

Your Benefits:

A guide to using your PriorityPOS-A plan



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Contact us

Email

Go to priorityhealth.com/member and click on “Contact us.”

Call (toll-free): 800.446.5674

Monday – Thursday, 7:30 a.m. – 7 p.m.

Friday, 9 a.m. – 5 p.m.

Saturday, 8:30 a.m. – noon

TDD/TTY: 888.551.6761

For behavioral health needs: 800.673.8043

Monday – Thursday, 8 a.m. – 5:30 p.m.

Friday, 8:30 a.m. – 5 p.m.

Available 24 hours a day for urgent care access.

*¿No hable inglés? Comunicarse a el 888.389.6645
y pedir un traductor.*

Mail

Priority Health

Customer Service Department, MS 1105

P.O. Box 269

Grand Rapids, MI 49501-0269



Get started with your PriorityPOS-A plan

We're here to help you stay healthy and save money by taking full advantage of your **PriorityPOS-ASM** health plan.

Welcome to Priority Health. Get started by registering for your online account. You'll have access to everything you need to get the most from your Priority Health membership—

- ✓ Health plan information
- ✓ Find a Doctor tool
- ✓ Cost and quality tools
- ✓ Claim summaries
- ✓ Health tips
- ✓ Member-only perks and more

Register for your account and download the Priority Health* app to access your mobile membership card and membership benefits on the go.

Create your online account

1. Visit priorityhealth.com and click "Register"
2. Select **I'm a member**
3. Enter your contract number found on the front of your Priority Health membership card (each family member has a different contract number), plus your birth date and the last 4 digits of your Social Security number
4. Choose a username, password and security question
5. Enter your email address

*To learn more about your health plan visit us at **priorityhealth.com** and search the highlighted keywords found in this guide.*

*As used in this handbook, Priority Health means Priority Health Insurance Company.

Download the Priority Health app to your smartphone or tablet

1. Search and download the Priority Health app for Android or iPhone
 2. Log in by entering your username and password (same as your online account)
-

With the Priority Health app, you can:

- *View your membership card*
 - *Fax the card to your doctor or other health care provider*
 - *Select or change your primary care physician*
 - *View recent claims summaries*
 - *View your personal health plan information and member handbook*
 - *Access new tools that share price and quality data to help you save money on your care*
 - *See a doctor 24/7, online or by phone with virtual doctor visits*
 - *Locate a pharmacy, check prescription prices and order refills*
-

Questions?

Call us at the number on the back of your membership card and we will answer your questions and help get you started.

Benefit basics

Your **Priority**POS-A plan is designed to help you stay healthy, providing access to the care you need when you need it.

How to get routine care



Understand your nationwide network

All of our health plans give you access to our award-winning, nationwide network of doctors and hospitals. In fact, our network includes more than 95% of the doctors in Michigan and approximately one million doctors nationwide. Plus, we reward our doctors for the quality of care they provide, not the number of patients they see.

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

Our "apple" quality ratings for primary care providers (PCP) and patient satisfaction scores help ensure you get the best care, when and where you need it. Using our Find a Doctor tool you can search by name, location, specialty and more. This includes a PCP for routine, preventive care and specialists. **Keywords:** [find a doctor](#)

*Every plan is different, so be sure to select "**Priority**POS-A", when checking our **Find a Doctor** list on priorityhealth.com/member. When you enter your plan type and ZIP code, you'll be able to search for doctors near you.*



See your PCP for routine and preventive care

Everyone on your plan needs to have a PCP. You can choose a family care doctor, an internist, a pediatrician, an obstetrician/gynecologist or a nurse practitioner, clinical nurse specialist or physician's assistant. If you do not choose a PCP, one will be assigned but can be changed at any time on priorityhealth.com, in your member center account.



See specialists when you need them

You don't need a referral from us to see a specialist in your network. Find a specialist by searching under your plan type:

- **PriorityPOS-A**



Get your preventive care (See pages 11 and 12 for details)

Priority Health is committed to improving the health and lives of you and your family. That's why for nearly 30 years we've covered preventive care like well-child visits, flu shots and routine physical exams. And now these services are available to you and your family at no cost. See our preventive health care guidelines for a full list of services you can plan for so you can live life to the fullest. **Keyword: preventive**



Use your prescription drug plan

Priority Health partners with Express Scripts, Inc. (ESI), the nation's largest pharmacy benefits manager to get your prescriptions filled at most drugstores in Michigan and across the United States. Or, order online with your Priority Health membership card. **Keywords: approved drug list**



Be your best

A little extra care can make all the difference. Our on-staff care managers are licensed nurses and social workers who offer guidance and support by phone so you can be your healthiest whether you're managing chronic conditions or need personalized help. Call 800.998.1037. It's convenient and free.

Keywords: care manager



Award-winning customer service

Questions? Call, email or visit one of our information centers. We pride ourselves on our award-winning customer service.

Keywords: contact us



Inform us of out-of-area dependents

Members would be covered at the alternate benefit level as outlined in your Schedule of Benefits.

Help with non-routine care



Get the care that's right for you

When you need special care, your doctor will contact us for prior approval for certain services such as surgeries or MRIs. Your participating provider can also ask permission for you to see a provider who's not at the preferred/in-network benefit level when those services are necessary and not available from any participating providers.

For potentially life-threatening injuries or conditions, call 911 or go to the nearest emergency room.



You're covered for emergencies — anywhere, anytime

You're always covered for urgent care (in an urgent care center) and emergency care if you see a participating provider. If you have a medical emergency, seek help immediately. All care will be covered at the in-network benefits level. Also, be sure to see your doctor after an emergency visit to get follow-up care for the best results. You're also covered if you become ill or injured while traveling more than 100 miles from home—even by a non-participating provider—any time you're outside of our service area. Whether around the country or worldwide—Assist America will help get you medical care and also get home safely. **Keyword: travel**



Doctor visits 24/7 online and on the phone

If you're sick, traveling or just in need of care outside your doctor's normal business hours, you can get treated online or over the phone for the same cost as an in-person office visit—all from the comfort of your couch. Register for virtual visits before you get sick. That way, you can quickly get care the next time you need it. **Keywords: virtual visits**



Shop a little. Save a lot.

You wouldn't buy a car without first knowing the price, so doesn't it make sense to know the cost of your care before you need it? Did you know that you could save money if you compare your doctor and facility costs first? We're the first health plan in Michigan to provide price and quality information for more than 300 common surgeries, labs and imaging tests.

Keywords: bluebook or cost estimator



We offer counseling and substance abuse help

For behavioral health or substance abuse issues, call our Behavioral Health department at 800.673.8043 to discuss treatment options with a care manager. **Keyword: counseling**



Earn cash back to use towards health-related expenses

With Priority Health Member Perks, every dollar spent within the Benefit app results in money you can use to support your healthy lifestyle. Purchase running shoes, exercise equipment, athletic gear, spa treatments and more to help you be your healthiest. **Keyword: perks**



News you can use

Check out our digital magazine, *ThinkHealth*, for the latest and greatest stories to help you live your life to the fullest. Topics range from personal wellness to trends in health care and insurance. Like what you read? Share it with a friend on social media. **Keyword: thinkhealth**

How care is paid for

We're committed to paying your claims accurately and on time. You usually won't need to fill out any paperwork—just show your membership card.

In addition to your monthly premium, you may be responsible for other costs when you receive care. When you receive care we process the medical claim and provide you a claims activity statement (formerly an Explanation of Benefits). This shows what we paid and if you will owe anything based on the plan you have. This is not a bill, so if you owe any money you'll get a separate bill from your doctor.

You may have a copayment or coinsurance

This is the amount you pay to see a doctor or fill a prescription.

A deductible may apply

This is the initial amount you pay before Priority Health begins to cover eligible expenses (Note: All plans cover preventive care ahead of deductible. For any other services that might be covered ahead of deductible, please refer to your plan information within your online account. Before you meet your deductible you'll be able to take advantage of Priority Health discounts on medical services and prescriptions).

Plans have an out-of-pocket limit

Your out-of-pocket limit is the maximum amount you'll pay for your health care during one plan year, and includes your deductible and coinsurance. If you reach your out-of-pocket limit, Priority Health will pay 100% of your eligible medical bills.

Stay connected

When you log in to your account at priorityhealth.com/member, you'll find your:

- [Personalized health plan information](#)
- [Claim activity statements](#)
- [Prescription information](#)

No-cost preventive care

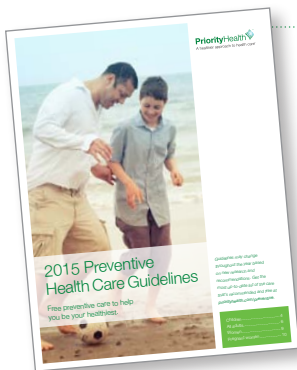
When it comes to routine physicals, screenings and preventive services, we've got you covered.

What's covered at no cost?

Preventive services such as immunizations, screenings and lab tests that help prevent illness or find diseases or medical problems before you have symptoms are covered 100% in-network. Even if you haven't met your deductible, there's no cost, no copayment and no coinsurance.

Check our preventive health care guidelines for details about what's covered (In some cases, our list may be slightly different than your doctor's). Our guidelines include:

- ✓ Routine physical exams
- ✓ Routine pre and post natal care
- ✓ Well-child visits
- ✓ Mammograms
- ✓ Colonoscopies
- ✓ Flu shots
- ✓ Cholesterol screenings
- ✓ Contraceptives and other women's health services
- ✓ Breast cancer preventive medication
- ✓ BRCA risk assessment and genetic testing
- ✓ Lung cancer screening (including CT)



See what's free! Go to priorityhealth.com/preventive or call Customer Service at 800.446.5674 for a copy of our preventive health care guidelines.

Note: Guidelines may change throughout the year due to federal regulations. View our website for the most up-to-date list.

Know if you'll pay for certain services related to your preventive care visit

If you already have a symptom or medical condition, you may need to pay part of the cost. For example:

- If you have a blood test to see if you have diabetes, even though you have no symptoms, it's preventive (and free).
- If you have symptoms or have already been diagnosed with diabetes, the blood test monitors your condition, so your copayment, coinsurance and deductible may apply.

Consider taking a copy of your preventive health care guidelines to your doctor's appointment so you can verify what is being ordered ahead of time and know whether or not it will be covered as preventive service.

Keyword: [preventive health care guidelines](#)

Get healthy

Take a free online health assessment to get tips on weight loss, blood pressure levels and more for feeling your best. Simply log in to your member account to get started.

Prescription coverage

Drug coverage through Priority Health gives you options. You can fill a prescription at most drugstores in Michigan, across the United States or online.

Our partnership with Express Scripts, Inc. (ESI), the nation's largest pharmacy benefits manager, offers you convenience to:

Check the approved drug list

Priority Health covers thousands of drugs under your health plan. Our approved drug list (also called a formulary) includes the best medications available for every type of illness, injury or condition. Your prescription coverage also includes diabetes testing supplies.

Save on prescriptions

Your copayment amount will depend on your plan and on which drug is prescribed. And remember, you'll pay less for generics and more for brand name or specialty drugs.

Fill prescriptions at your convenience

We offer several options for filling your prescriptions. Choose the one that's right for you:

- **Retail pharmacy.** You may fill a 30- or 90-day supply. Some participating pharmacies offer a 90-day supply of many prescriptions, but you will be charged three copayments. Visit the Find a Doctor tool at priorityhealth.com/member for pharmacy locations.
- **Home delivery.** You may have the option to use Express Scripts home delivery service. To use home delivery, ask your doctor to write the prescription for a 90-day supply. Then contact Express Scripts at 888.378.2589 or go online to express-scripts.com.
- **Specialty pharmacy.** Specialty medications for rare or complex conditions must be filled through Diplomat Specialty Pharmacy. For ordering information, please contact Diplomat at 866.356.6048. Or your doctor can fax the prescription to 616.301.8201.

Specialty prescriptions

The prescription drug your doctor recommends may need some individual attention:

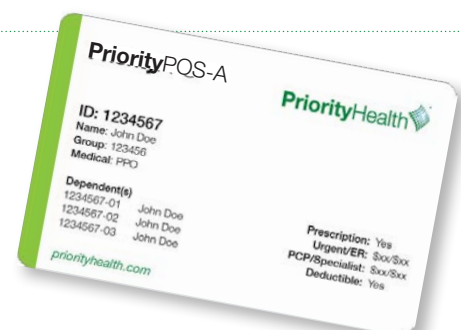
- **Prior approval.** In some cases, your doctor will need to request an approval from our pharmacy department in order for it to be covered.

***Tip:** If you're new to Priority Health, you may qualify for a one-time "transition fill" (a 30-day supply of your medication) within the first 120 days of joining Priority Health. This gives your doctor time to find an alternative or request authorization for you to continue with your current drug.*

- **Quantity limit.** The Food and Drug Administration has developed guidelines for safe dosing. We keep you safe by limiting the quantity of drugs that we'll cover in each fill.
- **Step therapy.** Because generics are just as effective and save you money, we may ask you to try a different drug before switching to certain brand name prescriptions. If there's a problem with effectiveness, or if you have a bad reaction, you may be authorized to "step up" to another drug.

Keyword: **drugs**

To keep your out-of-pocket limit and deductible balance up-to-date, while taking advantage of the lowest discounted rates, always show your Priority Health membership card, even if you pay 100% of the cost before your deductible is met.



Troubleshooting guide

Contact us any time you have a question or problem. Below are some of the topics we're asked about most often.

Lost your membership card?

You can order new ones from your online account. Simply click "Submit" on the Order ID Cards link and we will send a set of two membership cards to your address within 14 business days. Or, give us a call and we'll handle the rest.

Change your doctor

You can designate or switch your primary care provider (PCP) at any time. Just log in to your account at priorityhealth.com/member and look for the "change your doctor" icon.

Inquire if you disagree with your claim

If you have a question about a claim or about the health care services covered by your plan, contact Customer Service. If you're not happy with how we have explained or settled your question or request, you can file a grievance to appeal our initial decision.

Keyword: **grievance**

Let us know if you suspect fraud or abuse

Don't let anyone use your membership card, and check your claim 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**

Questions about your health

plan? *Contact Customer Service at 800.446.5674 or email us by going to priorityhealth.com/member and clicking on "Contact us."*

Tell us if you have other insurance

If you or your dependents are covered by more than one health plan, be sure to let us know so we can pay your claims quickly and fairly. We won't pay for benefits that should be provided under any federal or state government programs (such as workers' compensation) or any "no fault" benefits due to an accident. You may be asked to provide consents, releases, assignments and other documents about your eligibility for other benefits. **Keywords: dual coverage or coordination of benefits**

Understand why you may need a HIPAA form

We won't give your health information to anyone without your permission. So when you call Customer Service, we'll ask you for identifying information to protect your privacy. Before we can discuss the claims of others under your plan (including your spouse), we need permission. Your dependents may give us verbal approval for immediate help. But for ongoing access, we'll need a signed HIPAA authorization form (based on the Health Insurance Portability and Accountability Act of 1996). **Keyword: hipaa**

Find your coverage documents

Every plan is different and you'll want to know the details of your specific plan in order to stay healthy and save money. You'll find details in your plan documents. All of your legal documents are available online. In addition, you'll find an informational overview of your plan in your Summary of Benefits (SBC). You may request copies of any of these documents by contacting Customer Service. **Keyword: coverage documents**

Understand 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*.

Take care of #1

Head off health problems by being your healthiest and keeping your chronic conditions (such as asthma and diabetes) under control with our free health management programs. Call Customer Service to get started.

Glossary of health coverage and medical terms

This glossary has many commonly used terms, but it isn't a full list. See priorityhealth.com/glossary for more definitions.

These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs.

Allowed amount

The maximum amount Priority Health will pay for each health care service covered by your plan. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference. See *Balance billing*.

Appeal

A request for Priority Health to review a decision or a grievance again.

Balance billing

When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider charges \$100 for a service and the allowed amount is \$70, the provider may bill you for the remaining \$30. A network provider is not allowed to balance bill you for covered services.

Benefits

The health care items or services covered by your plan. Covered benefits and excluded services are defined in your plan's coverage documents. Preferred or in-network benefits apply when you use a doctor within the Priority Health network. That means you'll pay less. Alternate benefits or non-network benefits apply when you go outside the network. Although you'll pay more, you'll have the flexibility to see any doctor you choose.

Claim

A request for payment that you or your health care provider submits to Priority Health when you get items or services you think are covered.

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 your plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. Priority Health would pay the rest of the allowed amount, 80%.

Complication 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, usually after you have met your deductible. The amount can vary by the type of covered health care service.

Cost sharing

The share of costs covered by your plan that you pay out of your own pocket. This term generally includes deductibles, coinsurance, and copayments, or similar charges. It doesn't usually include premiums, balance billing amounts for non-network providers, or the cost of non-covered services.

Covered, coverage

Refers to what your plan contract is set up to pay for. If a service or drug is not covered by your plan, you will have to pay 100% of the cost yourself.

Deductible

An amount you have to pay each year for the health care services your plan covers before your plan begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you've spent \$1,000 for covered health care services that apply to the deductible. Not all health care costs will count towards your deductible.

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.

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 you get in an emergency room.

Emergency services

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

Excluded services

Services that your health insurance or plan doesn't pay for or cover.

Formulary

A list of the prescription drugs your plan will cover. Also called a drug list.

Grievance

A complaint that you communicate to Priority Health.

Health insurance

A contract that requires us 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 to people in the last stages of a terminal illness.

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.

Medically necessary

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

Network

The providers (doctors, hospitals, pharmacies, etc.) and suppliers your Priority Health plan has contracted with to provide health care services to plan members. Providers may be in one Priority Health plan network, such as our POS plan network, but not in others, such as our HMO plan network. Preferred or in-network benefits apply when you use a doctor within the Priority Health network. That means you'll pay less. Alternate benefits or non-network benefits apply when you go outside the network. Although you'll pay more, you'll have the flexibility to see any doctor you choose.

Non-preferred provider

A provider who is not in your plan's network. If your plan allows you to go to non-preferred/out-of-network providers, you'll pay more in copayments and coinsurance. Alternate benefits or non-network benefits apply when you see a non-preferred provider outside the network. Although you'll pay more, you'll have the flexibility to see any doctor you choose.

Out-of-pocket maximum/limit

The most you pay during your plan year or policy period before your plan begins to pay 100% of the allowed amount for your health care. This limit does not have to count premiums, balance billing amounts for non-network providers, other out-of-network cost sharing, or spending for non-essential health benefits.

Physician services

Health care services a licensed physician (either an M.D., Medical Doctor, or a D.O., Doctor of Osteopathic Medicine) provides or coordinates.

Plan

A contract defining the services/benefits, provider network and cost-sharing amounts that Priority Health offers/accepts to provide health care to you for a monthly premium. The details of your plan are defined in legal documents called summaries of benefits, policies, coverage documents, riders, and other names.

Preferred provider

A provider who has a contract with Priority Health 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.

Premium

The amount you and/or your employer pay for your health plan. It’s usually paid monthly, quarterly or yearly.

Prescription drug coverage

A plan or section of your plan that helps pay for prescription drugs and medications.

Prescription drugs

Drugs and medications that by law you can only get if you have a prescription from your provider.

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 PCP is the primary care physician or other primary health care provider (a nurse practitioner, clinical nurse specialist or physician’s assistant, as allowed under state law), who provides, coordinates or helps a patient access a range of health care services.

Prior approval

There are some health care services, treatment plans, prescription drugs and durable medical equipment that require a formal approval from Priority Health in advance before your plan will pay for them. Sometimes called prior authorization, precertification or preauthorization, prior approval isn’t a promise Priority Health will cover the cost. The preauthorization requirement doesn’t usually apply in emergencies.

Provider

A doctor, hospital, practice, pharmacy, or other health care professional or health care facility licensed, certified or accredited as required by state law to provide health care services.

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.

Skilled nursing care

Services from licensed nurses in your own home or in a nursing home. Skilled care services are from 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 it. 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 disclosed 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 for the other purposes described below.

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. We are also required to notify affected individuals following a breach of unsecured protected health information.

Use and disclosure of your health information

The sections below describe the ways

Priority Health uses and discloses 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.

Disclosures to you. Priority Health may use and disclose your protected health information to communicate with you for purposes of customer service or to provide you with information you request. Priority Health may use and disclose information about you for the access and disclosure accounting purposes described in the "Your rights regarding your health information" section of this Notice.

Disclosures to your family and friends.

Priority Health may disclose your protected health information to a family member, friend, or any other person you identify as being involved in your health care or payment for your health care if you agree in advance to the disclosure or we infer from the circumstances that you do not object to the disclosure. Priority Health may also disclose information about you to one of these people if you are not present or if you are unable to provide the required permission because of a medical emergency, accident, or similar situation and we determine that disclosure would be in your best interests. In these situations, Priority Health may disclose only the protected

health information directly relevant to the person's involvement with your health care or payment for health care. Priority Health may also disclose your protected health information to anyone based on your written authorization (see section on "Other uses of health information—by authorization only," below).

Treatment. Priority Health may use your health information or disclose it to third parties to coordinate and oversee your medical care. For example, we may disclose information about your prescription medications to your doctor so that s/he can better understand how to provide you medical care.

Payment. Priority Health may use your health information or disclose it to third parties to collect premiums or 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, and conducting disease management programs. For example, your health information (along with other Priority Health members' information) may be used by Priority Health's staff to review the quality of care furnished by health care providers. Priority Health may also use and disclose your health information for underwriting, enrollment, and other activities related to creating, renewing, or replacing a benefits plan. Priority Health may not, however, use or disclose genetic information for underwriting purposes.

Other permitted or required uses and disclosures.

Priority Health may also use or disclose your health information:

- When required by law.
- For law enforcement purposes.
- To report or prevent abuse, neglect or domestic violence.
- For public health activities, such as disease control or public health investigations.
- To prevent a serious threat to an individual or a community's health and safety.
- When necessary for judicial or administrative (i.e., court) proceedings.
- For health oversight activities led by governmental agencies and authorized by law.
- As necessary for a coroner, medical examiner, law enforcement official, or funeral director to carry out their legal duties with respect to a deceased individual or to cadaveric organ, eye or tissue donation and transplant organizations.
- For research purposes (as long as applicable research privacy standards are met).
- To make a collection of "de-identified" information that cannot be traced back to you.
- For compliance with workers' compensation requirements, as authorized by applicable law.

- For various government functions, such as disclosures to the Armed Forces for active personnel, to Intelligence Agencies for national security, and the Department of State for foreign services reasons (e.g., security clearance).

Disclosures to health plan sponsors

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

Priority Health may share information with the sponsor of your group plan (usually, 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 it summarizes 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 takes appropriate steps to comply with federal privacy regulations, Priority Health may also disclose your protected health information to the sponsor for the sponsor's administration of the group health plan.

Other uses of health information – by authorization only

Except as described in this Notice, Priority Health may not use or disclose your protected health information without your written authorization. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us written authorization, you may revoke it (take it back) at any time by notifying Priority Health's Compliance department in writing (see Contact information section). If you revoke your authorization, we will no longer use or disclose your health

information for the reasons covered by your authorization, but it will not affect any use or disclosure permitted by the authorization while it was in effect. We need your written authorization to use or disclose psychotherapy notes, except in limited circumstances such as when the disclosure is required by law. We also must obtain your written authorization to sell information about you to a third party or, in most circumstances, to use or disclose your protected health information to send you communications about products and services. We do not need your written authorization, however, to send you communications about health related products or services, as long as the products or services are associated with your coverage or are offered by us.

We can provide you with a Sample Authorization Form.

A parent, legal guardian, or properly named patient advocate may represent you and provide us with an authorization (or may revoke an authorization) to use or disclose 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.

Our policies and procedures

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

- Every employee receives training when they are hired and on an annual basis.
- Every employee must acknowledge 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.

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 and payment for your care. There are limited circumstances in which we may deny your request to inspect and copy these records. If you are denied access to health information, you may request that the denial be reviewed. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, and other costs associated with your request.

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

Right to amend. You have the right to request that Priority Health amend any information that we use to make decisions about you. Generally, Priority Health will not amend these records if we did not create them or we determine that they are 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 about certain disclosures of your health information. Priority Health is not required to inform you of disclosures we make for treatment, payment, health care operations, and disclosures for certain other purposes. But, you may request a list of other disclosures going back six years from the date of your request. The list will include, for example, disclosures that are required by law, for judicial or administrative proceedings, or for research purposes (unless the disclosure is also our health care operation).

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 fee for any further requests.

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 (either in writing or by telephone) when we receive your request and of any restrictions to which we agree.

Right to request confidential communications. You may request that Priority Health communicate with you through alternative means or an alternative location. Priority Health will agree to your request if you clearly state in writing that communicating with you without using the alternative means or location could endanger you. Priority Health will accommodate your request if it is reasonable, specifies the alternative means or location, and permits us to collect premiums and pay claims.

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 our privacy practices and the terms of this Notice at any time. Any new terms of our Notice will be effective for all protected health information that we maintain, including protected health information that we created or received before we make the changes. Before we make any material change in our privacy practices, we will change this Notice and post the new Notice on our website. We will provide a copy of the new Notice (or information about the changes to our privacy practices and how to obtain the new Notice) in our next annual mailing to members who are then covered by one of our health plans.

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 at the U.S. Department of Health and Human Services. 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 retaliated against 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 TTY service, please call 711).

This Notice is effective: September 23, 2013

The term "Priority Health" refers to four corporations: "Priority Health Choice, 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.

