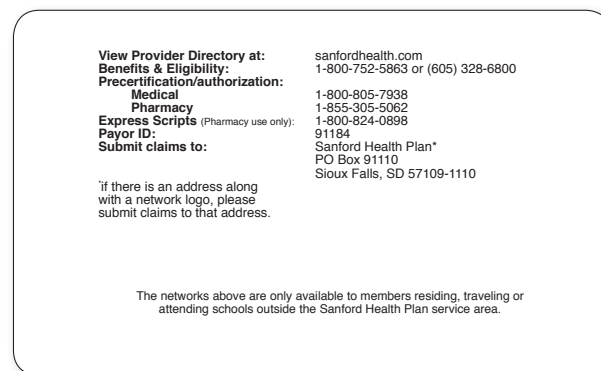
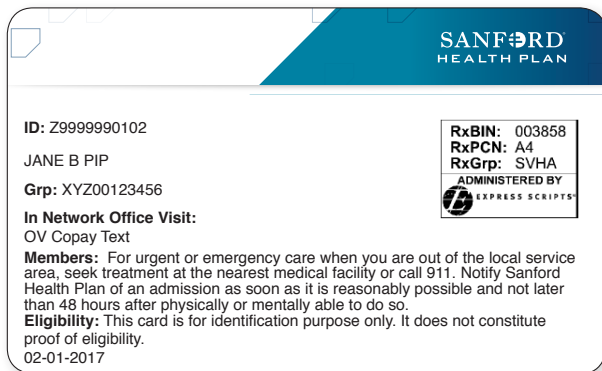


Legacy plans



Legacy Sample ID Card
[*Member copay may vary depending on plan selected*]

Plan type

Our Legacy plans, such as Classic 1500, for example, are no longer being sold, however you may still see members who are enrolled in these plans. Eventually, these businesses must purchase a plan that meets the Affordable Care Act requirements.

Provider Network

The network for these plans consist of over 20,000 providers, including the MultiPlan national network (when traveling). Members can choose to see any licensed provider for covered services without a referral, whether the provider is in-network or out-of-network. Remember that members will pay more if they seek services from a provider not listed in this directory.

To access the provider directory, go to www.sanfordhealthplan.com.

1. Click on the tab "Find a Doctor or Pharmacy" and select "Find a Doctor."
2. On the provider directory home page, enter the first 9 digits of the patient's Member ID number and last name OR select Group-Employer Large & Small from the drop down menu.
3. Search for providers by state, city, specialty and sub-specialty.

Eligibility, benefits and claims status

Providers can create a secure account at www.sanfordhealthplan.com/providerlogin to access eligibility, claims status and benefit information online 24 hours a day, seven days a week. Or providers can call Member Services at (800) 752-5863 from 8 a.m. to 5 p.m. CST, Monday through Friday.

Claims and payment methodology

Claims should be submitted to Sanford Health Plan, preferably electronically using Payor ID 91184. Paper claims can be submitted to Sanford Health Plan, PO Box 91110, Sioux Falls, SD 57109-1110.

You will be paid according to your contract. For questions or concerns about provider contracts or payment, call the Provider Relations Department at (800) 601-5086 from 8 a.m. to 5 p.m. CST, Monday through Friday.

How to request Prior Authorization

Prior authorizations for health care services can be obtained by contacting the Utilization Management Department online, by phone or fax:

- Online: Select "Submit/Request/Report" under "Provider Inquiries" on your secure mysanfordhealthplan account at sanfordhealthplan.com/providerlogin. Click on "Submit a preauthorization/precertification." Once you complete the required information click "Submit." NOTE: Oncology treatment and services must be entered and authorized through eviti|Connect online at eviti.com (effective 12/1/2016).
- Phone: Call (800) 805-7938 and follow the appropriate menu prompts. Team members are available to take your calls from 8:00am to 5:00pm Central Standard Time, Monday through Friday. After hours you may leave a message on the confidential voice mail and someone will return your call the following business day.
- Fax: Send the prior authorization form and supporting documentation to (605) 328-6813.

The following services require prior authorization:

- Airway Clearance Device (DME)
- Ambulance Services for Non-Emergency Situations
- Autonomic Testing
- Bariatric Surgery
- Blepharoplasty
- Bone Growth Stimulator – External (DME)
- Botulinum Toxin (Botox)
- Brachytherapy
- Breast Implant Removal, Revision, or Reimplantation
- Breast Reconstructive Surgery
- Breast Reduction Mammoplasty
- Clinical Trials
- Cochlear Implant (Device and Procedure)
- Continuous Glucose Monitoring (CGM) System and Sensors
- Cranial Molding Helmet
- Deep Brain Stimulation
- Dental Anesthesia for Children Under Age 5 Years (If Not Performed at a Sanford Health Facility)
- Dental Anesthesia for Members with a Developmental Disability
- Selected Durable Medical Equipment
- Enteral / Parenteral Nutrition Therapy and Formulae
- Genetic Testing
- Growth Hormone (Pharmacy)
- Home Health Care Services
- Home Infusion (IV) Therapy
- Hospice Services
- Hyperbaric Oxygen Therapy
- Inpatient Hospital Admission: Medical, Surgical, NICU, Rehabilitation, Mental Health/Chemical Dependency, and Pain Control Services
- Insulin Pump (DME)
- Oncology treatment and services through eviti|Connect at eviti.com (effective 12/1/2016)
- Selected Orthotics (Including Repair, Replacement Parts, Supplies, & Maintenance)
- Perception Sensory Threshold Test
- Photodynamic Therapy (Cancer)
- Phototherapy UV Light Device (DME)
- Prosthetic Limb (Including Repair, Replacement Parts, Supplies, & Maintenance)
- Skilled Nursing Facility Services
- Specialty Drugs & Selected Injectables*
- Swing Bed Services
- Sub-Acute Care Services
- Spinal Cord Stimulator (Device and Implant Procedure)
- Testosterone Injections
- Transplant Services
- Vagus Nerve Stimulation
- Varicose Vein Treatment / Ablation:
 - Including but not limited to VNUS Closure, Endovenous Laser (EVL) and Sclerotherapy, are covered when medically indicated. These procedures do not require prior authorization when performed by a general surgeon, vascular specialist or interventional radiologist.
 - Other providers must provide proof of appropriate training and request prior authorization.
- Vitamin B12 Injections
- Additionally, referrals to non-participating providers at the recommendation of a participating provider require prior authorization.

*Specialty Drugs and Selected Injectables:

- See the formulary for drug prior authorization requirements.