



HMO Member Update

FOURTH QUARTER 2020

PHP is here to help!

Who can I contact for answers to my questions about benefit decisions?

If you have questions or concerns about benefit decisions, or if you do not understand why a health service was denied or the benefit reduced, contact our Customer Service Department.

CALL
 517.364.8500 or 800.832.9186
 Monday-Friday, 8:30 a.m. to 5:30 p.m.

HOLIDAY HOURS
 Dec. 24, 2020, 8:30 a.m. to 2:00 p.m.
 Dec. 25, 2020, closed
 Dec. 31, 2020, 8:30 a.m. to 5:30 p.m.
 Jan. 1, 2021, closed

VISIT
 Due to the COVID-19 pandemic, our office is currently closed.

TTY/TDD SERVICE

You can use the TTY/TDD service if you are deaf, hard of hearing, or have trouble speaking. Simply call 711 to reach the Relay Center who will help you call the PHP Customer Service.

Translation to English

Physicians Health Plan, as a subsidiary of Sparrow, complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak a language other than English, language assistance services are free of charge and available to you. Call 800.832.9186 (TTY: 711).

ATENCIÓN: Si habla un idioma distinto del inglés, hay servicios gratuitos de asistencia con el idioma, disponibles para usted. Llame al 800.832.9186 (TTY: 711).

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 800.832.9186 (TTY: 711)



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How your health benefits work

PHP Certificate of Coverage

Your Physicians Health Plan (PHP) Certificate of Coverage (COC) includes information about your covered benefits; what is not covered and which services require prior approval for coverage. You can get information about your benefits through the PHP website (PHPMichigan.com), where you can view or print important member materials including your COC. You can also request a paper copy of your COC. Simply click Portal Login from the PHP homepage at PHPMichigan.com, select the Member Reference Desk link and enter your PHP subscriber and group number from the front of your PHP card. You can also call Customer Service at 517.364.8500 or 800.832.9186.

Primary care physician

When you join PHP, you must pick a primary care physician (PCP) from PHP's list of Network PCPs. Each family member can pick a different PCP. It is important for you to have a good relationship with your PCP. If you want to change or have changed your PCP, please contact Customer Service by phone or email. You can also visit MyPHP, our online member portal, to update your information.

PHP network specialists

PHP does not require a referral or prior approval to see a PHP network specialist. You may "self-refer" by simply scheduling an appointment. Some specialists may require information from your PCP before scheduling an appointment. Also, some procedures or treatments performed by either the PCP or specialist may require prior approval for coverage from PHP.

Hospital, emergency, and urgent care services

Except in emergency situations, your PCP or network specialist will arrange your hospital care with us. To ensure your hospital services are covered at the highest benefit level, make sure you receive hospital services from a facility in the PHP network.

If you have severe symptoms which may seriously jeopardize your health, either at home or away, call 911. After your treatment, contact your PCP as soon as possible so needed follow-up services can be provided.

Urgent care is for non-life-threatening situations when you need care sooner than you can typically schedule an office visit. If you need urgent care during normal office hours, after doctor's office hours, or on the weekend, call your PCP first. Your PCP can help you get urgent care services at a network urgent care or convenience care facility or may want to see you on an urgent basis.

Why are there prior approval requirements?

Prior approval requests may be required for an upcoming medical procedure. This helps make sure that it is a covered benefit before the service is performed and helps us determine if you may need help from a Physicians Health Plan (PHP) Nurse to coordinate your care.

Your PHP Certificate of Coverage (COC) lists services that require prior approval. If prior approval is required, it must be done before receiving the service unless it is urgent or an emergency. In these cases, you or the hospital must notify us of your admission the same day you are admitted, the next business day, or as soon as reasonably possible.

PHP Network Providers must submit prior approval requests on your behalf. We communicate with PHP network providers on what services require prior approval.

Non-network providers may also submit a request on your behalf, but it is ultimately your responsibility to make sure a service is approved for coverage before you receive certain services from non-network providers.

We review the prior approval request using medical criteria and determine if the service is a covered benefit under your benefit plan. If the request is not urgent, we have 14 days to decide on your request. We send you and your physician a letter with our decision. If the request is urgent, we must decide in 72 hours. For urgent situations, we call you and your physician with the decision and then send a letter.

COVID-19 benefits, covered services, and resources for PHP members

Keeping PHP members informed

PHP has extended \$0 member cost share through June 30, 2021 for COVID-19 testing, treatment, and telehealth services as well as several prescription-related services.

Physicians Health Plan (PHP) is committed to supporting the most up-to-date information related to the coronavirus and to offer temporary benefit changes to support our members during the COVID-19 state of emergency. If you have any questions about your health care plan, PHP is here to help. Please call the PHP Customer Service number on the back of your member ID card.

Physicians Health Plan office is temporarily closed

With the health of all community members in mind, the PHP office at 1400 Michigan Avenue is temporarily closed. While we temporarily are not able to meet with you in person, be assured that PHP is still open and available to help you during this time. PHP can be reached at 517.364.8500. Members can also send a secure email through the Contact Us form on our website at PHPMichigan.com/Contact-PHP or through the PHP Member Portal, MyPHP.

COVID-19 testing

PHP has waived member cost share (copays, coinsurance, and deductibles) for in-network COVID-19 testing through June 30, 2021. Please note, in order for member cost share to be waived and the costs of the test covered:

- » The test must be ordered by an in-network medical provider.
- » The test must be considered medically necessary, which is determined by and appropriately coded by your ordering medical provider.
- » The cost of COVID-19 testing is not covered as a condition of employment or returning to work, as outlined in your Certificate of Coverage (COC).
- » COVID-19 testing performed by an out-of-network provider is covered as outlined by your healthcare coverage and member cost share will apply as outlined in your COC.
- » If you are experiencing COVID-19 symptoms, we encourage you to call your provider's office or use a telehealth option first. Your provider will help you determine if you need testing and how to get that testing.



COVID-19 treatment

PHP has waived member cost share (copays, coinsurance, and deductibles) for the treatment of COVID-19 through June 30, 2021, when provided by an in-network provider. This applies to both outpatient and inpatient COVID-19 treatment, and when COVID-19 is the primary diagnosis.

Waiving member cost share of COVID-19 treatment does not apply to prescription medications as there are currently no official drugs for COVID-19.

If you need help finding an in-network provider, please use the [Find a Doctor](#) search feature at [PHPMichigan.com](#).

If you are traveling outside of the Physicians Health Plan service area and need to see a doctor for an urgent situation, please contact Zelis Healthcare at 866.807.6193. A phone call or telehealth visit with your provider, if available, or telehealth through Amwell may also be an option when traveling outside the service area.

COVID-19 vaccination

When the COVID-19 vaccine is available to the public, PHP member cost share will be waived for both the vaccine and the administration of the vaccine. In order to be covered, the vaccination must be given by an in-network primary care provider (PCP) or participating in-network pharmacy.

Below is an overview and important information about the COVID-19 vaccine.

What to know about the COVID-19 vaccine.

Getting vaccinated is one of many steps you can take to protect yourself and others from COVID-19. Protection from COVID-19 is very important because, for some people, the virus can cause severe illness or death. Stopping a pandemic requires using all the tools available. Vaccines are a tool that work with your immune system so your body will be ready to fight the virus if you are exposed. Other steps, like masks and social distancing, help reduce your chance of being exposed to the virus or spreading it to others.

The COVID-19 vaccines that are currently approved under the FDA Emergency Use Authorization require two shots. The first shot starts building protection. A second shot a few weeks later is needed to get the most protection the vaccine has to offer.

The COVID-19 vaccine has been approved under an Emergency Use Authorization (EUA). An EUA is a way to make things like the COVID-19 vaccine available faster. Medications approved in the EUA process have been

rigorously tested. This testing has shown the vaccine works with short-term side-effects. The vaccinations are still being studied to determine the long-term side effects (if any) and how long it will work.

How effective is the COVID-19 vaccine?

The Pfizer vaccine is 95% effective seven days after the second dose is administered. The Moderna vaccine is 94.5% effective 14 days after the second dose is administered.

What are the COVID-19 vaccination side effects?

The vaccine helps your body create a strong defense against COVID-19. As your immune system works to make this strong defense, you are likely to have temporary side effects from getting the shots. The side effects may affect your ability to do normal daily activities for one to two days.

Many people have gotten a sore arm with mild or moderate pain after getting the COVID-19 vaccination, and some had redness and swelling where they got the shot. Some people felt tired, had muscle pain, a headache, shivering, fever, stomach pain, or nausea. Symptoms went away on their own in about one to two days.

You might have a reaction to the first or second dose of the COVID-19 vaccination, or both doses.

It is important to talk with your primary care provider about any questions or concerns you may have about the vaccination.

Easier access to prescription medication during the COVID-19 pandemic

Early refill limits waived: To help members get their prescription medications during the COVID-19 pandemic, PHP has waived early prescription refill lockouts to ensure an adequate supply through June 30, 2021. Members can now receive up to a 90-day supply, retail or mail, of prescription medication at one time. Member copays apply and are based on a member's specific benefit plan. Note that this extended supply does not apply to controlled substances, narcotics, or specialty medications.

Prescription prior authorizations extended: Many existing pharmacy prior authorizations set to expire between Dec. 31, 2020 and April 30, 2021, are extended for an additional 90 days. New prescriptions that require prior authorization are not included in the extension and will be required to go through the prior authorization process. For specific questions about your prescription prior authorization, please contact PHP Customer Service using the number on the back of your ID card.

Telehealth from the comfort and safety of your home

PHP is extending \$0 member cost share for telehealth services through June 30, 2021. There are two ways to access telehealth services.

- » From your provider. PHP is encouraging members to utilize alternative methods to in-person visits with their doctors. Contact your provider's office to inquire if telemedicine visits are provided. These types of visits are covered just as they would be in the doctor's office. PHP has waived member cost share for telemedicine* services offered by a provider's office. In addition, Physicians Health Plan has expanded telemedicine coverage through June 30, 2021, to include:
 - » Applied Behavioral Analysis Therapy for the Treatment of Autism Spectrum Disorder
 - » Physical Therapy, Occupational Therapy, Speech Therapy
 - » Prenatal Care
- » For PHP members* with the Amwell telehealth benefit included in their plan, PHP has waived member cost share, including copays and deductibles, for use of Amwell through June 30, 2021.
- » Amwell telehealth* provides access to board certified doctors 24 hours a day for urgent care, behavioral health, and psychiatry. Amwell can be accessed by mobile phone, tablet, or computer.
- » Members can access their Amwell virtual health care benefit at [PHP.Amwell.com](#). The service key "PHP" must be used when prompted. To use Amwell telehealth services:
 - » From your phone, tablet, or computer, go to [PHP.Amwell.com](#)
 - » Login or create an account. Complete each field. You will be asked to provide a credit or debit card information. You will not be charged during the COVID-19 state of emergency.
 - » Use service key "PHP" when prompted for the \$0 copay to apply.
 - » Select the appropriate practice site: medical, therapy, or psychiatry.

Be Well at Work

PHP understands that COVID-19 state of emergency and social distancing guidelines have disrupted routines and habits that make life enjoyable and comfortable. For some, this may mean healthy habits have gone to the wayside. Others may be seeking ways to cope with feelings of stress.

Be Well at Work** is an easy-to-use, comprehensive, and confidential online health management system that offers users access to resources, recipes, online workshops, and more to help support healthy habits.

For PHP Members with Be Well at Work in their health plan, Be Well at Work can be accessed through the [MyPHP Member Portal](#). If you do not have a MyPHP Member Portal account, it's easy to register in just a few quick steps.

Log in/register for MyPHP Member Portal

MyPHP is your online PHP health plan resource. Log in or create an account to view your health plan benefits and summaries, view or change your primary care physician (PCP) and find a network provider, print a temporary ID card, view your claims and deductible balances, register for Be Well at Work, and more. Log in or create your MyPHP account in just a few steps.

- » Have your PHP Member ID available.
- » Visit [PHPMichigan.com/MyPHP](#), select [MyPHP Member Portal](#), and then "Create My Account."
- » Enter information from your Member ID card.

MyPHP mobile app is also available for both [Apple](#) and [Android](#).

** Self-insured employer groups determine benefit coverage for their employees and dependents and not all cover telehealth at \$0 member cost share.*

***Self-insured employer groups determine benefit coverage for their employees and dependents and not all offer the Be Well at Work benefit.*

What is a CAHPS survey?

The Consumer Assessment of Health Plans and Systems (CAHPS 5.0H) is an annual member survey sent in the Spring of each year. The CAHPS 5.0H survey measures many aspects of member satisfaction. We ask our members how they feel about their health plan, including questions relating to their experience with their healthcare providers. Health plans are scored based on the percent of members who respond with, “Usually” or “Always” on a variety of questions.

PHP’s 2020 and 2019 results are below. We are pleased to report that our scores increased in several key areas, including Customer Service and Claims Processing.

Overall Rating Questions	2020	2019
Rating of Health Plan	76.5%	68.4%
Rating of Health Care	77.1%	71.6%
Rating of Personal Doctor	86.9%	84.6%
Rating of Specialist Seen Most Often	81.9%	86.3%
Composite Questions		
Getting Needed Care	88.3%	83.8%
Getting Care Quickly	87.1%	81.4%
How Well Doctors Communicate	97.2%	95.2%
Customer Service	94.1%	92.6%
Claims Processing	94.2%	92.1%

Will I get a CAHPS survey?

CAHPS surveys are sent out to members randomly selected throughout our plan. If you receive a survey, we hope you will take a few minutes to tell us how we’re doing. We learn important information from our survey results that helps us focus on the areas of improvement most important to our members. Survey results also provide health plan rankings and comparisons within Michigan and nationwide. The surveys are short, anonymous, and should only take a few minutes of your time to complete. We try to get as many responses as possible. Follow-up mailings and phone calls are made if we don’t hear from you, so send it back quickly to avoid a reminder from the surveyor. We value your feedback!

Qualified Health Plan (QHP or Marketplace) member survey results

PHP sends a survey to our Marketplace members every year. The results of this year’s survey are below. We are pleased to report that our scores increased in several key areas.

PHP’s 2019 QHP Member Survey	2020	2019
Rating of Health Plan	69.0%	67.5%
Rating of Health Care	77.4%	77.1%
Rating of Personal Doctor	88.3%	86.0%
Rating of Specialist	84.8%	86.5%
Getting Needed Care	78.9%	75.4%
Getting Care Quickly	77.0%	73.5%
Access to Information	48.8%	42.8%
Care Coordination	84.4%	82.7%
Cultural Competence	64.8%	56.1%
Flu Vaccines (18-64)	48.6%	38.4%
Plan Administration	74.3%	74.1%
Medical Assistance with Smoking and Tobacco Use Cessation	55.6%	51.4%



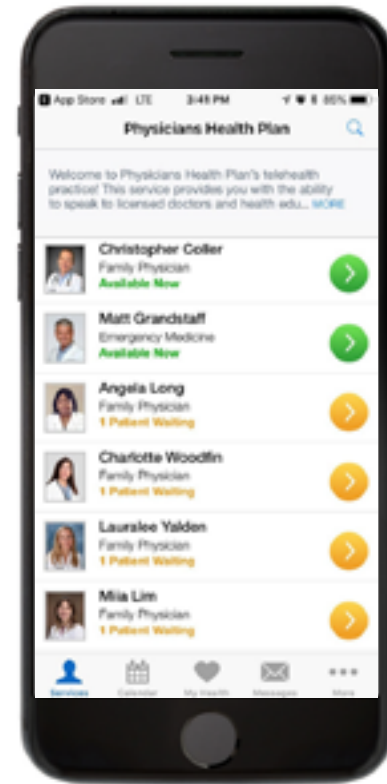
Telehealth: safe, secure, convenient care from anywhere

PHP has partnered with Amwell® to provide access to board certified doctors 24 hours a day using your phone, tablet, or computer – no appointment needed. Most benefit plans cover this service with either a \$5 or your office visit copay.

You can see a doctor anywhere – from home, work, or while you're on vacation, for things like:

- » Allergies
- » Sinus infection
- » Migraine
- » Bronchitis
- » Stomach flu
- » Pneumonia
- » Pink eye
- » Vertigo
- » Flu
- » Gout
- » PHPMichigan.com
- » UTI
- » Rash
- » And many other conditions, including Behavioral Health*

* available for your office visit copay.



How to get started

First, go to **PHP.Amwell.com** and create an account. When asked, use **Service Key PHP**.

Then, visit the doctor of your choice online, by calling **844.SEE.DOCS**, or downloading the Amwell mobile app.

Your online doctor can call in prescriptions to a local pharmacy of your choice. They may also refer you to other providers for care if they are unable to treat you online.

Questions?

Call PHP Customer Service at **517.364.8500** or **800.832.9186**, Monday through Friday, 8:30 a.m. to 5:30 p.m.

We want you to know...

Utilization Management (UM) is the review of medically necessary and appropriate healthcare services under your benefit plan. Physicians Health Plan (PHP) follows a process that uses nationally approved and accepted guidelines.

It's important for you to know that...

- » We make decisions based on the appropriateness of care, service, and existence of coverage.
- » We do not offer financial payments to providers that encourage denying or approving services.
- » We may offer incentives to providers for encouraging efficient, appropriate care.
- » PHP does not make decisions about the services you receive, only whether those services are covered under your benefit plan.

New technology

PHP always looks at new medical procedures and technology in order to decide if we should include coverage for it in our benefit plans. We partner with national companies that specialize in reviewing medical procedures to look for evidence of improved outcomes. This information and any applicable laws are then reviewed by a committee that includes local Physicians to determine if the new technology should be covered.

Network provider payments

You have a right to information about how Physicians Health Plan (PHP) pays providers, including:

- » Whether a fee-for-service contract exists—under a fee-for-service contract, physicians and other providers receive a payment that is not more than their billed charge, or;
- » Whether a capitation contract exists—capitation is a set dollar amount to cover the cost of healthcare for a person (regardless of what services are provided).

Contact PHP's Customer Service at **517.364.8500** or **800.832.9186** if you need additional information.



Diabetes and eye health

Have you been diagnosed with diabetes? Diabetes can affect any part of your body. For those with diabetes, monitoring and maintaining eye health—an area that is often neglected—should include a yearly dilated eye exam.

How can diabetes affect my eyes?

Diabetic retinopathy is a very common diabetes complication, and it's the leading cause of blindness in American adults. Over time, high blood sugar levels and high blood pressure can damage small blood vessels in the retina (the light-sensitive layer at the back of the eyeball). New blood vessels can develop, but they don't grow properly and leak, causing vision loss. Usually both eyes are affected.

People with diabetes are also more likely to develop cataracts (clouding of the lens) and glaucoma (a group of diseases that damage the optic nerve).

How can I keep my eyes healthy?

- » Keep your blood sugar levels, blood pressure, and cholesterol levels as close to your targets as you can.
- » Get regular exercise.
- » Stop smoking or don't start.
- » Eat more fresh fruits and vegetables, especially dark, leafy greens such as spinach, kale, and collard greens. Eat fish high in omega-3 fatty acids, such as salmon and tuna.
- » Take medicines as prescribed by your doctor, even if you feel good.
- » Visit your eye doctor for a dilated eye exam at least once a year—your regular doctor won't be able to detect eye problems. You may not even have any symptoms until you start to lose your vision, so regular eye exams are necessary. The earlier eye problems are found and treated, the better for your eyesight.

More about a comprehensive dilated eye exam

You might think your vision is fine or that your eyes are healthy, but visiting your eye care professional for a comprehensive dilated eye exam is the only way to really be sure. When it comes to common vision problems, some people don't realize they could see better with glasses or contact lenses. In addition, many common eye diseases, such as glaucoma, diabetic eye disease, and age-related macular degeneration, often have no warning signs. A dilated eye exam is the only way to detect these diseases in their early stages.

During a comprehensive dilated eye exam, your eye care professional places drops in your eyes to dilate, or widen, the pupil. The drops are painless and help your eye doctor see inside your eyes to look for signs of damage or disease. This will allow the eye doctor to find and treat problems to keep you from losing your vision.

How do I make an appointment with an eye doctor?

You can schedule an appointment with an ophthalmologist or an optometrist for a yearly dilated exam. By calling PHP Customer Service or reviewing your plan coverage, you can determine if a referral is needed from your primary care provider (PCP). If required, discuss with your PCP. If no referral is required, you may make an appointment with any ophthalmologist or optometrist that is in network for your plan.

What is the cost?

Payment by your insurance varies by plan, including copay, coinsurance, and applicable deductibles. Please review your individual plan or contact PHP Customer Service at the phone number listed on the back of your PHP card or call 800.832.9186.

Visit your eye doctor right away if you:

- » See little black lines or spots that don't go away
- » See any red spots or a red fog
- » See flashes of light
- » Have loss of side vision or a sudden change in how clearly you see
- » See halos around lights

For more information:

- » [cdc.gov/visionhealth/risk/tips.htm](https://www.cdc.gov/visionhealth/risk/tips.htm)
- » [cdc.gov/features/healthyvision/index.html](https://www.cdc.gov/features/healthyvision/index.html)
- » [cdc.gov/diabetes](https://www.cdc.gov/diabetes)
- » [NIDDK.NIH.gov](https://www.niddk.nih.gov)



HAVE ASTHMA? YOU CAN WEAR A FACE MASK!

Wearing a face mask is one of the few things we can all do to fight the spread of COVID-19. Expert doctors and national lung organizations agree that people with asthma and other severe lung diseases should wear masks, along with staying at least 6 feet from others and washing their hands often.

If your asthma symptoms keep you from wearing a mask, call your doctor right away for help getting your asthma under control. People with asthma over age 2 should be able to breathe through cloth or standard medical masks without trouble. There is enough airflow from gaps around the mask and through it, and you will get plenty of oxygen. Be sure the mask covers your nose and mouth, and tucks under your chin for a good fit.

N95 masks should be saved for healthcare workers, except for some people with poor immune systems. Ask your doctor if you need a special mask.

If the doctor does give you a pass not to wear a mask, you may not be able to go to places that require them.

Exercising while wearing a mask should not trigger an asthma attack if your asthma is under control. It's best to exercise outside, keeping at least 6 feet away from others. During hot and humid weather, you might need to stay in air conditioning as much as you can.



Some mask types may work better for you than others. Wearing a face shield or any kind of mask is likely better than nothing! If you have a latex allergy, look for masks made of latex-free cloth and ear loops. Used masks should be washed daily.

Wearing a mask can also help block asthma triggers like common cold viruses, cold air, pollen and animal dander.

CALL YOUR DOCTOR TO LEARN MORE ABOUT ASTHMA & MASKS

VISIT [MICHIGAN.GOV/CORONAVIRUS](https://www.michigan.gov/coronavirus) FOR MORE WAYS TO STOP THE SPREAD OF COVID-19



How do I submit a medical claim for covered health services?

In most cases, the physician who treated you will submit a claim on your behalf. Be sure to provide them with your current PHP ID card as it contains the claim submission address and other important information. They will make a copy of both sides of your card.

If the physician will not submit a claim on your behalf, please send an itemized receipt together with the filled-out claim form. Claim forms are available online, through [PHPMichigan.com](https://www.phpmichigan.com), My Reference Desk and by calling Customer Service. Send your receipt and claim form to:

**CUSTOMER SERVICE
PHYSICIANS HEALTH PLAN
P.O. BOX 30377
LANSING, MI 48909-7877**

Make sure your receipt includes the following:

- » Your name, address, and phone number
- » Your PHP ID number
- » The date you received care
- » The name, address, phone number, and identification number of the physician who treated you
- » The procedure and diagnosis codes
- » The cost associated with each procedure performed
- » Proof that you paid for the services

Most physicians will provide you with a form at the end of your visit containing the above information. In general, reimbursement for covered health services will be processed in 4-6 weeks. We will contact you if additional information is needed.



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 READ IT CAREFULLY.

If you have any questions about this notice, please contact our Customer Service Department at 800.832.9186.

Physicians Health Plan (PHP) provides health benefits to you as described in your Certificate of Coverage. PHP receives and maintains your medical information in the course of providing these benefits to you. When doing so, PHP is required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. PHP (we) will follow the terms of this notice.

The effective date of this notice is September 23, 2013. We must follow the terms of this notice until it is replaced. We reserve the right to change the terms of this notice at any time. If we make substantive changes to this notice, we will revise it and send a new notice to all subscribers covered by us at that time. We reserve the right to make the new changes apply to all your medical information maintained by us before and after the effective date of the new notice.

You have the right to get a paper copy of this notice from us, even if you have agreed to accept this notice electronically. Please contact our Customer Service Department to receive a paper copy.

Generally, federal privacy laws regulate how we may use and disclose your health information. In some circumstances, however, we may be required to follow Michigan state law. In either event, we will comply with the appropriate law to protect your health information (for example, in accordance with the Genetic Information Nondiscrimination Act (GINA), we will not use genetic information for underwriting purposes) and to grant your rights with respect to your health information in oral, written or electronic form.

Your Protected Health Information

Ways We May Use or Disclose Your Health Information Without Your Permission: We must have your written authorization to use and disclose your health information, except for the following uses and disclosures.

To You or Your Personal Representative: We may release your health information to you or to your personal representative (someone who has the legal right to act for you).

For Treatment: We may use or disclose health information about you for the purpose of helping you get services you need. For example, we may disclose your health information to healthcare providers in connection with disease and case management programs.

For Payment: We may use or disclose your health information for our payment-related activities and those of healthcare providers and other health plans, including, for example:

- » Obtaining premiums and determining eligibility for benefits
- » Paying claims for healthcare services that are covered by your health plan
- » Responding to inquiries, appeals and grievances
- » Deciding whether a particular treatment is medically necessary and what payment should be made
- » Coordinating benefits with other insurance you may have

For Healthcare Operations: We may use and disclose your health information in order to support our business activities. For example, we may use or disclose your health information:

- » To conduct quality assessment and improvement activities including peer review, credentialing of providers and accreditation
- » To perform outcome assessments and health claims analyses
- » To prevent, detect and investigate fraud and abuse
- » For underwriting, rating and reinsurance activities
- » To coordinate case and disease management services
- » To communicate with you about treatment alternatives or other health-related benefits and services
- » To perform business management and other general administrative activities, including system management and customer service

We may use or disclose parts of your health information to offer you information that may be of interest to you. For example, we may use your name and address to send you newsletters or other information about our activities.

We may also disclose your health information to other providers and health plans that have a relationship with you for certain aspects of their healthcare operations. For example, we may disclose your health information for their quality assessment and improvement activities or for healthcare fraud and abuse detection.

To Others Involved in Your Care. We may under certain circumstances disclose to a member of your family, a relative, a close friend or any other person you identify, the health information directly relevant to that person's involvement in your healthcare or payment for healthcare. For example, we

may discuss a claim determination with you in the presence of a friend or relative, unless you object.

As Required by Law. We will use and disclose your health information if we are required to do so by law. For example, we will use and disclose your health information in responding to court and administrative orders and subpoenas, and to comply with workers' compensation or other similar laws. We will disclose your health information when required by the Secretary of the US Department of Health and Human Services.

For Health Oversight Activities. We may use and disclose your health information for health oversight activities such as governmental audits and fraud and abuse investigations.

For Matters in the Public Interest. We may use and disclose your health information without your written permission for matters in the public interest, including, for example:

- » Public health and safety activities, including disease and vital statistic reporting and Food and Drug Administration oversight
- » To report victims of abuse, neglect or domestic violence to government authorities, including a social service or protective service agency
- » To avoid a serious threat to health or safety by, for example, disclosing information to public health agencies
- » For specialized government functions such as military and veteran activities, national security and intelligence activities, and the protective services for the president and others
- » To provide information regarding decedents. We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties
- » For organ procurement purposes. We may disclose information for procurement, banking or transplantation of organs, eyes or tissues to organ procurement and tissue donation organizations

For Research. We may use your health information to perform select research activities (such as research related to the prevention of disease or disability), provided that certain established measures to protect the privacy of your health information are in place.

To Business Associates. We may release your health information to business associates we hire to assist us. Each business associate must agree in writing to ensure the continuing confidentiality and security of your medical information.

To Group Health Plans and Plan Sponsor (Enrolling Group). If you participate in one of our group health plans, we may release summary information, such as general claims history, to the employers or other entities that sponsor these plans. This summary information does not contain your name or other distinguishing characteristics. We may also release to a plan sponsor the fact that you are enrolled or disenrolled from a plan. Otherwise, we may share health information with plan sponsors only when they have agreed to follow applicable laws governing the use of health information in order to administer a plan.

Uses and Disclosures of Health Information Based Upon your Written Authorization. If none of the above reasons apply, then we must get your written authorization to use or disclose your health information. For example, your written authorization is required for most uses and disclosures of psychotherapy notes, and for disclosures of your health information for remuneration and for most marketing purposes. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization, unless we have already acted based on your authorization. Also, you may not revoke your authorization if it was obtained as a condition for obtaining insurance coverage and other law provides an issuer with the right to contest a claim under the insurance policy. We may condition your enrollment or eligibility for benefits on your signing an authorization, but only if the authorization is limited to disclosing information reasonable for underwriting or risk rating determinations needed for us to obtain insurance coverage. To revoke an authorization, or to obtain an authorization form, call the Customer Service Department at the number on your identification card.

Your Rights.

You have the following rights. To exercise them, you must make a written request on one of our standard forms. To obtain a form, please call the Customer Service Department.

You Have the Right to Inspect and Copy Your Health Information. This means you may inspect and obtain a paper or electronic copy of the health information that we keep in our records for as long as we maintain those records. You must make this request in writing. Under certain circumstances, we may deny you access to your health information – for instance, if part of certain psychotherapy notes or if collected for use in court or at hearings. In such cases, you may have the right to have our decision reviewed. Please contact our Customer Service Department if you have questions about seeing or copying your health information.

You Have the Right to Request an Amendment of Your Health Information. If you feel that the health information we have about you is incorrect or incomplete, you can make a written request to us to amend that information. We can deny your request for certain limited reasons, but we must give you a written reason for our denial.

You Have the Right to an Accounting of Disclosures We Have Made of Your Health Information. Upon written request to us, you have the right to receive a list of our disclosures of your health information, except when you have authorized those disclosures or if the releases are made for treatment, payment or healthcare operations. This right is limited to six years of information, starting from the date you make the request.

You Have the Right to Request Confidential Communications of Your Health Information. You have the right to request that we communicate with you about health information in a certain way or at a certain location. Your request must be in writing. For example, you can ask that we only contact you at home or only at a certain address or only by mail.

You Have the Right to Request Restrictions on How We Use or Disclosure of Your Health Information. You may request that we restrict how we use or disclose your health information. We do not have to agree to your request except for requests for a restriction on disclosures to another health plan if the disclosure is for payment or health care operations, is not required by law and pertains only to a healthcare item or service for which you or someone on your behalf (other than a health plan) has paid for the item or service in full.

You Have the Right to Receive Notice of a Breach. If your unencrypted information is impermissibly disclosed, you have a right to receive notice of that breach unless, based on an adequate risk assessment, it is determined that the

probability is low that your health information has been compromised.

How to Use Your Rights Under this Notice. If you want to use your rights under this notice, you may call us or write to us. In some cases, we may charge you a nominal, cost-based fee to carry out your request.

Complaints

You may complain to PHP or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Customer Service Department in writing of your complaint. We will not retaliate against you for filing a complaint.

To Complain to the Federal Government, Write to:

Region V, Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601

Or Call:

Voice mail: 312.886.2359
Fax: 312.886.1807
TDD: 312.353.1807

There will be no negative consequences to you for filing a complaint to the federal government.

You May Write to Our Customer Service Department at:

Physicians Health Plan
Attn: Customer Service
P.O. Box 30377
Lansing, MI 48909-7877

You may also call our Customer Service Department at 800.832.9186.

Website Privacy Practices

PHP works hard to protect your privacy. Listed below are ways that PHP protects your privacy while you are on our website:

Using Email: If you send PHP an email using any of the email links on our site, it may be shared with a Customer Service Representative or agent in order to properly address your inquiry.

Once we have responded to your email, it may be discarded or archived, depending on the nature of the inquiry. The email function on our website provides a completely secure and confidential means of communication. All emails are sent

under 128-bit encryption on a secure server.

Obtain a Quote: Some employers request quotes online for PHP health coverage. If your employer does this, it may enter the following information into the PHP website: employee name and date of birth, employee gender, spouse's date of birth and whether you have Medicare.

This information is used only to prepare an accurate quote for your employer. PHP does not use this information for any other reason.

Website Visitor Data: At no time are internet "cookies" placed on the computer hard drives of visitors to the PHP website.

Disease Management Programs: You may enroll in one of our disease management programs online. If you do, you may have to enter the following information into the PHP website: name, member number, address and telephone number.

This information is used only for your enrollment into the program of your choice and is not used by PHP for any other purpose.

Links to Other Sites: The PHP website contains links to other websites. PHP is not responsible for the privacy and security practices used by other website owners or the content of those sites.

Contact Us

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact our Customer Service Department at P.O. Box 30377, Lansing, MI 48909-7877. You may also call our Customer Service Department at 800.832.9186.





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The PHP website and our MyPHP portal tool offer a variety of online services and information, including:

- » Find a Doctor, no matter where you are.
- » Change your address or update your primary care provider.
- » View your benefits or check on the status of a claim.
- » View or request an Explanation of Benefits (EOB).
- » Order a new ID card or print a temporary card.
- » Find a pharmacy.
- » Find answers to some of the most frequently asked questions.
- » Manage your health using our interactive health & wellness resources.



517.364.8500 PHPMichigan.com

