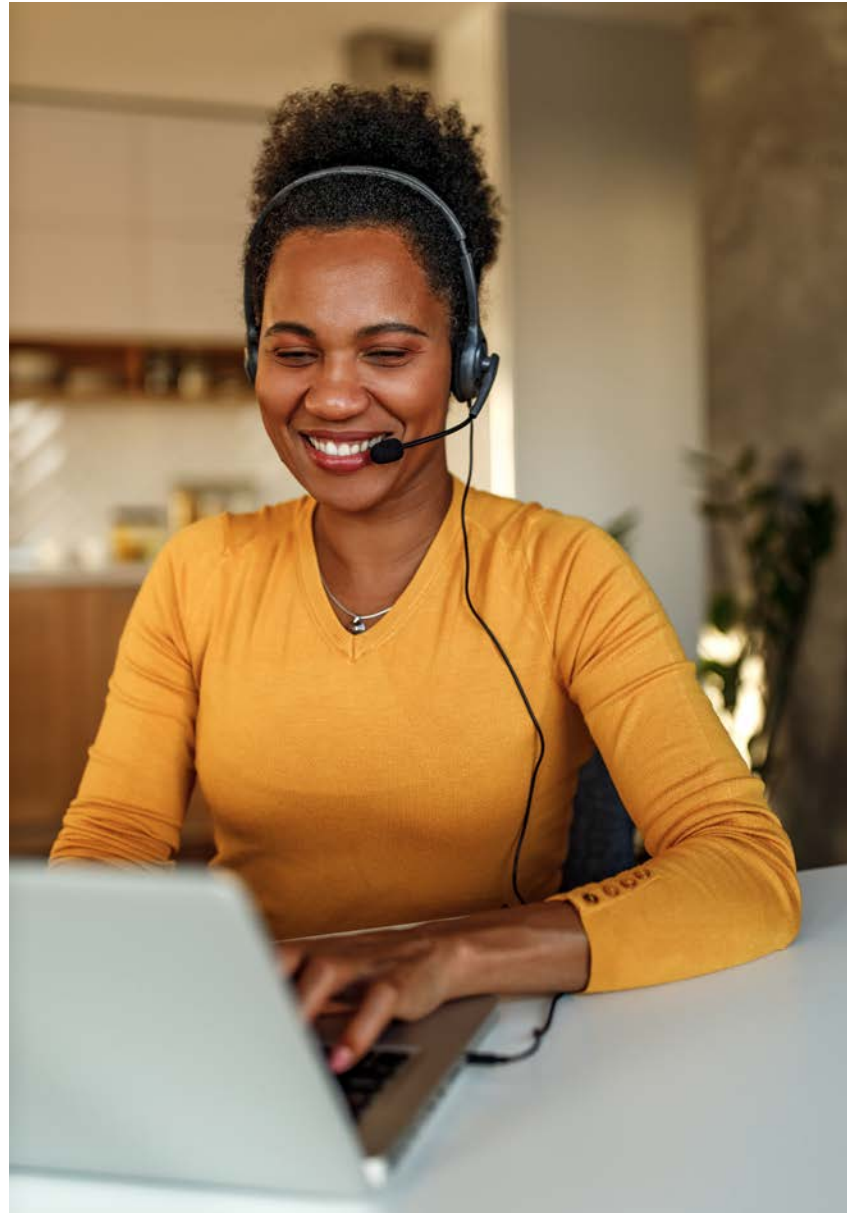
Contact us for:

- Questions about benefits and claims
- Help with finding a doctor, specialist, or location
- ID card requests

### Language services

Is there an Ascension Personalized Care member in your household who doesn't speak English? If you need language assistance, please call our customer service team at 833-600-1311. You will be prompted to choose a language in which you will be connected with an interpreter and our customer service representative. They will be able to help you understand your plan, or help answer any additional questions. Our team is available Monday through Friday, 8:00 a.m. to 6:00 p.m. EST.

We also provide printed materials in other languages or can translate over the phone. This service is free.





## Self service tools

### [Enroll.ascensionpersonalizedcare.com](https://enroll.ascensionpersonalizedcare.com)

Our direct enrollment site allows you access to your application and enrollment details. Visit this site to:

- Make updates to your application
- Understand any problems with your health insurance application
- Shop and compare different Ascension Personalized Care plans
- Change or enroll in a new health insurance plan during a special enrollment period with a qualifying event

### [Ascensionpersonalizedcare.com](https://ascensionpersonalizedcare.com)

As an Ascension Personalized Care member, make the most of your plan by getting guidance to help you navigate your healthcare needs:

- General information about Ascension Personalized Care
- Find plan-specific details
- Find a doctor or site of care
- Pharmacy benefits and drug formulary
- Member resources - including health and wellness, healthcare actions, and understanding your benefits



### Member portal

As an Ascension Personalized Care member, you will have access to the Ascension Personalized Care member portal. You can log in at [ascensionpersonalizedcare.com](https://ascensionpersonalizedcare.com) using your Ascension ID, where you will be able to access your member account. If you do not have an Ascension ID, you can create one using your email address. Your member portal will allow you to find information on:

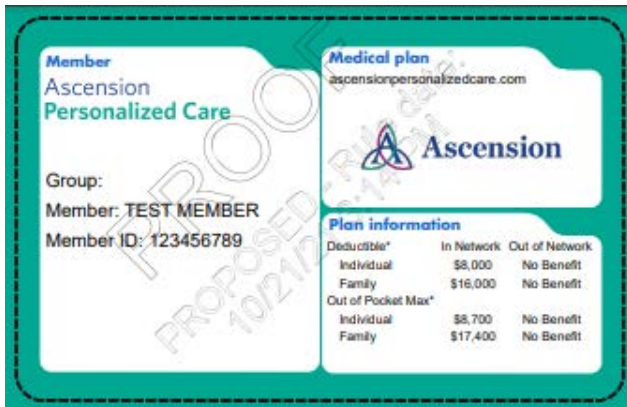
- Processed claims
- Benefit management
- Making premium payments
- Member ID cards
- Copays, deductibles, and balances
- Explanation of benefits
- Plan documents
- Finding a doctor or site of care

### [my.Cigna.com](https://my.cigna.com)

Ascension Personalized Care members have 24/7 access to [my.Cigna.com](https://my.cigna.com) and can find information regarding all pharmacy benefits.

## Member ID cards

Once you become an Ascension Personalized Care member, you will receive two insurance cards in the mail for each member of your family who is enrolled in the plan. An Ascension Personalized Care medical card and a Cigna pharmacy card will be mailed.



### Medical card

Ascension Personalized Care members will receive a medical ID card. This card will need to be presented anytime you visit a doctor, hospital, virtual care, or urgent care facility. This ID card includes your health plan information for doctors, as well as our contact information. The front identifies your name, group number, and member ID number. The back of the ID card has information that includes our customer service number, prior authorization information, member eligibility information for doctors, and how to submit your claims.

### Pharmacy card

A Cigna pharmacy ID card will be sent to each member for Cigna's drug plan in 2022. Your pharmacy ID card will arrive before January 1, 2022. This ID card is different from your medical card. Your pharmacy ID card must be used for coverage when filling prescriptions, and can only be used for prescription benefits. You cannot use your Ascension Personalized Care medical ID card to fill a prescription.

### Additional/replacement ID cards

If you need a replacement card, log in to your member account at ascensionpersonalizedcare.com to access a digital version. You may also contact Ascension Personalized Care customer support at 833-600-1311 and request a card be sent to you.

If you need a pharmacy replacement card, you can contact Cigna support at 800-244-6224 or request a new ID card at my.cigna.com.

# Communications

## Member newsletters

Our member newsletters are sent [quarterly] and are also available online at [ascensionpersonalizedcare.com/members-home](https://ascensionpersonalizedcare.com/members-home) under the Member Resources link. Each newsletter will provide useful health and wellness information, plan benefit details, and the latest updates from Ascension Personalized Care.

## Explanation of benefits (EOB)

An EOB is a helpful tool for keeping track of your Ascension Personalized Care healthcare benefits. It shows you how your health plan processed a healthcare claim. EOBs look similar to a bill, but they function differently. The EOB will be in the form of a letter that includes a chart showing how your claim was processed. Always check your EOB, and make sure the information displayed is accurate. If any information is missing or inaccurate or if you have questions regarding your EOB, contact customer service at 833-600-1311.





# What's covered

## General overview of covered services

Essential health benefits (EHB) are a set of 10 services that each health plan must cover under the Affordable Care Act. These 10 essential health benefits are:

- Ambulatory patient services (also known as outpatient care.) This includes any services you can get without staying in the hospital
- Emergency services
- Hospitalization
- Pregnancy, maternity, and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care (Adult dental and vision coverage aren't essential health benefits.)

Please refer to your Evidence of Coverage (EOC) or plan documents for more details about the EHB and any limits that may apply.

## Schedule of benefits

A schedule of benefits is a list of services covered under the health plan and includes information on copays, deductibles, and any other fees. Log in to the member portal to find specific benefit information for your plan. You may also get this information in the EOC or by calling us.

## Summary of benefits and coverage

A summary of benefits and coverage (SBC) is a document that shows deductible and copay information as well as everything that is covered under the health insurance plan. Log in to the member portal to find specific benefit information for your plan. You may also get this information in the EOC or by calling us.

## Benefits and coverage exclusions

The Ascension Personalized Care plan does not cover dental care or routine eye care for adults at this time. Please refer to your summary of benefits and coverage regarding plan-specific details for children's eye exams and eyewear.







## Billing

### How to pay your premium

Ascension Personalized Care makes it easy for you to pay your premiums each month by offering a number of ways to pay:

- You can make a one-time payment on the website or by logging in to your account. You can make your premium payment online with a debit/credit card, prepaid debit card, Google Pay or Apple Pay
- You may submit payment using the address below by mailing a paper check, cashier's check, or money order to:  
US Health and Life Insurance Company  
PO Box 72152  
Cleveland, OH 44192  
Checks should be made payable to: US Health and Life Insurance Company  
Please note: Your invoice number or Federal Exchange ID must be included on each check
- For payment assistance via phone, contact our customer service team at 833-600-1311

### Check your balance and payments

To find information on your balance and payments, log in to your member portal. For additional questions, please contact our customer service team at 833-600-1311.

### Payment due date

Your premium payment is due in full on the designated due date. You may pay your premium ahead of time or split the payments, but the full amount must be received by the due date. If it is not received by the due date, it will be considered late. We encourage you to pay your balance on time to avoid your benefits being at risk and your account past due.

### Important reminders

The Affordable Care Act provides a 90-day grace period for Advanced Premium Tax Credit (APTC) Members and a 30-day grace period for non-APTC members to help you avoid having your coverage canceled. If you are past the grace period, your coverage will be canceled from the date you stopped making payments and you will be responsible for full payment of all claims incurred after your coverage has ended.



## Utilization management

Ascension Personalized Care uses Ascension Care Management Insurance Holdings (ACMIH) for Utilization Management (UM). ACMIH reviews requests for certain healthcare services and makes decisions about how we cover care. All UM decisions are based on members' medical needs and current benefits. The utilization management team will determine if the service is medically necessary and check to see if it is covered by Ascension Personalized Care. If you disagree with our decision for any reason, you or your doctor can ask for an appeal.

Ascension Care Management Insurance Holdings does not encourage doctors and others to limit services. We do not create barriers to receiving healthcare. Doctors and others are not rewarded for limiting or denying care. Doctors use medical policies and plan benefits to determine necessary treatments and services.

## Prior authorization

### Review process of authorization

A prior authorization is an approval that a member must receive from their health plan before receiving certain treatment, medications, or services. Your doctor will request a prior authorization for you. You must have a prior authorization from Ascension Personalized Care before the service or procedure is completed. **Please note**, in case of an emergency, prior authorization is NOT required. If you are admitted to the hospital because of an urgent or emergency care need, Ascension Personalized Care should be notified by the second business day of your stay by your doctor or admitting facility.

## Why do I need a prior authorization?

Prior authorization helps ensure that:

- The service is medically necessary
- The service is performed in the right healthcare setting
- The doctor is correctly identified as in-network or out-of-network
- Special medical circumstances that require review and follow-up are identified

## Services requiring prior authorization

Admissions to the hospital (with the exception of maternity admissions). These can be elective, planned in advance, or not related to an emergency.

- Maternity stays in the hospital longer than 48 hours after vaginal delivery or 96 hours after a C-section
- Hospital stays for rehabilitation (short-term inpatient recovery)
- Home healthcare (including nursing and some home infusion)
- Certain durable medical equipment (DME)
- Transplants — solid organ (e.g. liver) or bone marrow/stem cell
- Surgery and/or outpatient procedures

A full list of services that require prior authorization is posted to [ascensionpersonalizedcare.com](https://ascensionpersonalizedcare.com) as well as in your EOC.

You can also call Ascension Personalized Care customer service at 833-600-1311 or call Ascension Care Management Insurance Holdings directly at 844-995-1145.

## How can my doctor request prior authorization?

Your doctor can:

- View the status of an authorization by visiting the clinician portal at [ascensionpersonalizedcare.com](https://ascensionpersonalizedcare.com)
- Fax a completed Prior Authorization Form to 512-380-7507
- Call Ascension Care Management Insurance Holdings at 844-995-1145
- Email Ascension Care Management Insurance Holdings at [shp-authorization@ascension.org](mailto:shp-authorization@ascension.org)

## Where to get care

### Primary care provider (PCP) / specialty care provider (SCP)

Being an Ascension Personalized Care member means you will always have access to our in-network doctors and locations. To find a doctor or location, click the Find a Doctor button at the top of [ascensionpersonalizedcare.com](https://ascensionpersonalizedcare.com). From there, you will be able to see a list of in-network doctors and locations.

You will also have the option to filter your search results based on location, specialty, accepting new patients, language, gender and more. Or you can call us directly at 833-600-1311 for help finding the care that is right for you.

A printed copy of the clinician directory is available upon request. Please submit your request to [apcsupport@ascension.org](mailto:apcsupport@ascension.org).

### Ascension Online Care

Ascension Personalized Care members have access to Ascension Online Care, available 24/7. Get the care you and your family need using your smartphone, tablet, or laptop. It's easy to use, private, and secure. Our experienced team provides online care – including diagnosis – for a wide variety of symptoms and conditions, including:

- Urinary tract infections
- Sinus or upper respiratory infections
- Eye infections
- Rash
- Sore throat/strep/cough
- Cold/flu
- Fever
- Seasonal allergies

Visit [ascensiononlinecare.org](https://ascensiononlinecare.org) or download the Ascension Online Care app to your mobile device.

### Urgent care clinics

Ascension Personalized Care offers many treatment options to choose from including urgent care. Ascension's urgent care teams will work closely with you to provide a timely, accurate diagnosis and a personalized care plan to help you and your loved ones quickly get on the road to recovery. You don't need an appointment at our urgent care and walk-in locations.

### Hospitals/emergency room

As an Ascension Personalized Care member, you are able to get 24/7 emergency care close to home. Board-certified emergency medicine doctors and care teams in ERs at Ascension sites of care work quickly to listen, understand, and treat your needs, delivering compassionate care from the minute you walk in. Our fully staffed ERs are ready when you need care for major or life-threatening illness or injury.

### What to do when outside of coverage area

Out-of-network doctors are not covered by your Ascension Personalized Care plan. If you see a doctor who is not within the Ascension Personalized Care network you will be responsible for the full amount of the service. There may be some limited circumstances when you need to see an out-of-network doctor. Please contact our utilization management department as they must review all requests for medical necessity before any services are rendered by an out-of-network doctor. Emergency services provided by an out-of-network doctor will be covered at the network doctor level when the services provided are for a medical emergency.



## Pharmacy

Ascension's prescription drug coverage is automatically included in your Ascension Personalized Care plan. In 2022, Cigna will be your pharmacy provider. Here are some ways to get the most out of your pharmacy benefits plan:

### Home delivery

Having your prescriptions delivered to your home through the mail is a great way for you to save time and money. Getting 90-day refills can help you save money on your out-of-pocket prescription costs. Members may order a 90-day supply through Cigna's mail order pharmacy called Express Scripts.

### Specialty Rx

Specialty medications usually have a high cost and are used to treat chronic and complex medical conditions. They also may be drugs that are difficult to take or have special handling, shipping, and storage needs. They are often self-administered medications to treat conditions such as rheumatoid arthritis, multiple sclerosis, psoriasis, cystic fibrosis, cancer, or hemophilia. For specialty pharmacy needs, please have your doctor or clinician fill your prescription through Ascension Rx. Ascension Rx specialty pharmacy is available in the following states: Indiana, Kansas, and Michigan.

Ascension Rx specialty pharmacy operating hours are Monday through Friday, 9:00 a.m. to 5:00 p.m. EST. For more information, please call Ascension Rx specialty pharmacy at 855-292-1427.

If you do not have access to Ascension Rx specialty pharmacy, please fill specialty pharmacy prescriptions through Accredo, which is a Cigna Specialty pharmacy at 866-759-1557.

### Drug formulary

The drug formulary is a list of generic and brand name prescription drugs that are covered by Ascension Personalized Care and Cigna. To locate the drug formulary, please visit [ascensionpersonalizedcare.com/members-home/member-resources/understanding-benefits/pharmacy](https://ascensionpersonalizedcare.com/members-home/member-resources/understanding-benefits/pharmacy). If you would like a copy mailed to you, please send an email to [apcsupport@ascension.org](mailto:apcsupport@ascension.org).

### Compare prices

By logging into [my.Cigna.com](https://my.Cigna.com), you can use the Price a Medication tool to see how much your medication may cost at the different retail pharmacies in your plan's network and through Express Scripts Pharmacy, Cigna's home delivery pharmacy. You can also see if there are lower-cost alternatives available.

### Use my.Cigna.com

[my.Cigna.com](https://my.Cigna.com) gives you 24/7 access to:

- See your pharmacy claim history
- Read your benefit details
- Get recent industry and Cigna news
- Compare drug and pharmacy prices
- Manage your Cigna home delivery pharmacy orders
- Ask a pharmacist a question





## Added benefits

### Spiritual well-being

Taking care of your behavioral health is an important benefit of Ascension Personalized Care. We offer many resources to nourish your mind, body, and spirit such as mindfulness meditation. This is a combination of practices and techniques that encourage and develop concentration, clarity, emotional positivity, and calm understanding. As an Ascension Personalized Care member, you will be able to get information on using meditation techniques to lower stress, relax more fully, and enhance productivity. Access our library of meditation videos and download our brochures to learn more about how you can add mindfulness meditation to your day.

### Online behavioral health

Ascension has a compassionate, personalized approach to behavioral health. At Ascension, we understand that caring for your mind is just as important as caring for your body. That's why we offer online behavioral health treatment programs personalized for each person's needs - as an adult, senior, adolescent, or child.

### On-demand spiritual care

At Ascension, we understand that healthcare means more than medical care. It means care for your whole health - emotional, mental, and spiritual. Our trained, experienced chaplains are essential members of our healthcare team. Whatever your faith and beliefs, qualified chaplains are available online 24 hours a day to help ease your mind and lift your spirits with one-on-one compassionate care.

Spiritual care:

- Provides an opportunity to voice your concerns and find support during difficult or challenging times.
- Empowers people to find healing in light of current circumstances

Register online at [ascensiononlinecare.org](https://ascensiononlinecare.org) to speak with a chaplain today.

## Ascension Care Management: simplifying and supporting healthcare

Managing your healthcare can be time-consuming, stressful, and complicated. It can be difficult to find a doctor, understand a diagnosis, or self-manage your condition. Ascension's national care management team is here to help you navigate the complex world of healthcare. And, their services are available at no extra cost to you through your Ascension Personalized Care medical plan.

### What is care management?

Care management is a collaborative process to assess, coordinate, monitor, and evaluate services and options to meet your healthcare needs and goals. By working with your doctors, our care managers can help you manage your medical conditions more effectively. Care managers can also provide you with education, resources and the encouragement you need to support your healthcare journey.

### What services does care management offer?

Ascension's national care management team is made up of registered nurses, licensed social workers, and wellness coaches to help you make informed choices about your care. Our services include:

- **Disease management**  
Get recommendations from registered nurses on how to manage your newly diagnosed or existing chronic conditions including but not limited to diabetes, heart failure, asthma, and chronic obstructive pulmonary disease (COPD)
- **Transitional care management**  
Get support when transitioning from an inpatient admission to a post-acute care or skilled nursing facility
- **Wellness and prevention programs**  
Get educated and connected to resources and programs to keep you on top of your health
- **Health coaching**  
Get encouragement to make healthy behavior modifications to help you tackle weight loss, hypertension, and more
- **Complex care management**  
Get comprehensive care coordination to better self-manage single or multiple complex chronic conditions
- **Resource referrals**  
Get connected with local resources to help alleviate barriers such as transportation to and from your doctor's appointments, medication costs, and more

### Get started

Call us at 844-699-3133 or email us at [acmmembers@ascension.org](mailto:acmmembers@ascension.org).





## Fraud, waste and abuse

### FWA program compliance authority and responsibility

Ascension Personalized Care is committed to identifying, investigating, sanctioning and prosecuting suspected fraud, waste, and abuse. Examples include:

- You noticed a service or procedure in your EOB that you never received
- Your doctor is routinely overcharging you for services rendered
- Someone is using your ID card to get services
- Someone other than you or your representative picked up your medication at the pharmacy without your knowledge or approval

To report suspected fraud, waste, and abuse call, 833-600-1311.







## Member complaints, grievances, and appeals

We have steps for handling any insurance-related problems you may have. To keep you satisfied, we provide processes for filing appeals or complaints. You have the right to file a complaint, file an appeal, and have an external review. We hope you will always be happy with our doctors and us. But if you aren't, or you aren't able to find answers to your questions, we have steps for you to follow:

- Inquiry process
- Complaint process
- Grievance process
- Appeal process
- External review by an independent review organization (IRO)
- Complaint to your state's insurance department: Kansas Insurance Department, Indiana Department of Insurance, or Michigan Department of Insurance and Financial Services

Your satisfaction is very important to us. We want to know your issues and concerns so we can improve our services. Please contact our Member Services team at 833-600-1311 Monday through Friday, 8:00 a.m. to 6:00 p.m. EST. TTY: 586-693-1214 or you can email us at [apcsupport@ascension.org](mailto:apcsupport@ascension.org). We will attempt to answer your questions during initial contact, as most concerns can be resolved with one phone call. The following processes are available to address your concerns:

### How to file an inquiry

An inquiry is a request for clarification of a benefit, product, or eligibility where no expression of dissatisfaction is made. Examples of an inquiry are:

- How to make a payment
- How to find a doctor or change primary care provider
- Billing questions
- Premium questions
- How to find a Member ID

## How to file a complaint

A complaint is an oral expression of dissatisfaction. Some complaints can be resolved through a phone call. Some examples include:

- Length of time to see a doctor
- Can't find a doctor or they are not accepting new patients
- Multiple customer service interactions and the issue is still not resolved
- Trouble enrolling on the website
- Need help locating information on the website
- Doctor and/or staff were rude

To file a complaint, call member services at 833-600-1311 Monday through Friday, 8:00 a.m. to 6:00 p.m. EST. TTY: 586-693-1214. For a full list of definitions, please refer to your Evidence of Coverage.

## How to file a grievance

A grievance means any dissatisfaction with an insurer offering a health benefit plan or administration of a health benefit plan by the insurer that is expressed verbally, or in writing in any form to the insurer by, or on behalf of, a claimant including any of the following:

- Providing of services
- Determination to rescind a policy
- Determination of a diagnosis or level of service required for evidence-based treatment of autism spectrum disorders
- Claims practices
- Cancellation of your benefit coverage with us

Examples of a grievance would be:

- Generic prescription didn't have the generic copay applied
- Preventive procedure was not covered at 100%
- Need a case coordinator to contact me regarding home healthcare
- Consent issues
- Allergic reaction to prescribed medication
- Plan coverage concerns

To file a grievance, call Member Services at 833-600-1311 Monday through Friday, 8:00 a.m. to 6:00 p.m. EST. TTY: 586-693-1214.

You may file a grievance verbally, or in writing, either by mail or by email at [apcsupport@ascension.org](mailto:apcsupport@ascension.org). If you require assistance in filing a grievance or if you are unable to submit the grievance in writing, you can call Member Services at 833-600-1311 (TTY: 586-693-1214) to ask for help through the process. We will send a grievance acknowledgment letter after receipt of your grievance.

Send your written grievance form to:  
US Health and Life Insurance Company  
PO Box 1707  
Troy, MI 48099-1707

**Expedited grievance:** If your grievance concerns an emergency or a situation in which you may be forced to leave the hospital prematurely, or if a standard resolution process will risk serious jeopardy to your life, pregnancy, or health.

**Standard grievance:** A grievance that does not meet the expedited definition of grievance.

View your Evidence of Coverage for full complaint procedures and processes, including specific filing details and time frames. You can access your Evidence of Coverage in your online member account. You may also file a grievance with the Department of Insurance.

## How to file an appeal

An appeal is a request to reconsider a decision about the member's benefits where either a service or claim has been denied. A denial includes a request for us to reconsider our decision to deny, modify, reduce, or terminate payment, coverage, authorization, or provision of healthcare services or benefits, including the admission to, or continued stay in, a healthcare facility. Failure to approve or deny a prior authorization request in a timely manner may be considered as a denial and subject to the appeal process. Examples of an appeal are:

- Access to healthcare benefits, including an adverse determination made pursuant to utilization management
- Admission to or continued stay in a healthcare facility
- Claims payment, handling, or reimbursement for healthcare services
- Matters pertaining to the contractual relationship between a member and Ascension Personalized Care
- Cancellation of benefit coverage
- Other matters as specifically required by state law or regulation

To file a written appeal, you can mail or email your request to us:

US Health and Life Insurance Company  
PO Box 1707  
Troy, MI 48099-1707  
apcsupport@ascension.org

Resolution time frames may vary based on the type of appeal filed. Please see Evidence of Coverage for details.

**Expedited appeal:** If your appeal concerns an emergency or a situation in which you may be forced to leave the hospital prematurely, or if you believe a standard resolution process will risk serious jeopardy to your life, pregnancy, or health.

**Standard appeal:** An appeal that does not meet the expedited definition.

## How to request an external review

Once all appeal methods described above and of which are available within this health plan have been exhausted, you may request an external review from the state insurance department. You or your authorized representative will send a written request for this external review with the required forms that we have provided to you to the state department where you reside. The department will determine if your request qualifies for an expedited review and if it does, they or we (based on your state's laws) may assign it to an Independent Review Organization (IRO).

When you file an external review under this health plan, you will not be subject to retaliation for exercising this right; you are permitted to utilize the assistance of other individuals, including health care doctors or providers, attorneys, friends, and family members throughout the review process; you are permitted to submit additional information relating to the proposed service throughout the review process; and you must cooperate with the IRO by providing any requested medical information or authorizing the release of any necessary medical information.

The IRO will conduct a review and provide their recommendation to the department. The department will provide you with the decision within 72 hours for expedited external review after your request for an external review is filed; or within 15 days after your filing of a request for external review following a standard appeal. The decision made by the department will be final under the Patient's Right to Independent Review Act of 2000.

Write to the appropriate state listed below to request an **external review** as described above; or to file your **complaint**:

**Members in the state of Michigan:**

Department of Insurance and Financial Services

Office of General Counsel

Health Care Appeals Section

PO Box 30220

Lansing, MI 48909-7720

Phone: 877-999-6442

Fax: 517-284-8837

Online: [difs.state.mi.us/Complaints/ExternalReview.aspx](https://difs.state.mi.us/Complaints/ExternalReview.aspx)

**Members in the state of Kansas:**

Kansas Insurance Commissioner

Kansas Insurance Department

1300 SW Arrowhead Road

Topeka, KS 66604

Phone: 785-296-3071 or 800-432-2484

**Members in the state of Indiana:**

State of Indiana Department of Insurance

Consumer Services Division

311 West Washington Street

Suite 300

Indianapolis, IN 46204

Consumer Hotline: 800-622-4461 or 317-232-2395

Online: [in.gov/idoi/consumer-services/](https://in.gov/idoi/consumer-services/)





## Member rights and responsibilities

### Member rights

You have certain rights as set forth below:

- To participate with doctors in making decisions about your healthcare. This includes working on any treatment plans and making care decisions. You should know any possible risks, problems related to recovery, and the likelihood of success. You have the right not to have any treatment without consent freely given by you or your legally authorized surrogate decision-maker. You have the right to be informed of your care options
- To know who is approving and who is performing the procedures or treatment. All likely treatments and the nature of the problem should be explained clearly to you
- To receive the benefits for which you have coverage
- To be treated with respect and dignity
- To have the privacy of your personal health information protected, consistent with state and federal laws, and Ascension Personalized Care policies
- To receive information or make recommendations, including changes, about Ascension Personalized Care's organization and services, the Ascension Personalized Care network of doctors, and your rights and responsibilities
- To candidly discuss with your doctors appropriate and medically necessary care for your condition, including new uses of technology, regardless of cost or benefit coverage. This includes information from your primary care provider about what might be wrong (to the level known), treatment, and any known likely results. The doctor must tell

you about treatments that may or may not be covered by the plan, regardless of the cost. You have a right to know about any costs you will need to pay. This should be told to you in a way that you can understand. When it is not appropriate to give you information for medical reasons, the information can be given to a legally authorized person. The doctor will ask for your approval for treatment unless there is an emergency and your life and health are in serious danger

- To make recommendations regarding the Ascension Personalized Care member's rights, responsibilities, and policies
- To voice complaints or appeals about: Ascension Personalized Care, any benefit or coverage decisions Ascension Personalized Care makes, Ascension Personalized Care coverage, or the care provided
- To participate with practitioners in making decisions about your care and the right to refuse treatment for any condition, illness, or disease without jeopardizing future treatment, and be informed by the doctor(s) of the medical consequences
- To see your medical records
- To be kept informed of covered and non-covered services, program changes, how to access services, primary care provider assignment, doctors, advance directive information, referrals and authorizations, benefit denials, member rights and responsibilities, and other Ascension Personalized Care rules and guidelines. Ascension Personalized Care will notify you before the effective date of the modifications. Such notices shall include the following:
  - Any changes in clinical review criteria
  - A statement of the effect of such changes on your financial liability for the cost of any such changes
- To have access to a current list of network doctors. Additionally, you may access information on network doctors' education, training, and practice
- To select a health plan or switch health plans, within the guidelines, without any threats or harassment
- To adequate access to qualified medical practitioners and treatment or services regardless of age, race, creed, sex, sexual orientation, national origin, or religion
- To access medically necessary urgent and emergency services 24 hours a day and seven days a week
- To receive information in a different format in compliance with the Americans with Disabilities Act, if you have a disability
- To refuse treatment to the extent the law allows. You are responsible for your actions if treatment is refused or if the doctor's instructions are not followed. You should discuss all concerns about treatment with your primary care provider or other clinicians. The primary care provider or other clinician must discuss different treatment plans with you. You must make the final decision
- To select a primary care provider within the network. You have the right to change your primary care provider or request information on network doctors close to your home or work
- To know the name and job title of people providing care to you. You also have the right to know which doctor is your primary care provider
- To have access to an interpreter when you do not speak or understand the language of the area
- To a second opinion by a network doctor, at no cost to you, if you believe that the network doctor is not authorizing the requested care, or if you want more information about your treatment
- To execute an advance directive for healthcare decisions. An advance directive will assist the primary care provider

and other clinicians to understand your wishes about your healthcare. The advance directive will not take away your right to make your own decisions. Examples of advance directives include:

- Living Will
  - Healthcare Power of Attorney
  - “Do Not Resuscitate” Orders
- You also have the right to refuse to make advance directives. You may not be discriminated against for not having an advance directive

## Member responsibilities

- To read their Ascension Personalized Care contract in its entirety
- To treat all healthcare professionals and staff with courtesy and respect
- To give accurate and complete information about present conditions, past illnesses, hospitalizations, medications, and other matters about their health. The member should make it known whether they clearly understand their care and what is expected of them. The member needs to ask questions of their doctor so they understand the care they are receiving
- To review and understand the information they receive about Ascension Personalized Care. The member needs to know the proper use of covered services
- To show their ID card and keep scheduled appointments with their doctor, and call the doctor’s office during office hours whenever possible if the member has a delay or cancellation
- The member should establish a relationship with a primary care provider. The member may change their primary care provider at any time
- To read and understand to the best of their ability all materials concerning their health benefits or to ask for assistance if they need it
- To understand their health problems and participate along with their healthcare doctors in developing mutually agreed upon treatment goals to the degree possible
- To supply, to the extent possible, information that Ascension Personalized Care and/or their doctors need in order to provide care
- To follow the treatment plans and instructions for care that they have agreed on with their healthcare doctors
- To understand their health problems and tell their healthcare doctors if they do not understand their treatment plan or what is expected of them. The member should work with their primary care provider to develop mutually agreed upon treatment goals. If the member does not follow the treatment plan, the member has the right to be advised of the likely results of their decision
- To follow all health benefit plan guidelines, provisions, policies, and procedures
- To use any emergency room only when they think they have a medical emergency. For all other care, the member should call their primary care provider
- To give all information about any other medical coverage they have at the time of enrollment. If, at any time, the member gains other medical coverage besides Ascension Personalized Care coverage, the member must provide this information to Ascension Personalized Care
- To pay their monthly premium, all deductible amounts, copayment amounts, or cost-sharing percentages at the time of service



## Non-discrimination policy

US Health and Life Insurance Company (USHL) and Ascension Personalized Care does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, national origin, disability, sex, religion, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, and in staff and employee assignments to all associates, whether carried out by USHL and Ascension Health directly or through a contractor or any other entity with which USHL and Ascension Health arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (nondiscrimination on the basis of race, color, national origin), Section 504 of the Rehabilitation Act of 1973 (nondiscrimination on the basis of disability), the Age Discrimination Act of 1975 (nondiscrimination on the basis of age), regulations of the U.S. Department of Health and Human Services issued pursuant to these three statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91 and Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116 (nondiscrimination based on sex, including gender identity).

USHL and Ascension Health provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (audio, accessible electronic formats, other formats)

USHL and Ascension Health provides free language services to people whose primary language is not English such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Compliance Officer. If you believe that USHL and Ascension Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, disability, sex, religion, or age, you can file a grievance with:

Compliance Officer

800 Tower Drive

Troy, MI 48098

844-284-6750 Fax 586-693-4820

You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, the Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or e-mail at:

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, DC 20201

OCRComplaint@hhs.gov

Tel: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

## Health Insurance Portability and Accountability Act (HIPAA)

As an Ascension Personalized Care member, we can assure you that your medical and health information is private and will always be protected under the HIPAA Privacy Rule. Federal and state laws protect the privacy of your medical records and personal health information. We protect your personal health information as required by these laws.

Your “personal health information” includes the personal information you gave us when you enrolled in this plan as well as your medical records and other medical and health information.

The laws that protect your privacy give you rights related to getting information and controlling how your health information is used. We give you a written notice, called a “Notice of Privacy Practice,” that tells about these rights and explains how we protect the privacy of your health information.

How do we protect the privacy of your health information?

- We make sure that unauthorized people don’t see or change your records.
- In most situations, if we give your health information to anyone who isn’t providing your care or paying for your care, we are required to get written permission from you first. Written permission can be given by you or by someone you have given legal power to make decisions for you.

There are certain exceptions that do not require us to get your written permission first. These exceptions are allowed or required by law. For example, we are required to release health information to government agencies that are checking on quality of care.

We are required to give government regulatory agencies your health information. You can see the information in your records and know how it has been shared with others. You have the right to look at your medical records held at the plan, and to get a copy of your records. We are allowed to charge you a fee for making copies. You also have the right to ask us to make additions or corrections to your medical records. If you ask us to do this, we will work with your healthcare provider to decide whether the changes should be made.

You have the right to know how your health information has been shared with others for any purposes that are not routine. If you have questions or concerns about the privacy of your personal health information, please call us.







## Glossary of terms

### **Coinsurance**

The percentage amount you pay after you reach your deductible. Your health insurance plan will pay a portion of the medical bill and you will be responsible for paying the rest.

### **Copay or copayment**

A flat fee that you pay when you visit a doctor. It is a set amount of money you pay for a covered service.

### **Covered services**

Healthcare services that are covered by a specific benefit provision of the health insurance plan and that are not excluded under the plan. They are determined to be medically necessary per the plan's medical policies and paid for by the plan.

### **Deductible**

The amount you pay for healthcare services before your health insurance begins to pay.

### **Exclusive provider organization (EPO)**

Often referred to as a narrow network. It is similar to an HMO (health maintenance organization) in that it has an exclusive network of doctors and doesn't cover most out-of-network care. But an EPO allows the patient to visit any doctor in their network without a referral from their primary care provider.

### **Evidence of coverage (EOC)**

A document that provides details about what your health insurance plan covers, how much you will pay, and additional plan details.



**Explanation of benefits (EOB)**

A statement that describes the costs of medical care received. It explains what portion of a claim was paid to the healthcare doctor and what you will be responsible for paying.

**Member**

A covered person enrolled under the health insurance plan.

**Network provider**

A healthcare clinician (doctor, nurse practitioner, clinical nurse specialist, or physician assistant) who is contracted with your health insurance plan to provide a better rate.

**Open Enrollment Period (OEP)**

A specific time each year you can sign up for health insurance or change your coverage or plan. The federal exchange is open November 1 - December 15 each year.

**Out-of-pocket maximum**

The most amount of money you will have to pay during the plan year. Once this out-of-pocket maximum is met, the health insurance plan will cover all costs at 100%.

**Plan**

Refers to the Ascension Personalized Care health insurance plan.

**Premium**

The amount you pay monthly to have health insurance coverage.

**Prior authorization**

An approval that a member must receive from their health plan before receiving certain treatment, medications, or services.

**Schedule of benefits**

A list of services covered under the health plan and includes information on copays, deductibles, and any other fees.

**Special enrollment period (SEP)**

A set time when you can enroll in health insurance if you have had a certain life event. This can include losing health coverage, moving, getting married, having a baby, or adopting a child.

**Summary of benefits and coverage (SBC)**

A document that shows deductible and copay information as well as everything that is covered under the health insurance plan.

## Member discount programs

### TruHearing - Hearing aid discount program

Good hearing is important to your health. That's why you have access to TruHearing®, a comprehensive hearing care solution. Hearing aids can be expensive — an average of \$2,400 per aid — but the TruHearing program saves you 30-60% off hearing aids. Details of the program include:

- State-of-the-art technology
  - The latest technology from top hearing aid manufacturers
  - Hearing solutions for virtually every type of hearing loss
  - Significantly lower prices on the same models sold at retail locations
- Personalized care
  - Guidance and assistance from a TruHearing hearing consultant
  - Local, professional care from an accredited provider in your area
  - A \$45 hearing exam plus 1-year of follow-up visits for fitting and adjustments
- Help along the way
  - A worry-free purchase with a 60-day risk free trial and 3-year warranty
  - 80 free batteries per aid included with non-rechargeable models
  - Guides to help you adapt to your new hearing aids

Example savings (per aid):

*Prices and products subject to change. For more information, visit [truhearing.com](https://truhearing.com).*

Sample product	Average retail price	TruHearing price	Savings
<b>TruHearing Advanced</b>	\$2,445	\$1,250	\$1,195
<b>Starkey® Livio™ 1000 R</b>	\$1,795	\$975	\$820
<b>Phonak® Audéo® M30-R</b>	\$1,972	\$1,250	\$722
<b>ReSound Quattro™ 5</b>	\$2,427	\$1,370	\$1,057
<b>Oticon Opn® S 3</b>	\$2,454	\$1,425	\$1,029
<b>Widex® Evoke® 330</b>	\$2,965	\$1,725	\$1,240
<b>Signia Styletto Nx® 7</b>	\$3,449	\$2,195	\$1,254

To learn more or set up an appointment with a provider near you, contact a TruHearing hearing consultant at 1-855-695-7577.

TruHearing prices plus a hearing aid allowance can save you even more! Not sure if you have an allowance? Call us to find out.

## Active&Fit Direct

Gym or Home? We'll keep you active either way. With the Active&Fit Direct program, you'll have access to:

- 11,000+ standard fitness centers and studios
- 5,000+ NEW premium exercise studios and fitness centers
- 4,000+ digital workout videos
- NEW! the ability to purchase a membership for your spouse or domestic partner
- One-on-one lifestyle coaching
- No long-term contracts

All starting at just \$25 a month.

### Enroll today

Members can enroll in the Active&Fit Direct program by accessing a custom link on [ascensionpersonalizedcare.com](https://ascensionpersonalizedcare.com). This will link over to the Active&Fit Direct website where you can enroll. You will also receive an ID card to present at select fitness centers.

### Additional features

- 250+ wearable trackers and apps to track your activity and stay on top of your goals
- Facebook and YouTube community for additional health tips and workout classes, free and available to the public
- Try 200 free workout videos on the Active&Fit Direct website before you enroll

**Active&Fit DIRECT®**

Ascension Personalized Care

# Gym or Home?

We'll keep you active either way.

- 11,000+ STANDARD FITNESS CENTERS
- 5,000+ **NEW** PREMIUM EXERCISE STUDIOS AND FITNESS CENTERS
- 4,000+ DIGITAL WORKOUT VIDEOS
- NEW** ENROLL YOUR SPOUSE or domestic partner\*\*
- NO LONG-TERM CONTRACTS

**FITNESS PROGRAM MEMBERSHIP**  
AS LOW AS **\$25/mo\***  
16,000+ FITNESS CENTERS  
4,000+ WORKOUT VIDEOS  
**Active&Fit DIRECT™**

**Learn More:**

\*Plus an enrollment fee and applicable taxes. Fees will vary based on fitness center selection.

\*\*Add a spouse/domestic partner to a primary membership for additional monthly fees. Spouses/domestic partners must be 18 years or older. Fees will vary based on fitness center selection.

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## Accreditation

Ascension Personalized Care has earned Marketplace Health Plan Accreditation from URAC. "Ascension Personalized Care earned a recognition of its health plan with URAC accreditation that is recognized in all 50 states and the District of Columbia. It proved compliance with rigorous standards, proving an ability to adhere to the mandates of the Affordable Care Act and compete in insurance marketplaces nationwide," said URAC President and CEO Shawn Griffin, M.D. "Ascension Personalized Care demonstrates its quality and compliance with standards that align with state and federal expectations for a more value-based delivery of care."

### Michigan

Health Plan with Health Insurance Marketplace (HIM) 7.4 Accreditation

Full accreditation: Effective 1/1/22 through 1/1/25

Certificate Number: HIX000005

HIOS Issue Identifier: 58996

NAIC Company Code: 97772

NAIC Group Code: Not applicable



### Kansas

Health Plan with Health Insurance Marketplace (HIM) 7.4 Accreditation

Full accreditation: Effective 1/1/22 through 1/1/25

Certificate Number: HIX000005

HIOS Issue Identifier: 32542

NAIC Company Code: 97772

NAIC Group Code: Not applicable



### Indiana

Health Plan with Health Insurance Marketplace (HIM) 7.4 Accreditation

Full accreditation: Effective 1/1/22 through 1/1/25

Certificate Number: HIX000005

HIOS Issue Identifier: 35755

NAIC Company Code: 97772

NAIC Group Code: Not applicable





## Notes

[illegible]

Ascension  
**Personalized Care**

[ascensionpersonalizedcare.com](https://ascensionpersonalizedcare.com)