

SmartHealth[®]

Member guide



Ascension

Table of contents

Getting started

- Welcome to SmartHealth..... 4
- Setting up your Ascension One app..... 5
- ID cards..... 6
- TheAscensionNetwork 8
- Pharmacy benefits..... 9
- Plan extras 10

Understanding your plan

- Key terms to know..... 13
- Guidance on tier coverage..... 15
- Healthcare claims process 17
- How to read an explanation of benefits (EOB) 18
- Know where to go 19

Getting started



Welcome to SmartHealth

SmartHealth is a health insurance plan offered by Ascension for eligible associates and their dependents. It is a benefit paid for by both the employee and the employer, covering medical, dental, vision, and pharmacy services if chosen. The SmartHealth Medical Plan also includes additional health and wellness benefits for members.

Ascension’s medical coverage for you and your eligible family members is provided through SmartHealth, which was designed in house leveraging our experience in healthcare.

What does it mean to stay within the Ascension Network?

Members are highly encouraged to see Ascension employed or contracted providers when possible. This option provides the highest level of coverage and the lowest out-of-pocket costs.

To learn how to find an Ascension Network provider, see page 8.

To learn more about the levels of coverage, see page 15.

For EPO Members

As a member of the EPO plan, it is important to remember that services are covered only if you visit doctors, specialists or sites of care in the Ascension Network (except in an emergency).

This includes labs and tests. If you seek care outside of the Ascension Network without an approved referral, you will be responsible for the full cost of care.



Setting up your Ascension One app

Ascension One is the easier way to manage care for you and your family:

- View ID cards and claims
- Access your SmartHealth plan benefits and coverage (family and individual plan status)
- See enhanced descriptions to help SmartHealth members understand how the plan functions and effectively manage costs.
- Find Care with Tier 1 providers
- Access SmartHealth pharmacy needs including Ascension Rx benefits

To download the app, use the QR code, visit the URL below or search your app store for “Ascension One.”



Download the Ascension One app

Register at
healthcare.ascension.org/ascension-one



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Google Play and the Google Play logo are trademarks of Google LLC.

ID cards

You will receive your medical and prescription ID cards seven to 10 business days after you become effective with SmartHealth. You can access digital versions of these cards by downloading the Ascension One app.

Medical

Be sure to carry your medical ID card with you. This ID card holds important information about your healthcare plan, including which plan you are enrolled in. This card will come from Anthem. Call customer service at 888-492-6811 with questions or to order a replacement card.

Member Name:
SAMPLE MEMBER
Member ID:
XXXSL000000

SmartHealth

Group:	JNT230	Network	Deductible (\$)	Out-of-Pocket Max (\$)
Plan Code:	748	Tier 1	1,000/2,000	4,500/9,000
Issued:	MM/YYYY	Tier 2	4,000/8,000	9,200/18,400
		Out	6,000/12,000	12,500/25,000

Individual/Family
For detailed benefit information including Deductible and Out of Pocket maximums, please visit myanthealth.org

Alt Network Name **PPO**

SmartHealth.org
SmartHealth Customer Service: 1-888-492-6811

- Claims benefits and status
- Eligibility
- Care management
- Locate an Ascension provider
- Prior authorization

Ascension/SmartHealth
Provider Portal: secure.health.com/provider_2022
Coverage Traveling Abroad: 1-800-810-2583
Rx Member Services*: 1-888-820-4082
Provider/Eligibility Benefits: 1-888-492-6811

*Contracted separately with the group

In Missouri (excluding 30 counties in the Kansas City area) Anthem BCBS is the trade name of Right Choice Managed Care, Inc. (RTC), Healthy Alliance Life Insurance Company (HALC), and HMO Missouri, Inc. RTC and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Independent licensees of the Blue Cross and Blue Shield Association, Anthem Blue Cross and Blue Shield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

Ascension SmartHealth providers should submit claims to:
- EDI Payer #0259
- P.O. Box 37705
Oak Park, MI 48237-7705
Refer to myanthealth.org to find in-network providers, online forms and a list of services that require prior authorization. Failure to obtain prior authorization will result in denial of claim.

BCBS Providers: Please file claims with the local BCBS plan in the state where services are rendered. Medicare is primary, file claims to Medicare. Include the 3-digit prefix in addition to the ID number.

Possession of this card does not guarantee eligibility for benefits.

For EPO Plans

Members on the EPO plan will receive two separate medical ID cards, one from SmartHealth and the other from Anthem. Use your SmartHealth EPO medical ID card when you receive care in the Ascension Network.

Medical Plan
myanthealth.org

EPO Plan

Group: SF000002
Member: MEMBER NAME
Member ID: 999999999

Plan information

Deductible*	In-Network	Out-of-Network
Individual	\$500	No Benefit
Family	\$1,000	No Benefit
Out-of-Pocket Max*		
Individual	\$4,500	No Benefit
Family	\$9,000	No Benefit

*Medical and Prescription Drug Combined

Medical claims submission

EDI Payer ID # 38259
Mail all Ascension Network SmartHealth provider claims to:
P.O. Box 37705
Oak Park, MI 48237-7705

Customer service

SmartHealth Customer Service
888-492-6811
Rx Customer Service: 888-820-4082
To view your current medical deductible and out-of-pocket amounts, download the Ascension One app.

Utilization

Any non-emergency service performed outside of the Ascension Network will be considered out-of-network and not covered. If a service is unavailable in the Ascension Network, Ascension Network providers must submit a referral to SmartHealth for approval prior to services being rendered. Failure to obtain approval for a referral or prior authorization (PA) will result in denial of claim. To view all services that require PA, referral, referral forms and more, visit myanthealth.org.

Eligibility

Citizens: Verify eligibility on our provider portal: https://secure.health.com/provider_2022 or call customer service at 888-492-6811.

This card does not guarantee eligibility or payment.

Print Date 12/02/2025

Prescription

This ID card will be used for your prescription drug benefits and will come from VytlOne. Call VytlOne customer service at 1-888-820-4082 with questions or to order a replacement card.

Effective Date:
Subscriber ID: RxLIN: 005377 RxPCN: 10000019 RxGRP: ASCSH
Subscriber Name:
Dependent Name:

Deductible: \$0.00
Combined Rx OOP: \$0.00

Please call VytlOne Member Services at **1-888-820-4082** for the following:
Member Assistance • Benefit Questions
Prior Authorizations • Participating Pharmacy Locations
Eligibility Verification • Technical/Transmission Assistance

For more information on SmartHealth pharmacy benefits, visit myanthealth.org

Rx Paper Claims Processing Information
Claim Form: www.VytlOneMembers.com
Mailing Address: 300 S. Park, Ste 200
Amarillo, Texas 79101

TERMS/CONDITIONS: This card is for identification only, is non-transferable, and remains the property of VytlOne. This card must be presented at a participating pharmacy. Prescription benefits obtained through the use of this card are governed by the conditions of the agreement between VytlOne and the insuring organization. Only the person named on this card and eligible dependents may use this card to obtain prescription drug benefits. The unauthorized or fraudulent use of this card to obtain prescription drugs is punishable by law. This card is void when your eligibility terminates.

Dental

Ascension and your ministry offer dental care coverage through Delta Dental of Missouri.



Find a network dentist, print a claim form, request an ID card, ask questions and more:

deltadentalmo.com/ascension
(800) 335-8266



Although an ID card is not required, a card will be mailed to your home after your first enrollment with Delta Dental of Missouri. You may also visit the website to print a card to take with you. This will help dentists understand that your coverage is with Delta Dental of Missouri (if your ministry is outside Missouri).

Vision

Ascension and your ministry offer vision coverage through VSP Vision Care (VSP). You will not receive an ID card. When you make an appointment with the doctor, simply identify yourself as an Ascension associate with VSP coverage. The VSP provider's office can confirm that you are a VSP participant.

Find a VSP provider, review your benefits, ask questions and more:

vsp.com
VSP Member Services, available 24-hours a day: 800-877-7195
(TDD for the hearing impaired: 800-428-4833)



Please note: Illness and injury treatments for your eyes are covered by your SmartHealth medical plan, not through the vision plan.

The Ascension Network

Find providers and facilities in your area

Download the **Ascension One app** or visit mysmarthealth.org > **Find a doctor** to find an in-network provider or facility.

Popular search terms include:

- Family medicine or family practice.
- Pediatrics.
- Internal medicine, internal medicine-pediatrics, internal medicine adolescent medicine.
- Geriatric medicine.

Be sure to check with the provider that they are a participating Ascension Network (Tier 1) provider and facility before you schedule your appointment. **To learn about the three tier coverage levels, see page 15.**

It is important to remember that as an EPO member, services are covered only if you visit doctors, specialists or sites of care in the Ascension Network (except in an emergency). This includes labs and tests.

If you seek care outside of the Ascension Network without an approved referral, you will be responsible for the full cost of care.

Prior authorization vs. referral



Prior 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 SmartHealth before the service or procedure is completed.



Referral

If a service does not exist within the Ascension Network, your Ascension Network provider must submit a referral request, subject to review and approval by SmartHealth. Referrals must be within the Blue Cross Blue Shield Network. If this referral request is denied, you or your provider can submit an appeal.

Please note: In case of an emergency, prior authorization is NOT required. If you are admitted to an out-of-network hospital because of an urgent or emergency care need, SmartHealth should be notified by the second business day of your stay by your doctor or admitting facility.

Pharmacy benefits

SmartHealth offers comprehensive pharmacy benefits, administered through Vyt!One. Ascension Rx is now the preferred pharmacy for SmartHealth members for specialty and maintenance medications,

You can still fill your maintenance medications at any non-Ascension pharmacy of your choosing, but you will have to cover the full cost of the medication. Switching to Ascension Rx, which is the lowest cost option, will ensure you continue to pay a low copay and enjoy all the benefits of Ascension Rx.

Maintenance medications are long term medications that are taken on a regular basis, often every day and they can treat a wide range of on-going or chronic conditions and illnesses such as high blood pressure, diabetes, allergies or asthma. Ascension Rx offers home delivery services on certain maintenance medications in 90-day supplies.

Outpatient specialty prescription medications must be filled by Ascension Rx Specialty Pharmacy to avoid paying the full out-of-pocket cost. For more information on how to enroll with Ascension Rx, visit ascensionrx.com.

For more information about SmartHealth pharmacy benefits, including the plan's prescription drug formulary, copay amounts and other details, visit mysmarthealth.org/plan-coverage/pharmacy.

Plan extras

Care management

Ascension's Care Management teams work in partnership with your doctors and multidisciplinary team members to better manage your medical, behavioral, and social conditions. Our care managers can also provide you with the education, resources and encouragement you need to support your healthcare journey.

Ascension's Care Management team is made up of registered nurses, social workers and wellness coaches, who can help with:

- Complex Care and disease management.
- Behavioral Health
- High-risk maternity.
- Transitional care management.
- Wellness and prevention programs.
- Resource referrals.

These services are available at no extra cost to you and your covered dependents. To get started, call **855-288-6747** or email acmmembers@ascension.org.

Pharmacy care management

Managing your medications can be complicated. The pharmacy care management team of pharmacists and pharmacy technicians can help ensure your medications are working for you, help you understand what your medications are for, identify possible lower cost options and answer any medication questions or concerns.

How the program works:

The pharmacist will conduct a personalized one-on-one review of your medications by phone or video chat. During the review the pharmacist may discuss:

- Understanding your medications, what they are for, what they do, when and how to best take them.
- Safety and effectiveness of the medications.
- Any side effects you might be experiencing.
- Tips and tools to help you to remember to take your medications.
- Prescription costs and possible lower-cost alternatives.
- Any of your medication concerns or questions.
- Strategies to help you reach your chronic disease state goals (e.g. diabetes, hypertension, heart failure).

Each consultation can range from 10-30 minutes, and the pharmacist can follow up with you as needed to help reach your health goals.

How to qualify:

Members with certain types of prescriptions, a large number of prescriptions, multiple chronic conditions and high prescription costs are automatically identified and will receive an offer to participate from the pharmacy care management team.

A member may also ask to participate by calling or emailing the pharmacy care management team.

These services are available at no extra cost to you and your covered dependents. To get started, call 877-560-4303 or email rxmedadherence@ascension.org.

Enhanced Disease Management program for diabetes

Ascension's care management team offers an Enhanced Disease Management program for patients with diabetes. The program is designed to help you (or your covered dependents) better self-manage your diabetes while giving you the confidence you need to make informed choices regarding your health. If you are interested in enrolling in the EDM program, please call 855-288-6747.

SmartHealth Center of Excellence Travel Benefit program for substance use disorder and addiction treatment

This program offers help to members struggling with substance use disorder and addiction. The treatment facility is the Ascension Illinois Foglia Family Foundation Residential Treatment Center outside of Chicago. This benefit includes:

- Assistance with travel arrangements.
- Coverage of travel to the facility for you and your travel companion.
- Reduced out-of-pocket costs for those on the SmartHealth PPO plan.

For more information on other SmartHealth benefits, visit the Member Resources section of mysmarthealth.org

Understanding your plan



Key terms to know

Covered services

Any service, procedure or supply covered by your SmartHealth plan.

Copay

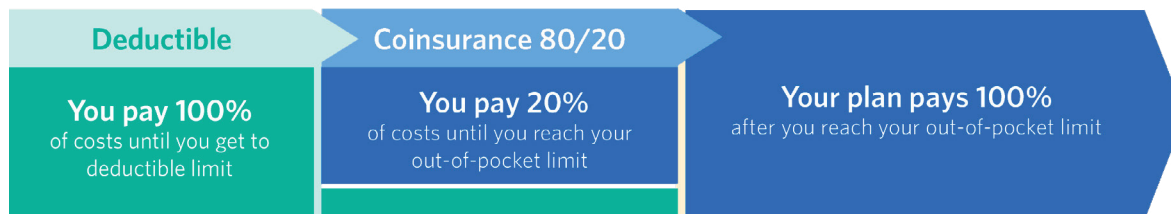
A specific, fixed amount the member must pay at the time and place services are rendered. Copays may be different amounts for different services, and a deductible may need to be met before copay rates apply. This also counts toward your out-of-pocket limits. Example: Within the Ascension Network, members pay a set copay for office visits.

Coinsurance

The share of the cost of covered services for which the member is responsible after the applicable annual deductible is met. Coinsurance payments accumulate throughout the calendar year until the individual or family out-of-pocket maximum is reached. For example, if you have a \$1,000 deductible and a 20% coinsurance responsibility, and you receive a service at a cost of \$2,000, you would be responsible for paying the full deductible (\$1,000) and 20% of the remaining balance (\$200) for a total of \$1,200, while the plan pays the remaining \$800. The \$1,200 you pay would apply to your individual and family out-of-pocket maximum for the benefit year.

Deductible

Coinsurance: who pays what and when



The amount of covered expenses that an individual or family must pay out of pocket before the plan begins to pay for covered services. Deductible amounts are accumulated per calendar year. Once the deductible is reached, the member may still be responsible for other cost-sharing amounts, such as coinsurance or copays, until the out-of-pocket limit is met for the year.

In-network

This refers to any provider, service or procedure that is contracted with the applicable network. With SmartHealth, there are two levels of in-network providers: the Ascension Network and the Anthem Network. The Ascension Network is considered Tier 1 and Ascension providers, services and procedures are covered at a higher rate than National Network and out-of-network services.

Out-of-network

This refers to any provider, service or procedure that is not contracted with a network covered under the plan. Out-of-network services are covered at a lower rate than in-network services. In some plans, there is no out-of-network coverage at all.

Out-of-pocket maximum

The out-of-pocket maximum is the maximum amount of covered expenses required to be paid each calendar year, including deductibles, copays and similar charges. Once you reach your out-of-pocket maximum, you will not pay any further covered expenses for the year. Note: The amount of the annual out-of-pocket maximum differs based on the plan option you choose (e.g., PPO or HDHP) and the applicable tier (e.g., Ascension Network, National Network or out-of-network).

Schedule of benefits

This document outlines the various services covered under SmartHealth by tier, as well as any fees associated with each type of healthcare service covered (deductibles, coinsurance, copays and maximums) and whether prior authorization is required.

Visit mysmarthealth.org to locate your schedule of benefits.

Summary of benefits coverage

This document will help you choose a SmartHealth coverage option by showing you how you and the plan would share the cost for covered healthcare services under each option.

Visit mysmarthealth.org to locate your summary of benefits coverage.

Guidance on SmartHealth tier coverage

How do I determine what network tier my doctor is in?

SmartHealth offers three tier levels of coverage:

Tier 1 (\$): This option includes staying within the Ascension Network, seeing **Ascension employed or contracted providers**. ****EPO Members must stay within the Tier 1 network.***

- Highest level of coverage and lowest out-of-pocket costs.
- Provides coordination of care; your providers will have access to your health history, providing a more seamless experience when visiting other Ascension Network providers.
- Find providers on mysmarthealth.org.

Tier 2 (\$\$\$): This option includes seeing providers in the **Anthem Network**.

- Higher out-of-pocket costs (more expensive than Tier 1).
- Limited coordination of care; providers may use different systems to maintain your health record.
- Find providers on anthem.com/find-care/

Tier 3 (\$\$\$\$): This option includes providers who are not in the Ascension or Anthem Networks, making it out of network.

- Limited coordination of care; providers may use different systems to maintain your health records.
- Most expensive option.

Not all providers at an Ascension facility are part of the Ascension Network — be sure to check with the provider that they are a participating Ascension Network (Tier 1) provider and facility before you schedule your appointment.

If you don't live near an Ascension Network (Tier 1) facility or needed provider, those services may qualify for benefit elevation.

Benefit elevation*

When an Ascension Network (Tier 1) facility is not available within 35** miles from your address, the Benefit Elevation program expands the network for needed specialties. This will allow you to use an Anthem (Tier 2) Network provider and receive the Tier 1 benefit. For more information, or to request benefit elevation, visit mysmarthealth.org.

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

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

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

Benefit elevation is typically granted for up to 90 days after approval, after which an extension will need to be requested. It takes a minimum of 10 business days to process a benefit elevation request. 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.

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.

Out-of-area plan*

If you live 35+ miles from the nearest Ascension Network (Tier 1) facility, you will automatically be placed in an out-of-area (OOA) plan. When you are enrolled in the OOA plan and you receive care from Anthem (Tier 2) providers, services will be elevated to the Tier 1 benefit level. You will receive an email from SmartHealth to confirm your enrollment. For more information, visit mysmarthealth.org.

***The OOA plan does not apply to members on an EPO plan.**

Healthcare claims process

1. **You visit your provider** and show them your ID card.
2. **You pay the copay** at the time of service (this varies depending on your plan, i.e PPO or HDHP).
3. **Your provider sends the claim** to the appropriate location specified on the back of your ID card.
4. **The claim is processed** by Automated Benefit Services (ABS), Ascension's wholly owned administrator.
5. **ABS reviews the claim** for accuracy and completeness, then determines which services will be covered by SmartHealth.
6. **SmartHealth pays or denies the claim** - this could be the entire bill or just a portion of the services, depending on your plan.
7. **You can view your explanation of benefits (EOB) online.**
8. **You then receive a bill from your provider** with your remaining balance. (If SmartHealth covered the bill at 100%, it would show \$0 patient responsibility.)
9. **Verify that your EOB and bill match** for that date of service and for the services provided.
10. **You pay the remaining balance** to your provider.

How to read an explanation of benefits (EOB)

An EOB is a great way to keep track of your healthcare benefits and how your medical plan processes a healthcare claim. You will receive one of these for every service or claim billed to SmartHealth. They look similar to a bill, but they function a little differently. The EOB includes a chart, outlining how your claim was processed. You should make sure your EOB and bill from your provider match. EOBs will no longer be sent via mail (paper) beginning 8/1/2024. To access your EOB electronically, visit healthcare.ascension.org/ascension-one.

1. **Patient name:** The recipient of the service provided.
2. **Patient account number:** Your identification number with your doctor’s office.
3. **Claim number:** The number by which you and your SmartHealth medical plan will be able to refer to this claim should you have any questions or concerns.
4. **Provider:** The name of the healthcare provider or facility that rendered the services.
5. **Date of service:** The start and end date of the referenced service.
6. **Type of service:** A standard numerical description of the service received.
7. **Total charge:** The amount billed to your insurance by the provider or facility.
8. **Allowed amount:** The sum your health plan paid for your services.
9. **Ref no.:** This code will provide a brief description of service in the “Reference Code Explanation” section.
10. **Patient responsibility:** Any balance the provider billed that was not covered by your insurance.

EXPLANATION OF BENEFITS

This is NOT a Bill

1 Patient: JANE SAMPLE														
4 Provider: PROVIDER GROUP INC										2 Patient Acct: 765472V3122				
3 Claim: 1315738593														
5 Dates of Service	6 Service	7 Total Charge	PPC Dis	8 Allowed Amount	Ineligible Amount	Co-Pay Amount	Deductible Amount	Co-Insur Amount	Paid %	Other Ins	Payment Amount	Paid To	Patient Responsibility	9 Ref No.
01/23-01/01/01	99214	\$192.00	\$26.50	\$165.50	\$0.00	\$25.00	\$0.00	\$0.00	100%	\$0.00	\$140.50		\$0.00	S10
Column Totals		\$192.00	\$26.50	\$165.50	\$0.00	\$25.00	\$0.00	\$0.00		\$0.00	\$140.50		\$25.00	

Patient's Responsibility..... 10 \$25.00

Reference Code Explanation

Code	Explanation
9 S10	This could be provider plan participation, deductible amount, duplicate service, etc.

What is balance billing? This happens when your insurance does not have an agreement with the healthcare provider (i.e. an out-of-network provider). This lack of agreement may mean the provider charges more than your medical plan has paid the provider. The amount you owe after insurance will be billed to you directly. This is not allowed for Tier 1 and Tier 2 providers; however, if you go to an out-of-network provider, balance billing may occur. If you receive a bill from a Tier 1 or Tier 2 provider for an amount above your patient responsibility, please contact SmartHealth customer service at 888-492-6811.

Know where to go



Your doctor's office

Your first call



Virtual urgent care

Convenient



Retail-convenience clinics

Easy in and out



Urgent care centers

When your doctor can't see you



Hospital-based emergency rooms

For life-threatening illnesses or injuries

\$

\$

\$\$

\$\$

\$\$\$

Cost



Chest pain
Head trauma
Seizures
Difficulty breathing
Neurological changes



Vaccinations
Vomiting/diarrhea



Earache
Flu or sore throat
Sinus infections
Sprains
Urinary tract infection



Broken arm
Knee injury



Small cuts/lacerations

Thank you for being a valued SmartHealth member. If you have any questions, download the **Ascension One app**, visit mysmarthealth.org or call SmartHealth customer service at **888-492-6811**.

This is a brief summary of the plans. If there is any inconsistency between the official plan documents and the information provided in this summary, the official plan documents will govern. To obtain a copy of a plan document, please contact Ascension HR Central at 844-847-4747. For details about plan benefits, please contact customer service at the number shown on the back of the applicable ID card, or view the applicable Summary Plan Description at mysmarthealth.org.