



Member Handbook

January 2024

Welcome to Genesee Health Plan Plan B



Genesee Health Plan

(GHP) is a community-sponsored program for eligible residents in Genesee County. This is not insurance. Genesee Health Plan provides limited coverage for doctor visits, prescriptions, lab tests and x-rays. Genesee Health Plan does not pay for hospital or other inpatient services. If you receive services that are not a covered benefit, you will be responsible for payment.

This booklet will help you learn how to make the most of your enrollment in Genesee Health Plan. Please take the time to read it.

If you have questions, please call Genesee Health Plan Customer Service at (855) 832-1948. We will be happy to help you.

Eligibility

You may qualify for Genesee Health Plan as follows:

If you live in Genesee County, are age 19 or older, have no health insurance and meet income guidelines.

You may have a Medicaid spend down and still be eligible to enroll into Plan B. You must come into the office and complete an eligibility form. Please call (844) 232-7740 for a site near you.

Enrollment Card

Your effective date of coverage will be confirmed at the time of your enrollment. If you do not receive a card before your effective date of coverage, please call us at (855) 832-1948. Please call Genesee Health Plan at (844) 232-7740 before your first doctor visit to make sure your enrollment with Genesee Health Plan has been activated.

You will need to show picture identification when you use your enrollment card to receive health care services.

Only the person listed on the card may use it to receive services. Keep your identification card with you at all times.

Genesee Health Plan is responsible for making sure that everyone who is on the Plan is eligible. We know things can change such as your income or address and you may forget to tell us. Sometimes these changes will mean you no longer are eligible for Genesee Health Plan. Genesee Health Plan will check with you to make sure you are still eligible for Genesee Health Plan. This may happen at least every six months during your enrollment period. **It is your responsibility to make sure Genesee Health Plan has your correct address and phone number, and to respond to any letters or phone calls from Genesee Health Plan staff. Your coverage will be cancelled if Genesee Health Plan cannot get in touch with you to verify eligibility.**

Choosing a Doctor

It is recommended that after you have enrolled in Genesee Health Plan, you contact the primary care physician you have selected and schedule an initial appointment.

Referrals to a specialist must be within the same health system as your primary care physician. Your doctor has a list of these providers. Check the GHP website for a complete list of providers: www.geneseehhealthplan.org. You may choose your doctor once a year;

however, we will be happy to work with you to find a doctor if there are special issues or concerns.

Your doctor will arrange for your care, including referrals to a specialist, x-rays, lab work or prescriptions.

If you need to see your doctor, call for an appointment. The number is on your enrollment card. Describe why you need to see the doctor. The doctor's assistant may give you an appointment. He or she may also suggest that you try something at home or go to a specialist.

Be ready for your appointment with the doctor:

- Write down how you are feeling
- Write down any questions you want to ask
- Write down the names of any medicines you are taking
- Ask questions about your doctor's directions

If you need to change or cancel an appointment, please call your doctor the day before. This allows your doctor to see someone else who may need services. It is your responsibility to keep all doctor appointments. You may be charged for appointments not kept.

If you have a life-threatening emergency, you should go directly to an emergency room or call 911.

Covered Services

All covered services must be provided by a Genesee Health Plan contracted provider. You will be responsible for payment if you receive services from a non-contracted provider.

The covered services listed in the chart on the next page are a summary. This does not mean that all related services will be covered. Plan B covered services are subject to change.

Physician, Physician Assistant, Nurse Practitioner and Specialist Office Visits

Your coverage in Plan B includes coverage for doctors, nurse practitioners and physician assistants visits.

Visits to specialists require a referral from your primary care physician. Coverage is also provided for minor surgical procedures performed in the doctor's office. Please see the chart for detail

COVERAGE FOR GENESEE HEALTH PLAN B

Effective January 1, 2024

Services	Member Responsibility
Preventive Services	
<ul style="list-style-type: none"> - Annual Physical Exam (includes Pelvic, Breast exam, and Pap tests) - Includes Mammograms - Includes Colonoscopy or Cologuard screening (See page 5 for more details) <p><i>Women who qualify for screening/services under Breast and Cervical Cancer Programs may be referred to that program for services as appropriate.</i></p>	<p>\$3 copay \$5 copay \$10 for first Colonoscopy (\$50 copay for any additional Colonoscopies)</p>
<p>Limited Immunizations through physician office or Genesee County Health Department:</p> <ul style="list-style-type: none"> - Hepatitis A&B - Influenza* - MMR - RSV* (ages 60+) - Meningitis - Pneumonia* - Polio - Tetanus - Tdap - Varicella - Shingrix* (ages 50+) - HPV Vaccine (ages 19-26) - Covid 19* <p><i>* Also covered at pharmacy (may be required to pay an additional immunization injection fee)</i></p>	<p>\$3 copay each</p>
Physician Office Services	
Primary Care Office Visit	\$3 copay
Specialist Office Visit	\$10 copay
Outpatient Hospital Services (NOT EMERGENCY DEPARTMENT)	
<p>Covered Professional:</p> <ul style="list-style-type: none"> - Professional services scheduled and performed by a physician - Facility outpatient hospital services related to the professional services performed <p><i>If you receive a hospital bill for outpatient facility services, contact GHP at (844) 232-7740</i></p>	<p>\$50 copay \$5 copay</p>
Diagnostic Services	
<p>Laboratory covered if ordered by a MD, DO, PA or NP in a freestanding facility</p> <ul style="list-style-type: none"> - Lab services only provided by JVHL, or Quest labs are covered - Lab services performed in a physician’s office are limited to Genesee Health Plan approved office-based labs - Go to Local Health Department for TB, STD, or HIV- related services 	<p>\$0 copay</p>
<p>Radiology covered if ordered by a MD, DO, PA or NP at an Outpatient Hospital/Freestanding Facility</p> <ul style="list-style-type: none"> - Includes MRI/MRAs and CT Scans: Prior authorization required - Includes Bone Density Scan (DEXA, DXA) - Includes Mammograms - Includes Upper and Lower Endoscopy procedures <p>Nuclear Radiology: The following Nuclear Radiology tests are covered if ordered by a MD, DO, PA or NP at an Outpatient Hospital/Freestanding Facility: Prior authorization required</p> <ul style="list-style-type: none"> - Thyroid Scans - HIDA Scans - Cardiac Stress Tests <p>All other Nuclear Radiology tests are not covered in any setting (including PET Scans, Bone Scans, Gastric Emptying Scans, or any other radioisotope related procedures not listed.)</p>	<p>\$5 copay</p>
Chemotherapy, Radiation and IV Infusion Therapy Services	
<ul style="list-style-type: none"> - Chemotherapy and Radiation covered in an in-office setting only - IV Infusion Therapy Services covered in an in-office setting only <ul style="list-style-type: none"> o Antibiotic IV Infusion Therapy covered at an outpatient infusion clinic 	<p>\$0 copay</p>
Urgent Care Clinic Services	
Two urgent care clinic visits per calendar year at any Urgent Care provider on the GHP In-Network Provider Directory only.	\$10 copay
Behavioral Health Care	
<p>Maximum 20 Outpatient Behavioral Health visits per calendar year.</p> <ul style="list-style-type: none"> - GHP members may self-refer for Behavioral Health Services to any Behavioral Health provider on the GHP In-Network Provider Directory for the first 10 visits. - Behavioral Health provider must contact a GHP Health Navigator at (844) 232-7740 to request reauthorization for any additional visits beyond the initial 10 visits. <ul style="list-style-type: none"> • GHP does not cover inpatient or crisis mental health services. • For crisis intervention contact Genesee Health System (GHS) at 810-257-3740 	<p>\$3 copay</p>
Prescription Drugs	
Covered if ordered by an MD, DO, PA or NP. <i>Please refer to page 4 (Outpatient Prescription Drug Options) for more information on the prescription benefit coverage.</i>	<p>\$3 copay \$0 copay for diabetic drugs/supplies \$40 monthly out of pocket maximum copay</p>

Other Services	
Audiology (hearing) Services - Audiology (hearing) tests are covered in an in-office setting *Hearing Aids are NOT covered*	\$10 copay
Diabetic Education - Covered if ordered by an MD, DO, PA or NP	\$0 copay
Health Navigator Services ~ Contact (844) 232-7740 - GHP Health Navigators help you receive the care, education, and support you need to manage your disease and lead a healthy lifestyle. Health Navigators may be able to help link you to other resources in the community for needed services that are not a covered benefit.	\$0 copay
Medical Supplies - Limited Coverage. Medical Supplies such as gauze, bandages, and ostomy supplies are covered - Diabetic Testing Supplies covered through pharmacy	\$5 copay (Per date of service) \$0 copay
Durable Medical Equipment (DME) - Auto CPAP machines are covered when ordered by an MD, DO, PA or NP. * Sleep study within last 2 years required - CPAP supplies	\$20 copay/mo. (Max. 10 months) \$5 copay (Per date of service)
Examples of DME items that are not covered: oxygen concentrators, compression stockings, diabetic shoes/inserts, walking boots, crutches, walkers, canes, wheelchairs, bath chairs, orthopedic braces. *Please contact a GHP Health Navigator if you need medical equipment not covered. (844) 232-7740	
Ophthalmology - General ophthalmologic services (associated with medical diagnosis) - Vision exams by referral related to chronic illness are covered	\$10 copay
Optometry (Vision) Services - Includes diabetic vision exams - Includes vision exams (associated with medical diagnosis) *Vision exams for the purpose of eyeglasses or contacts are NOT covered.	\$10 copay
Pain Management - Pain management services performed by a pain management specialist in an in-office setting only	\$10 copay
Podiatry Services - Basic podiatry services are covered when referred by an MD, DO, PA or NP; these services are available for any podiatry related diagnosis or condition. Services include, but not limited to, in office procedures, injections, treatment of fractures and diabetic foot care.	\$10 copay
Rehabilitation Services - Physical Therapy Services: By Genesee Health Plan designated provider only. o Maximum 12 visits per condition per year. - Occupational and Speech Therapy: Evaluation covered only	\$0 copay \$10 copay
Sleep Studies - Unattended/Home Sleep Studies are covered if ordered by an MD, DO, PA or NP and an Epworth Sleepiness Scale EDS Score greater than 10. - Attended Sleep Studies – Prior authorization required: Contact GHP Health Navigation at (844) 232-7740	\$5 copay
Wound Care - Covered in an in-office setting or at an outpatient wound care clinic	\$10 copay (\$50 max/yr.)

Dental	
Delta Dental PPO (Group #2260-0001): Benefit Year is January 1st through December 31st.	
Diagnostic and Preventive Services	
- Diagnostic and Preventive Services (includes exams and cleanings)	100% covered
- Emergency Palliative Treatment (to temporarily relieve pain)	100% covered
- Brush biopsy (to detect oral cancer)	100% covered
- Radiographs/X-rays	100% covered
Basic Services	
- Minor Restorative Services (fillings and crown repair)	100% covered
- Simple Extractions (non-surgical removal of teeth)	85% covered
- Other Oral Surgery Services (dental surgery)	80% covered
- Periodontal Maintenance (cleanings by specialist following periodontal therapy)	100% covered
- Non-Surgical Periodontic Services (non-surgical services to treat gum disease)	85% covered
- Relines and Repairs (to prosthetic appliances)	50% covered
Major Services	
- Prosthodontic Services (bridges and dentures)	70% covered
<i>\$1,500 maximum per person, per calendar year on Basic Services and Major Services. Diagnostic and Preventive does not apply to maximum.</i>	
<i>For more information on your dental coverage, call Delta Dental at (800)524-0149</i>	

Services Not Covered (additional services not covered are listed on pages 5 & 6)		
- Ambulance	- Home Health	- Prosthetics/Orthotics
- Cardiac Rehabilitation Services	- Home Help (personal care)	- Substance Abuse Treatment
- Chiropractic Services	- Hospice	- Transportation: Emergent/Non-Emergent
- Contraceptives*	- Inpatient Hospital Services	- Vision Exams for purpose of eyeglasses or contact lenses*
- Dialysis	- Nursing Facility	
- Emergency Department	- Pregnancy	
- Hearing Aid	- Private Duty Nursing	

***Family Planning including infertility screening, contraceptives, or contraceptive devices, see a local Family Planning Program for services.**

***Vision Services: if you're in need of a vision screening and eyeglasses, please contact:**

- **Hamilton Community Health Network Vision Center** at (810) 406-4246 for more information or to schedule an appointment or
- **St. Luke N.E.W. Life Center** at (810) 234-8677 for more information or to schedule an appointment

Laboratory

Laboratory services are covered if ordered by an MD, DO, NP or PA. Limited laboratory testing is covered in-office. All laboratory testing is covered if performed by a JVHL (Joint Venture Hospital Laboratory) or Quest Diagnostics Laboratory. If labs are drawn in a physician's office, specimens must be processed by a JVHL or Quest Diagnostics facility. **Genesee Health Plan will only pay for laboratory services processed by a JVHL or Quest laboratory.**

Diagnostic Radiology and X-Rays

Genesee Health Plan covers most diagnostic radiology and x-rays performed in an office, freestanding facility or outpatient hospital setting. If service is performed at a freestanding facility or outpatient hospital setting, additional \$5 copay may apply.

Some radiology services require a prior authorization. Your physician will make sure to get an approval for certain tests before you are sent for a test.

Genesee Health Plan will pay for your first colonoscopy. You will pay your specialist doctor \$10 for the specialist services. If your doctor orders a repeat colonoscopy, you will pay your doctor \$50 for the specialist services.

Genesee Health Plan covers select nuclear radiology testing (see chart on page 2 for list of covered tests.) GHP does not pay for PET scans, Bone Scans, or any other radioisotope procedure not listed in the chart on page 2. Please tell your doctor to call a Genesee Health Plan Health Navigator at (844) 232-7740, if your doctor believes you need to have a test that Genesee Health Plan does not cover. Genesee Health Plan will work with your doctor to arrange for charity care if it is available.

Outpatient Hospital

Outpatient Hospital Surgical Procedures

Genesee Health Plan covers certain pre-scheduled surgical procedures performed in the outpatient hospital setting. Some radiology services are considered a surgery. Your physician will refer you to the hospital for these services. You will be charged a \$50 copay for the doctor's services. Please refer to table in the section in this handbook called Coverage for Genesee Health Plan B.

Your physician can call us at (855) 832-1948 for details.

Hospital charges for covered surgical procedures are covered but could require special processing.

If you receive a hospital bill for outpatient services, please contact Genesee Health Plan at (844) 232-7740.

Outpatient Prescription Drug Options

If a non-formulary, brand name drug is pre-authorized, you pay the brand copay of \$3.

If a non-formulary brand name drug is not pre-authorized, but if you feel you need the brand name drug, you pay the generic copay of \$3 plus the difference in cost between the brand name drug and the formulary generic.

Extended Pharmacy Benefit:

For any drugs that are excluded from your pharmacy benefit, you may be eligible for discounted rates through the Extended Pharmacy Benefit program. Please ask the pharmacy to see the lower right-hand corner of your ID card for instructions on how to use the program. For any questions, please call CerpRx Member Services at: (877) 986-4666.

There are no copayments for covered diabetic drugs.

Your maximum copayment for all your formulary drugs every month will not be more than \$40.

Prescription Assistance

Genesee Health Plan has prescription assistance coordinators who may be able to help you with non-covered brand prescriptions.

Please call Genesee Health Plan at (844) 232-7740 to schedule an appointment and find out how to apply for special programs for these drugs.

If you apply for other coverage programs (such as Medicaid) and are denied, you will be required to bring a copy of the denial letter. You may also visit our website at www.geneseehealthplan.org for more information.

Not Covered

Genesee Health Plan does not cover the following services and payment will not be made for:

- **Services provided in a free-standing surgery center or ambulatory surgery center**
- **Services needed as a result of a motor vehicle accident**
- **Services for illness that is covered under no fault law, worker's compensation, Occupational Disease**

Law or other legislation

- **Brand medication (see "Outpatient Prescription Drug Options")**
- **Custodial or nursing home care**
- **Infertility or sterilization services**
- **Experimental procedures, treatments, or drugs**
- **Comfort or convenience items**
- **Weight reduction services or programs other than what is provided by your PCP**
- **Services considered to be cosmetic**
- **Services or supplies related to sex or gender change**
- **Outpatient services for TB screening or treatment**
- **Substance abuse screening and treatment other than what is provided by your PCP. If you need further assistance, contact GHS at (810) 257-3740**
- **Organ transplants**
- **Maternity or obstetrical services* including services related to an unborn fetus if you become pregnant.**
**If you become pregnant while a member of Genesee Health Plan, you should contact GHP or the Genesee County Department of Health and Human Services at (855) 789-5610 and ask about Medicaid eligibility as soon as possible. Remember to avoid drugs and alcohol if you suspect you may be pregnant.*
- **Medical services to anyone incarcerated**
- **Diagnosis or treatment of an injury or illness which occurs from an act of war, commission of a felony or illegal business**
- **Contraceptive methods or fertility drugs**
- **Any condition for which an enrollee is eligible to receive health care services or benefits through a public or private benefit, program or insurance**
- **Lodging expenses**
- **Emergency transportation by air**
- **Services received before the effective date of coverage or after the termination of enrollment**
- **Over-the-counter medicines or supplies such as first aid materials or vitamins**
- **Services not approved by the GHP doctor on your enrollment card or a specialist you are referred to**
- **Services that are not medically necessary**
- **Medical services outside of Genesee County unless prior authorized**

Inpatient Hospital

Genesee Health Plan does not cover inpatient hospital services. If you need hospital care, the hospital will help you find a way to pay your hospital bill. The hospital will decide if you are eligible for a special payment plan for your care.

You may be asked to apply for Medicaid if you have an inpatient hospital service. If eligible, Medicaid will pay for your inpatient care. If you are eligible for Medicaid, you will no longer be eligible for Genesee Health Plan.

Family Planning

Genesee Health Plan does not pay for family planning, but you may qualify for family planning services. Call or visit the health department (Burton Branch) at (810) 237-4538 or Planned Parenthood at (810) 234-1659 for family planning services. These services are available to you on a sliding fee scale based on your household income.

Emergency Room Services

Emergency room services are not covered. If you use the emergency room and receive a bill, you will be responsible for payment.

Some hospitals will help you arrange payments for services. Be sure to speak to the hospital representative to find out how to apply for special payment plans.

Urgent Care Clinic Services

Urgent Care services are covered at two (2) visits per calendar year at any Urgent Care provider on the GHP In-Network Provider Directory only.

Mental Health and Substance Abuse Services

Maximum 20 Outpatient Mental Health visits per calendar year. GHP members may self-refer for Mental Health Services to any Mental Health provider on the GHP In-Network Provider Directory for the first 10 visits. Mental Health provider must contact a GHP Health Navigator to request reauthorization for any additional visits beyond the initial 10 visits.

Genesee Health Plan does not cover inpatient or crisis mental health or substance abuse services.

If you need inpatient or crisis mental health services or substance abuse services, please contact Genesee Health System at (810) 257-3740, TTY (810) 232-6310, or toll-free at (877) 346-3648.

Genesee Health System will tell you if you qualify for substance abuse services.

Medications for Mental Health Conditions

Genesee Health Plan does not cover all Drugs for mental health conditions (psychotropic drugs). Genesee Health Plan may be able to help you apply for special programs to cover these medications. Please call Genesee Health Plan at (844) 232-7740 to find out if you qualify.

Transportation Ambulance

Genesee Health Plan does not cover ambulance services. If you use an ambulance and you are billed, you will be responsible for payment.

Services Outside of Genesee County

Services outside of Genesee County are not a covered service. If you receive services outside of Genesee County without a referral from your physician, you will be responsible for payment.

Breast and Cervical Cancer Screening

Screening services, including Pap tests, pelvic exams, clinical breast exams and mammograms are available to all Genesee Health Plan members as part of routine medical care, regardless of your age. Women over 40 years old may also access these services through the community Breast and Cervical Screening program. Screening services, including Pap tests, pelvic exams, clinical breast exams and mammograms are available to women over 40 years old through community programs. Call the Breast and Cervical Screening program at (844) 232-7740 for information about receiving these services.

Bills

You should show your Genesee Health Plan card to receive any covered service. You should not be billed for any covered services approved by your doctor and provided by a Genesee Health Plan provider.

If you do receive a bill, **DO NOT THROW IT AWAY.** Call us at (844) 232-7740. You will be responsible for payment in

the following cases:

- You receive services that the Genesee Health Plan doctor on your enrollment card has NOT authorized
- You receive services that are not covered by Genesee Health Plan
- You choose to receive services that are not medically necessary

Take Care of Yourself

Stay healthy – there are lots of things that you can do to stay healthy and lower your chances of becoming ill. Eat right, get plenty of exercise and control your stress. If you smoke, stop. Say no to drugs and alcohol and practice safety.

Substance abuse – you may have a drug or alcohol problem if you:

- Drink or take drugs every day
- Lie about drinking and using drugs
- Have money problems because of drugs and drinking
- Hurt yourself or others when drinking or using drugs
- Drink or take drugs to “feel better”

If this sounds like you, you can talk to your doctor or local substance abuse agency about your concerns.

Disenrollment from Genesee Health Plan

Other Insurance

If you become eligible for any kind of health insurance, you will not be eligible for enrollment in Genesee Health Plan. Please notify Genesee Health Plan at (844) 232-7740.

Moving out of Genesee County

You must live in Genesee County to be eligible for Genesee Health Plan. If you move outside of Genesee County, please call (844) 232-7740

Change of Income

Please notify the Genesee Health Plan at (844) 232-7740 of any change in income or circumstances.

Subrogation (Lawsuits and Accidents)

Genesee Health Plan has the right to collect any monies paid on behalf of the enrollee when a lawsuit is entered and settled.

Fraud

If you commit a fraudulent act against Genesee Health Plan, you may lose your eligibility and be subject to legal action. This includes forging or altering a prescription, receiving pain medications from multiple doctors and multiple pharmacies, or using the Genesee Health Plan when you have other health insurance. You will lose your Genesee

Health Plan coverage and will not be able to reapply.

Threatening/Aggressive Behavior If you are aggressive or make threats toward Genesee Health Plan Staff, Customer Service staff, or toward a doctor or their staff, you will lose your Genesee Health Plan coverage and will not be able to reapply.

Grievance Process

If you have a question or concern about Genesee Health Plan, please call us at (844) 232-7740. We will try our best to answer your questions and resolve any issues; however, if you are not satisfied with the response, you have a right to make a formal grievance. You may file a grievance by:

1. Calling (844) 232-7740 or writing to Genesee Health Plan, 2171 S. Linden Road, Flint, Michigan, 48532.
2. We will respond to your grievance within 15 days of receiving your call or letter. You will receive a written response stating the decision.
3. If you are not satisfied with the decision, you may request an appeal. This decision will be final.

Rights and Responsibilities

As an enrollee, you will:

- be treated with respect and dignity
- receive quick and friendly service
- be able to help make decisions about your health care
- be able to discuss treatment options without regard to cost or coverage
- have the right to refuse treatment and be told of the possible impact of doing so
- be able to review your medical record with your doctor
- have confidential health records except when disclosure is allowed by law or approved in writing by you
- be able to complain about Genesee Health Plan or the services you receive and to get a response to your complaint

You have the responsibility:

- to treat Genesee Health Plan providers and staff with respect
- to choose a doctor and keep appointments
- to be honest when providing information to providers
- to follow the advice of the provider and to consider the impact if you refuse to listen
- to express your complaints to Genesee Health Plan or your doctor

Confidentiality and Release of Information

Our Notice of Privacy Practices is explained in this handbook. As a Genesee Health Plan enrollee, you give your routine consent to release personal data including the following: name, address, plan identification number, claims and referrals. Your enrollment in Genesee Health Plan also allows the release of information under the Genesee Health Plan Health Navigator program and with other local agencies. See the Notice of Privacy Practices section of this Handbook. Your consent to the release of information may be used to:

- enroll you in the plan
- arrange your health care needs
- pay claims
- coordinate care under the Health Navigator program

Questions or Concerns

Genesee Health Plan has asked Key Benefit Administrators (KBA) to act as administrator for this program, including: Paying claims at the direction of Genesee Health Plan answering your questions and other administrative work for this program.

Call us:

(855) 832-1948

Visit us:

Genesee Health Plan
2171 S. Linden Road
Flint, MI 48532

**GENESEEE HEALTH PLAN
2171 SOUTH LINDEN ROAD
FLINT, MICHIGAN 48532**

PRIVACY OFFICER: (844) 232-7740

SECURITY OFFICER : (844) 232-7740

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reasons why we use or disclose your health information is for treatment, payment or health care operations.

Examples of how we use or disclose your health information for treatment purposes are:

For case management (e.g. to manage the care that you receive from providers), for disease specific wellness programs (e.g. special diabetes education and management programs); or other general wellness promotions (e.g. smoking cessation, weight management promotions).

Examples of how we use your health information for payment purposes are: enrollment, underwriting, eligibility confirmation, claims analysis and payment, and coordination of benefits.

“Health care operations” mean those administrative and managerial functions that we must do in order to run our office.

Examples of how we use or disclose your health information for health care operations are: credentialing health care providers and practitioners who serve our plan enrollees; participating in financial or billing audits; internal quality assurance; personnel decisions; defense of legal matters; business planning; and outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we usually will not ask you for special written permission.

However, because of special Michigan laws, we will ask for special written permission to disclose your health information for treatment, payment or health care operations if your health information includes HIV or AIDS, mental health treatment, genetic testing, or substance abuse treatment.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our plan at all. Such uses, or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;

- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- for health oversight activities, such as for the licensing of facilities; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our facility; or to report a crime that happened somewhere else;
- for a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- for health-related research;
- to prevent a serious threat to your or someone else's health or safety;
- for specialized government functions, such as for the protection of the president or high-ranking government officials;
- for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- to de-identified information (e.g. health information from which all individual identifiers have been removed);
- for purposes relating to worker's compensation programs;
- for disclosures of a "limited data set" for research, public health, or health care operations;
- incidental disclosures that are an unavoidable consequence of permitted uses or disclosures;
- for "business associates" who perform health care functions for us and who commit to respect the privacy of your health information;
- for the Secretary of the U.S. Department of Health and Human Services when requested so DHHS can determine our compliance with HIPAA privacy and security rules.

Unless you object, we will also share relevant information about your care with your family or friends who are involved in your care.

PROHIBITED USES OR DISCLOSURE:

To the extent that we use or disclose protected health information for underwriting purposes, we are prohibited from using or disclosing protected health information that is genetic information of an individual for such purposes.

OTHER USES AND DISCLOSURES WITH AUTHORIZATION

Most uses and disclosures of psychotherapy notes, and of your health information for marketing purposes and for the sale of your health information require your written authorization. We will not make any other uses or disclosures of your health information that are not mentioned in this Notice unless you sign a written authorization form. The content of an "authorization form" is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it's your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. We will not prevent you from enrolling in our plan or refuse to pay your claims just because you do not sign an authorization. If you do sign one, you may revoke it at any time unless we have already made uses or disclosures in reliance upon it. We cannot take back disclosures that we have already made based upon your authorization before you revoked it. Revocations must be in writing. Send them to the Privacy Officer at the address shown at the beginning of this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the Privacy Officer at the address, fax or email shown at the beginning of this Notice.
- ask us to communicate with you in a confidential way, such as by phoning you only on your cell phone, mailing health information to a different address, or by using Email to your personal Email address. We will accommodate these requests if they are

reasonable, and if you pay us for any extra cost. If you want to ask for this kind of confidential communications, send a written request to the Privacy Officer at the address, fax or email shown at the beginning of this Notice.

- ask to see or to get photocopies or electronic copies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us. You may have to pay for photocopies or electronic copies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30-day extension of the time for us to give you access, electronic copies, or photocopies if we send you a written notice of the extension. If you want to review or get photocopies or electronic copies of your health information, send a written request to the Privacy Officer at the address, fax or email shown at the beginning of this Notice.
- ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the Privacy Officer at the address, fax or email shown at the beginning of this Notice.
- get a list of the disclosures that we

have made of your health information within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures, unless we have made disclosures from an electronic health record. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30-day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the Privacy Officer at the address, fax or email shown at the beginning of this Notice.

- get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the Privacy Officer at the address, fax or email shown at the beginning of this Notice.
- be notified in accordance with law if there is ever a data breach that involves your health information.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices,

we will post the new notice on our web site and send you a copy within sixty (60) days of the change.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the Privacy Officer at the address shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the Privacy Officer at the address or phone number shown at the beginning of this Notice.

GLOSSARY OF TERMS

PCP: Primary Care Physician. Applies to internists, family physicians and general practitioners.

Provider: Refers to anyone providing medical services. It usually means a doctor.

Covered Services: Medical and supply services provided and paid for by the Genesee Health Plan.

Copay: The part of a medical expense that you must pay for.

Emergency: A medical condition with acute symptoms. Any condition that could cause serious injury if you do not get immediate medical attention.

Eligibility: When you qualify for coverage under the Genesee Health Plan.

Enrollment: To be covered under the Genesee County Health Plan. You will receive an enrollment card after you are enrolled in the plan. This means your medical and pharmacy bills will be paid by the Genesee Health Plan.

Enrollee: A person who is a member of the Genesee Health Plan.

Enrollment Card (ID Card): A card that you receive when you are enrolled in the Genesee Health Plan. The card lets providers know you belong in the County Health Plan.

Referral: Permission from your Primary Care Physician to see another provider in the health plan network.

Specialist: A physician (not your Primary Care Physician) who provides certain services that your PCP does not provide. Some examples of a specialist are dermatologist (skin doctor), cardiologist (heart doctor) or ophthalmologist (eye doctor).

Medical Emergency: See Emergency.

Prior Authorization: A medical service that requires approval by Genesee Health Plan.