



Frequently Asked Questions

1. Who/what is Promise Health Plan?

Promise Health Plan is a Prisma-owned subsidiary that helps employer groups achieve cost savings and stronger employee benefits for their health insurance offerings through negotiated discount arrangements and strategic partnerships.

	Standard Promise Health Plan Business	Prisma Health
Provider Network	✓ (inVio, Prisma, McLeod)	✓ (inVio, Prisma)
Care Management	✓	✓
Utilization Management	✓	✓
Third-Party Administrative Services	✓	✓
National Wrap Network (Cigna)	✓	✓
Stop Loss Coverage	✓	Prisma sources independently
Access to Pharmacy Benefits discounts	✓	Prisma sources independently

2. Why is Prisma Health’s moving the medical plan to Promise Health Plan?

The success of the business is the success of each one of you. In 2026, Prisma Health is transitioning administration of the health plan to Promise Health Plan. This move is a direct investment back into our organization, and it empowers Prisma Health to have more control over healthcare offerings, like lower care costs that are below benchmark. This means Prisma Health can continue to provide you with high-quality, comprehensive benefits for years to come while also driving the business forward.

3. Will my current provider still be in-network?

Promise Health Plan utilizes the inVio Health Network and the Prisma Health providers and facilities. We also have access to the Cigna PPO national network. This means that most providers currently in-network will remain accessible. However, we recommend checking the provider directory to confirm your preferred doctors and specialists are included. You can look up your providers [HERE](#).

4. Will my prescriptions still be covered?

The transition of your medical plan benefits to Promise Health Plan does not affect your prescription drug benefits. Pharmacy services remain with CVS/Caremark.

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5. Are there changes to premiums, deductibles, or copays?

East Tennessee (Blount) team members will have the option to elect an HDHP for 2026.

The family coverage HDHP is experiencing an embedded individual deductible increase of \$100 to comply with IRS guidelines. There are no other benefit changes occurring for the medical plans.

Medical and Dental rates are experiencing a 4% increase on average. The team member only HDHP medical plan is experiencing a 9% decrease. Premiums are banded based on salary. (On average, U.S. employers are projected to pass along 8.5%-9% increase in medical premiums to employees next year.)

More information including specific premium amounts will be released from Total Rewards in the near future.

6. Since Promise Health Plan is owned by Prisma Health, will my employer have access to my claims information?

No. Your claims information will remain confidential. Prisma Health cannot access your medical claims or other Protected Health Information (PHI) from your healthcare provider or health plan without your explicit, written authorization. PHI will be handled in accordance with HIPAA and utilized in a manner that is consistent with regulatory guidelines and expectations.

7. What happens to ongoing treatments or authorizations?

We are working with Aetna to receive existing pre-authorizations/pre-certifications so that you and/or your provider do not need to obtain new ones for treatment that has already been approved. We will keep you informed of updates on this issue.

8. How do I enroll in the new plan?

Enrollment will be handled through the normal Annual Enrollment process within Workday. You'll receive step-by-step instructions and if needed, enrollment resources and personal assistance will be available to help you complete enrollments.

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9. Will there be changes to wellness programs or other benefits?

Team members can expect to maintain access to existing wellness programs and benefits, with minimal changes for the year ahead. For East Tennessee team members (Blount), wellness programs will be more limited as we continue to work towards offering the full slate of programs in the future. A comprehensive overview of all available programs and benefits will be provided in advance of Annual Enrollment.

10. How will the switch to Promise Health Plan affect my covered dependents?

As long as you enroll them during Annual Enrollment, your dependents will transition to Promise Health Plan along with you.

11. Who can I contact with questions or concerns?

A dedicated transition support team will be available via phone and email when Annual Enrollment kicks off. You can also participate in an Annual Enrollment webinar, make an appointment with a Benefits Counselor, and/or get answers directly from HR (AskHR) and Benefits Team representatives.

12. What if I have a billing issue or coverage question during the transition?

Aetna, BCBS TN, CVS, and Promise Health Plan are coordinating this transition to minimize disruptions. If you experience any issues, contact AskHR immediately for assistance. You can also contact Aetna or BCBS TN with questions related to your 2025 coverage and Promise Health (number listed on the back of your card) for questions associated with your new medical plan coverage for 2026.

13. When will I receive a new ID card?

You will receive your new Promise Health Plan ID Card before January 1, 2026. They are targeted to be mailed around December 15, 2025.

14. Will I receive a new ID card for my dependents?

ID cards will be issued in the Team Members's name only. If you enroll dependents, you will receive two ID cards with the Team Member's name only. If you need additional cards, you can request them through the myPromiseHealthPlan.com member portal, or by calling Promise Health Plan customer service to request additional cards. You can also use the mobile app and download an ID card to your digital wallet.

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15. Why is there an additional network logo on my ID card in the Medical Plan section?

ID cards will always show an inVio Health Network and a Cigna Healthcare Shared Administration PPO Network logo on all member ID cards. Certain ID cards will contain an additional third network logo in this section if Promise Health Plan uses a third-party network in partnership with Cigna Healthcare to provide additional network access to the member. The providers associated with the third-party network will be in network for members at a Tier 2 benefit level. The following list of third-party networks are available to members within certain zip codes in the listed states and regions.

THIRD PARTY NETWORK	STATE / REGION
A DIRECT NETWORK	Montana
CENTER CARE	Illinois
HEALTH PARTNERS	Minnesota
	North Dakota
	Wisconsin (Rural)
MDX HAWAII NETWORK	Hawaii
MIDLANDS CHOICE	Iowa
	Illinois
	Nebraska
	South Dakota
MVP HEALTH CARE	Upstate New York
PHCS (KY)	Kentucky
PHCS (NY)	Upstate New York
PHCS (WV)	West Virginia
PRIORITY HEALTH (MI)	Michigan
UPPER PENINSULA HEALTH (UPHP)	Michigan
VALLEY PREFERRED	Pennsylvania (Delaware Region)

16. If a doctor’s office asks me what medical insurance I have, what do I tell them?

You will advise them that you have Promise Health Plan and present your Promise Health Plan ID card which has all of the information they need.

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17. How do I contact Promise Health Plan if I have questions about my specific situation?

During Annual Enrollment, from October 15, 2025 – October 29, 2025, Promise Health Plan will be able to answer high-level questions by calling the Prisma Health dedicated line at (855) 366-6660.

For specific information related to claims, medical coverage, additional ID cards, etc. you will be able to utilize the same phone number to call Promise Health Plan beginning January 1, 2026.

For questions not related to your medical plan coverage, please contact AskHR at askHR@prismahealth.org, or (833) 775-7678.

18. What will the average claims processing time be?

Most claims will pay within 14 days from the date of receipt.

19. How will billing disputes or appeals be handled?

Complaints and appeals will be handled through customer service by calling Promise Health Plan at the number on your ID card.

20. How will I access my explanation of benefits (EOB)?

You will be automatically set up to receive paper EOBs when your claims are processed. If you wish to opt out of paper and receive electronic EOBs instead, you can make that request in the member portal at myPromiseHealthPlan.com.

21. Will there be an online portal or app for members to request and download a virtual medical card, track claims, benefits, and costs?

Yes. The online portal at myPromiseHealthPlan.com and the Promise Health Plan Member App allows for these types of self-service tools.

22. Will there be any changes to preventive care or coverage for immunizations?

No, preventive care visits and immunizations will continue to be covered at 100%.

23. Will I still be able to earn and apply a premium discount through the Prisma Health Wellness Portal?

Yes, you can continue to earn and apply discounts towards your premium through the Wellness Portal. East Tennessee (Blount) team members will also be eligible to begin earning credits for premium discounts in 2026.

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24. I'm pregnant. How can I make sure I have continuity of care with my current providers?

Prisma Health and Promise Health Plan are committed to ensuring you and your growing family are supported. You may submit a Transition of Care Request Form if your current provider is not considered in-network to receive continuity of coverage through pregnancy and 30 days following the birth of your child. The Transition of Care Request Form will be accessible through Benefits for My World for Open Enrollment.

25. I have a chronic condition for which I am undergoing treatment right now. How can I make sure I have continuity of care with my current providers?

Prisma Health and Promise Health Plan are committed to ensuring team members are supported during this transition. You may submit a Transition of Care Request Form if your current provider is not considered in-network to receive continuity of coverage for up to 90 days following the effective date of the plan. The Transition of Care Request Form will be accessible through Benefits for My World for Open Enrollment.

26. Is there a process for Network Exceptions like we have had in the past?

Yes. The Network Exceptions process will remain for Team Members who need care that is not available in Tier 1 or Tier 2. If your Network Exception receives approval, you will receive a higher level of benefits for services received from the provider for which you have received the Network Exception.

Your Primary Care Physician or other referring In-Network provider may request a Network Exception review by completing the form located in the Network Exceptions tile at <https://www.promisehealthplan.com/prisma-health-team-members/>. This form will also be available through the myPromiseHealthPlan.com member portal after the plan goes live on 1/1/26.

Network Exceptions can be requested pre-service or post-service. Approved out of network providers will be processed at the Tier 2 benefit level. (see next page) Approved Tier 2 providers will be processed at the Tier 1 benefit level. All Behavioral Health approvals will be processed at the Tier 1 benefit level.

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27. Will my dependents still be able to be insured if they live outside of South Carolina or East Tennessee?

Yes, as long as your dependent meets current qualifications and is under 26 years of age.

Note: You must ensure dependent's mailing address and zip code are correct and consistent with where they will reside.

28. Do I need to re-verify my dependents for South Carolina?

You will not be required to re-verify dependents previously verified unless new coverage is requested. Below is a listing of acceptable documentation for adding a new spouse or new dependent children:

Dependent Children:

- Long form birth certificates
- **OR**
- Recent tax document listing covered dependents (dollar amounts and SSNs can be blacked out). We do not need your entire tax return. Please provide the page listing your dependents.

Spouse:

- Marriage certificate
- **OR**
- Recent tax document listing covered dependents (dollar amounts and SSNs can be blacked out). We do not need your entire tax return. Please provide the page listing your spouse that shows you file as married.

29. Do I need to verify eligibility for my dependents for East Tennessee?

East Tennessee (Blount) team members will be required to provide eligibility documentation on all dependents being added for 2026 health plan coverage. To learn more about adding dependents see [Benefits for My World > Make a change](#).

30. Will there be separate medical policies for TN and SC?

No, the only policy differentiation is between the EPO and the HDHP. All Team Members that select the EPO plan will have the same policy number. All Team Members that select the HDHP will have the same policy number.

31. What steps can I take to make sure I am able to access my medical plan benefits on 1/1?

- Enroll for coverage during Annual Enrollment (October 15-October 29)
- Register for an account at myPromiseHealthPlan.com after December 15
- Make sure your providers are in-network. You can look up your providers [HERE](#).
- Participate in one of the Annual Enrollment webinars or schedule an appointment with a Benefits Counselor.