

# Your Benefits:

An easy-to-understand guide to  
using your **PriorityPOS-A<sup>SM</sup>** plan

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Stay healthier  
& save money

Look for helpful ideas wherever  
you see our **Smart Tips** light bulb.

# We're here for you



## 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.



## Email

Go to [priorityhealth.com/member](https://priorityhealth.com/member) and click on “Contact us.”



## Mail

Priority Health Customer Service Department, MS 1105

P.O. Box 269

Grand Rapids, MI 49501-0269



Find us on Facebook or follow us on Twitter.

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

# Quick-start guide

Welcome to Priority Health! We're here to help you stay healthy and save money by taking full advantage of your health plan.

1

## Show your card.

Whether you carry it in your wallet or use our smartphone app, show your Priority Health card every time you see a doctor or fill a prescription. You can also use it for discounts at many fitness clubs, sporting goods stores and more.

2

## Set up your checkup.

You're eligible for a free annual checkup, flu shot and other services listed in our preventive care guidelines. (See page 8 for details.)

3

## Go online.

You'll find your plan documents, copayments, claims details, deductible balances and more when you access your online account at [priorityhealth.com/member](http://priorityhealth.com/member). (Enter the keywords provided for easier searching.)



### Smart Tip

Get on-the-go account information with a mobile ID card. Our smartphone app will let you:

- View or fax your ID card
- Find your doctor
- Check your copayments



[priorityhealth.com/smartphone](http://priorityhealth.com/smartphone)



# Benefit basics

Your **Priority**POS-A plan is designed to help you stay healthy by making sure you have a doctor who sees you regularly. We call that your “medical home.”

## How to get routine care:

### **See your primary care provider (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 or an obstetrician/gynecologist.

### **Understand your network — check your ID card**

Preferred benefits apply when you use a provider within the Priority Health network. That means you’ll pay less. Alternate benefits apply when you go outside the network. Although you’ll pay more, you’ll have the flexibility to see any provider you choose. Every plan is different, so be sure to select the plan listed on your ID card (**Priority**POS-A) when checking our Find a Doctor list on [priorityhealth.com/member](http://priorityhealth.com/member). When you enter your ZIP code, you’ll be able to search for doctors near you.

### **See specialists when you need them**

You don’t need a referral from us to see a specialist in your network.

### **Get your preventive care**

To help you stay healthy, and to catch problems early, we cover many preventive and screening services at no cost to you.

### **Use your prescription drug plan**

Filling prescriptions is easy — just show your ID card at one of the thousands of pharmacies in our network. Or save with Express Scripts, our home delivery service.

### **Get help with chronic health problems**

We’ll help you manage ongoing health conditions such as asthma, heart disease and depression. And our case managers can help with ongoing or complicated health issues.



## Be benefit savvy

Every plan is different. You’ll find details of your health plan when you access your account online. All you need to get started is the contract number from your Priority Health ID card.



## Help with non-routine care:

### **Get the care that's right for you**

When you need special care, your doctor can contact us for prior approval for certain lab work or MRIs. Your doctor can also ask permission for you to see a provider who's not in-network when that's your best option.

### **You're covered for emergencies — anywhere, anytime**

You're covered for urgent care (in an urgent care center) and emergency care anytime you're traveling outside of our service area. If you need care right away but it's not a life-threatening situation, call your PCP first. Also, be sure to see your doctor after going to the emergency room to get follow-up care for the best results.

### **You're protected with emergency assistance around the globe**

You can travel with peace of mind because your plan includes help from Assist America. This 24/7 service will coordinate your care if you're ill or injured while traveling more than 100 miles from home or in a foreign country. Assist America's multilingual staff offers an array of services including medical referrals, monitoring, evacuation, repatriation and much more — all at no charge to you. Just call 800.872.1414 when in the United States, or 1.609.986.1234 when traveling internationally.

**Keyword:** **travel**

### **We offer counseling and substance abuse help**

For mental health or substance abuse issues, call our Behavioral Health department at 800.673.8043 to discuss treatment options with a case manager.



## Get your "ounce of prevention"

You can head off health issues before they become serious problems. Most preventive care won't cost you anything.

**Keyword:** **preventive**

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

# Paying for care

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

Each time we process a medical claim that leaves you owing money (except your copayment), we'll send you an explanation of benefits (EOB). This shows what we paid and what you'll owe. Your EOB is not a bill, so if you owe any money you'll get a separate bill from your doctor.

You may be responsible for paying some charges when you receive health care services. Here's an overview:

## **You may have a copayment or coinsurance**

This is the amount you pay to see a doctor or fill a prescription. Your copayment may not count toward your deductible.

## **A deductible may apply**

This is the initial amount you must pay before Priority Health begins to cover eligible medical or pharmacy expenses. (Even before you meet your deductible, you'll be able to take advantage of Priority Health discounts on medical services and prescriptions.)

## **Preventive care is free**

Your plan pays 100% for physical exams, preventive vaccinations such as flu shots, mammograms and other preventive screenings. You don't have to meet your deductible first.

**Keyword:** preventive

## **Most plans have an out-of-pocket limit**

Your out-of-pocket expense is the maximum amount you'll pay for your health care during one plan year, and it may include your deductible and coinsurance. If you reach your out-of-pocket maximum, Priority Health will begin to pay 100% of your eligible medical bills. In some cases, such as filling prescriptions, you may still be responsible for copayments and coinsurance.



## Use your discounts

Use our **HealthFit** discounts to save while you shape up, lose weight and have fun at local fitness centers. Just show your Priority Health ID card for discounts on clothing and equipment at participating merchants, too!

**Keyword:** member discounts



## Save with a health savings account

If you're covered by a qualified, high-deductible health plan, you may be able to use a health savings account (HSA) to help pay for qualified health care expenses.

The IRS decides which expenses qualify for your HSA. You can use the funds for any services on the list, even if they aren't covered by your health plan, including:

- Doctor and hospital expenses
- Anything requiring a prescription, including physical therapy and medical equipment
- Eyeglasses, contact lenses, dental care, etc.

Any income you put into your HSA isn't taxed, so it saves you money. And, just like a regular savings account, your health savings account belongs to you. Your HSA goes with you no matter where you work, and unused money automatically rolls over from year to year.

**Keyword:** **hsa**

## HealthbyChoice for a healthier you

If your employer offers a **HealthbyChoice** plan<sup>SM</sup>, you can get rewards for being, getting and staying healthy. Every plan is different, but they all focus on helping you live a healthier lifestyle.

Most **HealthbyChoice** plans will ask you and your covered spouse (if applicable) to:

- Complete an online health risk appraisal.
- Have your doctor fill out a form confirming you meet health criteria regarding tobacco use, body mass index (BMI), blood pressure, cholesterol and blood sugar. These health issues are important because they're linked to illness and can make your health care costs go up in the future.

If you have a medical condition that makes meeting the criteria medically unadvisable or unreasonably difficult, your doctor can assign alternate goals.

**Keyword:** **HealthbyChoice**



## Get engaged

When you log in to your account at [priorityhealth.com/member](https://priorityhealth.com/member), you'll find your

- Claims
- Prescription information
- Deductible balances
- Network doctors and hospitals
- Plan documents and handbook

## Sharing costs

With a high-deductible health plan you'll pay for services — except preventive care — until you reach your deductible.



You pay more until you reach your deductible.



Priority Health pays more after you reach your deductible.



## Embrace technology

We make it easy to know exactly where your health care dollar is going, with up-to-date claims information online including payment details, deductible balances and more.

# 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.<sup>1</sup> Even if you haven't met your deductible, there's no cost, no copayment and no coinsurance.

Check our preventive 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
- ✓ Well-child visits
- ✓ Mammograms
- ✓ Colonoscopies
- ✓ Flu shots
- ✓ Cholesterol screenings
- ✓ Contraceptives and other women's health services<sup>2,3</sup>

### Know if you'll pay

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.

**Keyword:** preventive







Go to [priorityhealth.com/member](http://priorityhealth.com/member) and search keyword "preventive." Or call Customer Service at 800.446.5674 for a copy of our preventive care guidelines.

## Understanding preventive care

We want you to be your healthiest. That's why the preventive services listed here are free for most members.

**What services are recommended? Know before you go.**

Preventive services include immunizations, screenings, lab tests and other services that help prevent illness or help find diseases or medical problems before you have symptoms. They're based on national recommendations and the latest medical research.

**When are services free?**  
The same service could be preventive (free) or diagnostic (a medical claim).

When you have one of the services listed in this guide for preventive purposes by an in-network provider, we'll pay 100% for most plans<sup>1</sup>. Your deductible, copayment and coinsurance may apply if you receive the services in this guide for diagnostic reasons (to monitor, diagnose or treat health problems), or if you have preventive services that aren't listed here.

*If your doctor provides services more frequently than recommended, they're still preventive unless you have symptoms or a medical condition.*

Preventive care	Reason for service:	What you'll pay:
Preventive care	To prevent health problems. You don't have symptoms.	You won't pay anything.
Diagnostic care	You have a symptom, or you're being checked because of a known health issue.	This is a medical claim. Your deductible, copayments and coinsurance may apply.

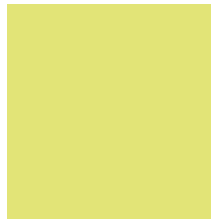
**Guidelines change from year to year** — Our recommendations are based on medical research from nationwide organizations like the American Medical Association, which means they may change based on new research.

**2013 Preventive Health Care Guidelines**

Children..... 3  
All adults..... 6  
Women..... 9  
Pregnant women..... 10

**Questions about preventive services?**

Please call Customer Service at the number on the back of your member ID card.



<sup>1</sup>If your employer's plan is "grandfathered" (a plan that hasn't been changed since health reform), you may have other costs. Ask your employer if your plan is grandfathered.

<sup>2</sup>These services do not apply if you're in a grandfathered plan.

<sup>3</sup>Group health plans sponsored by certain religious employers are exempt from offering coverage for contraceptive methods, or they may delay coverage.



## Explore treatment options and prices

Our online tools help you see how you may be able to save money.

- Doctors from nine medical specialties created Choosing Wisely<sup>®</sup>, a campaign to encourage conversations between patients and doctors. It addresses dozens of commonly used tests or procedures that may be overused.
- If you've ever wondered about fair prices for X-rays, lab work, surgery and more, check out information on [priorityhealth.com/member](http://priorityhealth.com/member).

**Keyword: smart tips**

# Pharmacy details

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

## 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 your prescription at your convenience

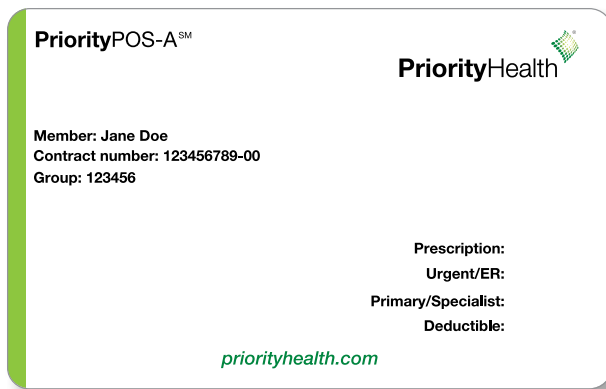
We offer several options for filling your prescriptions. Choose the one that's right for you:

- **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](http://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](http://express-scripts.com).
- **Specialty pharmacy.** Specialty medications for rare or complex conditions should 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.



## Get healthy

Our health risk appraisal on [priorityhealth.com/member](http://priorityhealth.com/member) provides helpful tips and techniques for feeling your best.



Show your Priority Health ID card whenever you fill a prescription. You'll always pay the lowest price available. If your copayment counts toward your deductible, this card also ensures that your deductible balance is up-to-date.

### Special prescriptions

In some cases, the prescription drug your doctor recommends may need some individual attention:

- **Prior authorization.** 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), which 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. In that case, we keep you safe by limiting the amount of those drugs that we'll cover.
- **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**



### Earn rewards on Facebook

MyGo Points promotes health and wellness while supporting Michigan tourism. It gives you the chance to earn points and win monthly prizes by participating in events and Facebook challenges.

**Keyword:** **mygo points**

Questions about your health plan? Contact Customer Service at 800.446.5674 or email us by going to [priorityhealth.com/member](https://priorityhealth.com/member) and clicking on “Contact us.”

# Troubleshooting guide

You can contact us anytime you have a question or a problem. Below you’ll find some of the topics we’re asked about most often.

## **Request an ID card**

You can order a new card from [priorityhealth.com/member](https://priorityhealth.com/member) or give us a call.

## **Add a dependent or make other status changes**

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

**Keyword:** **status change**

## **Change your doctor**

You can switch your primary care provider (PCP) at any time. Just log in to your account at [priorityhealth.com/member](https://priorityhealth.com/member) and look for the “change your doctor” icon.

## **Inquire if you disagree with your claim**

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

If you’re still not happy with how we have explained or settled your question or request, then you can appeal our initial decision or file a grievance.

**Keyword:** **grievance**

## **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 — you'll find all of the legal details in your plan documents. Your Certificate of Coverage is available online. Other legal documents include your Schedule of Copayments and Deductibles and applicable Riders. In addition, you'll find an informational overview of your plan in your Summary of Benefits. You may request copies of any of these documents by contacting Customer Service.

**Keyword:** [coverage documents](#)

### Let us know if you suspect fraud or abuse

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

**Keyword:** [fraud](#)

### 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
- Prosthesis 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. 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**

Maximum amount on which payment is based for covered health care services. 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 your health insurer or plan 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's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider may not balance bill you for covered services.

## **Coinsurance**

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

## **Complications of pregnancy**

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

## **Copayment**

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

## **Deductible**

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

## **Durable medical equipment (DME)**

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

## **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.

## **Grievance**

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

## **Health insurance**

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

## **Home health care**

Health care services a person receives at home.

## **Hospice services**

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

## **Hospitalization**

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

## **Hospital outpatient care**

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

## **In-network coinsurance**

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

**In-network copayment**

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

**Medically necessary**

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

**Network**

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

**Non-preferred provider**

A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers.

**Out-of-pocket limit**

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

**Physician services**

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

**Plan**

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

**Preauthorization**

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

**Preferred provider**

A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

**Premium**

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

**Prescription drug coverage**

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

**Prescription drugs**

Drugs and medications that by law require a prescription.

**Primary care physician**

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

**Primary care provider**

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

**Provider**

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

**Reconstructive surgery**

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

**Rehabilitation services**

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

**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 this information. Please review it carefully.

## Our commitment to you

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

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

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

## Use and release of your health information

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

### Treatment

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

### Payment

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

### Health care operations

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

### Other permitted or required uses and disclosures

Priority Health may also use or release your health information:

- When required by state or federal law and when the use or disclosure complies with and is limited to the requirements of such law.
- When permitted for law enforcement purposes.
- When permitted to be released to government authorities in cases of abuse, neglect or domestic violence (in which case, you will be notified unless the notification would place you at risk of serious harm).
- When permitted for certain public health activities, such as disease control or public health investigations.

- When permitted to be released to public health authorities in child abuse and neglect investigations.
- When permitted to be released for certain FDA investigations and activities, such as investigations of product defects or to permit product recalls, repairs or replacements.
- When permitted to prevent a serious threat to an individual or a community's health and safety.
- When permitted by certain court proceedings (either judicial or administrative).
- When permitted for health oversight activities led by governmental agencies and authorized by law.
- When permitted to be released about an inmate to a correctional facility, or otherwise permitted for release in law enforcement custodial situations.
- When information about a deceased individual is required by a coroner, medical examiner, law enforcement official or funeral director to carry out their legal duties.
- When permitted to be released to cadaveric organ, eye or tissue donation and transplant organizations.
- For research purposes when the research has been approved by an institutional review board that has reviewed proposals and established protocols to ensure the privacy of your health information.
- When authorized by and to the extent necessary to comply with workers' compensation laws.
- When permitted for purposes of providing you with treatment alternatives or other health-related benefits and services.
- When permitted to be released to the Armed Forces for active personnel.
- When permitted to be released to the Veterans Administration for determining if you are eligible for benefits.



- When permitted to be released to intelligence agencies for national security.
- When permitted to be released to the Department of State for foreign services reasons (e.g., security clearance).
- When permitted to be released to government agencies for protection of the president.

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

### Disclosures to health plan sponsors

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

Priority Health may share information with the sponsor of your group plan (your employer) about whether you are enrolled or disenrolled in the plan. Priority Health may also share summary health information with the sponsor. Summary health information has most identifying information (such as your name, your age and address except for ZIP code) removed, and provides the sponsor with information about the amount, type and history of claims paid under the sponsor’s group health plan. The sponsor may use this information to obtain premium bids for health insurance coverage or to decide whether to modify, amend or terminate the plan. If the sponsor of your group health plan has agreed to follow federal privacy regulations, Priority Health may also share your protected health information to help the sponsor run the group health plan or to seek available subsidies.

### Other uses of health information – by authorization only

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

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

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

### Potential impact of other applicable laws

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

### Confidentiality in all settings

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

- All employees sign a statement when they are hired that they understand they are required to keep member information private. They also learn about the actions the company will take if the privacy policies are not followed.

- Priority Health has strict control of access to electronic and paper information specific to members. Only those users authorized with a password have access to electronic information. Paper information is stored in secure locations. Access is only given to those who need it to manage care for members or for administrative purposes.

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

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

### Your rights regarding your health information

You have the following rights:

#### Right to inspect and copy

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

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

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

### Right to amend

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

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

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

### Right to know about disclosures

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

This list will not include disclosures:

- To carry out treatment, payment or health care operations.
- That were made to you.
- For national security or intelligence purposes.
- To correctional institutions or law enforcement officials.
- That were incidental to a use or disclosure that was permitted or required.
- That were made with an authorization by the individual.
- Of a subset of information called a "limited data set."
- That were prior to April 14, 2003.

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

### Right to request restrictions

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

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

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

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

**Right to request confidential communications**  
Priority Health will agree to any reasonable request asking that you receive information from the health plan by different means or at a different location. For Priority Health to honor this request, you must clearly state that the disclosure of all or part of that information without the change could be a risk to you.

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

### Right to a paper copy of this notice

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

### Changes to this notice

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

### Complaints

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

### Contact information

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

Priority Health  
1231 East Beltline NE  
Grand Rapids, MI 49525  
616.942.0954  
800.942.0954

If this information is unclear or if you do not understand it, please call Priority Health for assistance at 888.975.8102 (for TDD service, please call 616.464.8485).

This notice is effective: April 14, 2003.

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

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Priority Health is an Equal Opportunity Employer.



## Environmental facts

Not only do we care about you,  
we care about your world too.

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