

PriorityPOSSM



Member Handbook

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*No English? ¿No hable inglés?
Comunicarse a el 888 389-6645 y
pedir un traductor.*

Contact us! We're here to help.

General information

Phone: 800 446-5674 (toll free) Mon – Thurs, 7:30 a.m. – 7 p.m.
616 942-1221 Fri, 9 a.m. – 5 p.m.
Sat, 8:30 a.m. – noon

TDD/TTY: 888 551-6761 (toll free)

Email: Go to *priorityhealth.com* and type “email” in the SEARCH box.

Mail: Priority Health
Customer Service Department, MS 1105
P.O. Box 269
Grand Rapids, MI 49501-0269

Behavioral health

Phone: 800 673-8043 (toll free) Mon – Thurs, 8 a.m. – 5:30 p.m.
Fri, 8:30 a.m. – 5 p.m.
Available 24 hours a day
for urgent care access.

Priority Health locations

Farmington Hills
Holland
Grand Rapids
Jackson
Kalamazoo
Traverse City

Find us on Facebook or follow us on Twitter.



Welcome to Priority Health!

This handbook will help you get the most from your health plan.

Inside you'll find an overview of your plan, a glossary of terms and information about many tools and resources available to you as a Priority Health member. Please review this handbook and then keep it in a convenient place so you can refer to it as needed.

We look forward to serving you and making your life just a little easier.

Benefit basics

To make your life a little easier.

Here's key information to help you start using your Priority Health benefits.

You'll find more information at priorityhealth.com. Just use the keywords listed

below to search for details. Or call Customer Service for more information.



Use your Priority Health ID card no matter where you live, work or travel.

Whether you carry your card in your wallet or use our smartphone app, show your ID card any time you get medical services or fill a prescription.

Keyword: *Customer service*



Review your coverage documents.

Every plan is different! Read your coverage documents to learn what's covered and what you'll pay. You'll also find important details about which services or prescriptions may require prior authorization from Priority Health.

Keywords: *Coverage documents*



Check your network.

Our "Find a doctor" tool lets you search your specific network by your doctor's name, specialty or location. Be sure to check your ID card to determine which network applies to you.

Keyword: *Find a doctor*



Save on prescriptions.

If you have our plan, use our "Approved drug list" to confirm that your prescription is covered. Then consider these money-saving ideas: Switch to a generic, pick up "free" or low-cost prescriptions at your pharmacy, ask for a 90-day refill or try our mail-order program.

Keyword: *Drugs*



Access your online account at priorityhealth.com.

You can check on your claims, track your deductible, find doctors/hospitals in your network and check the approved drug list.

Keyword: *Account*



Be your healthiest with no-cost (or low-cost) preventive care.

Catch health issues early — or prevent them entirely — with your annual checkup, important immunizations and routine screenings.

Keyword: *Prevention*



Be a smart consumer.

There are lots of ways you can save on your health care — shopping for prescriptions, using in-network providers, going to urgent care centers when it's not an emergency and checking all of your treatment options before surgery. You can also save on fitness equipment and memberships when you show your Priority Health ID card.

Keywords: *Before surgery, HealthFit*



Call or click for answers.

Our Customer Service number is listed on the back of your ID card. We're available Monday through Thursday until 7 p.m., Friday until 5 p.m., and Saturday 8:30 a.m. to noon (Eastern Time).

Keyword: *Email*

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Getting Started

PriorityPOSSM, a point-of-service health insurance plan, provides you with excellent medical benefits. Here's how it works.

Understanding the Priority Health network

Priority Health has special rates with a network of health care providers across Michigan. This Priority Health network lets you save on your health care costs when you use in-network providers. As a **PriorityPOS** member, you can choose your provider – either in the Priority Health network or outside our network. And you can switch anytime.

- *Preferred benefits apply when you use a provider within the Priority Health network. That means you'll pay less.*
- *Alternate benefits apply when you go outside the network. Although you'll pay more, you'll have the flexibility to see any provider you choose.*



Your primary care provider

You and your covered dependents must each have a primary care provider (PCP) who provides you with health care and coordinates services, such as lab work, x-rays and hospitalization. You can each choose any provider who best fits your needs, and you can select a different provider for each family member. Choose from a family care doctor, an internist, a pediatrician or an obstetrician/gynecologist (OB/GYN). (Women do not need prior authorization or a referral to see an OB/GYN.) Many nurse practitioners and physician assistants can also be primary care providers. You'll find a complete list of in-network providers at priorityhealth.com. If you haven't selected a provider, we'll pick one for you, but you can always change it.

Keyword: Change PCP

Your primary care provider has two important roles:

- *To help you stay healthy*
- *To help you get access to the health care services covered by your health plan*

Want to change your PCP? No problem. Just go to priorityhealth.com and log in to your account. Click on the Change Your Doctor icon to complete an online form or print a downloadable form.

Get Answers

Don't be afraid to ask questions about health care services and safety to make sure you get the best-quality care.

Keyword: Safety



Online Tools

You'll find detailed information about your claims when you access your account online at priorityhealth.com.

Getting treatment

Your **Priority**POS plan covers a wide range of services to keep you healthy and help you pay for health care when you need it. We have a large network of primary care doctors, specialists, hospitals and other health care providers.

Preventive care

Priority Health wants to help you stay healthy. And we want to help you find medical problems early, so you can deal with them before they become big health problems. That's why we cover routine physicals, well-child visits, immunizations, prenatal care, mammograms and more.

Your online accounts

If you have access to a computer, you and your covered dependents will want to access your accounts online. Go to priorityhealth.com and click "Create account." Then enter your contract number, which is on your member ID card (after your name). Once you create your online account, you can:

- Check the status of your claims
- Check your prescription history (if your coverage is through us)
- See a "Personal Health Record" with recommendations for checkups and screenings
- Review your Certificate of Coverage
- Change your primary care provider
- Order ID cards

No computer? Don't worry. Just call us at 800 446-5674, and we'll be glad to help you.

Using Your Benefits

Your **Priority**POS plan provides the benefits you need, when you need them. You'll receive important documents that explain your plan. Be sure to keep them in a safe place.

Understanding your benefit levels

As a **Priority**POS member, your benefit level depends on the care you select.

- Preferred benefits apply when you use a provider within the Priority Health network. That means you'll pay less.
- Alternate benefits apply when you use an out-of-network provider. Although you'll pay more, you'll have the flexibility to see any provider you choose.

Seeing a specialist

You may see a network specialist at any time, but keep in mind that some specialists may require a referral from your primary care provider before they're willing to see you. Also, you may need to get prior approval from Priority Health in order for certain tests and services to be covered.

Prior approval of services

You must have approval from Priority Health before receiving some services, such as certain lab work, MRIs, or other medical services. You'll find services requiring prior authorizations in your Certificate of Coverage. Or give us a call.

Surgery or hospitalization

Our free online surgery decision support program can help you make informed decisions about your treatment options when you're considering surgery. If you decide you do need surgery or will be entering the hospital, your doctor may need to get prior approval from Priority Health.

Keywords: *Before surgery*

Pregnancy

Routine prenatal care is covered by Priority Health. You may need to pay your copayment for office visits or some tests, but all other routine prenatal care is covered by your **Priority**POS plan.

Keyword: *Prenatal*

Adding a dependent and other status changes

It's important to enroll newly eligible dependents within 30 days. This includes marriage or divorce, newborn children, adopted children and stepchildren. Contact your employer's benefits or Human Resources department so they can pass status changes along to us.

Keywords: *Status change*

Urgent and emergency care

If you need care right away but it's not a life-threatening situation, you should call your primary care provider first. Most of our primary care providers have 24-hour-a-day telephone answering services.

- If your provider agrees that you need to be seen right away, you'll be directed to an urgent care center.
- If you don't hear from your provider in a reasonable amount of time, go to your nearest urgent care center. If there's not one in your area, go to an emergency room.
- When traveling, you're covered for urgent or emergency care throughout the United States and abroad.

For potentially life-threatening injuries or conditions, such as broken bones, severe bleeding and chest pain, call 911 or go to the nearest emergency room.

Note: Contact your primary care provider's office as soon as reasonably possible after you visit an urgent care center or emergency room for follow-up care.

Save Money

Unless it's a life-threatening situation, urgent care centers are often a good alternative to using an emergency room. They are usually quicker and less expensive.

Mental health or substance abuse help

If you or an eligible dependent needs help for mental health or substance abuse issues, you may call our Behavioral Health department at 800 673-8043 or 616 464-8500. When you call, a behavioral health case manager will talk with you and help you find needed services among the many treatment options we offer. Your call is confidential — you do not need a referral from your primary care provider first.

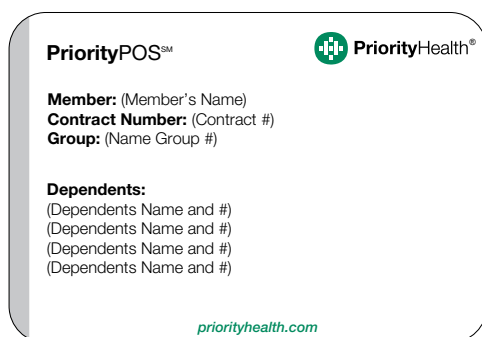
If you call after hours, you'll be transferred to an answering service, and a clinician will return your call promptly. In life-threatening situations, call 911.



Your member identification (ID) card

You'll need to show it whenever you use your benefits, whether it's seeing your primary care provider or filling a prescription.

Your ID card also has a member contract number. You'll use this number to access your online account at priorityhealth.com, where you'll find a variety of tools and resources, as well as member discounts just for Priority Health members (see page 23).



Your mobile ID card

Get information on the go! Our mobile ID card app works with most smartphones and will let you:

- View your ID card
- Find contact information for your doctor's office
- See your copayment
- Fax your ID card and copayment information to your doctor, hospital or pharmacy

The iPhone app is available from the App store. Just search for "Priority Health."

Keywords: Mobile app



Learn More

*Your employer will provide you with a Summary of Benefits that outlines the specific benefits of your **PriorityPOS** plan, including your out-of-pocket costs.*

Replacing a lost member ID card

You'll never want to be without your ID card. If you or one of your dependents misplaces a card, you can order a new one online.

Keywords: *ID card*

Save with a health savings account

If you're covered by a high-deductible health plan, you may be able to have a health savings account (HSA) to help pay for your medical expenses, including copayments, coinsurance, deductibles and more. Any income you put in your health savings account isn't taxed, so it lowers your income tax. Just like a regular savings account or an IRA, your health savings account belongs to you. Your HSA goes with you no matter where you work, and unused money automatically rolls over from year to year.

Keyword: *HSA*

HealthbyChoice for a healthier you

If your employer offers a **HealthbyChoice**SM plan, you may be able to save money or earn rewards when you improve your health. Every plan is different, but they all focus on helping you live a healthier lifestyle.

Most **HealthbyChoice** plans will ask you (and your covered spouse/domestic partner) to:

1. Complete a health risk appraisal of your health and habits online at *priorityhealth.com*.
2. Have your health care provider (usually a doctor) submit a form confirming that you meet health criteria regarding tobacco use, weight, blood pressure, cholesterol and blood sugar. These health issues are important because they're linked to illness and can make your health care costs go up in the future.

All of our **HealthbyChoice** plans offer alternate goals for those who cannot meet the requirements due to a medical condition.

Keyword: *HealthbyChoice*

Before your member ID card arrives

If you need to fill a prescription or seek medical care before your ID card arrives — or if you misplace your card — ask your health care provider to contact Customer Service to verify coverage. You may need to pay for services up front and then have your doctor submit a claim so you can be reimbursed. To be reimbursed for prescriptions, submit a Member Reimbursement Form to Priority Health.

Keyword: Forms

Report fraud and abuse

Don't let anyone else use your ID card, and be sure to check your Explanation of Benefits statements to be sure they include only services you received. If you suspect health care fraud or abuse, please report it to Customer Service.

Keyword: Fraud

HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects your privacy by making sure we don't give your health information to anyone without your OK. When you call Customer Service, we'll ask you for identifying information to protect your privacy. Before we can discuss claims of others who are covered by your plan (including your spouse), we must receive a signed HIPAA Authorization Form.

Keyword: HIPAA

Reconstructive surgery following breast cancer

If you have surgery for breast cancer, Priority Health will consult with you to determine coverage for the following services:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas

This is in compliance with the Women's Health and Cancer Rights Act of 1998. Information about your costs for these benefits is included in the Schedule of Copayments and Deductibles and any applicable riders included in your Priority Health plan.

Schedule of Copayments and Deductibles

Your Schedule of Copayments and Deductibles outlines your costs for receiving various health care services. This includes your out-of-pocket costs, such as copayment, deductibles and coinsurance.

Rider(s)

Your rider(s) will explain any modifications to your health plan coverage. For example, it may specify that certain conditions are or aren't covered. It may also describe additional benefits, like dental, vision coverage and prescription drugs.

Certificate of Coverage

The legal document that describes health care services that are covered (or excluded) by your plan is available online. You'll find it online at priorityhealth.com. Or you can request a copy by calling 800 446-5674.

Keyword: *Benefits*

Your Prescription Drug Coverage

If your plan has drug coverage, you'll want to be sure you understand what's covered and what you'll pay for prescriptions.



If you have drug coverage through Priority Health, it's easy to fill your prescription. Just show your ID card at any pharmacy in our network, which includes most drugstores in Michigan and across the United States.

Save on your prescriptions

Your copayment amount will depend on your plan and on which drug is prescribed. Always show your ID card to your pharmacist to protect yourself from dangerous drug interactions — even if you use “free” or low-cost prescription programs. You'll always pay the lowest price available, even if it's less than your copayment.

If you have a health savings account, your prescription copayment may not count toward your deductible. See your Certificate of Coverage or contact Customer Service for details.

All medications fall into one of these categories:

- Generic
- Preferred brand
- Non-preferred brand
- Preferred specialty
- Non-preferred specialty

Generic drugs

Generics are equivalent to brand-name products and treat the same conditions, but they cost less, so your copayment may be lower.

Save Money ◀

You'll save money on your health care costs when you use doctors, specialists, hospitals and pharmacies that are part of our network. Get a list from the Find a Doctor tool on priorityhealth.com or call Customer Service.

Learn More

Priority Health brings doctors and pharmacists together several times a year to evaluate the latest research and findings about which drugs work best. They use this information to create our approved drug list.

Preferred brand drugs

It may cost more than a generic, but you'll often pay a lower copayment than for non-preferred brand drugs.

Non-preferred brand drugs

These are more costly drugs, so your copayment may be higher with these prescriptions. Ask your provider to prescribe a generic or preferred brand whenever possible.

Preferred specialty drugs

These are generally self-administered medications used for a chronic illness. They have special handling requirements or require special training before use.

Non-preferred specialty drugs

These medications are the most costly. Ask your provider to prescribe a preferred specialty drug whenever possible.

Filling your prescription

Retail pharmacy

You may fill a 30- or 90-day supply. Some participating pharmacies offer a 90-day supply of many prescriptions, but you may be charged three copayments. Visit the Find a Doctor tool at priorityhealth.com for pharmacy locations.

Home delivery service

You may have the option to use Express Scripts home delivery service.

- If so, you'll need to ask your doctor to write the prescription for a 90-day supply of an approved drug.
- You can order prescriptions by phone 24 hours a day, seven days a week, by calling 888 378-2589.

Or you can order refills online at express-scripts.com.

- Allow 14 days to receive your prescriptions.

Specialty pharmacy

Specialty medications used to treat rare or complex conditions will need to be filled through Diplomat Specialty Pharmacy, which will mail a one-month supply directly to you. For ordering information, please contact Diplomat at 866 356-6048. Or your physician can fax the prescription to 616 301-8201.

Pharmacy definitions

Approved drug list

Priority Health has an approved drug list, also called a formulary, which identifies drugs that are covered. You or your physician may check this list to review covered medications.

Keyword: *Drugs*

Coverage exclusions

Some medications may be excluded from coverage. Examples may include cosmetic drugs or drugs used for cosmetic purposes, experimental or investigational drugs, new drugs not yet added to the approved drug list and drugs that are not FDA approved.

Some medications, such as contraceptives or sexual dysfunction drugs, may require a rider on your policy in order to be covered.

Prior authorization

You may be required to get prior authorization for certain drugs. This means that your doctor will need to request an approval from our Pharmacy department before you fill your prescriptions. If you don't get approval, your drug may not be covered.

Quantity limit

In some cases, there may be a limit to the amount of a drug that is covered by Priority Health. These quantity limits are based on FDA guidelines for safe dosing.

Step therapy

Often generics are just as effective as more costly prescriptions. So, in some cases, we'll ask you to begin with a less costly drug to treat your medical condition. If the generics aren't effective, you'll be able to move to a more costly option.

Diabetes supplies

You can purchase diabetes testing supplies at your local pharmacy. Other diabetes supplies should be purchased through an in-network durable medical equipment provider.

Keyword: Diabetes supplies

Durable medical equipment

If you have a prescription for durable medical equipment, be sure to have it filled by an in-network durable medical equipment provider. It may not be a covered benefit at your pharmacy.

Keyword: DME

How Your Claims Are Paid

We work with your health care providers to make sure your medical claims are paid accurately and on time. Here's an overview of how the claims process works.

Seeing a provider

When you see your primary care provider or use any other doctor or health care service, you'll need to show your member ID card and pay your copayment amount. Usually you won't need to fill out any paperwork or claims — your health care provider will take care of this for you.

What you'll owe — your out-of-pocket costs

You'll be responsible for paying some charges when you receive health care services. Here's an overview of the costs you'll need to cover:

- A copayment is the amount you pay to see a doctor or fill a prescription. Your copayment does not count toward your deductible.
- Your deductible is the initial amount you must pay before Priority Health begins to cover eligible medical or pharmacy expenses. See your Schedule of Copayments and Deductibles for details.
- Coinsurance is the cost of treatment shared between you and Priority Health. This is usually calculated as a percentage of the cost. Coinsurance usually begins after you have reached your deductible amount.
- Most **PriorityPOS** plans have a maximum for out-of-pocket expenses. Your out-of-pocket expense is the amount you'll pay for your health care during one plan year, and it may include your deductible and coinsurance. If you reach your out-of-pocket maximum, Priority Health will begin to pay 100% of your eligible health care bills. You will continue to be responsible for copayments.

With a health plan, you and your plan share the cost. In some instances one will pay more than the other depending on your coverage.



member pays more



plan pays more

Explanation of Benefits (EOB) statements

Priority Health will send you an EOB statement after we pay your medical claim. This will list the total amount your provider has charged for services. It will also show how much Priority Health has paid. If there is a balance left that you must pay, it will also be listed on the EOB.

This is not a bill — if you owe any money, you'll get a separate bill from your doctor or other provider.

Review your claims online

All of your claim information is available online at priorityhealth.com when you access your account. Just click on "View Claims." You'll be able to see old claims and those that are in process. You can also see claims that have been paid or denied. If there's anything you don't understand or if you have questions, contact Customer Service at 800 446-5674.

Coordination of benefits

If you are covered by more than one health plan (dual coverage), coordination of benefits is a system that determines how benefits are paid. The "primary" plan pays the full benefit allowed by that contract. The "secondary" plan pays next, bringing the total benefit paid to the level allowed by that contract. If you or your dependents are covered by more than one health plan, be sure to let us (or your employer) know. We may request that you send us other insurance information in order to pay your claims. In some cases, we will also need copies of court orders and other documents to help determine which plan is primary.

Keywords: *Coordination of benefits*

Dual coverage and its impact on claims

We want to pay the claims that we're responsible for paying, but we don't want to pay when someone else should be paying the bills. If you have other health insurance coverage (dual coverage), we need to make sure the responsible party pays those claims. For example, Priority Health will not pay for benefits that should be provided under any federal or state government programs (like worker's compensation) or any "no fault" benefits because of an accident. You may be asked to provide consents, releases, assignments and other documents about your eligibility for other benefits. If you have additional questions about this, please contact Customer Service at 800 446-5674.

Keywords: *Dual coverage*



Get Answers

If you have a question or dispute about a particular claim, or if you have questions about the health care services covered by your plan, contact Customer Service.

Getting Healthy,

Staying Healthy

We help you stay healthy and manage your health conditions through programs, online tools and personal coaching. We give you what you need to be proactive about your health before you get sick.



Condition management programs

Our condition management programs are designed to help you better manage your health. Some of our programs include information about asthma, diabetes, heart disease, depression, smoking/tobacco cessation and pregnancy. We'll keep you up to date on the issues and remind you when you need services. You may become eligible for a condition management program when:

- We pay a claim with a diagnosis, test or medication related to your health condition.
- Your primary care provider refers you to our program.
- You refer yourself. Interested? Just call Customer Service at 800 446-5674 to sign up.

Once you are enrolled in a condition management program, you may receive:

- A welcome packet
- Reminder mailings for services due
- Educational materials
- A call from a nurse case manager if you have significant health risks
- Access to online condition centers, classes and workshops

Keyword: Condition management

Online tools

- You'll find our free, online health risk appraisal and up-to-date information about virtually every health topic in the "Health and Wellness" section of *priorityhealth.com*.
- Our online surgery decision-support program can help you make informed decisions about your treatment options when you're considering surgery. It can also help you know what to expect if you do choose surgery and give you surgery-related tips.

Keywords: *Health and wellness*

Priority Health Extras

We try to make your life easier with tools and resources that can help you make better decisions about your health care.



Online access to your account

We'll help you stay organized online by including your health information, your copayment and your deductible information — even your doctor's phone number. We'll even prompt you to get your annual checkup or other tests you may need. It's all confidential. Just activate your account by going to priorityhealth.com and clicking on "Create account." Then enter your contract number, which is on your member ID card (after your name).

Wellness and education

You'll find an array of wellness resources at your fingertips on our information-packed website. We also offer informative newsletters, exercise and health management classes, a smoking/tobacco cessation program and much more. We help empower you to take greater control of your health and health care costs.

Member discounts

Use your Priority Health member ID card to get discounts on a variety of products and services, including:

- Fitness centers and weight-loss clubs
- Fitness and sports equipment and clothing
- Laser vision correction surgery
- Dell computers

Keyword: Discount

Newsletters

Be more knowledgeable about your health care with *Health Journal*, Priority Health's magazine of wellness and prevention. We'll mail it to your home address, and you can also find it online at priorityhealth.com.

Keywords: Health Journal

Online Tools

Need a form? Whether you want to change your status, change primary care providers or file a claim, you'll find all the forms you need online. Or call Customer Service, and we'll mail forms to you.

Keywords: Member forms

Glossary

We want you to understand your benefits, so we've put together explanations of some terms we often use.

Alternate benefit level

If you see a provider or seek health care services outside of the Priority Health network, you'll pay at the alternate benefit level which will cost you more. See your Certificate of Coverage and your Schedule of Copayments and Deductibles for details.

Appeal

A request for your health insurer or plan to review a decision or a grievance again.

Approved drug list

(also called a formulary)

A list of drugs that are included in your prescription drug plan. This list shows whether the drug is generic, preferred brand, non-preferred brand, preferred specialty or non-preferred specialty, which will impact the amount of your copayment. Some drugs may require prior approval from Priority Health. If a drug is not approved, you will need to pay its full cost.

Certificate of Coverage

The detailed legal description of your plan. This includes your Schedule of Copayments and Deductibles, riders, amendments and other attachments.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay coinsurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

Complications of pregnancy

Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible

The amount you owe for covered health care services before your health

insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Durable medical equipment (DME)

Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Dependent

Anyone who is eligible to receive coverage under your health care plan. This will be defined by your employer and may include your spouse, children, stepchildren, etc.

Emergency medical condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency medical transportation

Ambulance services for an emergency medical condition.

Emergency room care

Emergency services received in an emergency room.

Emergency services

Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded services

Health care services that your health insurance or plan doesn't pay for or cover.

Explanation of Benefits (EOB)

A statement you receive from Priority Health for each medical claim. It lists services provided, charges billed and the amounts Priority Health paid to each provider.

Generic drug

A drug that has the same ingredients and/or treats the same condition as a brand-name drug. Generic drugs are usually as effective as their brand-name counterparts, but cost less.

Grandfathered health plan

Under the Affordable Care Act of 2010, or health reform, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. If you have a grandfathered health plan, it means that your plan or policy may not include certain requirements of the Affordable Care Act that apply to other plans. Contact your employer's benefits administrator to determine if your plan is considered grandfathered.

Grievance

A complaint that you communicate to your health insurer or plan.

Habilitation services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

Home health care

Health care services a person receives at home.

Hospice services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital outpatient care

Care in a hospital that usually doesn't require an overnight stay.

This may include "observation care" after an emergency room visit.

In-network coinsurance

The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network coinsurance usually costs you less than out-of-network coinsurance.

In-network copayment

A fixed amount (for example, \$15) you pay for covered health care services to providers who contract with your health insurance or plan. In-network copayments usually are less than out-of-network copayments.

Medically necessary

Health care services or supplies needed to prevent, diagnose or treat an illness, injury, disease or its symptoms and that meet accepted standards of medicine.

Network

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Non-preferred provider

A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health

insurance or plan, or if your health insurance or plan has a “tiered” network and you must pay extra to see some providers.

Out-of-network coinsurance

The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan. Out-of-network coinsurance usually costs you more than in-network coinsurance.

Out-of-network copayment

A fixed amount (for example, \$30) you pay for covered health care services from providers who do not contract with your health insurance or plan. Out-of-network copayments usually are more than in-network copayments.

Out-of-pocket limit

The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your copayments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

Physician services

Health care services a licensed medical physician (M.D. –

Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization

A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred benefit

Covered services received from health care providers who participate in the **PriorityPOS** network. This is sometimes referred to as “in-network benefits.”

Preferred provider

A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a “tiered” network and you must pay extra to see some providers. Your health insurance or plan may

have preferred providers who are also “participating” providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Premium

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription drug coverage

Health insurance or plan that helps pay for prescription drugs and medications.

Prescription drugs

Drugs and medications that by law require a prescription.

Primary care physician

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary care provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of

Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Reconstructive surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation services

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Rider

A legal document with extra information about your coverage.

Schedule of Benefits

This document outlines your costs for receiving various health care services. This includes your out-of-pocket costs, such as copayments deductibles and coinsurance.

Skilled nursing care

Services from licensed nurses in your own home or in a nursing home. Skilled care services are provided by technicians and therapists in your own home or in a nursing home.

Specialist

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

A non-physician specialist is a provider who has more training in a specific area of health care.

UCR

(usual, customary and reasonable)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Our commitment to you

Priority Health understands the importance of handling protected health information with care. We are committed to protecting the privacy of our members' health information in every setting. State and federal laws require us to make sure that your health information is kept private.

When you enroll with Priority Health or use services provided by one of the Priority Health plans, your protected health information may be released to Priority Health and by Priority Health. This information is used and disclosed to coordinate and oversee your medical treatment, pay your medical claims and assist in health care operations. The use and disclosure of your health information ends when your coverage ends, except to pay for services received relating to the time that you were covered or for certain health care operations of Priority Health or our providers.

Federal law requires that we provide you with this Notice of Privacy Practices. This Notice states our legal duties and privacy practices regarding your protected health information. It also states your rights under these laws with respect to the use and disclosure of your health information. Priority Health is required by law to follow the terms of the Notice currently in effect.

Use and release of your health information

The sections below describe the ways Priority Health uses and releases your health information. Your health information is not shared with anyone who does not have a "need to know" to perform one of the tasks below.

Treatment

We may use your health information or disclose it to third parties to coordinate and oversee your medical care. For example, we may use your health information to help you find a doctor or a hospital that can treat your specific health needs.

Payment

We may use your health information or disclose it to third parties to pay for your medical care. For example, we may use your health information when we receive a claim for payment. Your claim tells us what services you received and may include a diagnosis. We may also disclose this information to another insurer if you are covered under more than one health plan.

Health care operations

Priority Health may use your health information and disclose it to third parties in order to assist in Priority Health's everyday work activities, such as looking at the quality of your care, carrying out utilization review, confirming benefit eligibility, employee training and review processes, monitoring and auditing activities, and Priority Health's business management and general administrative duties. For example, your health information may be released to members of Priority Health's staff to review the quality of care and outcomes. Your health information may also be released to doctors or doctor groups involved in your care to improve patient care.

Other permitted or required uses and disclosures

Priority Health may also use or release your health information:

- when required by state or federal law and when the use or disclosure complies with and is limited to the requirements of such law.
- when permitted for law enforcement purposes.
- when permitted to be released to government authorities in cases of abuse, neglect or domestic violence (in which case, you will be notified unless the notification would place you at risk of serious harm).
- when permitted for certain public health activities, such as disease control or public health investigations.
- when permitted to be released to public health authorities in child abuse and neglect investigations.
- when permitted to be released for certain FDA investigations and activities, such as investigations of product defects or to permit product recalls, repairs or replacements.
- when permitted to prevent a serious threat to an individual or a community's health and safety.
- when permitted by certain court proceedings (either judicial or administrative).
- when permitted for health oversight activities led by governmental agencies and authorized by law.
- when permitted to be released about an inmate to a correctional facility, or otherwise permitted for release in law enforcement custodial situations.
- when information about a deceased individual is required by a coroner, medical examiner, law enforcement official or funeral director to carry out their legal duties.
- when permitted to be released to cadaveric organ, eye or tissue donation and transplant organizations.

- for research purposes when the research has been approved by an institutional review board that has reviewed proposals and established protocols to ensure the privacy of your health information.
- when authorized by and to the extent necessary to comply with workers' compensation laws.
- when permitted for purposes of providing you with treatment alternatives or other health-related benefits and services.
- when permitted to be released to the Armed Forces for active personnel.
- when permitted to be released to the Veterans Administration for determining if you are eligible for benefits.
- when permitted to be released to intelligence agencies for national security.
- when permitted to be released to the Department of State for foreign services reasons (e.g., security clearance).
- when permitted to be released to government agencies for protection of the president.

In order to use or disclose your health information in the above ways, Priority Health may have to follow additional state and federal requirements. Also, in some cases, Priority Health may share your information with one of its "business associates," a person or company that provides certain services to Priority Health. In those cases, Priority Health will have a contract with the business associate, as needed. This contract will require the business associate to confirm he or she will keep your health information private.

Disclosures to health plan sponsors

(This section of the Notice of Privacy Practices applies to group plans only).

Priority Health may share information with the sponsor of your group plan (your employer) about whether you are enrolled or disenrolled in the plan. Priority Health may also share summary health information with the sponsor. Summary health information has most identifying information (such as your name, your age and address except for ZIP code) removed, and provides the sponsor with information about the amount, type and history of claims paid under the sponsor's

group health plan. The sponsor may use this information to obtain premium bids for health insurance coverage or to decide whether to modify, amend or terminate the plan. If the sponsor of your group health plan has agreed to follow federal privacy regulations, Priority Health may also share your protected health information to help the sponsor run the group health plan or to seek available subsidies.

Other uses of health information – by authorization only

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. Some common examples of when authorization is typically needed for certain releases of information concern mental health issues, substance abuse issues, prenatal and pregnancy-related services, venereal disease or HIV/AIDS, and grievances/appeals. We can provide you with a Sample Authorization Form.

If you provide us with an authorization to use or release health information about you, you may end that authorization at any time by writing to Priority Health's Compliance department (See Contact Information section). If you end your authorization, we will no longer use or release health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization.

A parent, legal guardian or properly named patient advocate may represent you and provide us with an authorization (or may end an authorization) to use or release health information about you if you cannot provide an authorization. Court documents may be required to verify this authority.

Potential impact of other applicable laws

HIPAA (the federal privacy law) generally does not preempt or override other laws that give people greater privacy protections. Therefore, if any state or federal privacy law requires us to provide you with more

privacy protections, we are obligated to comply with that law in addition to HIPAA.

Confidentiality in all settings

We have policies and procedures in place that protect the privacy of your information.

- All employees sign a statement when they are hired that they understand they are required to keep member information private. They also learn about the actions the company will take if the privacy policies are not followed.
- Priority Health has strict control of access to electronic and paper information specific to members. Only those users authorized with a password have access to electronic information. Paper information is stored in secure locations. Access is only given to those who need it to manage care for members or for administrative purposes.

Priority Health tells all third parties with whom we share information about our privacy policies. These third parties must follow our privacy policies unless they have policies of their own equal to ours.

Priority Health reviews our confidentiality policies and procedures every year. Priority Health also reviews how we collect, use, dispose of and disclose your information. Members (or prospective members) and providers have the right to review Priority Health's confidentiality policies and procedures. You may get copies by contacting Priority Health's Compliance department (See Contact Information section).

Your rights regarding your health information

You have the following rights:

Right to inspect and copy

You have a right to look at and get a copy of health information that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes. There are other limited circumstances in which we may deny your request to inspect and copy under federal and state law. If you are

denied access to health information, you may request that the denial be reviewed.

To inspect and copy health information, contact Priority Health's Compliance department in writing (see Contact Information section).

If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.

Right to amend

You have the right to request that Priority Health amend any health information (medical or billing) we have about you. However, Priority Health will not amend any record that:

- it did not create (unless there is a reasonable basis to believe that the creator of the information is no longer available to act on the requested amendment).
- is not part of the medical or billing information we have about you.
- is not part of information that you would be permitted to inspect and copy.
- is determined by Priority Health to be accurate and complete.

To request that we amend your health information, you must write to Priority Health's Compliance department (See Contact Information section) and include a reason to support the change.

Right to know about disclosures

You have the right to know when your health information is disclosed to third parties. You can request a list of disclosures going back six years from the date of your request.

This list will not include disclosures:

- to carry out treatment, payment or health care operations.
- that were made to you.
- for national security or intelligence purposes.
- to correctional institutions or law enforcement officials.

- that were incidental to a use or disclosure that was permitted or required.
- that were made with an authorization by the individual.
- of a subset of information called a "limited data set."
- that were prior to April 14, 2003.

To request a list of disclosures, you must send your request in writing to Priority Health's Compliance department (See Contact Information section). Your request must specify the time period desired. There will be no charge for the first list you request within a 12-month period. There may be a small charge for any further requests. We will let you know of the cost involved, and you may choose to stop or change your request at that time before any costs occur.

Right to request restrictions

You have the right to request a limit on the health information that we use or disclose about you.

We are not required by law to agree to your request. If we do agree to your request for restriction, we will comply with it unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to Priority Health's Compliance department (See Contact Information section). In your request, you must tell us:

- what information you want to limit.
- whether you want to limit our use, disclosure or both.
- to whom you want the limits to apply.

Priority Health will notify you of receiving your request, either in writing or by telephone, and of the restrictions Priority Health has put in place.

Right to request confidential communications

Priority Health will agree to any reasonable request asking that you receive information from the health plan by different means or at a different location. For Priority

Health to honor this request, you must clearly state that the disclosure of all or part of that information without the change could be a risk to you.

To request confidential communications, you must make your request in writing to Priority Health's Compliance department (See Contact Information section).

Right to a paper copy of this notice

You have the right to a paper copy of Priority Health's current Notice upon request. To obtain a paper copy of this Notice, please call our Customer Service department (See Contact Information section). Otherwise, you may also print a copy of this Notice from our website at priorityhealth.com.

Changes to this Notice

Priority Health has the right to change the terms of this Notice. We have the right to make these changes apply to health information we already have about you, as well as any we receive in the future. We will always post a copy of the current Notice on Priority Health's website. You will also receive materially revised Notices within 60 days of their effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Priority Health and/or the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS). To file a complaint with Priority Health, please call or send a written explanation of the issue to Priority Health's Compliance department (See Contact Information section). You will not be penalized for filing a complaint.

Contact Information

If you have any questions or complaints, please contact Priority Health's Compliance department or Customer Service department as noted above at:

Priority Health
1231 East Beltline NE
Grand Rapids, MI 49525
616 942-0954
800 942-0954

If this information is unclear or if you do not understand it, please call Priority Health for assistance at 888 975-8102 (for TDD service, please call 616 464-8485).

This Notice is effective: April 14, 2003.

The term "Priority Health" refers to four corporations: "Priority Health Government Programs, Inc." (a Michigan non-profit corporation), "Priority Health" (a Michigan nonprofit corporation), "Priority Health Insurance Company" (a Michigan insurance company) and "Priority Health Managed Benefits, Inc." (a Michigan business corporation).

Priority Health is a registered trademark and is used by the permission of the owner.

Priority Health is an Equal Opportunity Employer.

Notes:



Environmental facts

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