

**Durable Medical Equipment and Prosthetic Devices:** Durable medical equipment and prosthetic devices are covered without prior authorization if it is determined that the services are medically necessary. Please contact Northwind Health Plus to ensure that the durable medical equipment and prosthetic device provider you are visiting is an in-network provider.

**Prescription Drugs:** Prescription drugs are covered without prior authorization if it is determined that the services are medically necessary. Please contact Northwind Health Plus to ensure that the prescription drug provider you are visiting is an in-network provider.

### Tips For Employees

If you are ever in need of medical services, procedures, or treatments that require prior authorization, it is important to contact Northwind Health Plus in advance to ensure that the care is covered by your plan.

It is also important to remember that the exceptions to prior authorization are based on national and state medical regulations, as well as medical necessity and appropriateness criteria. Therefore, it is important to contact Northwind Health Plus to ensure that the care you require is covered by your plan.

Additionally, it is important to remember to check that the provider you are visiting is an in-network provider, as this will help you to save money on your medical care.

Finally, if you ever have any questions or concerns about your benefits, please do not hesitate to contact Northwind Health Plus for assistance. We are here to help you get the most out of your benefits and to ensure that you have access to the care you need.

### **Prior-Authorization For Out-Of-Network Provider Coverage**

#### **CARE MANAGEMENT: Prior Authorization For Out-Of-Network Provider Coverage**

As an employee of Contoso, you may be eligible to receive coverage for care provided by out-of-network providers. Northwind Health Plus offers coverage for out-of-network providers, but the plan requires prior authorization. This means that you must obtain approval from Northwind Health before seeing an out-of-network provider.

Prior authorization is a process in which Northwind Health reviews your request for coverage and decides whether or not it will cover the care that you have requested. To be approved for prior authorization, you must meet certain criteria and provide certain information. This criteria and information may vary depending on the type of care you are requesting.

Prior authorization requests must be submitted to Northwind Health by your provider. In most cases, your provider will submit the request for you. Northwind Health will then review the request and make a decision about whether or not it will cover the care.