



Physicians Plus
INSURANCE CORPORATION
Member Handbook



For Physicians Plus **BadgerCare Plus** Members



INTERPRETER SERVICES

- English For help to translate or understand this, please call 1-800-545-5015 or 608-282-8900 (TTY).
- Spanish Si necesita ayuda para traducir o entender este texto, por favor llame al telefono 1-800-545-5015 or 608-282-8900 (TTY).
- Hmong Yog xav tau kev pab txhais cov ntaub ntauv no kom koj totaub, hu rau 1-800-545-5015 or 608-282-8900 (TTY).
- Russian Если вам не всё понятно в этом документе, позвоните по телефону 1-800-545-5015 or 608-282-8900 (TTY).

Interpreter services are provided free of charge to you.

If you are visually impaired and need to receive this information in a different format, please contact Member Service at the number directly below. We will be happy to help you.

IMPORTANT PHYSICIANS PLUS TELEPHONE NUMBERS

- Member Service 1-800-545-5015 or 608-282-8900, Monday–Friday, 8 a.m.–5 p.m.
- Emergency Number 1-866-PPLUSRN (1-866-775-8776); get medical advice from a nurse 24 hours-a-day, seven days-a-week.
- TDD 608-260-7998; leave a message and a representative will call you back.

WELCOME

Welcome to Physicians Plus Insurance Corporation. As a member of Physicians Plus, you will receive all your health care from doctors and hospitals in the Physicians Plus provider network. See Physicians Plus' Provider Directory for a list of these providers. You may also call Member Service at 1-800-545-5015 or 608-282-8900. Providers not accepting new patients are marked in the Provider Directory. Please visit www.HealthyChoicesBigRewards.com for care guidelines. If you do not have Internet access, please request a paper copy from Member Service.

YOUR FORWARDHEALTH OR FORWARD ID CARD

Always carry your ForwardHealth or Forward ID card with you. Show it every time you get care. You may have problems getting care or prescriptions if you do not have your card with you. Also bring any other health insurance cards you may have.

PRIMARY CARE PHYSICIAN (PCP)

It is important to call your primary care physician (PCP) first when you need care. This doctor will manage all your health care. If you think you need to see another doctor, or a specialist, ask your PCP. Your PCP will help you decide if you need to see another doctor and can refer you to someone who meets your health care needs. If you decide to see another doctor or specialist, you may want to keep your PCP informed so they can help coordinate your overall care. You can choose your PCP from those available (NOTE: Women may also see a women's health specialist, such as an OB/GYN doctor or a nurse midwife, in addition to their PCP without a referral.) There are HMO doctors who are sensitive to the needs of many cultures. To choose a PCP, or to change to a different PCP, call Member Service at 1-800-545-5015 or 608-282-8900.

EMERGENCY CARE

Emergency care is care needed right away because of an injury or a sudden illness. Some examples are:

- Choking
 - Severe or unusual bleeding
 - Trouble breathing
 - Suspected poisoning
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- Serious broken bones
 - Unconsciousness
 - Severe burns
 - Severe pain
 - Suspected heart attack
 - Suspected stroke
 - Convulsions
 - Prolonged or repeated seizures

If you need emergency care, go to a hospital in the Physicians Plus network (Meriter or UW in Madison) for help if you can. BUT, if the emergency is severe, go to the nearest hospital. You may want to call 911, local police or the fire department emergency services if the emergency is severe. If you must go to a hospital not in the Physicians Plus network, call Physicians Plus at 1-800-545-5015 or 608-282-8900 as soon as you can and tell us what happened. This is important so we can help you get follow-up care.

Remember, hospital emergency rooms are for true emergencies only. Call your doctor or our 24-hour NursePlus line at 1-866-PPLUSRN (1-866-775-8776) before you go to the emergency room, unless your emergency is severe.

URGENT CARE

Urgent Care is care you need sooner than a routine doctor's visit. Urgent care is not emergency care. Do not go to a hospital emergency room for urgent care unless your doctor tells you to go there. Some examples of urgent care are:

- Most broken bones
- Sprains
- Non-severe bleeding
- Minor burns
- Minor cuts
- Bruises
- Most drug reactions

If you need urgent care, call your clinic, doctor or our 24-hour NursePlus information line (1-866-775-8776). We will tell you where you can get care. You must get urgent care from doctors in the Physicians Plus network unless you get our approval to see a non-network doctor.

Remember, do not go to a hospital emergency room for urgent care unless you get approval from Physicians Plus first.

HOW TO GET MEDICAL CARE WHEN YOU ARE AWAY FROM HOME

Follow these rules if you need medical care but are too far from home to go to your assigned primary care physician (PCP) or clinic:

- For severe emergencies, go to the nearest hospital, clinic or doctor.
- For urgent or routine care away from home, you must get approval from us to go to a different doctor, clinic or hospital. This includes children who are spending time away from home with a parent or relative. Call us at 1-800-545-5015 for approval to go to a different doctor, clinic or hospital.

PREGNANT WOMEN AND DELIVERIES

If you become pregnant, please let Physicians Plus and your county's Human Services department know right away. This is to make sure you get the extra care you need. You may also not have copays when you are pregnant.

You must go to a Physicians Plus network hospital to have your baby. Talk to your doctor to make sure you understand which hospital to go to when it's time to have your baby.

Also, make sure you talk to your doctor if you plan to travel in your last month of pregnancy. We want you to have a healthy birth and a good birthing experience. It may not be a good time for you and your unborn child to travel. Your doctor knows your history and is the best doctor to help you have a healthy birth. Do not go out of the area to have your baby unless you have Physicians Plus approval.

WHEN YOU MAY BE BILLED FOR SERVICES

It is very important to follow the rules when you get medical care so you are not billed for services. You must receive your care from Physicians Plus network providers and hospitals unless you have our approval. The only exception is for severe emergencies.

If you travel outside Wisconsin and need emergency services, health care providers can treat you and send claims to Physicians Plus. You will have to pay for any service you get outside Wisconsin if the health care provider refuses to submit claims or refuses to accept Physicians Plus payment as payment in full.

Physicians Plus does not cover any service, including emergency services, provided outside of the United States, Canada and Mexico.

BILLING MEMBERS

Covered and Non-Covered Services

Under the *BadgerCare Plus-Standard Plan*, if you receive a bill for services, call Member Service at 1-800-545-5015 or 608-282-8900. You do not have to pay for covered services (other than a required copayment) that Physicians Plus is required to provide and that are provided by BadgerCare Plus-certified providers. If prior authorization for a specific service is denied, Physicians Plus must tell you that there will be a charge for the service before it is provided.

Generally, charging a member for a non-covered service is allowed, except for certain non-covered services or activities related to covered services, like missed appointments, telephone calls and translation services.

Under the *BadgerCare Plus-Benchmark Plan*, the HMO and its providers and subcontractors may bill you for deductibles for covered services provided by a BadgerCare Plus-certified provider. You may request non-covered services from providers. Providers may collect payment for non-covered services from you if you accept responsibility for payment and make payment arrangements with the provider. Providers may bill you up to their usual and customary charges for non-covered services.

Copayments

Under the *BadgerCare Plus-Standard Plan*, the HMO and its providers and subcontractors may bill you for nominal copayments. The following members are exempt from copayments:

- Medicaid SSI members
- Nursing home residents
- Pregnant women
- Members under 19 years of age who are members of a federally recognized tribe
- Members under 19 years of age with incomes at or below 100 percent of the Federal Poverty Level (FPL).

Under the *BadgerCare Plus-Benchmark Plan*, the HMO and its providers and subcontractors may bill you for copayments for covered services or for other medical services provided by a BadgerCare Plus-certified provider. The following members are exempt from copayments:

- Pregnant women
- Members under 18 years of age who are members of a federally recognized tribe

OTHER INSURANCE

If you have other insurance in addition to Physicians Plus, you must tell your doctor or other provider. Your health care provider must bill your other insurance before billing Physicians Plus. If your Physicians Plus doctor does not accept your other insurance, call the HMO Enrollment Specialist at 1-800-291-2002. The Enrollment Specialist can tell you how to match your HMO enrollment with your other insurance so you can use both plans.

SERVICES COVERED BY PHYSICIANS PLUS

Physicians Plus is responsible for providing the following medically necessary covered services under the *BadgerCare Plus-Standard Plan*:

- HealthCheck (Early and Periodic Screening, Diagnosis and Treatment) for people under 21
- Home health services or nursing services if a home health agency is unavailable
- Hospice care
- Inpatient hospital services other than services in an institution for mental disease
- Inpatient hospital, skilled nursing facility and intermediate care facility services for patients in institutions for mental disease who are:
 - Under 21 years of age
 - Under 22 years of age and was getting services when you turned 21 years of age
 - 65 years of age or older
- Intermediate care facility services, other than services at an institution for mental disease
- Laboratory and X-ray services
- Medical supplies and equipment
- Mental health and medical day treatment
- Nurse midwife services
- Nursing services, including services performed by a nurse practitioner
- Optometric/optical services, including eye glasses
- Outpatient hospital services
- Physical and occupational therapy
- Physician services
- Podiatry services
- Respiratory care services for ventilator-dependent individuals
- Skilled nursing home services other than in an institution for mental disease
- Smoking cessation treatment
- Speech, hearing, and language disorder services
- Substance abuse (alcohol and other drug abuse) services
- Transportation to obtain medical care
- Tuberculosis (TB) services

Some services may require you to make a copayments of:

<u>Cost of Service</u>	<u>Your Copayment</u>
Up to \$10	\$0.50
\$10.01-\$25	\$1
\$25.01-\$50	\$2
Over \$50	\$3

There are no copays for emergency services, pregnancy-related services, services for children under 19, services for nursing home residents, clozapine management or family planning services at a family planning clinic.

Physicians Plus is responsible for providing the following medically necessary covered services under the *BadgerCare Plus-Benchmark Plan*:

- Disposable Medical Supplies (DMS)
- Durable Medical Equipment (DME)
- Emergency Room and Emergency Transportation
- Family Planning Services
- Health Screenings for Children
- Home Health
- Hospice
- Hospital, Inpatient
- Hospital, Outpatient
- Mental Health and Substance Abuse, including inpatient care
- Nursing Home
- Physician Visits
- Podiatry Services
- Prenatal/Maternity Care
- Smoking Cessation Services (Prescription)
- Physical, Occupational and Speech Therapy
- Vision

Some services may require you to make a copayments of:

Service	Your Copayment
Prescription Drugs	\$5 each prescription
Disposable Medical Supplies	\$0.50 for syringes and diabetic pens for use with durable medical equipment
Durable Medical Equipment (DME)	\$5 each item
Emergency Room	\$60 for non-emergency visits to the ER
Emergency Transportation	\$50 per trip
Home Health	\$15 each visit
Hospice	\$2 each day
Hospital (Inpatient)	\$100/stay; \$50 for mental health and/or substance abuse
Hospital (Outpatient)	\$15 each visit
Physicians Visits (doctors)	\$15 each visit
Podiatry Services	\$15 each visit
Physical, Occupational and Speech Therapy	\$15 each visit
Vision	\$15 each visit

If you are enrolled in the *Benchmark Plan*, services have the following limits:

Service	Yearly Coverage Limit
Disposable Medical Supplies (DMS)	Limited coverage; call Member Service or ask your doctor.
Durable Medical Equipment (DME)	\$2,500 each year, including any rental costs.
Pharmacy (Prescription drugs)	Generic drugs only. Discount brand name drugs are available through Badger Rx Gold.
Home Health	60 visit per year.
Hospice	360 days per lifetime.
Hospital (Includes Mental Health and Substance Abuse)	Depending on type of service, there may be limits on how many visits members can receive per year.
Nursing Home	30 days per enrollment year.
Therapy	20 visits for physical, occupational and speech; 36 for cardiac.
Vision	One exam every two years.

Dollar amounts are based on BadgerCare Plus allowed amounts and not the amount the provider bills.

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Standard Plan: Physicians Plus provides mental health and substance abuse (drug and alcohol) services to all members. If you need these services, call 1-877-745-6700 or 608-280-2702.

Benchmark Plan: Covered services include outpatient mental health, outpatient substance abuse (including narcotic treatment, mental health day treatment for adults, child/adolescent mental health day treatment and substance abuse day treatment for adults and children. If you need these services, call 1-877-745-6700 or 608-280-2702.

Depending on the type of service, there may be limits on how many visits members can receive per year.

FAMILY PLANNING SERVICES

We provide confidential family planning services to all members. This includes minors. If you do not want to talk to your PCP about family planning, call Member Service at 1-800-545-5015 or 608-282-8900. We will help you choose a Physicians Plus family planning doctor who is different from your PCP.

Federal law allows members to choose their provider, including physicians and family planning clinics, for reproductive care and supplies. You can go to any family planning clinic that will accept your ForwardHealth or Forward ID card, even if the clinic is not part of Physicians Plus' provider network. We encourage you to receive family planning services from a Physicians Plus network doctor. That way, we can better coordinate all your health care.

DENTAL SERVICES

You may get dental services from any dentist who will accept your ForwardHealth or Forward ID card. Your dental services are provided by the State, not Physicians Plus. You will have a 50% copayment of the BadgerCare Plus allowed amount, plus \$200. Dental services have a \$750 yearly coverage limit.

CHIROPRACTIC SERVICES

You may get chiropractic services from any chiropractor who will accept your ForwardHealth or Forward ID card. Your chiropractic services are provided by the State, not Physicians Plus. You will have a copayment of \$15 per visit.

HEALTHCHECK

HealthCheck is a preventive health checkup program for members under the age of 21. The HealthCheck program covers complete health checkups. These checkups are very important for those under 21. Doctors want to see those under 21 for regular checkups, not just when they are sick. The HealthCheck health program has three purposes:

1. To find and treat health problems for those under 21.
2. To let you know about the special health services for those under 21.
3. To make those under 21 eligible for some health care not otherwise covered.

The HealthCheck program covers the medical care for health problems found during the checkup, including medical care, eye care and dental care. The HealthCheck checkup includes:

- Health and developmental history (including anticipatory guidance)
- Unclothed physical examination
- Vision screening
- Hearing screening
- Dental screening and a referral to a dentist beginning at age three (3)
- Immunizations (shots) appropriate for age
- Blood and urine lab tests (including blood lead level testing when appropriate for age)

To schedule a HealthCheck exam or for more information, call Member Service at 1-800-545-5015 or 608-282-8900. If you need it, Physicians Plus Member Service will also help arrange transportation for HealthCheck visits.

TRANSPORTATION

Standard Plan: Bus or taxi rides to receive care can be arranged by Physicians Plus. Call Member Service at 1-800-545-5015 or 608-282-8900 for information.

Benchmark Plan: Non-emergency transportation is not a covered benefit.

SPECIAL MEDICAL VEHICLE (SMV)

Standard Plan: Physicians Plus covers transportation by special vehicle for those in wheelchairs. We may also cover this service for others if your doctor asks for it. Call Member Service at 1-800-545-5015 or 608-282-8900 if you need this service.

Benchmark Plan: Non-emergency transportation is not a covered benefit.

AMBULANCE

Physicians Plus covers ambulance service for emergency care. We may also cover this service at other times, but you must have approval for all non-emergency ambulance trips. Call Member Service at 1-800-545-5015 or 608-282-8900 for approval.

PHARMACY BENEFITS

Your prescriptions and certain over-the-counter items are provided by the State, not Physicians Plus. You may receive a prescription from a Physicians Plus doctor, specialist or dentist. You can fill your prescription at any pharmacy that is a provider for BadgerCare Plus.

Please show your ForwardHealth or Forward ID card to the pharmacy when you get prescriptions filled. Do not show your Physicians Plus card to the pharmacy. You may have copayments or limits on covered medications.

IF YOU MOVE

If you are planning to move, contact your county Department of Social or Human Services. If you move to a different county, you must also contact the Department of Social or Human Services in your new county to update your eligibility.

If you move out of Physicians Plus' service area, call the HMO Enrollment Specialist at 1-800-291-2002. Physicians Plus will only provide emergency care if you move out of our service area. The Enrollment Specialist will help you choose an HMO that serves your area.

HEALTH INSURANCE AFTER YOUR ELIGIBILITY ENDS

You have the right to purchase a private health insurance policy from Physicians Plus when your eligibility ends. Call Member Service at 1-800-545-5015 or 608-282-8900 to find out more. If you decide to purchase a policy from us, you have 30 days to apply after the date your eligibility ends.

SECOND MEDICAL OPINION

A second medical opinion on recommended services may be appropriate in some cases. Contact your doctor or Physicians Plus Member Service for information.

HMO EXEMPTIONS

An HMO exemption means you are not required to join an HMO to receive your health care benefits. Most exemptions are granted for only a short period of time so you can complete a course of treatment before you are enrolled in an HMO. If you think you need an exemption from HMO enrollment, call the HMO Enrollment Specialist at 1-800-291-2002 for more information.

LIVING WILL OR POWER OF ATTORNEY FOR HEALTH CARE

You have a right to make decisions about your medical care. You have a right to accept or refuse medical or surgical treatment. You also have the right to plan and direct the types of health care you may receive in the future if you become unable to express your wishes. You can let your doctor know about your feelings by completing a living will or power of attorney for health care form. Contact your doctor for more information.

RIGHT TO MEDICAL RECORDS

You have the right to ask for copies of your medical record from your provider(s). We can help you get copies of these records. Please call 1-800-545-5015 or 608-282-8900 for help. Please note: You may have to pay to copy your medical record. You also may correct wrong information in your medical record if your doctor agrees to the correction.

PHYSICIANS PLUS' MEMBER ADVOCATE

Physicians Plus has a Member Advocate to help you get the care you need. The advocate can answer your questions about getting health care from Physicians Plus. The advocate can also help you solve any problems you may have getting health care from Physicians Plus. Call 1-800-545-5015 or 608-282-8900 and ask to speak with the BadgerCare Plus Member Advocate.

STATE OF WISCONSIN HMO OMBUDS PROGRAM

The State has Ombuds who can help you with any questions or problems you have as an HMO member. The Ombuds can tell you how to get the care you need from your HMO. The Ombuds can also help you solve problems or complaints you may have about the HMO program or your HMO. Call 1-800-760-0001 and ask to speak to an Ombuds.

COMPLAINTS, GRIEVANCES AND APPEALS

We want to know if you have a complaint. Please call Physicians Plus' BadgerCare Plus Member Advocate at 1-800-545-5015 or 608-282-8900 if you have a complaint. Or you can write to us at:

Physicians Plus Insurance Corp.
Attn: BadgerCare Plus Member Advocate
22 E. Mifflin Street, Suite 200
Madison, WI 53703

If you want to talk to someone outside of Physicians Plus about the problem, call the HMO Enrollment Specialist at 1-800-291-2002. The Enrollment Specialist may be able to help you solve the problem or can help you write a formal grievance to Physicians Plus or BadgerCare Plus. The contacts for Wisconsin BadgerCare Plus complaints is:

Mail: BadgerCare Plus
Managed Care Ombuds
P. O. Box 6470
Madison, WI 53716-0470

Phone: 1-800-760-0001

If your complaint or grievance needs action right away because a delay in treatment would greatly increase the risk to your health, please call Physicians Plus as soon as possible at 1-800-545-5015 or 608-282-8900.

We cannot treat you differently than other members because you file a complaint or grievance. Your health care benefits will not be affected.

You have the right to appeal to the State of Wisconsin Division of Hearings and Appeals (DHA) for a fair hearing if you believe your benefits are wrongly denied, limited, reduced, delayed or stopped by Physicians Plus. An appeal must be made no later than 45 days after the date of the action in question. If you appeal this action to DHA before the effective date, the service may continue. You may need to pay for the cost of services if the hearing decision is not in your favor.

If you want a fair hearing, send a written request to:

Department of Administration
Division of Hearings and Appeals
P. O. Box 7875
Madison, WI 53707-7875

The hearing will be held in the county where you live. You have the right to bring a friend or be represented at the hearing. If you need a special arrangement for a disability, or for English language translation, please call 608-266-3096 (voice) or 608-264-9853 (hearing impaired).

We cannot treat you differently than other members because you request a fair hearing. Your health care benefits will not be affected.

If you need help writing a request for a fair hearing, please call the BadgerCare Plus Ombudsman at 1-800-760-0001 or the HMO Enrollment Specialist at 1-800-291-2002.

PHYSICIAN INCENTIVE PLAN

You are entitled to ask if we have special financial arrangements with our physicians that can affect the use of referrals and other services you might need. To get this information, call Member Service at 1-800-545-5015 or 608-282-8900 and request information about our physician payment arrangements.

PROVIDER CREDENTIALS

You have the right to information about our providers that includes the provider's education, board certification and recertification. To get this information, call Member Service at 1-800-545-5015 or 608-282-8900.

MEMBER RIGHTS

- You have the right to ask for an interpreter and have one provided to you during any BadgerCare Plus-covered service.
- You have the right to receive the information provided in this member handbook in another language or another format.
- You have the right to receive health care services as provided for in federal and state law. All covered services must be available and accessible to you. When medically appropriate, services must be available 24 hours a day, seven days a week.
- You have the right to receive information about treatment options, including the right to request a second opinion.
- You have the right to make decisions about your health care.
- You have the right to be treated with dignity and respect.
- You have the right to be free from any form of restraint or seclusion used as means of force, control, ease or reprisal.

YOUR CIVIL RIGHTS

Physicians Plus provides covered services to all eligible members regardless of:

- Age
- Race
- Religion
- Color
- Disability
- Sex
- Sexual Orientation
- National Origin
- Marital Status
- Arrest or Conviction Record
- Military Participation

All medically necessary covered services are available to all members. All services are provided in the same manner to all members. All persons or organizations connected with Physicians Plus who refer or recommend members for services shall do so in the same manner for all members.

Translating or interpreting services are available for those members who need them. This service is free.

PRIVACY AND CONFIDENTIALITY PRACTICES

You do not have to act on this Notice. It is for informational purposes only. This Notice lets you know how medical information about you and your family may be used and how you can find this information. Please review this notice with care. If you have any questions about this notice, please contact the Physicians Plus Privacy Officer at 1-800-545-5015 or 608-282-8900.

Physicians Plus' Pledge Regarding Medical Information:

Physicians Plus knows and respects the privacy of your medical information. Physicians Plus is required by law to maintain the privacy of "Protected Health Information (PHI)." PHI is information that may identify you and that relates to your past, present or future medical condition including care and payment for care. Physicians Plus keeps your PHI private and safe by following and going beyond state and federal law to make sure of the protection of your PHI.

Physicians Plus is required to:

- Keep PHI safe and provide you with certain rights to obey state and federal law;
- Give you this notice of our legal duties and privacy practices with respect to your PHI; and
- Abide by the terms of this notice that is currently in effect.

This notice will inform you about the ways Physicians Plus may use and release PHI about you and your dependents. It also tells you of your rights and certain rules we have about the use and disclosure of your PHI.

How Physicians Plus May Use and Release Protected Health Information (PHI):

Under law, Physicians Plus may use and give out PHI without your permission in certain cases in order to provide you with health-related services. The following examples show how PHI is used and given out by Physicians Plus for this purpose (this is not a complete list and not every type of use or reason to give out PHI is listed):

Payment — Physicians Plus may use and give out PHI for payment of your health and pharmacy claims. We may use and give out PHI for purposes of billing, claims payment, to determine eligibility and coverage for health benefits. For example, in order to pay for your health care services or treatment, Physicians Plus will receive and review claims for services sent to us by your doctors. We may also use and give out PHI to see if medical treatments are necessary. For example, we may review your PHI to determine whether a specific medical procedure is needed and consistent with your health condition.

Health Care Operations — Physicians Plus may use and give out PHI for health care operations, which include long term illness management activities, quality assessment activities, legal services and review of physicians who provide care for our members. We may also use and give out your PHI for certain internal marketing activities. For example, your name, address or e-mail address may be used to send you a newsletter (you may contact our Privacy Officer to ask that these materials not be sent to you). Physicians Plus may also use PHI to contact you to promote healthy living and disease prevention. For example, we might send out various reminders involving: follow-up appointments; examinations; pre-natal and post-natal screenings; counseling on nutrition and exercise; immunization; recommendations regarding heart health; cancer prevention; diabetes health management; and other specific health and long term illness management programs. We may also use and give out PHI received at the time of enrollment for underwriting and finding out premiums, as well as answering questions about our insurance products.

Business Associates — Physicians Plus may contract with others known as Business Associates to provide certain services on our behalf. To provide these services, Business Associates may receive, create, maintain, use and/or give out PHI, but only after they agree in writing to apply safety measures regarding PHI. For example, we may give out PHI to a Business Associate to do claims administration services, legal services or pharmacy management services, but they must agree in writing to apply safety measures to our PHI.

Other Permitted or Required Uses and Disclosures of Protected Health Information (PHI):

The following describe other ways in which Physicians Plus may use and give out PHI without authorization:

As Required By Law — We may use or give out PHI as required by law so long as the use or release complies with related law(s).

Legal Proceedings — We may use or give out PHI in the course of any legal proceedings. Physicians Plus may give out PHI in response to a court or administrative order. We may also give out PHI in response to a subpoena, discovery request or other lawful process, so long as such disclosure complies with applicable law.

Law Enforcement — We may give out PHI for law enforcement purposes as required by law. Physicians Plus may also give out PHI in regard to the following situations: identifying or locating suspects, fugitives, material witnesses or missing persons; in regard to suspected victims of crimes; in regard to a death that may have resulted from criminal conduct; or in regard to possible crimes at our location(s).

Worker's Compensation — We may use or give out PHI to obey worker's compensation laws or similar programs.

Disclosures to Benefit Plan Sponsors/Employers — Physicians Plus may give out PHI to employers who sponsor group health plans for a variety of purposes. For example, we may give out summary PHI to employers in regard to getting premium bids or changing or ending a group health plan. We may also give out enrollment and termination information to employers, including information relating to deductibles, premiums, Medicare and COBRA status. We may give out PHI to employers for group health plan administrative functions, such as administering a wellness or other employer-sponsored plan or program. For example, when an employer-sponsored wellness plan provides a benefit to employees who have a checkup each year, we may verify the completion and date of this checkup. In all such instances of giving out PHI to employers, we will give out only as much as is needed to complete the request.

Health Oversight Activities — We may give out your PHI to a health oversight agency for activities authorized by law, including audits, investigations, inspections and licensure. These activities are needed for the government to check the health care system, government programs, and compliance with civil rights laws.

Research — We may give out your PHI to researchers when:

- (1) the individual identifiers have been removed; or
- (2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established measures to ensure the privacy of the requested information, and approves the research.

Disclosures With Your Agreement or Opportunity to Object:

Individuals Involved in Your Care — Physicians Plus may give out your PHI to a family member, relative, close friend or someone else you have personally identified, if that person is involved in your health care or payment for your health care. For example, we may get in touch with your spouse in regard to payment of a bill, as long as you have not requested that this PHI remain confidential. In this type of situation, we will give out only as much PHI as is needed to complete the task. If you are not able to agree or disagree to our contacting your family or friends, we will decide if giving out PHI is in your best interest, using our best professional judgment.

Other Uses of Medical Information:

Other uses and giving out of PHI not covered by applicable laws or this notice will be made only with your written consent. If you authorize the use or giving out of your PHI, you may cancel it, in writing, at any time. If you cancel it, we will not use or give out your PHI for the reasons covered by your written consent from the time of your request and forward. However, cancelling it will not apply to uses or

Changes to This Notice:

We reserve the right to make changes to this notice. If we make a lot of changes to the notice, we will send it to you within 60 days of the changes. The notice will contain the new effective date in the upper right-hand corner of page 1.

Complaints:

If you believe your privacy rights have been violated; you may file a privacy complaint with Physicians Plus or with the Secretary of the Department of Health and Human Services. To file a privacy complaint with Physicians Plus, contact the Privacy Officer at the address listed above. Please note that all other complaints not related to privacy must follow the rules outlined in your Policy or Medical Certificate of Coverage. We will not treat you different in any way for filing a complaint.



Physicians Plus
INSURANCE CORPORATION

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