

PriorityMedicareSM

(HMO-POS)



Member Handbook

▶ Life just got a little easier.®



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Welcome to **Priority**Medicare

You want the most from your Medicare coverage,
and we're here to help.

Inside this handbook, you'll find an overview of your plan, tips for using it and more. Please review this information. Then keep it in a convenient place and refer to it as needed.

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

Ten Quick Tips

To make your life a little easier.

▷ **1**

Carry your ID card.

Show your **Priority** Medicare member identification (ID) card every time you visit a doctor or fill a prescription. You'll also need it if you visit an urgent care center or the emergency room.

▷ **2**

Pick a Provider.

Every member needs to have a primary care provider, which is a doctor or other health care provider who'll make sure you get the care you need.

▷ **3**

See a specialist.

You don't need a referral to see a specialist. Your primary care provider can help you find one. Or you can locate one online at priorityhealth.com. Use the "**Find a Doctor**" link or contact Customer Service.

▷ **4**

Use the network.

Use providers and pharmacies within the Priority Health Medicare network. We've negotiated discounted rates with them to save you money. See your Evidence of Coverage for more information.

▷ **5**

Ask for generics.

If your prescription is for a name brand medication, ask your doctor to recommend a generic alternative. The FDA requires that generic drugs have the same active ingredients as name brand equivalents – and they usually cost less.

▷ **6**

Get your "ounce of prevention."

All Medicare-approved preventive care services are covered at 100%, such as immunizations and bone mass measurements*. And, be sure to get your yearly comprehensive physical exam. No copay required.

▷ **7**

Travel safe and well.

If you need medical assistance when traveling, you're covered. Go to any urgent care center or emergency room. Be sure to follow up with your primary care provider when you return.

▷ **8**

Keep your records up to date.

Let us know within 30 days if something changes so we can update our records.

▷ **9**

Register at priorityhealth.com.

All you need is your contract number from your ID card. Your personal online account will give you access to claims information and other important details and resources.

* A separate office visit copay may apply. For out-of-network services, deductibles and copays apply.

▶ 10

Contact us! We're here to help.

Any time you have a question, let us know. Call Customer Service or any of the other contacts listed on this page.

Priority Health Medicare Customer Service

For general information, visit priorityhealth.com. To verify enrollment, request a member ID card, check claim status or for other questions:

By phone: Toll-free 888 389-6648 8:00 a.m. - 8:00 p.m.
(TTY users call 711) 7 days a week

By email: Go to prioritymedicare.com/contact-us
to send a private, secure email.

By mail: Priority Health Medicare
1231 East Beltline NE
Grand Rapids, MI 49525-4501

Priority Health Behavioral Health

For mental health and substance abuse questions:

By phone: Toll-free 800 673-8043 Monday–Friday 8:00 a.m. - 5:30 p.m.

Medicare

For information about the federal Medicare program:

By phone: 800 MEDICARE 24 hours a day, 7 days a week
(800 633-4227)

TTY/TDD: 877 486-2048 24 hours a day, 7 days a week

Getting Started

With **Priority**Medicare

The first step in getting the most out of your **Priority**Medicare plan is to understand how it works.

PriorityMedicare is a health plan with a Medicare contract. Our plans offer the same benefits provided by Original Medicare plus extra coverage for hearing, vision and wellness programs. Here are some things to know about your **Priority**Medicare plan.

Plan basics

- **Priority**Medicare is a Medicare Advantage plan with prescription drug coverage.
- It provides you with Medicare Parts A, B, C and D in one convenient plan.
- Your coverage includes medical services and prescription drugs.
- You don't need Medigap coverage.
- **Priority**Medicare is a Medicare Advantage plan operating as a health maintenance organization (HMO) with a point-of-service (POS) option. As an HMO, it saves you money any time you use our in-network health care providers. Because it has a POS option, you can use providers outside the network but you may pay more, except in an emergency.
- If you have any questions about your Medicare benefits, rights or responsibilities, contact Customer Service by using the number on the bottom of these pages. We're here to help you understand your Medicare coverage.

Get Answers ◀

If you have a question or dispute about a claim, or if you have questions about the health care services covered by your plan, contact Customer Service at the number on the bottom of these pages.

It's illegal for anyone else to use your ID card. If it's lost or stolen, call Customer Service right away. Use the phone number listed on the bottom of these pages.

Changes to your benefits

Each year, we review our Priority Health Medicare plans and may make adjustments to ensure we're providing appropriate coverage at affordable rates. Due to this annual review, benefits, formulary, pharmacy network, premium and/or copays/coinsurance may change January 1, 2012. Please contact Priority Health Medicare for details.

Each year, we'll send you information about any changes. You'll have time to review them before the annual enrollment period, which starting in 2011 will run from October 15 through December 7, and consider other plans if you choose.

The Priority Health Medicare network

Priority Health Medicare has special rates with a network of over 14,000 health care providers across Michigan, including doctors, specialists and hospitals. Plus, Priority Health Medicare has a network of over 63,000 pharmacies nationwide. You save on health care costs by using these providers.

For many covered services, you simply pay a copay when you use network providers. Priority Health Medicare pays the rest. In-network preventive services are covered at 100% (separate office visit copay may apply).

You must use the Priority Health Medicare network when filling your prescriptions. See your Evidence of Coverage for details and exceptions. Our network includes more than 63,000 pharmacies, including national chains. Any U.S. location of these national chains is considered in our network.

Using out-of-network providers

You can always use any Medicare-approved provider, even if the provider isn't in our network. However, you may pay more, including deductibles and/or coinsurance. You'll find details in the sections that follow and in your Evidence of Coverage.

Save Money

*Save on health care costs by using doctors, hospitals and pharmacies in our network. See your provider directory, use the **Find a Doctor** tool at priorityhealth.com or call us at the number on the bottom of this page.*

Deductibles

You may have to pay a certain amount before your plan pays out medical benefits. This is a deductible. For example, if you use out-of-network services, you pay a \$400 deductible before your health plan helps pay for these services. There's no deductible if you use network services.

Coinsurance

If you use out-of-network services, the amount you pay for these services will vary. See your Evidence of Coverage for details.

Out-of-pocket maximum

Your **PriorityMedicare** plan limits the amount of money you pay yourself for health care services. This is your out-of-pocket maximum. There are separate out-of-pocket maximums for in-network and out-of-network services.

- In-network: \$3,400
- Out-of-network: \$3,400

You'll find information about them in your Evidence of Coverage.

Your primary care provider

When you enrolled in **PriorityMedicare**, you chose a primary care provider from our network. This doctor provides most of your health care and coordinates services such as lab work, x-rays and hospitalization. Your primary care provider also helps make sure you receive services covered by your **PriorityMedicare** plan. If you didn't choose one when you enrolled, we chose one for you.

Changing your primary care provider

You may change to another primary care provider in our network at any time. Just call Customer Service using the phone number listed on the bottom of these pages. The change will be effective at the beginning of the next month.

Keep in mind:

- Your primary care provider can be an internist, general practitioner or family medicine provider.
- If you're a woman, you may choose an obstetrician/gynecologist (OB/GYN) as your primary care provider.
- Your provider directory includes a list of network primary care physicians, as well as specialists, hospitals and other providers. You can also use the **Find a Doctor** tool at *priorityhealth.com* or call customer service.

Preventive care

To help you stay healthy, your **Priority**Medicare plan covers preventive services at 100% if received from network providers (separate office visit copay may apply). This includes annual mammograms, immunizations, colorectal exams, prostate cancer screenings and other services. See details in your plan's Evidence of Coverage.

These services are available from out-of-network providers, too, but you'll be responsible for copays, deductibles and coinsurance.

Using Your Priority Medicare Benefits

Your **Priority** Medicare plan provides the benefits you need, when you need them. Here's an overview of how to use them and their costs.

Doctor visits and referrals

Your primary care provider handles most of your health care needs. However, you don't need a referral to see a specialist. Just remember that using providers, including specialists, outside our network costs more.

- Show your **Priority** Medicare ID card at the time of service and pay any copays or coinsurance due.
- We'll be billed for covered expenses.

There may be times when your primary care provider wants you to see a provider or use a service that's not in our network.

- Your primary care provider can ask us to make an exception and cover your care.
- We'll send you and your primary care provider a letter saying whether your care will be covered.

Here's what a doctor visit will cost:

In-network:

- \$10 for primary care provider
- \$30 for specialist

Out-of-network:

- \$35 copay for doctor office visits
(after paying the annual \$400 deductible)

Save Money

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

Urgent care

If you need care right away but it's not life-threatening:

- First, call your primary care provider.
- If you can't reach your primary care provider, go to an urgent care center.
- If there's not one in your area, go to an emergency room.
- Contact your primary care provider's office as soon as possible after treatment for follow-up care.

 [Learn More](#)

*Keep the documents you receive in your membership packet in a safe place. Refer to them for detailed information about your **PriorityMedicare** plan.*

You'll find a list of urgent care centers in your provider directory. If you're treated at one in our service area that's not in the directory, your costs will be higher. However, if you're traveling outside our service area and need to visit an urgent care center – anywhere in the world – your costs will be the same as if the urgent care center were in our network.

Emergency care

For emergencies:

- Call 911 or seek immediate attention.
- Inform your primary care provider as soon as possible after treatment so follow-up care can be arranged.

If you're admitted to the hospital as the result of your emergency room visit, you won't have to pay an emergency room copay.

Your **PriorityMedicare** plan provides worldwide urgent and emergency care coverage. If you're traveling outside our service area – even outside the country – we'll cover your emergency treatment at the network rate.

Here's what you can expect to pay for urgent and emergency care:

- \$50 for Medicare-covered* emergency room visit
- \$40 for Medicare-covered* urgent care visit

*See your Evidence of Coverage for details on Medicare-covered expenses.

Hospital care

You can use Medicare-approved hospitals anywhere in the country for medically necessary care. For in-network hospitals, you will pay a copay.

If the hospital isn't in our network, you'll pay a percentage of the cost yourself. This doesn't apply to emergency or urgent care when the network is not available (generally, when you are out of the area), dialysis services, and cases in which **Priority** Medicare authorizes use of out-of-network providers. You only pay the network copay for these services.

Here's what you can expect to pay for hospital care:

In-network:

- For Medicare-covered hospital stays: \$75 copay per day for days 1–5 and \$0 copay per day for days 6–90.

Out-of-network:

- For Medicare-covered hospital stays: \$175 copay per day for days 1–5 and \$0 copay per day for days 6–90 (after paying the annual \$400 deductible).

Prescription drug coverage

Your **Priority** Medicare plan includes prescription drug coverage. Your costs depend on where you fill your prescription, the type of drug and the total amount you've already paid for prescriptions during the year. The chart on page 19 shows how this works.

You must use network pharmacies to fill your prescriptions. We've negotiated discounts, which average 16% on most brand name drugs and up to 30% on generics. Since you're responsible for 93% of generic drug costs and 100% of the discounted brand drug costs during the coverage gap, using our network of pharmacies will help save you money.

Be sure to ask about generics. A generic drug has the same active ingredient formula as the brand name drug. When you and your provider choose a generic drug, you save money and still get good medicine.

Approved drugs

PriorityMedicare uses an approved drug list, also called a formulary. This is a list of the drugs approved for coverage under your PriorityMedicare plan. If a drug you need isn't on our approved drug list, your provider can request that we make an exception for covering it.

If you are a new member of PriorityMedicare, a copy of the approved drug list is in this packet. If you have been a member of our plan for over a year you received a copy in the packet of information you received in late October or early November that explained your plan's changes for 2011. The approved drug list can also be found on our website at priorityhealth.com.

Filling prescriptions

To fill a prescription:

- First make sure the drug is on our approved drug list.
- Take your prescription to any network pharmacy.
- Show your PriorityMedicare ID card at the pharmacy.
- Pay any copay or coinsurance due or, the total charge if you're responsible for an out-of-pocket cost.

You'll find a list of our network pharmacies in your pharmacy directory. You can also go to priorityhealth.com and click on "Find a Doctor" to search for a pharmacy or contact customer service.

Mail order prescriptions

With our mail order pharmacy, you'll get up to a 90-day supply of your prescription for less. Usually you'll get up to a 90-day supply for the cost of two and a half copays.

- You'll need to ask your doctor to write the prescription for a 90-day supply of an approved drug.
- Complete and mail the form enclosed with this handbook if you want to use our mail order service.
- You can order prescriptions by phone 24 hours a day, seven days a week, by calling 888 378-2589 (TTY users should call 711).
- Or you can order refills online by going to priorityhealth.com and typing "Express Scripts" in the SEARCH box.
- Prescriptions will be delivered to your home. Allow 14 days if you order by mail, or allow 7- 10 days if you order by phone or online.

Enjoy Convenience

Use our prescription mail order service for convenience and savings. You could have up to a 90-day supply of your prescription drugs delivered to your home.

Using out-of-network pharmacies

You must use pharmacies in our network to receive prescription drug benefits from your **Priority** Medicare plan, except in certain cases. For example; when you are travelling or in need of a drug that cannot be found at a network pharmacy. Quantity limitations and restrictions may apply.

If you choose to fill your prescription at a pharmacy that's not in our network, you will have to pay up front and seek reimbursement. Priority Health Medicare may reimburse you up to the negotiated in-network pharmacy cost (minus your copay or coinsurance amount). We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

Prescription costs

This chart shows what you'll pay for prescriptions under your 2011 **Priority** Medicare plan. The amounts apply to prescriptions for a 31-day supply of drugs on our approved drug list and filled at a network pharmacy. See your Evidence of Coverage for costs for other quantities.

If you have limited income and resources, you may pay less than the amounts shown. See the notice on page 20 about extra help paying for prescription drugs.

	Priority Medicare
Cost per prescription (on the approved drug list) when your total drug costs are between \$0 and \$2,840	<ul style="list-style-type: none"> • \$8 generics • \$35 preferred brand • \$70 non-preferred brand • 33% specialty
Cost per prescription (on the approved drug list) when your total drug costs are between \$2,840 and \$4,550 (the "coverage gap")	You receive a discount on brand name drugs and pay 93% of the plan's costs for all generic drugs.
Cost per prescription (on the approved drug list) after you reach \$4,550 in out-of-pocket costs	<ul style="list-style-type: none"> • \$2.50 for generics and some brand names • \$6.30 for most brand names OR • 5% of discounted cost (whichever is greater)

Enjoy Choice

There are more than 63,000 pharmacies in the Priority Health Medicare network, including national chains. Any location of these chains in the U.S. is part of our network.

Important notice about extra help paying for prescription drugs

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week.
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or
- Your State Medicaid Office

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for up to one hundred (100) percent of drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

Other Advantages of Being a Member

Here are some of the extra's you receive as a **Priority**Medicare plan member.

Substance abuse and mental health problems

If you feel you may have a substance abuse or mental health problem, call:

Priority Health Medicare Behavioral Health Department

Toll-free 800 673-8043 (TTY users call 711)

Monday – Friday 8:00 a.m. – 5:30 p.m.

You don't need to call your primary care provider first. Your call will be kept private. A mental health professional will talk with you about your situation. A treatment plan may be recommended or you may be informed about other services you need. These services will be covered by your **Priority**Medicare plan, unless the mental health counselor tells you differently.

Health management resources

Helping you stay healthy is important to you and to us. That's why we offer special programs to help people with chronic conditions, including:

- Asthma
- Diabetes
- Heart disease

A nurse advisor will help you every step of the way. If you don't have a health condition but would like help living healthier, we offer programs for:

- Losing weight (obesity)
- Quitting smoking
- Eating healthier

Online Tools

*Whether you want to change your status, change your primary care provider, or file a claim, you'll find all the forms you need online at **priorityhealth.com**. Or call Customer Service at the bottom of these pages. We'll send you what you need.*

All programs are free to members who qualify. Talk with your primary care provider about programs that can help you improve your health.

As a **PriorityMedicare** plan member, you'll also receive our newsletter. It's full of advice for taking good care of your health and tips for taking advantage of your **PriorityMedicare** benefits.

Medication Therapy Management (MTM) program

We work with specially trained area pharmacists to help you get the best results from your medication while keeping your out-of-pocket costs down. These pharmacists do much more than dispense drugs. Your MTM Personal Pharmacist is your personal resource and advocate.

As a Priority Health Medicare member, you are eligible for these important services at no additional cost:

- **Comprehensive Medication Review** – your MTM pharmacist will review all your medications to identify duplications, conflicts and organize your medication schedule.
- **Prescriber Consult** – your MTM pharmacist will talk with you and your doctor(s) to resolve any problems found with your medications.
- **Non-prescription Consult** – your MTM pharmacist will help you treat minor ailments easily and inexpensively with over-the-counter drugs.
- **Drug information** – your MTM pharmacist will provide you with the purpose and correct use of new medications and follow-up to make sure everything is right.

To get started, contact your certified MTM pharmacist to schedule your 30-minute Comprehensive Medication Review. You can find a complete list of participating pharmacists on priorityhealth.com or contact Customer Service.

Free yearly comprehensive physical exam

Call your primary care provider today if you haven't had a comprehensive physical exam in the past 12 months. A comprehensive physical exam is not a routine office visit for diabetes, asthma, a heart condition or any other specific body part. During a comprehensive physical exam, your doctor examines you from head to toe, reviews your medications, and discusses all of your health conditions — past and present. Your doctor will often have you update a health form, and assess your blood pressure, weight and body mass index, too. Even if you've had a condition for years, it's important to talk with your doctor about any new concerns, medicines or tests you may need.

This is a great time to check to see if you are also due for a mammogram (females), lab work, or a colonoscopy, so you can get them scheduled during the office visit. Priority Health Medicare covers one comprehensive physical exam every year, so take advantage of your benefits!

Your online account

If you have Internet access, register your account online. Go to priorityhealth.com and click *create account*, in the log-in box. You'll need to enter your contract number, which is on your **Priority**Medicare ID card (after your name).

With an online account, you can:

- Check the status of your claims and deductible balances
- Check your prescription history
- Find a doctor
- Use a variety of tools and resources from Priority Health and more

No computer? Don't worry. Just call the Customer Service number on the bottom of these pages. We'll be glad to help you.

Rights and Responsibilities

PriorityMedicare is committed to patient safety and quality care. We need your help to make this happen. Here's an overview of how we can work together.

As a **Priority**Medicare member, you have the right to:

- Receive privacy.
- Receive prompt medical care.
- Receive information about your condition, your doctors and your **Priority**Medicare plan.
- See your medical records.
- File a complaint or legal proceeding.

You also have responsibilities. As a **Priority**Medicare member, you must:

- Pay your copays or coinsurance when required.
- Show your **Priority**Medicare ID card every time you get care or a prescription. Show this card instead of your red, white and blue Medicare card.
- Call **Priority**Medicare or approval before getting some services. You'll find the list of services that need approval from **Priority**Medicare in your Evidence of Coverage.
- Receive all your medical care through **Priority**Medicare.

Fraud and abuse

Priority Health is working to manage the cost of health care by monitoring for members or providers who misuse our services. Examples could be letting others use your **Priority**Medicare ID card or a provider billing twice for the same service.

We have a team dedicated to investigating these issues. If you're aware of a situation we should be watching, please let us know. Go to priorityhealth.com and type fraud and abuse in the SEARCH box. Or call the Compliance Helpline at 800 560-7013.

Glossary

We want you to understand your benefits, so we've put together explanations of some terms we often use. If you have questions about any of the information in our materials, call Customer Service using the number on the bottom of these pages.

Approved drug list (also called a formulary) – A list of drugs that are included in your prescription drug plan. This list also shows whether the drug is generic, preferred brand or non-preferred brand, which will affect the amount of your copay. Some drugs may require preapproval. If a drug isn't approved, you'll need to pay its full cost.

Coinsurance – This is the portion of your health care costs that you're responsible for paying, apart from any copays or deductibles.

Copay (also called a copayment) – A specified charge for a service, such as the amount you'll pay for an office visit or to fill a prescription. You usually must pay this immediately when getting health services. You'll find your copay amounts listed on your ID card and in your Evidence of Coverage.

Deductible – The amount of covered expenses you must pay for yourself before Priority Health Medicare will begin paying benefits for eligible expenses. See your Evidence of Coverage for details about the deductibles for your plan.

Explanation of Benefits (EOB) – A statement you receive from Priority Health Medicare that provides you with details of claims paid. It lists services provided, charges billed and the amounts that Priority Health Medicare paid to the doctor or for your prescription drugs.

Formulary – See "Approved drug list."

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.

Identification (ID) card – A wallet-sized card that shows you're enrolled in a Priority Medicare plan. It includes your name, contract number and group number. Show your ID card whenever you receive health care, or prescription drug services.

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 permission. HIPAA also forbids us from denying you coverage due to pre-existing conditions.

Mail order pharmacy – You can save money when you get up to a 90-day supply of your prescription through our mail order service. See page 18 for details.

Non-preferred brand drug – This is the most costly category of drugs, usually because these drugs have been introduced to the market recently. Your copay is higher for non-preferred brand drugs.

Out-of-pocket costs – The amount you must pay for health care and prescription drugs, including copays, coinsurance and deductibles.

Out-of-pocket maximum – This is the maximum amount you pay for health care services covered by your **PriorityMedicare** plan. If you reach this amount in a plan year, we'll pay 100% of your medicare-covered health care services. You'll still be responsible for copays.

PCP – See “Primary care provider.”

Preferred brand drug – These are usually brand name drugs that have been on the market for a while or are commonly prescribed. Preferred brand drugs usually cost less than non-preferred brand drugs.

Preventive care – Care that helps to prevent illness before it occurs. Preventive care may also detect and treat certain conditions. Examples include routine immunizations, mammograms and prostate cancer screenings.

Primary care provider (PCP) – A physician or other health care professional who provides basic or general health care. Your **PriorityMedicare** plan may require that a primary care provider coordinate your health care. A primary care provider may also be referred to as a physician of choice.

Prior approval or prior authorization – Priority Health Medicare must approve certain prescriptions, tests and procedures in advance in order for them to be covered – otherwise, you could be required to pay the entire cost yourself. This includes scheduled inpatient hospital care, home health care and skilled nursing facility admissions. Refer to your Evidence of Coverage for details.

Priority Health Medicare network – Priority Health Medicare has special rates with a network of doctors, hospitals, pharmacies and other health care providers. You save on your health care costs when you use these network providers.

Provider – This may be your doctor, your doctor's office or a hospital or other facility that you use for health care.

Step therapy – The practice of trying one or more similar, lower cost drugs before Priority Health Medicare will cover the prescribed drug. For example, if Drug A and Drug B both treat your medical condition, you'll try Drug A first because it is more cost-effective. If that doesn't work, we'll cover Drug B.

Urgent care center – Treats non-life-threatening conditions that require immediate medical attention. Urgent care centers are often a good alternative to emergency rooms because they are quicker and less expensive.

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 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 they 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 issues, venereal disease or HIV/AIDS and grievance/ 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.

- Every employee signs 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 which 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, 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
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 (TTY users should call 711).

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 non-profit corporation), "Priority Health Insurance Company (a Michigan non-profit corporation) 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.

Contact Us

Priority Health Medicare

1231 East Beltline NE
Grand Rapids, MI 49525-4501

By phone:

Toll-free: 888 389-6648
(TTY users call 711)
8:00 a.m. - 8:00 p.m.
7 days a week

Other Priority Health locations

Farmington Hills
Jackson
Holland
Kalamazoo
Traverse City

This document is available in alternate formats. Please call toll-free 888 389-6648 (TTY users call 711) 8:00 a.m. – 8:00 p.m., 7 days a week, to request a copy.

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact Priority Health Medicare or refer to your Evidence of Coverage. You must continue to pay your Part B premium. Limitations, copays, and restrictions may apply.

If you would like to ask your questions in another language, such as Spanish, Vietnamese or Arabic, please call toll-free 888 389-6648 (TTY users call 711), 8:00 a.m. – 8:00 p.m., 7 days a week.



priorityhealth.com

PriorityMedicareSM (HMO-POS) is an HMO with a point-of-service option operating under a Medicare Advantage contract with the federal government.

This member handbook isn't a legal document.
The official Medicare program provisions are contained in the relevant laws, regulations and rulings.

Medicare_{Rx}
Prescription Drug Coverage