

OVATION HEALTH

Member Benefits Guide

Welcome to Ovation Health

We are delighted to welcome you to Ovation Health. As your new healthcare service provider, we work diligently to ensure that everyone enrolled has an exceptional experience when using our services.

Building a better future with affordable health plans

As industry professionals we saw the cost of health insurance soar, with businesses and individuals paying most of the cost through coinsurance and deductibles, causing many to receive less medical care due to rising costs.



We analyzed these concerns and found innovative ways to provide comprehensive health care that is affordable, effective, accessible, and easy to navigate for employers and members.

We lower costs by combining the advantages of telemedicine, a robust pharmacy program, and a growing network of physicians with fair rates. We do this by direct contracting and expanding relationships with additional provider networks.

OUR MISSION

To be the best healthcare option for individuals and families, by providing quality healthcare benefits at affordable rates.

OUR VISION

To bring transparency, affordability, and compassion to healthcare.

OUR VALUES

We believe in Transparency, Advocacy, Affordability, Compassion, and Innovation.

Your Partners in Health

The following information provides a general overview of Ovation Health's core plan benefits. We have many optional benefits available, so group benefits may vary by individual company plans. Please refer to your plan documents for full plan details.

Open Access to Providers



Keep Your Doctor, Expand Your Options

Continuity of care is our priority. We believe healthcare works best when you keep the doctor-patient relationships you already trust. Our open network structure—combined with our national telehealth partners—ensures you receive personalized care whenever you need it.

Through our partnership with Claritev, the nation's largest physician and hospital network, we contract directly with providers to keep your costs low. During onboarding, simply share your current doctor's information with us; we will proactively reach out to them to coordinate your coverage so your transition is seamless and stress-free.

A Care Team to Guide and Protect



Your Dedicated Care Advocates

Our Care Team is more than a support line—they are your personal health advocates. By working directly with you, our team ensures that quality care and cost management go hand in hand.

Our Care Team provides person-to-person support with expert guidance at every turn. They are your personal health advocates—your hands-on partners in care.

When you engage with our team, you get more than just answers—you get advocacy. We work behind the scenes to ensure you receive top-tier medical treatment at fair, transparent prices, leading to better health outcomes and a more sustainable plan for everyone.

Guided Healthcare Access

When Members and Care Team staff work together, the result is timely solutions and a consistently positive experience. Below outlines the process for Coordinating Care for all members and plan types.

If a Member Needs an Appointment

- ▶ Call **866-549-4199** or email membership@ovation-health.com with the following:
 - Provider Name
 - Provider Contact Number
 - Type/Reason for Appointment (*Preventative/Wellness, Sick, Specialist, Imaging, Medication Management, etc.*)
 - Date of Appointment OR Availability if requesting assistance with scheduling an appointment.

After Connecting With Our Care Team

- ▶ The Appointment is logged into our system as Coordinated Care.
- ▶ A Care Team Member OR the Provider will verify coverage typically within 2-5 business days prior to your appointment, during which time:
 - Coverage is Verified
 - Copay is Waived
- ▶ A Care Team Member OR the Provider will verify coverage typically within 2-5 business days prior to your appointment, during which time:
 - Coverage is Verified
 - Copay is Waived
- ▶ If you receive a Surprise Bill, contact us at membership@ovation-health.com.

Future Care With the Same Provider

- ▶ After the initial Coordination of Care with a Provider, for any future appointments with that same Provider, email us at membership@ovation-health.com.
 - Be sure to include the Provider's Name and the Date of Your Appointment.

Our goal in Coordinating your Care is to help prevent surprise bills, ensure your coverage is properly verified, and waive the copay.

For assistance, call **866-549-4199** or email membership@ovation-health.com.

Core Care Benefits for All

Nationwide 24/7 Virtual Health Care



With Ovation, all plan members have access to a telemedicine network with unlimited use for emergent care.

Telemedicine helps with urgent care for minor illnesses (colds, infections, rashes), chronic condition management (diabetes, high blood pressure), mental health counseling, prescription refills, and post-surgical follow-ups.

It provides 24/7 convenient, remote access to providers nationwide, offering effective, safe, and private care via the internet through your cell phone or computer.

Key areas telemedicine can help with are:

- **Urgent Care & Minor Illnesses:** Treatment for common issues like sore throats, sinus infections, flu, COVID-19, pink eye, and UTIs.
- **Mental Health:** Therapy for anxiety, depression, and other mental health conditions.
- **Chronic Condition Management:** Ongoing care for asthma, diabetes, and high blood pressure, including medication management.
- **Preventive Care & Screenings:** Scheduling and reviewing routine lab tests and discussing results.
- **Specialty Consults & Services:** Access to dermatology (skin assessments), nutritional counseling, and specialist referrals.
- **Prescriptions & Refills:** Providers can send prescriptions or refills directly to pharmacies.

There are many advantages to choosing telehealth:

- **Convenience:** Avoid travel and waiting rooms.
- **Accessibility:** You can connect with specialists regardless of whether you are in a rural or underserved area.
- **Safety:** Avoid exposure to contagious illnesses.
- **Cost Effective:** Often reduces your overall, non-emergency care costs.

Following enrollment, you will receive an email with instructions from your telehealth provider for downloading the app and setting up your account.

For questions, call us at **866-549-4199** or email membership@ovation-health.com.

Lab Services with Quest Diagnostics

All Ovation plan members receive unlimited labs with ZERO out-of-pocket expense at any in-network Quest Diagnostics center.

(Excludes Senora Quest laboratories in Arizona and nationally.)



* Some exclusions apply. [Click for the Quest-Exclusions List.](#)

To schedule an Imaging appointment, email the order to membership@ovation-health.com or fax to **866-234-8707**.

Diagnostic Imaging Services

All Ovation plan members receive imaging services with ZERO out-of-pocket expense at any of our direct contracted centers.



To schedule an Imaging appointment:
Email the order to membership@ovation-health.com, or fax the order to **866-234-8707**.

A Robust Pharmacy Savings Plan

All Ovation plan members receive pharmacy cost savings.



Pharmacy benefits are obtained through national and international sources to ensure members receive the lowest cost for most medications, including compounded prescriptions.

* Step Therapy may be required to be approved for higher-cost medications.

Tiers	Retail Price Range	Copayment
Tier 1	\$0-\$25	\$5.00
Tier 2	\$25.01-\$50	\$10.00
Tier 3	\$50.01-\$100	\$20.00
Tier 4	\$100.01-\$200	\$50.00
Tier 5	\$200.01-\$600	50% coinsurance

* For Rx over \$600.00, request Patient Advocacy support to fill Rx needs.

Ovation Gold Plan Highlights

When you need medical care, the first step is to contact our Care Team at **866-549-4199** or membership@ovation-health.com. The Care Team will work with you to find a provider, schedule, and negotiate a fair rate for your medical services.

GOLD PLAN COVERAGE	Care coordinated through Ovation Health	Care NOT coordinated through Ovation Health
Network	Ovation Health	Other Provider
Plan Deductible Feature	Copayments, then Plan pays 100%	Deductible, then Copays, then Plan pays 100%
Individual/Family Deductible	\$2,500/\$5,000	\$5,000/\$12,500
Individual/Family Maximum Out-of-Pocket	\$7,900/\$15,000	\$9,900/\$17,000
Health Savings Account (HSA) Eligible	Yes	Yes
Required - Primary Care Provider (PCP)	Ovation Health	No
Required - PCP Referral to Specialist	No	Yes
Prescription Drug Benefits	Deductible and Copay	Deductible and Copay
Doctor Visits		
Preventive Care	Yes - \$0 Copay	Yes - \$0 Copay
Virtual Health	\$0 per consultation	\$0 per consultation
Primary Care	Plan pays 100%	Deductible, then \$25 Copay + 20% Coinsurance
Specialist	Plan pays 100%	Deductible, then \$25 Copay + 20% Coinsurance
Office Services		
Allergy Injections	Excluded	Excluded
Allergy Serum	Excluded	Excluded
Chiropractic Services	Deductible, then \$25 Copay + 20% Coinsurance	Deductible, then \$25 Copay + 20% Coinsurance
Office Surgery	Deductible, then Plan pays 100%	Deductible, then \$25 Copay + 20% Coinsurance
MRI's, Cat Scans, and Pet Scans	Plan pays 100%	Deductible, then \$250 Copay + 20% Coinsurance
Diagnostic Testing (lab work)	Plan pays 100%	Deductible, then \$50 Copay + 20% Coinsurance
Care Facilities		
*Urgent Care Facility	Deductible, then \$75 Copay + 20% Coinsurance	Deductible, then \$75 Copay + 20% Coinsurance
Hospital Emergency Room	Deductible, then \$500 Daily Copay + 20% Coinsurance	Deductible, then \$500 Daily Copay + 20% Coinsurance
Ambulance Services	Deductible, then \$250 Copay + 20% Coinsurance	Deductible, then \$250 Copay + 20% Coinsurance
*Outpatient Surgery	Deductible, then \$400 Copay + 20% Coinsurance	Deductible, then \$400 Copay + 20% Coinsurance
*Hospital Surgery	Deductible, then \$500 Daily Copay + 20% Coinsurance	Deductible, then \$500 Daily Copay + 20% Coinsurance
*Surgeon Fees	Deductible, then Plan pays 100%	Deductible, then \$25 Copay + 20% Coinsurance
Maternity & Newborn Services		
Maternity Charges (prenatal & postnatal care)	Deductible, then Plan pays 100%	Deductible, then \$500 Daily Copay + 20% Coinsurance
Routine Newborn Care	Plan pays 100%	Plan pays 100%
Prescription Drug Benefits		
Drug Deductible	No Drug Deductible	
Copay Tiers	Tier Retail Price Range Copay	Tier
	1 \$0-\$25 \$5 Copay	1
	2 \$25.01-\$50 \$10 Copay	2
	3 \$50.01-\$100 \$20 Copay	3
	4 \$100.01-\$200 \$50 Copay	4
	5 \$200.01-\$600 50% Coinsurance	5
* For Rx over \$600.01, request Patient Advocacy support to fill Rx needs.		
Notes: *Deductible and Copays may be waived when care is coordinated with Ovation Health Care Teams.		

Ovation HD Plan Highlights

When you need medical care, the first step is to contact our Care Team at **866-549-4199** or membership@ovation-health.com. The Care Team will work with you to find a provider, schedule, and negotiate a fair rate for your medical services.

HD PLAN COVERAGE	Care coordinated through Ovation Health	Care NOT coordinated through Ovation Health
Network	Ovation Health	Other Provider
Plan Deductible Feature	Copayments, then Plan pays 100%	Deductible, then Copays, then Plan pays 100%
Individual/Family Deductible	\$5,000/\$11,000	\$7,000/\$14,000
Individual/Family Maximum Out-of-Pocket	\$7,900/\$15,000	\$9,900/\$17,000
Health Savings Account (HSA) Eligible	Yes	Yes
Required - Primary Care Provider (PCP)	Ovation Health	No
Required - PCP Referral to Specialist	No	Yes
Prescription Drug Benefits	Deductible and Copay	Deductible and Copay
Doctor Visits		
Preventive Care	Yes - \$0 Copay	Yes - \$0 Copay
Virtual Health	\$0 per consultation	\$0 per consultation
Primary Care	Plan pays 100%	Deductible, then \$25 Copay
Specialist	Plan pays 100%	Deductible, then \$25 Copay
Office Services		
Allergy Injections	Excluded	Excluded
Allergy Serum	Excluded	Excluded
Chiropractic Services	Deductible, then \$25 Copay	Deductible, then \$25 Copay
Office Surgery	Deductible, then Plan pays 100%	Deductible, then \$25 Copay
MRI's, Cat Scans, and Pet Scans	Plan pays 100%	Deductible, then \$250 Copay
Diagnostic Testing (lab work)	Plan pays 100%	Deductible, then \$50 Copay
Care Facilities		
*Urgent Care Facility	Deductible, then Plan pays 100%	Deductible, then \$75 Copay
Hospital Emergency Room	Deductible, then Plan pays 100%	Deductible, then \$500 Daily Copay
Ambulance Services	Deductible, then \$250 Copay	Deductible, then \$250 Copay
*Outpatient Surgery	Deductible, then Plan pays 100%	Deductible, then \$400 Copay
*Hospital Surgery	Deductible, then Plan pays 100%	Deductible, then \$500 Daily Copay
*Surgeon Fees	Deductible, then Plan pays 100%	Deductible, then Plan pays 100%
Maternity & Newborn Services		
Maternity Charges (prenatal & postnatal care)	Deductible, then Plan pays 100%	Deductible, then \$500 Daily Copay
Routine Newborn Care	Plan pays 100%	Plan pays 100%
Prescription Drug Benefits		
Drug Deductible	No Drug Deductible	
Copay Tiers	Tier Retail Price Range Copay	Tier
	1 \$0-\$25 \$5 Copay	1
	2 \$25.01-\$50 \$10 Copay	2
	3 \$50.01-\$100 \$20 Copay	3
	4 \$100.01-\$200 \$50 Copay	4
	5 \$200.01-\$600 50% Coinsurance	5
* For Rx over \$600.01, request Patient Advocacy support to fill Rx needs.		
Notes: *Deductible and Copays may be waived when care is coordinated with Ovation Health Care Teams.		

Questions and Answers

As a new member what are the first things I need to do?

- Schedule to attend an orientation on-boarding meeting and ask questions.
- If you have existing physicians, provide their information so we can reach out to them about joining our network.
- Once you have received your Member ID card, you should verify your information by logging into your member account. Visit www.ovation.health and above the top toolbar select the “Members Log In”.
- Following enrollment, new members will receive an email with instructions from their telehealth provider for downloading their app and setting up their account.

How long does it take to get my doctor directly contracted?

When adding a Provider, we must verify that their credentials meet our requirements and there are Provider payment negotiations to work through. This process will depend on how quickly the Provider and their staff respond and provide the documentation.

What do I do if my provider says they do not take this plan?

- Ask the Provider’s office to call us at **866-549-4199** to verify the benefits.
- Notify the Care Team, so they can assist in scheduling and provide them with the coverage information needed.

How can I find a provider in the network?

- **During Office Hours:** Call **866-549-4199** for assistance in finding a provider and making an appointment. You can reach the Care team Mon-Fri from 8am-5pm (CST) or via email at membership@ovation-health.com.
- **Outside of Office Hours:** Please wait until the next business day to call the Care Team. If you cannot wait, use Telemedicine to consult with a doctor quickly. The average wait time is less than 10 minutes.

What if I need urgent care?

- Your first option should always be to use Telemedicine to consult with a doctor quickly and assess the situation. Then follow the doctor’s instructions.
- If the situation is not critical, call the Care Team for assistance at **866-549-4199**.
- If your illness or injury is critical, go to an Urgent Care Center or Emergency Room. If you or someone can drive you, this is more cost-effective than calling for an ambulance. The average cost for ambulance services is around \$1,200.
- Once at an Urgent Care Center or Emergency Room, give them your insurance information. However, you do not have to sign anything. The law states that no one under duress can be held accountable for a signed contract. If you are pressured into signing, write “what my plan pays” in the place for your signature.

Commonly Asked Questions continued...

If a doctor is contracted, can I make an appointment with them directly?

We recommend that members call the Care Team and allow us to set up initial provider visits. We want to ensure our members have a positive experience visiting a provider's office for the first time. After the first visit, you may contact the Provider directly. However, the Provider should still call us to verify benefits or answer any questions about coverage.

How long does it take to get a pre-authorization?

Most are processed within 48-72 hours; however, we can expedite in 24 hours if needed, and the Provider/Facility is responsive.

How long does it take to get a reimbursement?

Within 30 days, from the date that all documentation is provided.

What do I do if I get a surprise bill?

Send the bill and any related information to membership@ovation-health.com.

How long does it take to get a claim processed?

We are proud to say that 90% are processed within 14 days of receipt of a clean claim, and the rest within 30 days.

What happens if my claim is denied?

Reach out to our claims department at claims@ovation-health.com or call **866-549-4199**. They will review the claim and assist you.

How do I check the status of a claim being processed?

Reach out to our claims department at claims@ovation-health.com or call **866-549-4199**. They will be more than happy to give you a status update.

Why is my copay/deductible amount different than what my provider told me?






You can email us at claims@ovation-health.com or call us at **866-549-4199**. Someone from our Care Team will be more than happy to review the situation and help resolve any discrepancies.

What are my current "YTD" totals for my out-of-pocket/deductible? (If applicable)

- You can find this information by logging into the Member Portal by going to our website at www.ovation.health and clicking on "Member Login" at the top. If you need further assistance, call **866-549-4199**.

Where to Go for Care

Choosing the right medical care depends on the severity of symptoms, urgency, and time of day. Use the guide below to help you choose.

CARE CENTER TYPE	USE THIS CARE CENTER FOR...	COST/TIME CONSIDERATIONS
24/7 Telehealth (Emergent Care) 	<p>Emergent virtual care for a new health issue, or monitoring a current health issue.</p> <p>Best for: Minor illnesses (colds, flu, allergies, rashes, headaches).</p> <p>Why? Convenient, fast, available 24/7, and FREE for all active group plan members.</p>	<ul style="list-style-type: none"> ▶ \$0 Copay. ▶ 24/7 access to care nationwide. ▶ Can obtain an appointment quickly and from anywhere.
Primary Care Physician (PCP) 	<p>Routine care or treatment.</p> <p>Best for: Preventive care, physicals, immunizations, new illnesses, and managing chronic conditions (diabetes, hypertension).</p> <p>Why? They are familiar with your medical history and can provide the best long-term health management.</p>	<ul style="list-style-type: none"> ▶ May require a Copayment and/or Coinsurance. ▶ Normally requires an appointment. ▶ Generally a wait time with a scheduled appointment.
Convenience Care Clinic 	<p>When you can't get in to see your PCP, but have a new fast-acting health issue.</p> <p>Best for: Minor, fast-acting issues like minor infections (strep, UTIs), minor cuts, wellness checks, and vaccinations.</p> <p>Why? Walk-in availability, convenient locations in drugstores and supermarkets, and low costs.</p>	<ul style="list-style-type: none"> ▶ May require a Copayment and/or coinsurance. ▶ Walk-in patients welcome. ▶ Wait times vary.
Urgent Care Clinic 	<p>Illnesses and injuries needing immediate medical attention that are not life-threatening.</p> <p>Best for: sprains, minor burns, fever, sore throat, ear pain, or small cuts.</p> <p>Why? Same-day care, shorter wait times than ER, open evenings/weekends, and lower costs.</p>	<ul style="list-style-type: none"> ▶ Often requires a Copayment and/or Coinsurance which is usually higher than a physician's office. ▶ Walk-in patients welcome. ▶ Wait times vary.
Emergency Room (ER) 	<p>Immediate treatment of a critical condition that is life-threatening.</p> <p>Best for: Chest pain, difficulty breathing, major trauma, heavy bleeding, major head injuries, severe burns, stroke symptoms (slurred speech, numbness/weakness), or persistent severe pain.</p> <p>Why? Available 24/7, best care for critical conditions.</p>	<ul style="list-style-type: none"> ▶ Requires a higher Copayment and/or Coinsurance. ▶ Open 24/7 but wait times may be longer as most critical emergencies will be treated first.

Contact Us for Assistance

For a positive consumer experience, it is important that whenever possible, you contact the Care Team to assist with appointments, medical referrals, and to negotiate costs prior to receiving medical services.

- Locate a provider.
- Schedule a healthcare appointment.
- Ask a question about your benefits.
- When you receive a surprise bill.
- Discount sourcing for high medication costs.
- Pre-negotiate rates for health care.
- Requesting a provider join our network.

To contact the Care Team for assistance:

Call: 866-549-4199

Email: membership@ovation-health.com

PROVIDERS

Email: providerrelations@ovation-health.com

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