New Employer Guide

Large Group

SANFORD HEALTH PLAN

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Contact Information

Customer service representatives are available from 8 a.m. to 5 p.m. CST Monday through Friday. A confidential voicemail is available after hours and during the weekend. Calls are returned within one business day. All phone calls and electronic contact (i.e., email) are logged and recorded.

Department	Services Provided	Contact Information
Sales and Retention (Account Executive and Account Management Team)		(605) 328-7000 sales@sanfordhealth.org
Billing and Enrollment	Additions, changes, termination in coverage (status of processing), premium invoice or payment inquiries	(605) 312-2725 SHPbillingandenrollment@SanfordHealth.org
Customer service	Claim inquiries, coordination of benefits, order ID cards, benefit questions, complaints/appeals	(800) 752-5863 memberservices@sanfordhealth.org
Care Management	Medical and behavioral health case management and social work services	(888) 315-0884
Utilization management	Prior authorization, complex case management, referrals, medical necessity determinations, transplant services, healthy pregnancy program or disease management programs	(800) 805-7938
Pharmacy	Drug formulary or prescription questions	(855) 305-5062
Language line	Help for non-English speaking members	(800) 892-0675
My Sanford Nurse	Health questions or information on appropriate level of care, 24-hours, 7-days-a-week	(888) 315-0886

Holiday Closings: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day

Vendor	Services	Contact Information
HealthEquity	FSA, HSA, HRA, or POP Accounts	(866) 382-3510 employerservices@healthequity.com
WEX Health	COBRA administration	(877) 765-8810 COBRAemployerservices@wexinc.com

What your employees can expect

New member welcome program

Within the first 60 days of enrollment, new members will receive a welcome mailer and a series of emails with information on The First 5 - what new members can do to make the most of their health plan.

The First 5

Here are the first five things you should do to maximize your plan.

Step 01

CREATE AN ACCOUNT

Visit sanfordhealthplan.com/memberlogin and choose the "**Get Access Here**" button to activate your account.

Step 02

CARRY YOUR ID CARD

Your member card will come in the mail. Remember to bring it along to your doctor visits and when you fill your prescriptions.

Step 03

CHOOSE A PROVIDER

Your primary care provider will be your go-to for your annual wellness exam, preventive screenings and will guide you on health decisions.

Step 04

DISCOVER YOUR OPTIONS

Not always sure where to go for care? Find the option that is right for your needs whether that's virtual care, acute care or the ER in case of emergency.

Step 05

DOWNLOAD THE APP

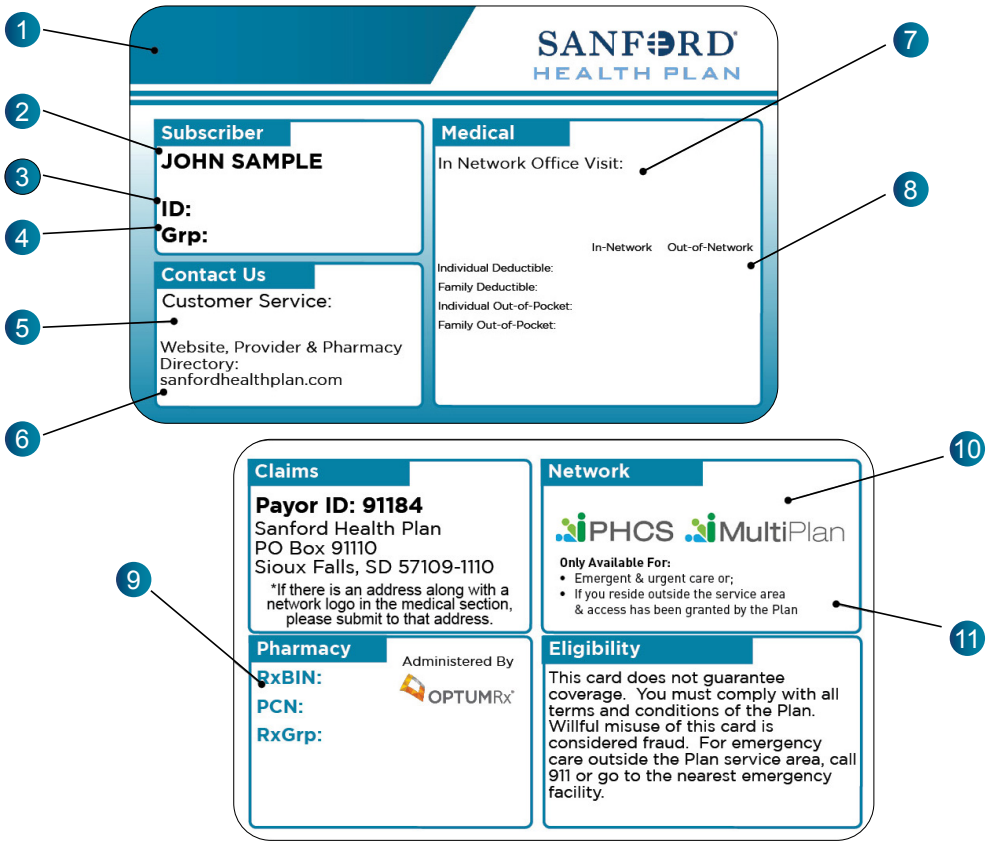
Activate your myChart member portal and download the app. Search for Epic myChart and choose "**Sanford Health Plan**" when prompted after download.

Download on the App Store | GET IT ON Google Play

ID Cards

The policyholder (employee) of the coverage will receive one ID card if they have single coverage and two ID cards if others are also on the plan. If two cards are issued, both cards will be in the name of the subscriber. Use the ID card at each provider visit or when filling a prescription. An explanation of the information shown on the card is below for your reference. Employees should receive their ID card(s) before their effective date.

If an employee has not received their ID card or if it is lost, they can log in to their member portal at sanfordhealthplan.com/memberlogin to print a temporary card or request a new one. You can also log in to your employer portal at sanfordhealthplan.com/myenrollment and request a new ID card for your employee. If your employee needs to visit a doctor, the provider can contact customer service to verify their insurance coverage. If your employee needs to fill a prescription and does not have their ID card, they will have to pay for the medication and submit a paper claim for reimbursement, or return to the pharmacy after obtaining their ID card.



1. Plan and network information (if applicable)
2. Policyholder name
3. Policyholder ID number
4. Group ID number (if applicable)
5. Call the number listed on your card with questions about your insurance.
6. Customer service, website, provider and pharmacy directory information
7. Office visit copay information
8. Individual and family deductible and maximum out-of-pocket information. If Out-of-Network (OON) is shown, this refers to any out-of-network benefits, if applicable.
9. Information for your pharmacy (if you have prescription drug coverage)
10. If a logo is printed here, you may have coverage outside the service area. See your plan documents for details.
11. Urgent/emergent care information

Additional information your employees receive

Member handbooks/Summary of Benefits and Coverage (SBC)/ Certificate of Insurance (COI)

New Sanford Health Plan members will receive a member handbook (specific to the provider network selected) and the Certificate of Insurance (or policy) for their product. These documents will be sent via US postal mail within 30 days of the employee's effective date.

The member handbook will provide information on how to use their ID card, how to navigate our provider network and directory, available care options, which services require pre-authorization and much more. The member will also receive information on where they can obtain their SBC.

Your employees may receive

Sanford Health Plan may contact your employees and/or their covered dependents for the following reasons:

- **Coordination of benefits:** To process claims efficiently and accurately, we may send a coordination of benefits form to your employee or their family member. This form is sent to ensure there is not another health insurance that we may have to coordinate with for the member's benefits. Members can complete and return the form or contact our customer service department to tell us if they have other health insurance coverage.
- **Transition of care:** Transition of care forms are only accepted within the first 30 days of the group's effective date. Newly hired employees are not allowed transition of care. However, if a new employee is undergoing care, they can contact our utilization management team for a continuity of care request. (See Page 10 for details)

Finding the Provider Directory

For current Sanford Health Plan Members:

1. Visit sanfordhealthplan.com
2. Find a Doctor
3. Enter Last Name & Member ID Number
4. Run the directory based on your needs to get immediate results.

For new Sanford Health Plan Members:

1. Visit sanfordhealthplan.com
2. Find a Doctor
3. I'M A GUEST
4. Under the "THROUGH MY EMPLOYER" choose the desired network option

Broad Network – Signature Series

Sanford Health Plan's Signature Series broad network expands beyond the Sanford Health system for access to providers and facilities within the **Sanford Health Plan Service Area**. To receive in-network benefits, see providers in this directory. Prior authorization for certain services is still required, regardless of where you receive care. A national network is available to those members living or residing outside the **Sanford Health Plan Service Area**. Employees living outside the Service Area will automatically be provided access to the national network. If the employee lives in the Service Area and a spouse or dependent lives outside of the **Sanford Health Plan Service Area** complete an Out-of-Area Form to request access to the nationwide network for the spouse/dependent(s). If access is approved, nationwide network providers and facilities will process at the in-network benefit level. To view the nationwide network of providers, click here.

Tiered Network – PLUS

Sanford Health Plan's PLUS plans offer a tiered network which is grouped into two levels. Member cost share (copayments, deductibles, and coinsurance) is based on the tier of the provider from whom they receive care.

Tier 1 Preferred (which has the lowest member cost-share) includes our large care system of Sanford Health providers and facilities. Prior Authorization for certain services is still required.

Tier 2 Affiliated (which has a higher member cost-share) includes a broad network that expands beyond the Sanford Health system and includes providers and facilities within the Sanford Health Plan service area. To receive in-network benefits, see providers in this directory. Prior authorization for certain services is still required, regardless of where you receive care. If a spouse or dependent lives outside of the **Sanford Health Plan Service Area** complete an Out-of-Area Form to request access to the nationwide network at Tier 2. If access is approved, nationwide network providers and facilities will process at the in-network Tier 2 benefit level. To view the nationwide network of providers, **click here**.

Focused Network – TRUE

Our focused network consists of over 2,200 providers, including access to our large care system of Sanford Health providers and facilities, plus some additional independent providers across the Dakotas, Minnesota and Iowa. You can choose to see any licensed Sanford Health provider for covered services without a referral for in-network coverage. This plan does not have out-of-network coverage, except for urgent and emergent situations.

Sanford Health Plan Service Area

SOUTH DAKOTA: all counties
NORTH DAKOA: all counties
MINNESOTA: Becker, Beltrami, Big Stone, Blue Earth, Brown, Chippewa, Clay, Clearwater, Cottonwood, Douglas, Grant, Hubbard, Jackson, Kandiyohi, Kittson, Lac Qui Parle, Lake of the Woods, Lincoln, Lyon, Mahnomen, Marshall, Martin, McLeod, Meeker, Murray, Nicollet, Nobles, Norman, Otter Tail, Pennington, Pipestone, Polk, Pope, Red Lake, Redwood, Renville, Rock, Roseau, Sibley, Stearns, Stevens, Swift, Traverse, Wilkin, Watonwan and Yellow Medicine counties
IOWA: Clay, Dickinson, Emmet, Ida, Lyon, O'Brien, Osceola, Plymouth, Sioux, and Woodbury counties

Additional Information

Urgent/Emergent

Members who need services, which are considered urgent or emergent, can seek care at any provider regardless of the provider network selected.

Out-of-Network Referrals

Members with non-emergency services that are referred to out-of-network providers will need prior approval* **BEFORE** they receive care. **Mayo Clinic** is considered out-of-network without prior approval by Sanford Health Plan. Some plans do not offer out-of-network coverage, so members are encouraged to check their insurance information (i.e. SBC) before receiving services outside the network without prior approval.

*To request prior approval the member's primary care provider will need to submit a request to receive care at an out-of-network provider through their Sanford Health Plan provider portal as a "SHP 2nd Opinion OON" or "SHP Network Exception" referral with medical justification. The request is reviewed for appropriate medical necessity or continuity of care. If approved, the service will process at in-network benefit level.

Dependent(s) permanently residing outside of Sanford Service Area

- Employees who cover spouses and/or dependents that **permanently** reside out of the TRUE or PLUS service area are **NOT** eligible for the TRUE or PLUS plan (i.e. court ordered spousal or dependent coverage).

College Students Living outside the Sanford Service Area

- **Tiered- PLUS:** Eligible employees who cover college students who attend school out of the Sanford PLUS service areas can elect the PLUS Plan; however, must acknowledge that most providers are at a Tier 2 benefit level.
- **Focused - TRUE:** Eligible employees who cover college students who attend school out of the Sanford TRUE service areas can elect the TRUE Plan; however, must acknowledge that coverage at college will only be for urgent/emergent care and all elective services must be received at an in-network provider in the TRUE service area.
    - If the college student requires non-emergency medical care while at college, the employee is encouraged to enroll in the Signature Series Plan.

What to know when transitioning to Sanford Health Plan

Welcome to Sanford Health Plan. We want to make you aware of these options for your health care into the Sanford Provider Network established by your insurance plan. **If your provider is already in the Sanford Health Plan Network, no action is needed.**

Our Experience Guarantee

If you are a member of a qualifying employer group who is joining Sanford Health Plan, you have an Experience Guarantee. This means you have 3 calendar months from the plan's effective start date to attend previously scheduled appointments with out-of-network providers while still being covered at an in-network rate. The Experience Guarantee is available to help you transition to a provider within your new Sanford Health Plan provider network.

- ✓ *How does the member get it?* The Experience Guarantee is available to you automatically. No application or medical record review is needed.
- ✓ *Who is eligible?* All members in the group
- ✓ *When does it start?* Starts on the new group's plan effective date
- ✓ *When does it end?* Ends after 3 calendar months from the plan's effective date

Transition of Care

With transition of care, you will be able to continue receiving services for qualifying medical and behavioral conditions with health care providers who are not in your plan's network, at in-network coverage levels. This short-term care may continue for a defined period of time until the safe transfer of care to an in-network doctor or facility can be arranged.

- ✓ *How does the member get it?* You must complete the transition of care application located at sanfordhealthplan.com/members/transition-of-care within 3 calendar months of the plan's effective date or your Provider's termination date. Medical records may be required to determine eligibility.
- ✓ *Who is eligible?* If you are affected by one of the following and your current provider is not in our network, you may be eligible for a short-term transition of care: 2nd or 3rd trimester pregnancy, scheduled surgery, cancer treatment or transplant services or other services where it would be deemed harmful to transition at this point of treatment.
- ✓ *When does it start?* Upon approval by the transition of care team following a review of the application and medical records
- ✓ *When does it end?* On the date listed in the approval letter; this is short-term until the clinical need has ended and/or the safe transition to an in-network provider.

Continuity of Care

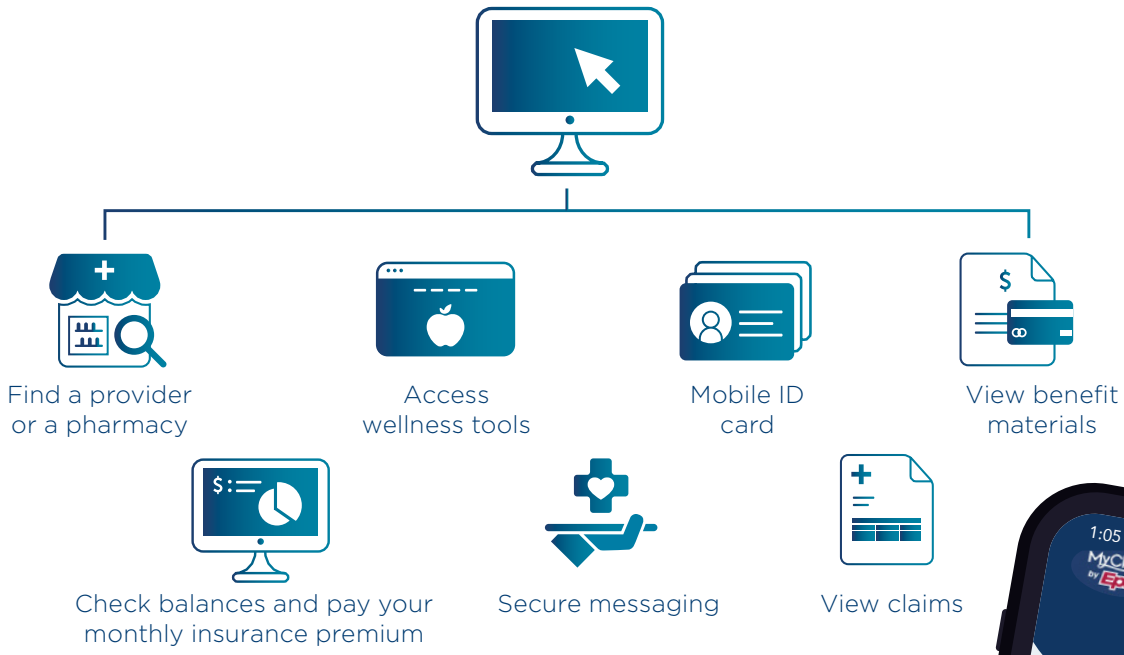
With continuity of care, you may be able to continue to receive services at in-network rates beyond 3 calendar months on a case-by-case basis. There must be legitimate clinical reasons preventing transfer of care to an in-network health care provider. Your treating provider must provide a letter of medical necessity indicating extenuating circumstances that may not be fully met by in-network providers beyond the 3 calendar month transition period.

- ✓ *How does the member get it?* Continuity of care requires a prior authorization request from your provider and a full medical record review by Sanford Health Plan to determine if medical criteria are met and there is a clinical reason preventing transfer of care to an in-network provider.
- ✓ *Who is eligible?* Your provider is not in-network and there is a clinical reason preventing transfer of care to another health care provider.
- ✓ *When does it start?* Upon approval by the Sanford Health Plan Medical Director/Utilization Management department after a complete review of the Prior Authorization request, medical records, and letter of medical necessity from your treating provider. You must be eligible and enrolled on the plan for this process to occur.
- ✓ *When does it end?* On the date listed in the approval letter.

*my*SanfordHealthPlan

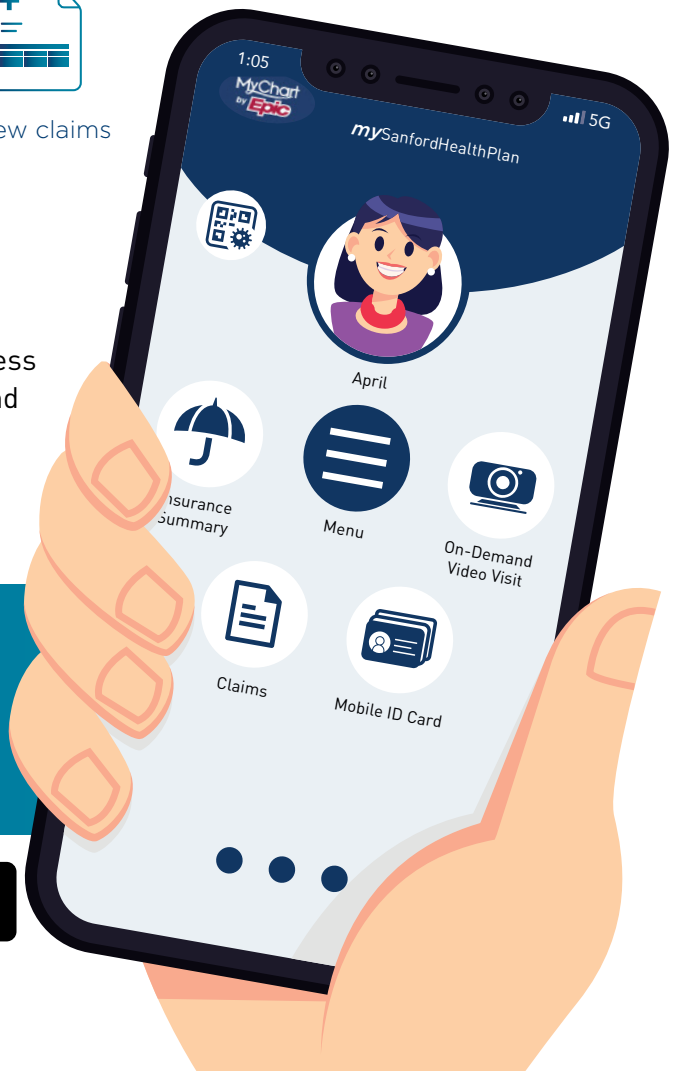
Convenient and secure

*my*SanfordHealthPlan fits your life at home and on the go. With your account, you'll be able to easily access your benefit details, claims and more.



Easy registration

Visit member.sanfordhealthplan.org and choose from the 'Get Access Here' buttons to activate your account. Already have a username and password? Simply enter them into the 'Username' and 'Password' entry buttons and click 'Sign In'. If you forgot your username or password, links are provided to retrieve or reset.



Download the app TODAY!

Search for Epic MyChart and choose Sanford Health Plan when prompted after download.

Download on the App Store

GET IT ON Google Play

Enrollment Options

Electronic enrollment options

✓ **Sanford Health Plan Initial Open Enrollment**

- Sanford Health Plan has developed an excel enrollment template that can be used to send employee enrollments securely for the initial Open Enrollment only.

✓ **myEnrollment online portal**

- Sanford Health Plan offers a secure, easy-to-use enrollment portal that supports health insurance enrollment as well as year-round enrollment transactions. You can use this site to review member eligibility or order replacement ID cards. Get access by visiting sanfordhealthplan.com/myenrollment.

OR

✓ **Using an outside enrollment vendor**

- Sanford Health Plan accepts ANSI X12N 834 benefit and enrollment maintenance transactions when submitted in compliance with our 834 companion guide (available by request).

Contact your account manager with your source of enrollment. It is your responsibility to notify your account manager of changes to your HR team for access to myEnrollment as well.

IMPORTANT: New enrollments, terminations, and other types of enrollment changes must be submitted to Sanford Health Plan **within 31 days of the event**. See Operational Guide for Qualified Life Events that allow an employee to make enrollment changes outside of Open Enrollment.

Privacy and Compliance

HIPAA Compliance

Sanford Health Plan is compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Health Information Technology for Economic Clinical Health (HITECH) regulations, system and record requirements. Sanford Health Plan has a mature security program that features best practices from security standards such as NIST, ISO, and follows the guidelines and specification of the HIPAA security rule. The Sales and Retention Department, from direction by the policy department, is responsible for coordinating and communicating HIPAA compliant changes to all clients.

Corporate Compliance Program

Sanford Health Plan maintains a corporate compliance program inclusive of its fraud, waste and abuse detection program. Any report or evidence of actual or suspected violations of the law, regulations, or related standards of conduct shall be forwarded to the compliance officer to determine if the circumstances described may constitute a violation or warrant a more detailed investigation.

Security

Sanford Health Plan's primary eligibility and claim adjudication system is fully integrated with the Sanford EpicCare application. As such, it resides on high availability hardware platforms with secondary implementation sites and automated failover. The primary data center is located at the designated IT building, with the failover data center located on the Sanford USD Medical Center campus. Sanford Health Plan disaster recovery leverages the multiple levels of failover options, which exist to support the 24/7 clinical care applications.

Protecting Your Enrollment Information

To protect your enrollment information, please let us know when your Human Resources team changes. This is most important if you are using our myEnrollment portal. You'll also need to notify our vendor partners if you use their services of any changes. Please refer to the contact us page for contact information for HealthEquity and WEX Health.

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853-778-762 Rev. 9/23