PIH HEALTH PLAN

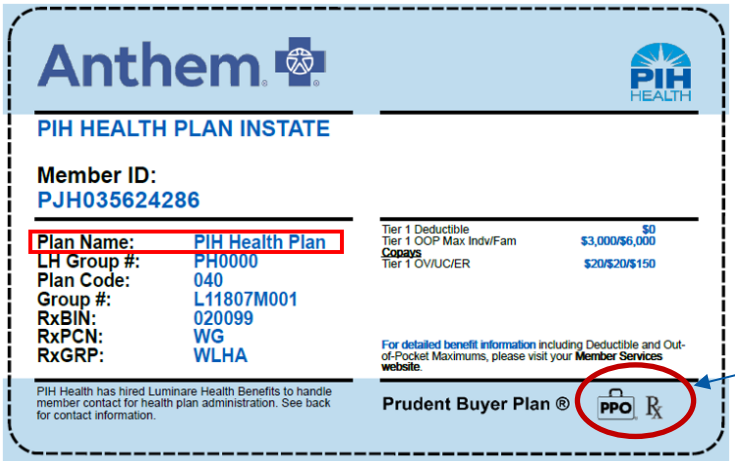
The PIH Health Plan is a zero deductible plan that requires you to use a PIH Health Provider (Tier 1) whenever services are available. You can only seek care outside of PIH Health if the services are not available through a PIH Health Provider. In this case, prior to receiving services from a Tier 2 provider, you must first receive an authorization.

Learn how to use your PIH Health Plan:

What is an authorization? An authorization is required **before** receiving services from a Tier 2 provider. If you need services from a Tier 2 provider, your Tier 1 provider will complete this process for you. Once you have received an authorization, you may see a Tier 2 provider. **Please note that Urgent Care visits from a Tier 2 provider do not require authorization.*

What is a Prior Authorization? A prior authorization is needed before certain medical treatments are started. This process is designed to determine whether a proposed setting and course of treatment is medically necessary and appropriate. Your provider will complete this process for you by submitting a request via EZ Net, or the request can be faxed to 562.967.2940. You and your provider will be advised by phone and mail on the outcome of the request.

Where can I locate Tier 1 providers? You can find the Tier 1 provider directory online at www.myluminarehealth.com and MyHRConnect.



IMPORTANT: While your medical ID card may show a "PPO" symbol, **this plan is *not* a PPO**. The "PPO" logo must be listed because the Anthem Blue Card PPO network is the contracted network of providers accessible under the PIH Health Plan at Tier 2 (when services are not available under the Tier 1 benefit level and an authorization has been obtained and approved).

Connect to your Alliant Benefit Advocate:

833.714.0229
PIHHealthBenefits@Alliant.com

Available 5 am to 5 pm PT, Monday – Friday

Contact Benefit Advocate or refer to your Benefits Guide by scanning the QR code or clicking HERE.