



2009 MEMBER HANDBOOK



Physicians Plus
INSURANCE CORPORATION

WISCONSIN PUBLIC EMPLOYEES/STATE OF WISCONSIN



BREATHE.

Learn.

ASK.

Smile.

KNOW.



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Welcome and thank you for your membership with Physicians Plus Insurance Corporation. We are committed to providing you with innovative resources for healthy living and great rewards for healthy behavior. To make your health care experience the best that it can be, please read this Member Handbook, your Schedule of Benefits and insurance certificate. Please visit our Web site at www.HealthyChoicesBigRewards.com or contact Member Service at 608-282-8900, 800-545-5015 or ppicinfo@pplusic.com if you need further information.

Getting Started



We look forward to being your partners in quality health care for a long time to come.

Step 1. UNDERSTAND YOUR HEALTH PLAN COVERAGE

You are the most effective manager of your health care. As a participant in our insurance plan, you have certain rights and responsibilities. We encourage you to become familiar with these so your health care experience is the best it can be.

Your member handbook provides the information and guidelines you need to access the services Physicians Plus provides for you and your family. For more detailed information and guidance, please:

- Consult your Schedule of Benefits
- Visit our Web site at www.HealthyChoicesBigRewards.com
- Contact our Member Service department at 608-282-8900 or 800-545-5015
- E-mail us at ppinfo@ppusinc.com

We thank you for selecting Physicians Plus and look forward to being your partners in quality health care for a long time to come.

Step 2. COMPLETE AND RETURN THE COORDINATION OF BENEFITS FORM

Along with your member ID card, you will receive a Coordination of Benefits Form that must be completed and returned. Please use the self-mail form provided.



Step 3.

CHOOSE A PRIMARY CARE PHYSICIAN (PCP)

Each Physicians Plus member must choose a primary care physician. PCPs provide general medical services, refer you to specialists if necessary and coordinate your overall health care.

PCPs are trained to diagnose and treat a wide range of diseases and illnesses. They work directly with specialty providers to coordinate specialized care, if needed.

Our provider network features a long list of participating PCPs to choose from. Family members may each choose a different primary care physician to suit their individual needs.

PCPs include family practitioners, internal medicine doctors, pediatricians and in some cases, obstetricians/gynecologists.

- **Family practitioners**
provide medical care for all ages. Some family practitioners also provide obstetric care.
- **Internal medicine doctors**
provide general medical care for adults.
- **Pediatricians**
provide general medical care for infants, children, adolescents and young adults.
- **Obstetricians and Gynecologists**
specialize in providing health care for women, including care during and after pregnancy.

To find a PCP, browse the enclosed provider directory or the online directory at www.HealthyChoicesBigRewards.com.

Once you select a PCP, please complete the PCP notification form available on our Web site or contact Member Service.

You may ask that your former physician send your medical records to your new physician's office before your first visit.

You should also obtain and file a Health Insurance Information Change Form from your benefits/payroll/personnel office. The change will be effective on the first day of the month following the date we receive the notification.



How to Read Your Member ID Card

1. GROUP #P12345		2. HMO Plan	
<u>MEMBER #</u>		<u>MEMBER NAME</u>	
3. 120123012	4. 01	5. JOHN Q DOE	
PCP:	6. PETER IDSVOOG, MD		
3. 120123012	4. 02	5. JANE Q DOE	
PCP:	6. MARILYN CHOANEY, MD		
7. COPAYS: OV: \$0 ER: \$40 HOS: \$0 DME: 20% DI: 20%			8. DN:N

1. Group Number
2. Plan Type
3. Member Number
4. Person Code
5. Member Name
6. Primary Care Physician (PCP)
7. Copay/Coinsurance Summary
8. Physicians Plus Dental Coverage (N=No, Y=Yes)

OV: Copayment amount that applies to adult routine exams, office visits, immediate or urgent care visits, outpatient visits and vision and hearing exams (for all ages)

ER: Copayment amount that applies to emergency room visits

HOS: Deductible that applies to hospital inpatient and outpatient surgeries

DME: Coinsurance that applies to medical supplies, durable medical equipment and prosthetics

DI: Coinsurance that applies to diabetic supplies

Step 4.

CARRY YOUR MEMBER ID CARD WITH YOU AT ALL TIMES

All Physicians Plus members receive ID cards. It is important that you take your ID card with you each time you visit a physician's office or hospital. Your ID card includes your member number, your PCP's name and the copay, coinsurance or deductible amounts that apply to your specific plan. Using your ID card helps speed the check-in process at the office, clinic or hospital.

If you have questions or would like additional cards for family members, please contact our Member Service department.

Step 5.

LEARN THESE IMPORTANT TERMS

Knowing the following terms and their definitions will help you better understand your health care coverage.

Coinsurance

The percentage of covered charges for which you are liable. Check your Schedule of Benefits to see if coinsurance applies to your coverage.

Copayment

A specified dollar amount you pay when receiving certain treatments, services or supplies. Check your Schedule of Benefits to see if copayments apply to your coverage.

Non-Participating Providers

All physicians, hospitals, clinics and ancillary providers (e.g., home health care) NOT under contract with Physicians Plus to administer health care services to our members.

Not a Covered Benefit

Benefits, services or supplies for which Physicians Plus has no obligation to pay.



Out-of-Pocket Maximum

The maximum amount of coinsurance a member must pay during a calendar year. Once the out-of-pocket limit is reached, benefits for covered health services received during the rest of that calendar year, up to the plan benefit maximums, are paid by Physicians Plus according to your Schedule of Benefits.

Participating Providers

All physicians, hospitals, clinics and ancillary providers (e.g., home health care) under contract with Physicians Plus to administer covered health care services to our members.

Prior Authorization

Before members receive certain treatments, services, supplies and equipment, Physicians Plus approval is required. Prior authorization states that a treatment, service, supply or piece of equipment is covered under the member's policy, subject to any other applicable provisions. Refer to your Schedule of Benefits to verify when prior authorization applies to your coverage.

For a comprehensive listing of important definitions, refer to your "It's Your Choice" booklet.

Step 6.

USE THESE ADDITIONAL MEMBER RESOURCES

Web Site

The Physicians Plus Web site at www.HealthyChoicesBigRewards.com provides enhanced services and information for our members. Please use the Web site to contact Member Service, view the provider directory and other member materials, order prescription refills for delivery or pickup and find answers to frequently asked questions.

GO-TOSM

This secure and powerful tool provides 24/7 online access to your personal health plan information. Review benefits and claims, update personal information, choose a new PCP, print ID cards and more—anytime, from the convenience of your personal computer. To register, visit www.HealthyChoicesBigRewards.com, click the GO-TO link and follow the on-screen instructions.

Your Benefits/Payroll/Personnel Office

Contact your employer's benefits/payroll/personnel office to get answers or additional information regarding:

- Applications
- Eligibility
- Enrollment
- Adding coverage for a dependent
- Choosing or changing your PCP
- General information



Member Service Department

Our staff has answers regarding your health care benefits and how to obtain services. Please e-mail or call our Member Service department if you:

- Have a change of address or telephone number
- Have questions regarding changes in dependent status (e.g., birth, adoption or marriage)
- Have questions regarding eligibility or effective dates of coverage
- Have an unresolved complaint or concern
- Have questions regarding your benefits
- Want to verify prior authorization approval
- Have questions regarding a claim

To help us serve you better, please have your member identification (ID) card or member number ready when you call. Our Member Service department is happy to help you by e-mail at ppicinfo@pplusic.com, or by phone at 608-282-8900 or 800-545-5015, Monday through Friday, 8:00 a.m.–5:00 p.m. If you call when our office is closed, please leave a detailed message including your name (please spell it if necessary), member number, the reason for your call and a phone number where we can contact you the next business day.



Step 7.

TAKE ADVANTAGE OF THESE STAY-HEALTHY PROGRAMS

Physicians Plus believes in preventive health care, and we're proud to offer two special programs that encourage members to adopt a healthy lifestyle.

Good Health BonusSM

Whether you're interested in getting in shape, losing weight or simply eating healthier, the Good Health Bonus program is your first step to bigger rewards for healthier choices. You can apply your Good Health Bonus in the way that best fits your lifestyle—choose from rebates for approved classes, health and fitness club memberships, Weight Watchers[®] participation, or take advantage of the Eat Healthy Rebate program. The total maximum annual reimbursement under the Good Health Bonus program is \$100 per year for single contracts and \$200 per year for family contracts.

■ TAKE A CLASS

From discovering the joys of childbirth to learning how to meditate, family yoga or Pilates, Physicians Plus and its partner programs offer Good Health Bonus classes that will keep you informed and on the move. Simply pay the class registration fee up front and, upon completion of the class or series, the instructor will complete and submit the form needed for you to receive reimbursement of up to \$100 or the total class fee, whichever is less. Members with single contracts can receive up to \$100 per year. Members with family contracts can receive up to \$200 per year per family. Visit www.HealthyChoicesBigRewards.com for a list of approved classes and complete program guidelines.

■ GO-TO HEALTHY CHOICESSM

GO-TO Healthy Choices connects you to personalized health information that is unique to *you* based on your health history, health practices and personal health goals.

You can apply your \$100 Good Health Bonus to participation in a Weight Watchers[®] program.



When you complete the initial health risk assessment and finish two lifestyle improvement and/or condition management programs and their

30-, 60- and 180-day post-program surveys, you earn \$25 and \$75 increases in annual Good Health Bonus limits. Programs include weight and stress management, healthy eating, smoking cessation, many chronic condition management programs (back pain, asthma, diabetes, etc.) and more. The programs are ideal for anyone interested in making healthier lifestyle choices!

■ JOIN A HEALTH & FITNESS FACILITY

A regular exercise routine is important to maintaining an active, healthy lifestyle. Physicians Plus will help you cover the cost of a health and fitness facility membership! Simply pay your member fees up front, and send us proof of payment (receipts) for reimbursement up to \$100 annually for single plan holders, and up to \$200 for family contracts.

■ EAT YOUR VEGGIES

With the Eat Healthy RebateSM program from Physicians Plus Insurance Corp., you can choose to apply your Good Health Bonus rebate to the cost of a produce share from a Madison Area Community Supported Agriculture Coalition farm (<http://macsac.org>). To receive your Eat Healthy Rebate, simply write "P+ Eat Healthy Rebate," along with your date of birth and member ID number on your MACSAC farm sign-up form. Please be sure your phone number is on the form, too. Send your farm sign-up form and payment to the farm according to the instructions on the form. And send a copy of your form to:

Physicians Plus Insurance Corporation
Good Health Bonus
P.O. Box 2078
Madison, WI 53701-2078

Look for your Eat Healthy Rebate check from Physicians Plus within 6–8 weeks. Please visit www.HealthyChoicesBigRewards.com for complete program guidelines.

■ JOIN WEIGHT WATCHERS®

Weight Watchers has been recognized for over 38 years as a safe and sensible way to manage weight. Due to its success rate in meeting and maintaining individualized weight goals, and its strong educational component of sensible nutrition and exercise, we are pleased to offer Weight Watchers as an option in our Good Health Bonus program. For those currently enrolled or those starting a Weight Watchers program, Physicians Plus will reimburse \$100 toward the annual cost of the program. Please visit www.HealthyChoicesBigRewards.com for complete program guidelines.

■ WEIGHTOGOSM

WeighToGo is a Good Health Bonus-eligible weight management program designed to promote behavior changes like increasing physical activity and healthy eating. It uses a Cardiocom® Thin-Link® remote monitoring device, in your home, to communicate daily weight management information to a health care professional at Cardiocom. Cardiocom staff will provide support to keep you on track, engage you in healthy eating and active living, help you develop self-management skills for lifelong weight control and facilitate your relationship with your doctor. In addition, you will receive regular telephone appointments with a registered dietician, an individualized meal plan and a pedometer (used to measure how far you walk each day). You can sign up for WeighToGo at the Physicians Plus preferred rate of \$89 per month—and apply your Good Health Bonus rebate to the cost of the program. With questions, or to learn more, please contact us at weightogo@pplusic.com or 608-260-7143.



PlusPerksSM

With PlusPerks, members receive 10–15% discounts on a wide range of healthful products and services from complimentary medicine and massage therapy to hearing aids and eyeglasses. All Physicians Plus health plan members are automatically eligible for PlusPerks discounts. No sign-up is necessary. Simply show your Physicians Plus Member ID card at the participating business to earn your discount at the time of purchase.

Physicians Plus Insurance Corporation does not endorse or make any representation or guarantee regarding any product, service, or business offered through the PlusPerks program. You must make your own judgment about each product, service, and participating business, including the appropriateness and quality of each product and service. You are also solely responsible for paying the costs and fees for any services and products that you choose to receive. By participating in the PlusPerks program, you are agreeing that Physicians Plus Insurance Corporation has no responsibility or liability for your purchase or use of any offered product or service or for the actions of any participating business.

When you combine PlusPerks with your Physicians Plus health plan membership you enjoy even more benefits for your health. PlusPerks offers you discounts on a wide assortment of health-related products and services from area businesses. Just look at this as your opportunity to try something new. Add more to your life starting today, with PlusPerks from Physicians Plus.

Visit www.HealthyChoicesBigRewards.com for complete program guidelines and a list of participating businesses.

The PLUS ReportSM and PlusNotesSM Newsletters

For health news and tips as well as useful information about your plan, look to *The PLUS Report*, a biannual newsletter for Physicians Plus members. *The PLUS Report* covers a broad range of topics to help keep you informed about the latest health news, community health events, new health services and how to make the most of your health plan coverage.

PlusNotes, a monthly e-mail newsletter, brings you all this and more. Be sure to subscribe at www.HealthyChoicesBigRewards.com.



Our PlusPerks program offers discounts on a wide assortment of health-related products and services from area businesses.



Frequently Asked Questions

Q. How can I change my primary care physician?

- A.** If you want to change your primary care physician (PCP), you may do so online at www.HealthyChoicesBigRewards.com by using GO-TOSM or by contacting our Member Service department by e-mail or phone. The change will be effective on the first day of the month following the date we receive the notification.

Q. I've changed my address. Who should I notify?

- A.** Please contact your benefits/payroll/personnel office and then use GO-TOSM or contact the Physicians Plus Member Service department immediately to ensure that you continue receiving important health plan communications.

Q. What happens if I have more than one insurance plan (coordination of benefits)?

- A.** If you have more than one insurance plan, we need to coordinate benefits with your other insurance carrier to pay claims correctly.

If Physicians Plus is your secondary insurer, claims must be sent to your primary insurance company first to obtain an explanation of benefits (EOB). To receive proper payment, we require the following information:

- An explanation of benefits (EOB) from your primary insurer
- The patient's member number
- The subscriber's name and address
- The provider's name
- An address or telephone number we can use to contact you for additional information

Q. How do I add a dependent or spouse to my policy?

- A.** You can apply to receive immediate coverage for your spouse or dependents during a "qualifying event." Applications must be received by your benefits/payroll/personnel office within 30 days of the following qualifying events:

- Birth or adoption*
- Marriage; or hardship (defined as divorce or legal separation, death of spouse, layoff, retirement if no insurance is offered, dependent's loss of insurance or spouse's employer discontinuing group coverage).

*Application must be received within 60 days for birth or adoption.

Q. Who qualifies as an "eligible dependent" on my health plan?

- A.** Your spouse, natural children and stepchildren are eligible dependents.

In the case of adopted children, coverage will be effective on the date that a court makes a final order granting adoption by the subscriber or on the date the child is placed for adoption with the subscriber, whichever occurs first. (These dates are defined by Wisconsin Statute **632.896**.) If the adoption of a child is not finalized, the insurer may terminate coverage of the child when the adoptive placement ends.

Legal wards who became wards of the subscriber before age 19 are also covered. Coverage will be effective on the date that a court awards permanent guardianship to the subscriber.

Grandchildren born to insured dependent children may be covered until the end of the month in which your insured dependent (your grandchild's parent) turns age 18. Your child's eligibility as a dependent is unaffected by the birth of the grandchild. The grandchild may be eligible for coverage as a continuant.



Q. What do I do if I need immediate or urgent care outside the Physicians Plus service area?

- A.** If you have an immediate medical problem, call your PCP or NursePlus™ at 866-PPLUSRN (866-775-8776) for medical advice. This ensures that your physician is aware of your medical situation. They will help you choose the most appropriate care option.

If you are instructed to seek immediate medical care, call us within 72 hours at 608-282-8900 or 800-545-5015 to let us know that your PCP or NursePlus advised you to seek medical care, and to let us know where you receive or intend to receive that care. If our office is closed, please leave a message with your name, member number, date, time and a phone number where we can contact you for more information.

Coverage is subject to review and any copayments, deductibles and coinsurance listed in your Schedule of Benefits.

Q. Do I have coverage for additional follow-up care outside the Physicians Plus service area?

- A.** No. Follow-up care after you receive emergency or urgent care services is not covered unless it is provided by a participating provider.

Q. What coverage do I have for my child living outside the Physicians Plus service area?

- A.** Only coverage for urgent and emergency care is available.

Your policy does not cover out-of-service area office visits and routine or preventive services for your child, such as an annual physical exam. They should schedule these appointments when they visit home.

Physicians Plus covers services for prior authorized outpatient Behavioral Health and Alcohol and Other Drug Abuse (AODA) services outside the service area if the dependent is a qualified, full-time student living in Wisconsin but outside the Physicians Plus service area.



How To Receive the Care You Need

As of January 1, 2002, Physicians Plus does not require prior authorization for payment of claims in conjunction with specialty care received from participating providers, unless the referral is to a Dean Health System provider outside Dane County.

Your PCP—Coordinating Your Care

As a Physicians Plus member, your PCP is your first contact for all health care needs and concerns, including immediate care. Your PCP provides health care services and advice, identifies special health care needs and coordinates any specialty health care services. Developing a good relationship with your PCP helps ensure that you receive the most appropriate and cost-effective care.

PCP-Directed Specialty Care

Your PCP directs you to another participating provider when he or she wants you to receive specialized care out of the scope of his or her practice. This:

- 1) Ensures that you receive the right services from other providers or specialists.
- 2) Helps your PCP coordinate your care by monitoring the services you receive. The referred-to physician works with your PCP to make sure you get the care you need.

Specialty Services With Prior Authorization

Typically, your PCP directs you to another participating provider for specialized care. Then, the specialist asks Physicians Plus to review and approve, or prior authorize, the services or treatments he or she recommends. Prior authorization includes all non-emergency inpatient services and specific kinds of outpatient services

(including elective or planned surgery, treatment and tests). Physicians Plus Health Services staff and your provider determine medical appropriateness and make decisions on whether or not services receive prior authorization. You, your PCP and the requesting provider receive written notice of prior authorization approval or denial.

Behavioral Health and Alcohol and Other Drug Abuse (AODA) Services

All behavioral health assessments and treatments require prior authorization.

If you need a behavioral health provider, please contact the following agency for a professional assessment of your situation and referral to an appropriate participating provider:

Physicians Plus Behavioral Health
Consultation System (BHCS)
608-282-8960 or 800-683-2300

For emergencies, please contact your therapist. If you do not currently have a therapist or cannot reach your therapist, call the Meriter Hospital emergency room or any Physicians Plus participating emergency room. Emergency room personnel will refer you to the behavioral health and AODA professional on call. During business hours, you should contact the Physicians Plus Behavioral Health Consultation System.





Medical Supplies, Durable Medical Equipment and Home Health Care Services

Durable medical equipment and home health care services must be obtained through a participating Physicians Plus provider.

You must pay any coinsurance on durable medical equipment or supplies and prosthetic devices. There is a maximum out-of-pocket expense per person per calendar year.

For more information and a complete description of benefits, refer to your Schedule of Benefits.

Women's Health and Cancer Rights Act of 1998 Annual Notice

Your Physicians Plus health plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including: reconstruction and surgery to achieve symmetry between breasts, prostheses and treatment of complications resulting from a mastectomy (including lymphedema).

More About Specialty Services

Before members receive certain treatments, services, supplies or equipment, prior authorization from Physicians Plus is required. To obtain prior authorization, please have your provider call our Health Services staff at 608-282-8900 or



800-545-5015. The following are examples of services that require prior authorization from Physicians Plus before you receive them:

- All services by non-participating providers
- Behavioral Health and Alcohol and Other Drug Abuse (AODA) services
- Durable medical equipment, prosthetic and supply purchases over \$5,000
- **INPATIENT SERVICES:**
 - At a hospital or other acute care facility, skilled nursing facility (including therapy) or sub-acute facility
- **OUTPATIENT PROCEDURES/SURGERY:**
 - Blepharoplasty, breast reduction, canthoplasty
- **REHABILITATION:**
 - Day or neurotrauma
 - Transplants
- **OTHER SERVICES:**
 - Home care services, hospice services, neuropsychiatric testing or therapeutic contact lenses

You are responsible for payment if the previous services are obtained before receiving prior authorization from Physicians Plus. Please contact our Member Service department if you have any questions about prior authorization.

For More Information About Prior Authorization

Contact our Member Service department or visit www.HealthyChoicesBigRewards.com to find answers to the most frequently asked questions regarding our prior authorization processes.

Prior Authorization

Prior authorization identifies a specific provider, type of service, number of visits, the time period for which services are approved and possibly other guidelines. It is important to talk with your PCP so you understand what care and services you will receive and why.



Emergency and Immediate/Urgent Care

Emergency Care

Emergency room (ER) usage is for emergency medical conditions. Emergency medical conditions manifest themselves through acute symptoms of sufficient severity, including severe pain, leading a person with average knowledge of health and medicine to reasonably conclude that lack of immediate medical attention will likely result in any of the following:

- Serious jeopardy to the person's health or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn child
- Serious impairment to the person's bodily functions
- Serious dysfunction of one or more of the person's body organs or parts

Most health conditions are not emergencies and can be treated by your PCP or an immediate/urgent care center. If you are unsure, contact your PCP or NursePlus at 866-PPLUSRN (866-775-8776).

Conditions That Require Emergency Care:

- Acute allergic reactions
- Acute asthmatic attacks
- Convulsions
- Epileptic seizures
- Acute hemorrhage
- Acute appendicitis
- Coma
- Heart attack
- Broken bones
- Attempted suicide
- Suffocation
- Drug overdose
- Loss of consciousness
- Any condition for which you are admitted to the hospital as an inpatient from the emergency room

WHAT TO DO *in an emergency situation:*

1. Call 911 if you can't get to an ER immediately.
2. If you are able, go to an ER that is part of the Physicians Plus network (in Madison, go to Meriter or UW Hospital).
3. If you are out of the Physicians Plus service area at the time of your ER visit or go to a non-participating ER, you must notify Physicians Plus within 48 hours or as soon as medically possible. If you cannot call, have someone call for you.
4. Go to your PCP, not the ER, for all follow-up care.



Copayments & Emergency Room Reviews

The emergency room copayment is waived only if you are admitted to the hospital directly from the emergency room. If you are held for observation in a hospital, it is not considered an inpatient stay and the copayment is not waived.

Physicians Plus may review emergency room visits for conditions that do not appear to fall under the definition of “emergency medical conditions.” In these cases, our medical staff reviews medical records to determine if the visit is reasonable, based upon the symptoms. If the visit is determined inappropriate and alternative services were available (such as the patient’s PCP or an immediate/urgent care center), the visit may not be covered.

Immediate/Urgent Care

The immediate care center provides timely access to care when your PCP is not available. The immediate care center is not a replacement for your PCP’s office. You must use a facility in the Physicians Plus provider network when you are in the service area. For urgent care received from facilities that also provide emergency care, please note hours of urgent care operation.

Conditions That May Require Immediate/Urgent Care:

- Minor cuts
- Sprains
- Most drug reactions
- Non-severe bleeding
- Minor burns



WHAT TO DO

*in an immediate or
urgent care situation*

1. Call your PCP or NursePlus at 866-PPLUSRN. If you cannot call, have someone call for you.
2. Follow instructions from your PCP or NursePlus.



Filing Claims

In the vast majority of situations, when participating providers are utilized, Physicians Plus members never have to file claims.

Please carry your ID card at all times and present it any time you visit your physician's office, pharmacy or the hospital. This card also includes your member number, which is required to process any claim.

If you have a question about a bill from a physician, hospital or clinic, you may find the answer online in GO-TO at www.HealthyChoicesBigRewards.com or by contacting our Member Service department. Physicians Plus will determine if the services are covered benefits.

If you receive urgent care or emergency services from a non-participating provider outside the service area, ask the provider to file a claim with us at the address listed below.

Physicians Plus Insurance Corporation
Medical Claims
P.O. Box 269017
Plano, TX 75026-9017

If the provider is unable to file claims on your behalf, please submit the following information for our review:

1. An itemized bill, including a detailed description of the diagnosis, services provided and amount charged
2. A copy of the medical report with the physician's diagnosis and treatment plan
3. Your member number
4. A brief description of the situation
5. Proof of payment

If you receive medical care in another country, please provide an English translation of the above information. Keep copies of this information, and send the originals to us. Please include your member number on all correspondence to Physicians Plus. Send medical claims to:

Physicians Plus Insurance Corporation
Medical Claims
P.O. Box 269017
Plano, TX 75026-9017

HOW TO SOLVE A PROBLEM WITH A CLAIM

The Appeal Process

If you have any questions about a claim, please contact our Member Service department by e-mail at ppicinfo@ppusinc.com, or by phone at 608-282-8900 or 800-545-5015. To help us serve you more efficiently, please have your member ID card available when you call.

When you have a question or concern about a benefit, claim or other aspect of health care service, we encourage you to call the practitioner who treated you or our Member Service department. Our representatives try to answer your questions and resolve your concerns promptly—your input allows us to better meet your health care needs.

If the issue of concern is not resolved to your satisfaction, you have the right to file a written appeal, and when our Grievance Committee reviews the case, you have a right to participate in the meeting. In addition, if your dispute involves a medical judgment, you may be entitled to an independent review by medical professionals with no connection to Physicians Plus (after completing our standard appeal process).

In addition, you have appeal rights through Employee Trust Funds. Please see the "It's Your Choice" booklet for details.

QUALITY ASSURANCE

Physicians Plus is committed to continuous, collaborative quality improvement processes. We regularly measure quality and member satisfaction: through joint efforts with other health care providers, associations and collaboratives; through reporting to state agencies; and through participation in the annual HEDIS® /CAHPS Survey. Additionally, the organization implemented and maintains the high quality and business process standards of the Wisconsin Forward Award program.



Our Mission

In partnership with our local community-based provider owners, we advance a tradition of delivering excellent products, services and quality care to those who depend upon us.



LEARN.
Change.
BE YOURSELF.
Improve.
ENJOY.



Physicians Plus
INSURANCE CORPORATION

22 EAST MIFFLIN STREET, SUITE 200, MADISON, WI 53703

www.HealthyChoicesBigRewards.com

Contact Member Service: ppicinfo@ppplusic.com, 608-282-8900 or 800-545-5015

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