



HELPING FLORIDA
KIDS
GROW UP
HEALTHY

HEALTHEASE KIDS MEMBER HANDBOOK



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WELCOME TO HEALTHEASE KIDS!

Dear Parent or Guardian:

Congratulations! You are now part of the caring HealthEase Kids family!

HealthEase Kids is committed to serving your child's health care needs. We are proud to be a part of the Florida Healthy Kids program in your area.

Florida Healthy Kids is a partnership that provides affordable, complete health insurance for children ages 5 through 18. Healthy Kids coverage is provided by licensed insurers like HealthEase Kids. We have provided health coverage in the state of Florida since 1994.

Since then, HealthEase Kids has become one of the largest providers in the state. HealthEase Kids is a partnership between a select group of doctors, hospitals and other providers in your area, our company, and you. Our goal is to give you the extra help you need to see to your child's health care.

These materials explain the services that are available to your child through HealthEase Kids. They also talk about how you can get those services. Please read through them carefully.

If you have any questions, a Plan representative will be happy to help you. Just call Customer Service. The toll-free number is **1-800-278-8178**.

GETTING STARTED

You should have received your child's HealthEase Kids ID card in the mail. Please put it in a safe place. Whenever your child needs health care, you must show this ID card to the health care provider. Make sure you keep this card with you at all times.

Please also take the time to check the ID card. Check the Primary Care Physician (PCP) name listed on the card. Be sure the doctor listed is the same one your child has been seeing. In some cases, a new PCP was chosen for your child. If you are not happy with this choice, simply choose another PCP from the Provider Directory listing. To ask for a change, call us toll-free. The number is **1-800-278-8178**.

COMPLETE THE NEW MEMBER QUESTIONNAIRE

Included here is a "New Member Questionnaire." It is **very important that you fill out this form**. It will tell us about your child's health history. Then return it in the self-addressed, stamped envelope. This information will help us offer the quality care that meets your child's needs.

LEARN HOW TO USE YOUR HEALTH CARE BENEFITS

It's easy to use your HealthEase Kids plan benefits. For non-emergency health needs, call your child's PCP. The number is listed on the ID card. The PCP will take care of all routine medical care for your child. He/she will also set up specialist or hospital care if needed.

HealthEase Kids also has a Personal Health Advisor. When you're not sure what type of medical care your child needs, please call the Personal Health Advisor. He/she can answer any health care questions that you may have. The toll-free number is **1-800-919-8807**.

For a **REAL MEDICAL EMERGENCY**, go to the nearest emergency room. This handbook talks more about your child's health plan and how to get health care. Please read it carefully.

CALL IN YOUR MONTHLY OVER-THE-COUNTER (OTC) PRODUCT ORDER

Also included is a listing of products you can choose for your OTC program benefit. Each month you can choose up to \$10 worth of the items listed. Do not mail this form back to us. Call in your order each month. Your order will be shipped right to your front door. Call toll-free to place your order. The number is **1-877-431-8861**.

CALL US WITH ANY QUESTIONS

We have friendly Customer Service staff. They are ready to help you with any questions you may have about your child's health care. Or you can visit our Web site at **www.wellcare.com**. Click on the Medicaid link and choose Florida. Then click on the HealthEase Kids page.

Please note: For help in person, call Customer Service. The toll-free number is **1-800-278-8178**. **TTY/TDD users, call 1-877-247-6272**.

Do you speak a language other than English? If so, we have interpreters who can help. There is no cost to you for this service. You can get information in different formats, too. This includes large print, Braille and audio tapes. Just call to let us know. Someone can help you weekdays from 8am to 6pm Eastern. Call **1-800-278-8178**. **TTY/TDD users, call 1-877-247-6272**.

You may also call Customer Service or visit our Web site any time to:

- Request ID cards
- Change your PCP
- Get a list of doctors in the health plan
- Get a list of pharmacies in the health plan



INTRODUCTION

WELCOME TO HEALTHEASE KIDS

HealthEase Kids Health Plans has been serving Florida's children since 1994. Our goal is to make sure that your child's health care needs are met at the highest standards. To help us meet this goal, we ask that you read this handbook. It will tell you about the benefits and other things you need to know.

? WHAT IS HEALTHY KIDS? WHO IS ELIGIBLE?

Florida Healthy Kids is a nonprofit group. It was started by the state in 1990. Its aim was to provide affordable health care for uninsured children. The Healthy Kids program was first offered in 1992 for children in Volusia County. Today it is offered statewide.

To Be Eligible for the Healthy Kids Program, You Must...

- Be between 5 and 18 years of age
- Be uninsured
- Not be eligible for Medicaid or Children's Medical Services
- Be a U.S. citizen or a qualified alien



HOW TO USE YOUR CHILD'S NEW COVERAGE

CHOOSING A PRIMARY CARE PHYSICIAN (PCP)

Once we know that your child may take part in HealthEase Kids, we will assign him/her to a PCP in your area. If you wish to change your child's PCP, please call us. Our toll-free number is **1-800-278-8178**.

THE PCP WILL BE RESPONSIBLE FOR...

- All routine medical care and prescriptions.
- Giving you an after-hours number so you have access to care 24 hours a day.
- Referrals to see a specialist. The PCP will decide if this kind of visit is needed.
- Authorizations for any services your child must have.

YOUR CHILD'S IDENTIFICATION (ID) CARD

After Florida Healthy Kids lets us know that your child can be part of our plan, an ID card will be sent to you in the mail. A HealthEase Kids welcome packet will also be sent. It will have details about how to get health care.

When you show this ID card to providers, they will know your child is a HealthEase Kids member. This card will have important information about your child's health care coverage. Please keep it with you at all times.

If you do not get your child's ID card, please call Customer Service at **1-800-278-8178** to let us know.



HOW TO ACCESS YOUR CHILD'S NEW HEALTH CARE

PRIMARY CARE PHYSICIAN (PCP)

After your child is approved by Florida Healthy Kids, HealthEase Kids will assign a PCP. Please make an appointment with this PCP as soon as possible. This will let the PCP learn about your child's health care needs. It can also help keep small problems from becoming big ones.

If you have changed your child's PCP, ask that your new PCP get copies of records from the previous PCP. The PCP will coordinate all of your child's health care needs. This includes well-child checkups and needed shots.

SPECIALISTS

Your child's PCP will decide if your child needs to see a specialist. Please do not make an appointment with a specialist without talking with your PCP first.

Please note—visits to a dermatologist and gynecologist do not require PCP approval.

If your PCP has not authorized the visit, you may have to pay for these charges.

Be sure your PCP gives you approval if you need to see a specialist. If you need care by a doctor that is not a participating HealthEase Kids doctor, call your PCP for help.

CREDENTIALING

HealthEase Kids makes sure our doctors are fit to see your child. We check their education and training. We look at their experience. Call Customer Service at 1-800-278-8178 if you have questions about this.

HOW DOCTORS ARE PAID

HealthEase Kids works hard to give your children the health care they need. This means we work with many doctors. You may ask how they are paid. You may ask if how they are paid will affect your doctor's use of referrals. You may also ask if it will affect other services you need. Call Customer Service for more details.

QUALITY IMPROVEMENT AND MEMBER SATISFACTION INFORMATION

We are always looking at ways to improve care and service for our members. Each year we select certain things to review for quality. We check to see how we are doing in those areas. We may also check to see how our providers are doing. We want to know if our members are happy with the care and service they get. Want to know about our quality ratings? Just call Customer Service. You can ask about how satisfied members are with the Plan.

You can also provide comments or suggestions about:

- How we are doing
- How we can improve on our services

EVALUATION OF NEW TECHNOLOGY

We look at new technology every year. We also look at the ways we use the technology we have.

The findings help us:

- Determine how new advancements can be included in the benefits that members receive
- Make sure that members have fair access to safe and effective care
- Make sure we are aware of changes in the industry

The review of new technology is done in the following areas:

- Behavioral health procedures
- Medical devices
- Medical procedures
- Pharmaceuticals

To learn more, call Customer Service.

MALPRACTICE

Some of our providers may not have malpractice insurance. If they do not, they must have a notice in their office that states so. If you are not sure if your doctor has it, please ask your doctor.

ACCESS TO MEDICAL SERVICES

HealthEase Kids has medical staff under contract to offer prompt service for all members as follows:

1. Travel time to medical services.

- Within 20 minutes to the doctor's office.
- Within 60 minutes to the hospital.
- Within 60 minutes to a specialist.

2. Timely treatment.

- Emergency care right away—both in and out of the Plan's service area.
- Urgent care within 24 hours. Urgent care is for a problem that is not life-threatening. It could cause serious illness or disability unless medical care is received.

- Routine sick care within a week of the request.
- Physical exams within a month of the request.
- Follow-up care as needed.

MEDICAL RECORDS

It is important that you request the release of your child's medical records from doctors he/she has seen before joining HealthEase Kids. Please contact Customer Service if you need help asking for this information. You can ask your PCP for your child's current medical records. If you need any help with this, call us. The toll-free number is 1-800-278-8178.

THE FOLLOWING IS THE DEFINITION OF A TRUE EMERGENCY

If you believe that not seeking medical attention may:

- Seriously put your child's health at risk
- Lead to serious disfigurement
- Seriously impair bodily function
- Place others at risk due to behavioral problems

you may freely access emergency department care.

Examples:

- Bleeding that can't be stopped
- Poisoning
- Broken limbs
- Serious trauma to the head

OTHER COVERED SERVICES

If you have questions about how to get any covered services not outlined here, contact your child's PCP to coordinate care.

THE FOLLOWING IS THE DEFINITION OF URGENTLY NEEDED SERVICES

Urgently needed services are for illnesses or injuries that, if not treated in a timely manner, could lead to an emergency.

They could cause:

- A problem with bodily function
- A chronic illness
- The need for a more complex treatment

Examples:

- Abdominal pain that doesn't go away
- Dizziness and you don't know why
- Signs of dehydration

You should call your child's PCP at the 24-hour number provided to get urgently needed services.

EMERGENCY SERVICES

If your child becomes seriously ill or injured, you should take these steps.

1. Go to the nearest emergency room (ER). Or call 911.
2. Show your child's ID card to the ER staff.
3. Ask that the ER staff contact your child's PCP. He/she can decide the right follow-up care.
4. If your child is admitted to the hospital, make sure that the PCP or the Plan has been told.

OUT-OF-AREA EMERGENCY CARE

It is important to get care when you are sick or hurt. If your child gets sick while traveling, call Customer Service. If he/she has an emergency while traveling, go to a hospital. It doesn't matter if you are not in the Plan's service area. Show your child's ID card. Call your child's PCP as soon as you can. Ask the hospital staff to call HealthEase Kids. If you have to pay for these services when you get them, write to our Claims department. They will need copies of your medical reports. Send copies of bills. Be sure to include proof of payment.



COVERED SERVICES, BENEFITS & CO-PAYMENTS

Here is a list of covered services and benefits under your child's plan. Please read it carefully. Call us if you have any questions.

BENEFITS	CO-PAYMENT (due at the time of service)
Well-child care and school physicals	\$0
Office visits for minor illnesses, accident care (PCP)	\$5
Specialist office visit (if referred by PCP)	\$5
Hospital inpatient medical and surgical care	\$0
Unauthorized use of emergency services <i>(Co-payment is waived if visit is appropriate use of ER, PCP-authorized or patient is admitted.)</i>	\$10
Emergency transportation	\$10
Surgeon's fees	\$0
Prenatal care and delivery <i>For newborns up to 3 days or until discharge.</i>	\$0
Generic prescriptions (31-day supply)	\$5
Brand-name prescriptions <i>Available only if no generic is available or if brand name is considered medically necessary.</i>	\$5
Behavioral health services—outpatient services <i>Benefit limitations shall not be any less favorable than those for physical illnesses generally.</i>	\$5
Behavioral health services—inpatient services <i>Benefit limitations shall not be any less favorable than those for physical illnesses generally.</i>	\$0
Substance abuse rehabilitation and treatment—inpatient services <i>Benefit limitations shall not be any less favorable than those for physical illnesses generally.</i>	\$0

continues

Substance abuse rehabilitation and treatment—outpatient services <i>Benefit limitations shall not be any less favorable than those for physical illnesses generally.</i>	\$5
Diagnostic testing (laboratory, X-rays)	\$0
Anesthesia services	\$0
Outpatient physical, occupational, respiratory and speech therapies <i>(Limited to up to 24 treatment sessions within a 60-day period per episode or injury, with the 60 day period beginning with the 1st treatment.)</i>	\$5
Home health services <i>Skilled nursing only; includes hospice services.</i>	\$5
Hospice services	\$5
Skilled nursing facility <i>Pre-authorized – 100 days per year.</i>	\$0
Durable medical equipment and prosthetic devices <i>Pre-authorized medically necessary equipment such as nebulizers, walkers and wheelchairs.</i>	\$0
Routine vision and hearing screening (PCP)	\$0
Refractions/corrective lenses <i>1 pair every 2 years or when head size or prescription changes warrant.</i>	\$10
Chiropractic services <i>24 visits per calendar year.</i>	\$5
Organ transplants <i>Includes pre-transplant, transplant and post-transplant services when authorized by Insurer at approved facility.</i>	\$0
OTC Program—\$10 per family per month <i>Select your choice of approved OTC items. They will be mailed straight to your door.</i>	\$0

CASE MANAGEMENT

The Plan has case management programs. These help members who have chronic diseases. These include asthma, diabetes, HIV/AIDS and others. Our case managers work with you. They help coordinate your child's health care needs. You may be contacted if:

- You ask for case management
- You meet the conditions for one of our case management programs
- Your PCP asked that your child be put into case management

You can learn more about these programs by calling your PCP. Or call Customer Service. Call weekdays from 8am to 6pm. The toll-free number is **1-800-278-8178**. TTY/TDD users, call **1-877-247-6272**.

BEHAVIORAL HEALTH CARE

Need help finding a behavioral health provider in your area? Call **1-877-712-5340** (TTY/TDD: **1-877-247-6272**). They will give you a choice of doctors and help you find one in your area. You can also get names of doctors at www.wellcare.com.

What to Do if You Need Help

If you have any of the feelings below, call Harmony. They will give you names of doctors who can help.

- Always feeling sad
- Feeling hopeless and/or helpless
- Feelings of guilt or worthlessness
- Problems sleeping
- No appetite
- Weight loss or gain
- Loss of interest in things you like
- Problems paying attention
- Being upset
- Your head, stomach or back hurts, and your doctor hasn't found a cause
- Drug or alcohol problems

PRESCRIPTIONS

Prescriptions must be written or approved by a HealthEase Kids doctor. They must be picked up at a pharmacy that is part of the Plan network. A list of pharmacies you can go to is in your Provider Directory. You can also find them on the Web at www.wellcare.com. Click on the Medicaid link and choose Florida. Then click on the HealthEase Kids page. Questions? Call Customer Service at **1-800-278-8178** (TTY/TDD: **1-877-247-6272**).

Prescription drugs the Plan covers are on the Preferred Drug List (PDL). Doctors, pharmacists and nurses make this list. The list also includes drugs that may have limits due to your age or gender. Your doctor will use the PDL when writing you a prescription.

You can find a current PDL on the Web at www.wellcare.com. Click on the Medicaid link and choose Florida. Then click on the HealthEase Kids page.

FILLING PRESCRIPTIONS

Having your child's prescription filled is easy. Simply take it to one of these local pharmacies. Show your child's ID card.

- Albertsons
- CVS
- Kmart
- Medicine Shoppes
- Publix
- Sweetbay
- Target
- Walgreens
- Wal-Mart
- WinnDixie

You will have to pay a co-payment when you pick up the prescription. Your co-pay covers a 31-day supply of your child's medicine.



WE MAKE OVER-THE-COUNTER (OTC) EASY

1. Call OTC Customer Service at 1-877-431-8861.
2. Select your choice of OTC items from the list. Choose up to \$10 a month per family.
3. The Plan will mail your order within 10 business days.

ID#	NDC/UPC#	Generic Comparable	Brand Description	Size/Qty.	Price
ALLERGY PREVENTION AND TREATMENT					
1	00904572815	Loratadine 10mg Tablets	Claritin®	10	\$4.00
2	00904582941	Cetirizine 10mg Tablets	Zyrtec®	14	\$7.00
3	00904555124	Diphenhydramine 25mg Capsules	Benadryl®	24	\$4.00
ANALGESICS/ANTIPYRETICS					
4	51645071601	Aspirin 325mg Tablets	Bayer® Aspirin	100	\$3.00
5	51645071308	Aspirin Enteric Coated 81mg Tablets	Bayer EC® Aspirin (Adult Regimen)	120	\$5.00
6	00904201360	Enteric Coated Aspirin 325mg Tablets	Ecotrin® Tablets	60	\$5.00
7	51645070506	Acetaminophen 325mg Tablets	Tylenol® Regular Strength Tablets	100	\$7.00
8	51645070501	Acetaminophen 500mg Tablets	Tylenol® Extra Strength Caplets	50	\$5.00
9	59726091024	Acetaminophen 500mg/Caffeine 60mg/Pyrilamine 15mg	Midol®	24	\$7.00
ANTACIDS AND ACID REDUCERS					
10	37864860019	Simethicone 80mg Tablets	Mylanta® Gas 80mg Tablets	100	\$9.00
11	00113091574	Omeprazole 20mg	PriLOSEC®	14	\$10.00
12	51645073515	Calcium Carbonate 500mg Tablets	Tums® Tablets	150	\$4.00
13	00904539946	Ranitidine HCL 75mg Tablets	Zantac® Tablets	30	\$8.00
14	00113020789	Famotidine 10mg Tablets	Pepcid®	18	\$6.00
15	00113042865	Simethicone 125mg Tablets	Gas-X® Extra Strength	30	\$5.00

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ANTI-ARTHRITICS					
16	00113054471	Acetaminophen 650mg Tablets	Tylenol® Arthritis Pain Tablets	50	\$6.00
17	05524401450	Glucosamine 1500mg/ Chondroitin 1200mg	Glucosamine/ Chondroitin DS®	60	\$9.00
ANTICANDIALS (YEAST)					
18	51672200306	Clotrimazole Vaginal 1% Cream— 1 Application	Gyne-Lotrimin®	6oz	\$8.00
19	00113008100	Miconazole-3 Combo Pack with Applicator	Monistat-3® Combo Pack	.32oz	\$12.00
ANTIDIARRHEALS AND LAXATIVES					
20	00904788959	Docusate Sodium 100mg Capsules	Colace® Softgels	60	\$8.00
21	00904266717	Adult Glycerin Suppositories	Fleet® Adult Suppositories	50	\$4.00
22	00904505812	Bisacodyl 10mg Suppositories	Dulcolax® Suppositories	12	\$6.00
23	00904792717	Bisacodyl 5mg Tablets	Dulcolax® Tablets	25	\$5.00
24	51660012312	Loperamide 2mg Capsules	Imodium® Caplets	12	\$5.00
25	00113029126	Antinausea Liquid	Emetrol®	4oz	\$7.00
26	00113046965	Bismuth Subsalicylate 262mg Tablets	Pepto-Bismol® Chewable Tablets	30	\$4.00
MOTION SICKNESS MEDICATION					
28	59726060312	Dimenhydrinate 50mg Tablets	Dramamine® Motion Sickness	12	\$4.00
TOPICAL OINTMENTS AND CREAMS					
29	00113062264	Diphenhydramine Anti-Itch Cream	Benadryl® Cream	1oz	\$4.00
30	732953200120	Menthol 10%/Methyl Salicylate 15% Cream	Bengay®	1.25oz	\$3.00
31	11527006355	Triple Antibiotic Ointment	Neosporin® Ointment	0.5oz	\$5.00
32	370030147717	Clotrimazole 1% Cream	Lotrimin® AF	0.5oz	\$7.00
33	732953250136	Tolnaftate 1% Cream	Tinactin® Cream	0.5oz	\$6.00
35	001152705255	Hydrocortisone 1% Maximum Strength Cream	Cortaid® Cream	0.5oz	\$4.00

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COLD, FLU, DECONGESTANT AND SINUS REMEDIES

36	51672203003	Oxymetazoline Hydrochloride 0.05% Solution	Afrin® Nasal Spray	1oz	\$5.00
37	70030131739	Saline Nasal Spray	Ocean® Nasal Spray	1.5oz	\$3.00
38	180410000422	Throat Lozenges—Assorted Flavors	Halls® Cough Drops	30	\$2.00
39	070030131241	Guaifenesin 100mg/5ml	Robitussin® Syrup	4oz	\$5.00
40	070030134082	Guaifenesin 100mg/5ml— Sugar-Free	Robitussin® Sugar-Free Syrup	4oz	\$5.00
41	180410000002	Vicks Vaporub®	Vicks Vaporub®	3.53oz	\$6.00
42	846036001112	Acetaminophen 325mg/ Dextromethorphan 10mg/ Phenylephrine 5mg Tablets	DayQuil® Caplets	20	\$6.00
43	370030147953	Acetaminophen 325mg/ Dextromethorphan 15mg/ Doxylamine 6.25mg Tablets	NyQuil® Caplets	12	\$4.00
44	846036001631	ASA 325mg/Sodium Bicarbonate 1916mg/Citric Acid 1000mg Tablets	Alka-Seltzer®	20	\$5.00
45	846036001761	Guaifenesin 600mg Tablets	Mucinex®	30	\$9.00
46	846036001778	Guaifenesin 600mg/ Dextromethorphan 30mg Tablets	Mucinex-DM®	30	\$10.00
47	370030147397	Phenylephrine HCL 10mg Tablets	Sudafed® PE	18	\$4.00
48	370030147502	Acetaminophen 325mg/ Guaifenesin 200mg/ Phenylephrine 5mg Tablets	Tylenol® Sinus and Congestion Tablets	24	\$5.00
DENTAL/DENTURE CARE					
49	732953023033	Benzocaine 20% Oral Anesthetic	Anbesol®	0.5oz	\$5.00
50	732953170089	Denture Adhesive Cream	Fixodent®	2.4oz	\$4.00
51	007292578120	Toothbrush	Toothbrush	1	\$2.00
52	732953052644	Fluoride Toothpaste	Colgate®	6.4oz	\$3.00
53	007293510425	Waxed Dental Floss	Waxed Dental Floss	1	\$2.00
EAR CARE					
54	4982A500502S1	Ear Syringe	Ear Syringe	3oz	\$4.00
55	000904322035	Carbamide Peroxide (6.5%) Solution	Debrox® Ear Wax Removal	0.5oz	\$7.00

EYE CARE					
56	48879000807	Polyvinyl Alcohol 0.5%/Povidone 0.6% Lubricant Eye Drops	Murine® Tears	0.5oz	\$5.00
57	48879000907	Tetrahydrozoline HCl 0.05%	Visine® Drops	0.5oz	\$4.00
FIBER SUPPLEMENTS*					
58	00113047775	Psyllium Husk, Approximately 0.52g	Metamucil®	90	\$9.00
FIRST AID/MEDICAL SUPPLIES					
59	81233300000	Athletic Bandage	Ace® Bandage	1	\$3.00
60	08041000077	Adhesive Tape— 1/2 Inch x 5 Yards	Adhesive Tape	1	\$2.00
61	59707011101	Alcohol Swabs	Alcohol Swabs	100	\$2.00
62	08792901000	Bandages—Assorted	Band-Aids®	30	\$2.00
63	08041000091	Butterfly Closures	Butterfly® Closures	10	\$2.00
64	04140538038	Cotton Balls	Cotton Balls	100	\$2.00
65	04140503180	Cotton Swabs	Q-Tips® Cotton Swabs	120	\$2.00
66	02237109008	Ice Bag	Ice Bag	1	\$5.00
67	81200000096	Stretch Gauze Bandage— 2 Inches x 5 Yards	Johnson & Johnson® Gauze	1	\$2.00
68	76705616982	Oral Thermometer	Oral Thermometer	1	\$6.00
69	846036001594	Flexible Tip Thermometer	Flexible Tip Thermometer	1	\$10.00
70	846036001617	Thermometer Probe Covers	Thermometer Probe Cover	30	\$3.00
71	846036001242	Menthol 5% Patches	Icy Hot® Patches— Large	5	\$6.00
72	846036001379	Corn and Callus Remover	Dr. Scholl's® Corn and Callus Remover	0.33oz	\$5.00
73	846036001365	Salicylic Acid (17% w/w) Liquid	Compound W® Wart Remover	0.31oz	\$7.00
HEMORRHOIDAL PREPARATIONS					
74	042000230107	Mineral Oil 46.6%/Pramoxine HCL 1%/Zinc Oxide 12.5%	Tucks® Hemorrhoidal Ointment	0.7oz	\$4.00

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75	00904518402	Mineral Oil 14%/Petrolatum 71.9%/Phenylephrine 0.25%/ Shark Oil 3% Cream	Preparation H® Ointment	2oz	\$8.00
76	180410000477	Witch Hazel 50% Pads	Tucks® Medicated Pads	100	\$8.00
HEADACHE RELIEF					
78	00113037462	Acetaminophen 250mg/Aspirin 250mg/Caffeine 65mg Tablets	Excedrin® Migraine	24	\$4.00
79	070030135393	Acetaminophen 500mg/ Diphenhydramin Citrate 38mg Tablets	Excedrin® PM Tablets	50	\$6.00
ANTI-INFLAMMATORIES					
80	00904791251	Ibuprofen 200mg FC Tablets	Advil® Tablets	50	\$5.00
81	00113949071	Naproxen Sodium 220mg Caplets	Aleve® Caplets	50	\$6.00
82	00113005058	Ibuprofen 200mg Liquid Gel Caps	Advil® Liquid Gel Caps	20	\$5.00
PEDICULICIDES					
83	00904252820	Lice Treatment Maximum Strength Shampoo	Rid® Extra Strength Shampoo	4oz	\$10.00
84	846036000351	Lice Comb	Lice Comb	1	\$7.00
SLEEPING AIDS					
85	070030136130	Diphenhydramine 25mg Capsules	Unisom® Sleep Tablets	16	\$5.00
VITAMINS AND MINERALS					
86	00904418160	B-Complex/B-12 Vitamins	B-Complex/B-12 Vitamins	100	\$6.00
87	00904053060	Adult Multi-Vitamin Tablets	Centrum® Multi-Vitamin Tablets	100	\$9.00
88	00904531360	Prenatal Vitamins	Stuart Prenatal® Vitamins	100	\$10.00
89	00904052360	Vitamin C 500mg Tablets	Vitamin C 500mg Tablets	100	\$4.00
90	00904027460	Vitamin E 400 IU Caplets	Vitamin E 400 IU Caplets	100	\$7.00
91	00904208560	Vitamin A 10,000 IU Caplets	Vitamin A 10,000 IU Caplets	100	\$4.00
92	070030147846	Elemental Iron 65mg Tablets	Feosol®	100	\$8.00

continues

93	070030139001	Folic Acid 500mcg Tablets	Folic Acid 400mcg Tablets	100	\$5.00
94	070030138912	Magnesium 250mg Tablets	Magnesium 250mg Tablets	100	\$3.00
95	070030133092	Zinc 50mg Tablets	Zinc 50mg Tablets	100	\$5.00
96	070030132835	Synthetic Vitamin B-1 100mg Tablets	Vitamin B-1 100mg Tablets	100	\$4.00
97	070030132859	Synthetic B-12 500mcg Tablets	Vitamin B-12 500mcg Tablets	100	\$6.00
98	070030132842	Synthetic Vitamin B-6 100mg Tablets	Vitamin B-6 100mg Tablets	100	\$5.00
99	37864000194	Calcium Carbonate 600mg/ Vitamin D 400 IU Tablets	Caltrate® 600 + D	60	\$6.00
100	070030135676	Calcium Carbonate 600mg Tablets	Caltrate® 600	60	\$6.00
CHILDREN'S PRODUCTS					
101	732953024030	Orajel Baby	Orajel® Baby	0.33oz	\$7.00
102	10310032270	Tooth and Gum Cleanser	Tooth and Gum Cleanser	1.4oz gel	\$6.00
103	732953030109	Diaper Rash Ointment	Balmex® Ointment	1oz	\$3.00
104	846036001365	Salicylic Acid 17% w/v 0.5oz Liquid	Duofilm®	0.5oz	\$7.00
105	070030132606	Gas Relief Drops	Mylicon® drops	1oz	\$10.00
106	00536845080	Baby Poly Vitamin Drops 50ml	Poli-Vi-Sol® Drops	50ml	\$7.00
107	070030133252	Children's Chewable Multi-Vitamins	Flintstones® Multi-Vitamins	100	\$7.00
108	00113062326	Children's Ibuprofen Suspension 100mg	Motrin® Suspension for Children	4oz	\$5.00
109	00113046162	Junior Strength Pain Ibuprofen Chewable Tablets 100mg	Motrin® Jr. Strength	24	\$5.00
110	00113044962	Junior Strength Pain Relief Apap Chewable Tablets 160mg	Tylenol® Jr. Strength	24	\$5.00
111	00113010526	Acetaminophen Children's Elixir 30ml	Tylenol® Children's Elixir	4oz	\$5.00
112	00113009165	Acetaminophen Chewable Tablets	Tylenol® Children's Chewable Tablets	30	\$5.00
113	00113090626	Children's Cold and Allergy Elixir 5ml	Dimetapp® Cold and Flu Elixir	4oz	\$5.00

continues

114	370030147021	Infant Ibuprofen Oral Suspension 50mg	Motrin® Infant Drops Dye Free	1oz	\$7.00
115	00113000805	Acetaminophen Children's Elixir 30ml	Tylenol® Infant Drops	0.5oz	\$5.00
116	00904266617	Children's Glycerin Suppositories	Children's Glycerin Suppositories	25	\$2.00
117	00904122800	Diphenhydramine Liquid 5ml—Alcohol Free	Benadryl® Elixir	4oz	\$4.00
HERBALS					
118	00857400305	CoQ-10 20mg	CoQ-10	30	\$7.00
119	05524409433	Ginkgo Biloba 60mg	Ginkgo Biloba	30	\$8.00
OTHER ITEMS					
120	26893010303	Condoms	Condoms	3	\$2.00
121	076855700723	Pill Box	Pill Box	1	\$2.00
122	00904177121	Throat Lozenges	Chloraseptic®	30	\$2.00
123	180410000484	Hand Sanitizer Wipes	Hand Sanitizer Wipes	24	\$4.00

*Subject to quarterly reviews and changes. Changes will be reflected in member's PDL (preferred drug list).

The brand names of the OTC items listed above are trademarks of their respective owners.

OTC GUIDELINES

- Have your selection ready when you call. Also have the correct item numbers.
- Select up to \$10 in items a month.
- Place your order within the first 15 days of the month.
- One order per family is allowed each month.
- Your order will be processed and shipped directly to you within 10 working days.
- Products will be available in generic equivalence.
- The list is subject to change.

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PEDIATRIC NEW MEMBER QUESTIONNAIRE

It is important that we know about the health of your child. With your help, we can be sure your child gets the best health care. This information is confidential.

We have a team of pediatric nurses waiting to serve you. Please fill out this questionnaire for each child. Responding will not deny your child's enrollment. Please return it in the enclosed envelope. You do not need a stamp.

First Name: _____ Today's Date: _____

Last Name: _____ Enrollment Date: _____

Address: _____ Member ID: _____

Healthy Kids ID: _____ Phone: _____

Social Security #: _____

Date of Birth: _____ Male Female Height: _____ Weight: _____ Age: _____

Parent/Legal Guardian Name: _____

Primary Care Physician Name: _____

1. When did your child last see the PCP? Never Less than 6 months ago Over 6 months ago

2. When was your child's last well-child checkup? _____

3. Are your child's shots up-to-date? Yes No

4. Where did your child receive shots? _____

5. Has your child ever had a lead-level screening? Yes No

6. How was your child delivered? Vaginal (Normal Birth) C-Section

7. Birth Weight: _____ Full-term Premature

8. How long was your child in the hospital after birth? _____

9. Did you have any problems with the birth or after? _____

10. Has your child been DIAGNOSED with or SUSPECTED of having any of the following? (Check those that apply.)

Asthma/Breathing Problems

Developmental Delay

Anxiety

Behavioral Problems (attention deficit, with or without hyperactivity; alcohol or drug use)

Psychological Problems (depression, anxiety, abnormal thinking)

Nervous System Disorders

Encephalitis

Meningitis

Other Health-Medical Problems

Kidney/Urinary Problems

- | | |
|---|--|
| <input type="checkbox"/> Bowel Problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Hepatitis/Liver Disease | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Endocrine Disorders | <input type="checkbox"/> Ear Problems |
| <input type="checkbox"/> Hyperthyroidism/Hypothyroidism | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Addison's Disease | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Cushing's Syndrome | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Sickle Cell Anemia | <input type="checkbox"/> Orthopedic Problems |
| <input type="checkbox"/> Leukemia/Cancer | <input type="checkbox"/> Hemophilia/Blood Disorder |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Stroke |

11. Are any of these conditions getting worse? Yes No If yes, please explain: _____

12. Do you need information about any of them? Yes No If yes, please explain: _____

13. How many times in the last 12 months has your child been to the ER? None 1 Time 2 Times or More
Reason: _____
14. How many times in the last 12 months has your child been in the hospital? None 1 Time
 2 Times or More Reason: _____
15. What medications does your child take? (List all medicines, including vitamins, prescriptions and OTC drugs.)

16. Do you have any questions about your child's medications? Yes No
17. Is there any medical equipment in the home used by your child? Yes No
18. Is your child under the care of a home health nurse? Yes No
19. Do your child's medical problems get in the way of play, school or day care? Yes No
If yes, please explain: _____
School Name: _____ Phone: _____ School Nurse: _____
20. Does your child have any limitations that get in the way of daily life? Yes No
If yes, please explain: _____
21. Is your child being treated for psychiatric or behavioral problems? Yes No
If yes, please explain: _____
22. Is your child now enrolled in Children's Medical Services (CMS)? Yes No
23. Has your child ever been enrolled in CMS? Yes No

Thank you for taking time to let us know your child's needs. Please mail back this form in the envelope provided.



CONTACTING HEALTHEASE KIDS

FILING A GRIEVANCE

Please let us know right away about problems with your health care. Call Customer Service with any questions you may have. The toll-free number is **1-800-278-8178**.

This section gives the rules for making complaints. State law says you have the right to make complaints about any part of your medical care as a Plan member. The state has helped set the rules about what you need to do to make a complaint. There are also rules about what we must do when we get a complaint. We must be fair in how we handle it. You cannot be dropped for making a complaint. You will not be penalized in any way.

? WHAT ARE APPEALS AND GRIEVANCES?

You have the right to make a complaint about your child's coverage or care. There are two types of complaints. They are called "appeals" and "grievances."

An **appeal** is the type of complaint you make when you want us to reconsider and change a decision we have made about:

- What services are covered for your child
- What we will pay for a service

For example, you can file an appeal if...

- We refuse to cover or pay for services you think we should cover.
- We or one of our Plan providers refuses to give your child a service you think should be covered.
- We or one of our Plan providers cuts back on services your child has been receiving.
- You think we are stopping coverage of a service too soon.

A **grievance** is the type of complaint you make if you have any other kind of problem with the Plan or one of our Plan providers.

For example, you would file a grievance if you have a problem with things such as...

- The quality of your child's care.
- Waiting times for appointments or in the waiting room.
- The way your child's doctors or others behave.
- Being able to reach someone by phone or get the information you need.
- The condition of the doctor's office.

Part I. Making complaints (called "appeals") to HealthEase Kids to change a decision about what we will cover for your child or what we will pay for

This section tells you what to do if you have problems getting the care you think we should provide. We use the word "provide" to mean things such as:

- Authorizing care
- Paying for care
- Arranging for someone to provide care
- Continuing to provide a medical treatment your child has been getting

Problems might be:

- Your child is not getting the care you want. You believe that this care is covered by the Plan.
- We will not authorize the medical treatment your child's doctor or other medical provider wants to give. You believe that this treatment is covered by the Plan.
- You are told that coverage for a treatment or service your child has been getting will be reduced or stopped. You feel that this could harm your child's health.
- Your child got care that you believe was covered by the Plan while your child was a member. We have refused to pay for this care.

THREE POSSIBLE STEPS FOR REQUESTING CARE OR PAYMENT FROM HEALTHEASE KIDS

There are steps you can take to ask for the care or payment you want from us. Your request is considered at each step. Then a decision is made. There may be another step you can take if you are not happy with the decision.

STEP 1: The initial decision by HealthEase Kids

First we make an “initial decision” about your child’s care or payment for care. This is also called an “organizational determination.” We will say how we think the benefits we cover apply in your case. You can ask for a “fast appeal.” This is for a decision that needs to be made quickly.

STEP 2: Appealing the initial decision by HealthEase Kids

You can ask us to rethink our decision. This is called an “appeal” or a “request for reconsideration.” You can ask for a “fast appeal.” This is for health care requests that need quick decisions. We will review your appeal. Then we will decide to stay with our original decision or change it.

? HOW DO YOU FILE YOUR APPEAL OF THE INITIAL DECISION?

You, someone you appoint or your provider may file this appeal. If you are naming someone to do this for you, you must let us know in writing. Or you can complete an Appointment of Representation form. You can get this form from Customer Service.

You may submit your appeal orally or in writing. If you file orally, you must also submit a written, signed appeal request. This is not the case if you are filing a fast appeal.

? HOW SOON MUST YOU FILE YOUR APPEAL?

Appeal within 30 days of the date of our notice to you. We may not have sent a notice. Then you have 365 days to appeal.

? HOW CAN YOUR CHILD KEEP GETTING BENEFITS WHILE THE APPEAL IS BEING CONSIDERED?

In order for this to happen:

1. You must file your appeal within 10 days of the date of our notice if you are filing orally. You have 15 days if you are filing in writing by U.S. mail, or before the date of our proposed action takes effect.
2. The appeal must involve stopping or reducing treatment we OK’d previously.
3. The services must have been ordered by an authorized provider.
4. The authorization period cannot have expired.
5. You ask for an extension of benefits.

If you ask for this and your appeal is not decided in your favor, you may have to pay for all costs accrued during the review process.

? WHAT IF YOU WANT A “FAST” APPEAL?

You can ask for a fast appeal rather than a standard one. A doctor or representative can also do this for you. This can be done by calling Customer Service. Call Monday through Friday, 8am to 6pm. The toll-free number is 1-800-278-8178.

You can also mail a written report to HealthEase Kids, P.O. Box 31368, Tampa, FL 33631-3368. Or fax it to 813-262-2907 or 1-866-201-0657. Be sure to ask for a “fast” or “expedited” review.

We will give you a fast appeal if your doctor says waiting could seriously hurt your child’s health.

You may ask for a fast appeal without your doctor’s help. We will decide if your child’s health requires a fast decision. We will send you a letter if we decide that your child’s health does not require it. It will say that you can get a fast review with a doctor’s support.

The letter will also tell you how to file a “grievance” if you disagree and feel your child needs a fast review. If we deny your request for a fast review, we will give you a standard review. This takes 30 days.

? HOW SOON MUST WE DECIDE ON YOUR APPEAL?

For a decision about payment for care your child has received:

- 30 days after we get your appeal.

For a fast decision about care:

- Up to 72 hours after we get your appeal.

If you ask us, or if we find that information is missing that can help you, we can take up to 14 more days to make our decision.

STEP 3: Appealing the first-level appeal decision

If you are not happy with the first-level decision, you may appeal. You may do this by asking for a hearing before the Statewide Subscriber Assistance Panel. You may also contact this panel at any time during the process. You must ask for a hearing within 365 days of the Plan's first-level decision. Do this by contacting the agencies listed below.

PART 2. Making complaints (called "grievances") to HealthEase Kids for issues

We want to know if you have any grievances. Call Customer Service. They will try to fix the issue over the phone. If the issue is not fixed right away, your complaint will be forwarded to the Grievance department.

If you have a question about what type of complaint process to use, call Customer Service. Call Monday through Friday, 8am to 6pm. The toll-free number is **1-800-278-8178**.

As a HealthEase Kids member, you have the right to file a grievance about problems such as:

- Quality of services your child received
- Office waiting times
- Doctor behavior
- Facilities
- Involuntary disenrollment
- If you disagree with our decision to take the standard 14 days rather than the 72-hour time frame for appeals

We will try to fix any problem you might have. We can solve many issues over the phone. These may be about:

- Bad information
- A lack of information
- A misunderstanding

Grievances must be submitted to the Plan within 365 days. You can do this orally. Or you can do it in writing.

We will send you a letter within 10 days. It will let you know we got your complaint. If your grievance involves medical issues, a doctor will review your case.

The process will be completed within 60 days of when we get your formal grievance. If more information is needed, the 60-day time is stopped. It will start again when we have the information.

We will send you a letter telling you the outcome of the case. It will also tell you that you can ask for a hearing. That hearing would take place before the Statewide Subscriber Assistance Panel. You must ask for this within 365 days of our decision.

OTHER AGENCIES YOU CAN CONTACT

**The Agency for Health Care Administration
Subscriber Assistance Panel
2727 Mahan Drive
Tallahassee, FL 32308**

1-850-921-5458



PAYMENTS

Payments are due on the first day of each month. It is very important to make your monthly premium payments to Healthy Kids on time. If your payment is not received by the due date, then your child's coverage will be cancelled. If your account is cancelled for non-payment, your child will have to wait at least 30 days before coverage can begin again. Your child will not be eligible for services during this waiting period. A coupon book was mailed to you by Healthy Kids to help you with your payments.

If you have lost your coupon book, you can call Healthy Kids at 1-800-821-5437. Ask that a new one be sent to you. Payments can also be made by phone or online, 24 hours a day, 7 days a week.

Mailing address for payments:

Florida Healthy Kids Corporation
P.O. Box 31105
Tampa, Florida 33631-3105

To make a payment by phone:

1-800-821-KIDS (5437)

To make a payment online:

www.healthykids.org

FRAUD AND ABUSE

Fraud occurs when your health care plan gets billed for a service that costs more than the service received.

Fraud also happens when your health care plan pays for a service that someone never used. If you know that fraud occurred, tell us. Call our 24-hour hotline at 1-866-678-8355.

To learn more, call 1-800-278-8178. TTY/TDD users, call 1-877-247-6272.



CANCELLATION OF YOUR CHILD'S POLICY

If you wish to cancel your child's Healthy Kids coverage, you must let Healthy Kids know. They will let HealthEase Kids know.

Your policy may also be ended for these reasons:

- You did not renew your child's account by the due date
- It has been proven that you have acted wrongly in giving the information that determined eligibility
- Your premium is not received by the due date
- Your child no longer meets the eligibility requirements
- Your child moves outside of your county service area

How to Contact Healthy Kids:

Florida Healthy Kids Corporation
P.O. Box 591, Tallahassee, FL 32302

1-800-821-KIDS (1-800-821-5437)



MEMBER RIGHTS AND RESPONSIBILITIES

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities is as follows.

YOUR CHILD HAS THE RIGHT TO TIMELY, APPROPRIATE CARE...

- A patient has the right to be treated with courtesy and respect, with appreciation of his individual dignity, and protection of his/her need for privacy.

- A patient has the right to a prompt and reasonable response to questions and requests.
- A patient has the right to know who is providing medical services and who is responsible for his/her care.
- A patient has the right to know what patient support services are available, including whether an interpreter is available if he/she does not speak English.
- A patient has the right to know what rules and regulations apply to his/her conduct.
- A patient has the right to be given, by his/her health care provider, information concerning diagnosis, planned course of treatment, alternatives, risks and prognosis.
- A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his care.
- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- A patient has the right to refuse any treatment, except as otherwise provided by law.

YOUR CHILD HAS THE RIGHT TO TIMELY PROBLEM RESOLUTION...

- Make complaints and appeals without discrimination and expect problems to be fairly examined and appropriately addressed.
- Responsiveness to reasonable requests made for services.

CONFIDENTIALITY IS YOUR RIGHT...

- Review and comment about your child's personal health information and review medical records and/or changes to your child's personally identifiable health information.
- Protection against unauthorized disclosure of his/her personal health information.
- Approve the release of any information beyond HealthEase Kids.
- Have information used for research or performance measurement limited in that all data will be combined.

- Authorize the use of his/her individually identifiable health information for any purpose including the collection, use and sharing of data, unless the release of the information is required by law. General consent is given when you submit the enrollment application for him/her. This authorizes the use of identifiable information that is needed for treatment, coordination of care, conducting quality assessment, utilization review, fraud detection, and specific and known oversight reviews (such as state or accreditation organizations). This consent covers future, known or routine needs for the use of his/her health information. Other consents, or special consents, will be obtained if specific member-identifiable information is requested and is to be shared with another organization or agency.

YOU HAVE THE RESPONSIBILITY TO...

- A patient is responsible for keeping appointments and, when he/she is unable to do so, for notifying the health care provider or the health care facility.
- A patient is responsible for providing to his/her health care provider, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to health.
- A patient is responsible for reporting unexpected changes in his/her condition to his/her health care provider.
- A patient is responsible for following the treatment plan recommended by his/her health care provider.
- A patient is responsible for reporting to his/her health provider whether he/she understands a course of treatment and what is expected of him/her.
- A patient is responsible for his/her actions if he/she refuses treatment or does not follow the health care provider's instructions.
- A patient is responsible for assuring that the financial obligations of his health care are fulfilled as promptly as possible.
- A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.



IMPORTANT DEFINITIONS

Contract year. Oct. 1 through Sept. 30.

Coverage decisions. Choices we make about benefits and what we will pay for a service.

Health plan. HealthEase Kids.

Health plan member. Your child who is covered under the Healthy Kids Program.

Illness. A sickness or disease.

Member. Your child who is covered under the Healthy Kids Program.

Participating provider. A facility or health care provider who offers services for Plan members.

PDL. Preferred drug list.

Physician. A person who may practice medicine and does so within the scope of his/her license. Services must be covered under group health care plans per the laws of the local area where your child receives care.

Plan (The Plan). HealthEase Kids.

Primary Care Physician (PCP). A person who may practice medicine or osteopathy in the local area where your child receives care. The PCP provides and helps direct all care for your child.

Psychiatric Treatment Program. Offered by programs licensed to treat mental and nervous disorders. Also includes substance abuse rehabilitation.

Service(s). Medical services or supplies provided to Plan members under this group plan.

We, Us, Our. HealthEase Kids.



CONFIDENTIAL PATIENT INFORMATION

Effective Date: April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review this notice carefully. As a valued member of our health plan, we want you to be assured of our commitment to protecting your confidential patient information.

If you have any questions or concerns, please call Customer Service at 1-800-278-8178.

1. Why have we provided this notice to you?

This notice explains our corporate privacy practices applicable to you, a valued member, of our Health Plan. This notice describes how medical information about you may be disclosed and used and how you can obtain access to this information. This notice is provided to you for information purposes only.

2. The Health Plan has a legal duty to protect your Protected Health Information.

We appreciate the confidence and trust that you have bestowed upon us. Your privacy is very important to us, and we take this duty seriously. It is our legal responsibility to protect the privacy of the health information that we collect, disclose and use. We refer to this information as "Protected Health Information" or "PHI" for short.

PHI includes information that can be used to identify you and has been created or received about your past, present or future health or condition, the provision of health care to you, or the payment for this health care. PHI does not apply to information that is publicly available.

The Health Plan provides this notice for you in accordance with applicable law about our privacy practices so that you can understand how, why and when we obtain, use and disclose your PHI. We obtain PHI for the purpose of the management of our health benefit plans. The Health Plan requires access to PHI to be restricted to those associates who need it to perform the duties required to provide services to you and all of our members. In order to accomplish the purpose of the disclosure or use of your PHI, we may not disclose or use any more of your PHI than what is necessary to accomplish the purpose of the disclosure or its use.

To avoid unauthorized access and use of your PHI, the Health Plan has in place procedural, physical and electronic safety measures.

We have a designated Privacy Officer and a Chief Compliance Officer who are responsible for the development, supervision, implementation, enforcement, and training of our workforce on policies and procedures with respect to the safeguarding of PHI from inappropriate disclosure, access and use as required by relevant law. These measurements that we use include restricted access for associates within our physical locations and various technical apparatus to protect PHI we store and use electronically.

In addition, your state where you enrolled in our health benefit plan may afford you additional privacy protection.

3. Who receives this notice and when.

The Health Plan will provide this notice to all of our members at the time of enrollment. We will communicate to all affected individuals, at least once every three years, that this privacy notice is available together with instructions on how copies of this notice may be obtained.

4. The Health Plan collects various kinds of personal information about you.

The various types of PHI we collect on each of our members are similar to what other high-quality health plans collect. This information will include, but is not limited to: (i) the information that you provide to us or that we receive from regulatory authorities, your employer or benefits plan sponsor on an application or any other form, in person or in writing, electronically or by telephone (such as your name, address, social security number, date of birth, dependent information, marital status, health or medical history, employment information and other insurance carrier history); and (ii) your contact and affiliation in any form with any of our agents, business partners, the Health Plan or any other party (such as medical records, health care claims, premium payments, verification of your eligibility, appeal and grievance information, information to process requests for health care authorizations and enrollment applications).

5. The Health Plan wants you to know the importance of why we disclose and use your PHI.

In the next two sections we outline activities that play the most vital role in our day-to-day management and that are similar to the operations of other high-quality health plans. As permitted by law or unless stated elsewhere, we disclose and use PHI as outlined in the sections below.

The Health Plan offers programs to improve the health of our members, such as our disease management program, which assists our members to partner with their treating physicians to effectively manage chronic conditions like asthma and diabetes. We also offer outreach programs, which are designed to educate our members on how to use the health plan and what services are available to them. Additionally, we use quality investigative measurements to enable us to evaluate, expand and improve the types of services we offer to our members.

The Health Plan will seek your authorization before using or disclosing your PHI if we seek to offer unsolicited marketing resources to you for a purpose that is not related to your health benefits or health condition.

6. How the Health Plan discloses and uses your PHI.

A. We disclose and use your PHI for many reasons. For some of these disclosures or uses, we need your specific authorization. The following list describes the most common disclosures and uses that the Health Plan and its business partners may make that are permitted by law.

- In cases where it is necessary for the daily operations of the Health Plan, the treatment and care of a member, or other similar activities of the Health Plan.
- To employers who sponsor selffunded health plans, government authorities, and their respective agents, consultants, as well as other insurance companies. In accordance with applicable laws, each of these entities also is required to keep your PHI confidential.
- To other sponsors of health plans for eligibility and enrollment purposes and in accordance with applicable federal and state laws. In accordance with applicable laws, each of these entities also is required to keep your PHI confidential.
- The Health Plan uses PHI internally and shares PHI among affiliated companies commonly owned together with the Health Plan; we share it with our business partners and disclose it to health care providers (such as hospitals, skilled nursing facilities, doctors and other caretakers); third-party administrators; and payers such as health care provider organizations, and other financial partners who may be responsible for payment for the services or benefits you receive under your health plan. In accordance with applicable laws, each

of these entities also is required to keep your PHI confidential.

B. In certain situations, the Health Plan will require a specific authorization before we disclose or use PHI. When these types of cases arise and the member is not able to provide the authorization, we will accept an authorization from a person who is legally authorized to act on behalf of the member (for example, in the situation where a member is incapacitated due to a health condition).

7. When and why we may disclose and collect your PHI from a third party.

The Health Plan has provided the following list to illustrate a few of the reasons why we may disclose your PHI to a third party and what we do with the collected information.

We may disclose to a third party and collect from a third party information about you:

- In a case when a disclosure is required by federal, state or local law, judicial proceedings, or law enforcement officials. For example, we make disclosures to law enforcement officials when a law requires that we report information to government agencies. We may also disclose PHI to law enforcement officials when we are ordered to do so by a judicial or administrative proceeding. In addition, we may also disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- To agencies seeking that information including the government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws. The Health Plan, to the extent allowed by law, may disclose PHI to related entities or unrelated third parties.
- For the relocation of policies or contracts from and to other insurers, HMOs or third-party administrators; and facilitation of due diligence activities in connection with the sale, transfer or purchase of health benefits plans or other corporate assets.

- To perform statistics and management data gathering.
- For preventative health processing, disease and case management programs that are offered by the Health Plan and programs by our business partners; the Health Plan or its business partners may perform health and risk assessments; contact and recognize members who may benefit from participation in disease or case management programs; send applicable information to those members and their providers who enroll in the programs, and send out provider and member announcements or screening reminders and education resources.
- For performing mandatory licensing, regulatory compliance/reporting, and public health activities; quality improvement and assessment actions (such as credentialing and peer review of participating network and preferred providers); accreditation by the Accreditation Association for Ambulatory Health Care, Inc., or other relevant organizations; and other activities as listed below.
- To conduct research of health services, performance outcome/measurement and health claims analysis and reporting.
- To accomplish the management of the Health Plan's business activities related to contract administration or the administration of health benefits policies that may involve claims administration and payment, coordination of benefits, coordination of care and other services; utilization, management and review, medical necessity review, response to the members request for services or inquiries; construction of attractiveness of the products offered by us; performance of grievance, external review programs and appeals; programs and benefits breakdown and reporting; fulfillment; fraud investigation and detection of other unauthorized conduct; reinsurance management and stop loss or excess insurance policies and synchronization with reinsurance and stop loss or excess insurers; risk management, actuary and underwriting.

8. The Health Plan's terminated members and their PHI.

We do not destroy the PHI of members who have terminated from the Health Plan and their PHI continues to be kept private, subject to the same safeguards, policies and procedures as the PHI of active members. The reasons for not destroying the PHI of terminated members include, but are not limited to, (i) legal requirements, which require us to maintain the information; (ii) the information is useful to the health plan; and (iii) other reasons as outlined under the sections of this notice.

9. How you can request other disclosures of your PHI.

- A. A member can authorize the Health Plan to disclose his or her PHI to third parties. A member may authorize us to disclose his or her PHI for reasons that we have not described in the sections listed above.
- B. To authorize the Health Plan to perform this request, the member may contact a Customer Service associate by calling the telephone number listed on their membership card and asking for an authorization form to release their PHI. Once you receive the authorization form, provide all of the information on the form and mail it back to us at the following address:

WellCare Health Plans, Inc.
Attention: Customer Service
re: Authorizations/PHI
P.O. Box 31387
Tampa, FL 33631-3387

- C. At any time, if you choose to change the authorization from that is on file with us, send us a written notification that you would like to revoke or change the authorization for the person or organization on file with the Health Plan. Be sure to include your printed name, member identification number, and sign and date your notification to us.

D. If you want to have access to PHI about yourself, you should contact your provider who created your health records or health history. Your provider may be your dentist, medical treating primary care doctor, specialist, hospital, pharmacy or other health care giver. These providers will have the most complete history for you since they directly treated you. The Health Plan's participating providers (those providers who are participating in our network) are required to provide copies of your medical records to you upon your request. Please be aware that health care providers may charge applicable fees to cover administration costs.

E. You may contact the Health Plan and request from us specific documents that contain information that your providers send to us when they submit encounters or claims to us for payment. Under federal law, however, you may not inspect or have copies of the information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and certain PHI is subject to legal restrictions that prohibits your access. Depending on the circumstances, a decision to deny access to your PHI may be reviewable. The Health Plan, where allowed by law, will request that you pay a \$10 administration fee to help cover our costs in the processing of your request.

If you choose to have a copy of the encounter/claims documents that we maintain on you and your covered dependents, please send a written request to:

WellCare Health Plans, Inc.
Attention: Claims Manager Request
for Claims/Encounter PHI
P.O. Box 31387
Tampa, FL 33631-3387

- In your written request, please include a statement titled, Request for Claims/Encounter PHI, and include the member's name, member identification number,

address, and date of birth for each person whose PHI is requested. In addition, please include a money order, payable to WellCare Health Plans, Inc., for \$10 per person for whom the information is requested.

- Each member must print his or her name, and sign and date each request.
- If you are a member who has dependents, each dependent who is 18 years or older must also sign and date each request.
- Please call the toll-free phone number on your membership card and a Customer Service associate will assist you with any questions.

F. If you believe that the information contained in your medical records is not complete or not correct, we ask that you directly contact your health care provider who was responsible for the treatment or provided the service in question. You may have the right to have your physician amend your protected health information.

G. If the Health Plan's records are found to be the source of a proven error, we will amend the records accordingly. Please call the tollfree phone number on your membership card and a Customer Service associate will assist you. We cannot amend or correct any records maintained by a third party or your provider of service.

10. How can you file a complaint if you feel your privacy rights haven been violated?

If you believe this policy has been violated with respect to information about you or your covered dependents and you wish to file a complaint with us, it may be done either verbally or in writing. If you wish to write to us, please follow the grievance procedures received in your health plan documents. If you call us, please call the tollfree phone number on your membership

card and a Customer Service associate will assist you. You may also file a complaint with the U.S. Health and Human Services Office for Civil Rights (OCR). We will not retaliate against you for filing a complaint.

11. This notice to you and our privacy policies are subject to further change.

We are required by law to follow the privacy practices that are described in this notice. However, we reserve the right to change the terms of this notice and our privacy practices at any time. Any changes to our policies and procedures will apply to the PHI we already have in our possession. If we make material change to our policies and procedures about your PHI, we will update this notice, post a new notice on our Web site at www.wellcare.com and, to the extent required by applicable law, promptly mail a notice of the changes to you.

HELPING FLORIDA KIDS GROW UP HEALTHY

P.O. Box 31387 • Tampa, Florida • 33631-3387

If you have any questions about information
contained in this handbook, please call us.

1-800-278-8178 (TTY/TDD: 1-877-247-6272)

www.wellcare.com

