



What you need to know about Prior Authorization.



What is it?

Prior Authorization is the process of determining benefit coverage prior to certain services being performed. This process may include a determination of whether a service, test or procedure is medically necessary and eligible for payment under your plan.



How does it work?

Generally, if you are receiving services from network providers, you can rely on your network physician to obtain Prior Authorization. But when choosing out-of-network services, you will be responsible for obtaining Prior Authorization. Without this approval, you could be responsible for the full cost.



To request Prior Authorization,

simply call the number listed on your health plan ID card.
You'll be connected to someone who can help you.