

Benefit elevation*

The Benefit Elevation program expands the network for needed specialties when a member cannot find an Ascension T1 Network provider or facility within 35 miles. This will allow you to use a Blue Cross Blue Shield (Tier 2) Network provider or facility and receive the Tier 1 benefit.

To request benefit elevation, fill out one of the following forms:

- [Benefit elevation request form](#).
- [Benefit elevation request form for adult dependents](#). (You have a dependent living out of state, where there are no Tier 1 providers/facilities available within 35 miles of the dependent's mailing address. If benefit elevation is approved, it will be granted for a full calendar year.)

Refer to your summary plan description, located on www.mysmarthealth.org, to view lists of the circumstances in which benefit elevation may apply.

Benefit elevation process

Benefit elevation requests must be submitted up to 30 days in advance of the treatment or service.

Benefit elevation is granted for a maximum of up to 90 days after approval, after which an extension will need to be requested. It takes a **minimum of 10 business days and up to 30 business days** to process a benefit elevation approval request. Members will be notified by email if their request is approved. If denied, members will be notified by email with a letter attached explaining the denial.

***** If the medical service has already occurred, the member may submit an appeal. The appeal must include the reason services were not rendered at an Ascension Network (Tier 1) facility. If referred, a copy of the referral should be included. *****

Answers to frequently asked questions

What if I don't live near any Ascension providers? If you live 35** miles or more from a Tier 1 provider/facility, you may qualify for the out-of-area plan. [Click here](#) to learn more.

What if I move during the year? If you move more than 35** miles from the nearest Tier 1 provider/facility's Zip code, you will need to update your personal information on the myHR portal and you may be eligible for the [out-of-area plan](#).

Do I need to request benefit elevation for a dependent if I was approved for the OOA plan? No. If the primary member is approved for the OOA plan, all dependents covered on the member's plan are approved as well.



Do I need to request benefit elevation for a dependent every year? Yes. If you cover a dependent on your plan whose current mailing address is not within 35 miles of a Tier 1 provider/facility's address on record, please complete the benefit elevation request form for adult dependents. Benefit elevation for a dependent is granted for the entire calendar year.

Do I need to contact Customer Service? Yes, Customer Service can assist you in finding Tier 1 providers/facilities and verifying network participation.

For more information, including a list in which benefit elevation may apply, review the SmartHealth Summary Plan Description located on www.mysmarthealth.org

***Benefit elevation does not apply to members on an EPO plan.**

****20 miles for Ascension Illinois members.**