

## Understanding

# PRIOR AUTHORIZATION

As you navigate your health care, it's important to note there are certain medical services or provider visits that will require prior authorization by Dean Health Plan. The process below will help walk you through whether you need a prior authorization.

Dean Health Plan requires prior authorization so our Utilization Management team can review the medical necessity of the recommended service or visit and make sure you are getting appropriate care. Medically urgent authorizations, as determined by your physician, are handled as a priority. A good rule to remember is that any time you seek services with an out-of-network or nonparticipating provider, you will need to obtain a prior authorization from an in-plan provider.

**Is it covered?** Keep in mind, a prior authorization can only be obtained for services that are covered under your plan benefits.

For example, if bariatric surgery is an exclusion of your policy, a prior authorization will not change that benefit. If the services are covered under your plan, they are also still subject to any applicable cost sharing (i.e. copays, co-insurance or deductibles).

## Do I need a Prior Authorization?

To determine whether you need to obtain a prior authorization for a service or procedure, follow the steps below.

### What type of insurance plan do you have?

Confirm your plan type by referring to your Dean Health Plan ID card.

#### I have an HMO plan

Did your primary care provider (or other in-network provider) refer you to an in-network or out-of-network provider/specialist for the recommended service?

#### In-Network

Though the service may require a prior authorization, it is up to your in-network provider to obtain one for you.

#### Out-of-Network

A prior authorization is required for any service performed by an out of network provider. Just ask the recommending provider to submit a prior authorization request. Dean Health Plan will then review the request and provide a written decision to both you and your provider within 15 business days. Make sure you wait until you receive this approval before receiving the recommended services to avoid any unnecessary fees.

#### I have a PPO or POS plan

Because each POS and PPO plan is different, we recommend you check to see if a prior authorization is required for any services outside a normal office visit. For a plan-specific list of these services, refer to the "Prior Authorization" section of your Member Certificate available at [deancare.com/member-benefits](http://deancare.com/member-benefits).

Or, give us a call at **800-279-1301** and we can help you.

**Language Assistance:** If you, or someone you're helping, have questions about Dean Health Plan, you have the right to get help and information in your preferred language at no cost. To talk with an interpreter, call Customer Care at 800-279-1301.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Dean Health Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al Customer Care. 800-279-1301.

Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Dean Health Plan, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau Customer Care. 800-279-1301.

**Non-Discrimination Statement:** Dean Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

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to learn more about your policy and prior authorization.

  
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