FLORIDA
MEMBER HANDBOOK

Staywell KIDS
A WellCare Company
WELCOME TO STAYWELL KIDS!

Dear Parent or Guardian:

Staywell Kids is committed to serving your child’s healthcare 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 health coverage for children ages 5 through 18. Healthy Kids coverage is offered by licensed insurers like Staywell Kids. We have provided health coverage in Florida since 2003.

Staywell Kids is a partnership between 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 healthcare.

This handbook explains the services that are available to your child through our plan. It also tells you how you can get those services. Please read through it carefully.

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

Please call Customer Service with any questions you may have. The toll-free number is 1-866-698-5437. TTY users may call 711. Someone is here to help you Monday–Friday from 7 a.m. to 7 p.m.
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www.wellcare.com/Florida
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About This Handbook

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

Please also check the ID card. Check the primary care provider (PCP) listed on the card. Be sure the PCP 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. Then call us to make the change. Our toll-free number is 1-866-698-5437.

Learn How to Use Your Healthcare Benefits

It’s easy to use your Staywell 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 care for your child. He or she will also set up specialist or hospital care if needed.

Staywell Kids also has a Nurse Advice Line. Please call the Nurse Advice Line when you’re not sure what type of care your child needs. The nurse can answer any healthcare questions that you may have. The toll-free number is 1-800-919-8807.

In a REAL MEDICAL EMERGENCY go to the nearest emergency room or call 911.

This handbook tells you more about your child’s health plan and how to get healthcare. Please read it carefully.

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 healthcare. Or you can visit our website at www.wellcare.com/Florida.

Please note: For help in person, call Customer Service. The toll-free number is 1-866-698-5437. TTY users may call 711.

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

• Request new ID cards
• Change your PCP
• Get a list of doctors in the health plan
• Get a list of pharmacies in the health plan
Serving Children Since 2003

Staywell Kids has been serving Florida’s children since 2003. Our goal is to make sure that your child’s healthcare needs are met at the highest standards. We ask that you read this handbook to help us meet this goal. It will tell you about the benefits and other things you need to know.

If you speak a different language or need something in Braille, large print or audio, don’t worry. We have translation and alternative format services. (This includes sign language.) We can even have a translator or sign language interpreter at your appointments. Just give us a call. There’s no cost to you for this. If you call us after business hours with a non-urgent request, leave a message. We’ll call you back the next business day.

To write to us, send your request to:

Staywell Kids
Attn: Customer Service
P.O. Box 31370
Tampa, FL 33631-3370

Your Child’s Identification (ID) Card

Keep your child’s ID card with you at all times. You will need it to get care. When you first arrive at the provider’s office, be sure to show your child’s ID card. This way the provider will be able to confirm your child’s Staywell Kids membership and benefits. It will also help you avoid getting a bill from the provider. If you do not get your child’s ID card, please call Customer Service at 1-866-698-5437 to let us know.

www.wellcare.com/Florida
For emergencies, call 911 or go to the nearest ER.
Contact your child’s primary care provider (PCP) as soon as possible.
All other services must be authorized by your child’s PCP.

24-Hour Nurse Advice Line: 1-800-919-8807
24-Hour Behavioral Health Crisis Line: 1-855-606-3622

Medical claims are to be mailed to:
Staywell Kids
P.O. Box 31224
Tampa, FL 33631-3224
RxBIN: 004336
RxPCN: ADV
RxGRP: RX8887
## Contact Information

When you need help or more information, use these contacts and websites:

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<tr>
<th>Help or Questions About</th>
<th>Call</th>
<th>Visit</th>
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<tr>
<td>• Status of your application</td>
<td>1-888-540-KIDS (5437)</td>
<td><a href="http://www.floridakidcare.org">www.floridakidcare.org</a></td>
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<tr>
<td>• Eligibility for Florida Healthy Kids</td>
<td>Weekdays, 7:30 a.m. – 7:30 p.m. EST</td>
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<td>• Making payments</td>
<td>TTY 1-800-955-8771</td>
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<td>• When coverage starts</td>
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<td>• Florida KidCare letters or emails you receive</td>
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<tr>
<td>• Whether a medical service, prescription medication, or device is covered</td>
<td>1-866-698-5437</td>
<td><a href="http://www.wellcare.com/Florida">www.wellcare.com/Florida</a></td>
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<td>• Cost of a medical service, prescription medication, or device</td>
<td>TTY 711</td>
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<td>• Network healthcare providers</td>
<td>Monday–Friday, 7 a.m. to 7 p.m.</td>
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<td>• Preventive services</td>
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<td>• Payment of a medical bill</td>
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<td>• Appealing a service or claim denial</td>
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<td>• Information about dental benefits</td>
<td>Your specific dental insurance company:</td>
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<td></td>
<td>Argus Dental Plan</td>
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<td>1-888-978-9513</td>
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<td>DentaQuest, Inc.</td>
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<td></td>
<td>1-800-964-7811</td>
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<td>MCNA Dental Plan</td>
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<td></td>
<td>1-855-858-6262</td>
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<td>Your dental insurance company’s website:</td>
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<td>argusdental.com/healthykids</td>
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<td>dentaquest.com/state-plans/regions/florida</td>
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<td>mcna.net/en/florida-healthy-kids</td>
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Sending Documents

Important: Please do not send any medical bills or claims to the Florida Healthy Kids Corporation. If you need to send in a medical bill or claim, call Staywell Kids at 1-866-698-5437 (TTY: 711). When you send in any documents to Florida KidCare, write your family account number on the top of each page. You can find your family account number on any letters sent from Florida KidCare, or by logging into your online Florida KidCare account.

If you do need to submit income, identity, citizenship, or immigrant status documents to Florida KidCare, please submit them one of these ways:

**Secure Upload:** Scan your documents as one of these file types: .pdf, .jpeg, .jpg, .png, .tif, .tiff or .gif. Each file must be less than 10MB. Log into your account at [www.floridakidcare.org](http://www.floridakidcare.org) and click the green document upload button to upload documents to your account.

**Email:** Scan your documents as one of these file types: .pdf, .doc, .ppt, .jpeg, .jpg, .tif, .tiff, .txt, .rtf, .bmp or .gif. Each file must be less than 10MB, or possibly smaller, depending on your email service. Email your documents to contactus@healthykids.org.

**Mail:** Florida KidCare
P.O. Box 591
Tallahassee, FL 32302-0591

**Fax:** 1-866-867-0054.
Making Premium Payments

When you need to make a premium payment, choose one of these ways:

Worry-free, automatic monthly payments:

AutoPay
1. Go to www.healthykids.org and log in to your secure account or create an account if you do not already have one.
2. Enter your debit card, credit card or bank account information.
3. Save your payment information. After your first AutoPay payment, your transaction fees will be covered for up to an entire year, saving you more than $14!

One-time payments for a single month or multiple months of coverage:

Online
1. Visit www.healthykids.org and click the Pay Premium button.
2. Select the one-time payment option.
3. Enter your debit card, credit card or bank account information (transaction fee applies).

Phone
Call 1-888-540-KIDS (5437) to make a payment with your debit or credit card (transaction fee applies).

Mail
1. Write your family account number on your check or money order.
2. Make it payable to “Florida KidCare.”
3. Send your payment to:
   Florida KidCare
   P.O. Box 31105
   Tampa, FL 33631-3105

In Person
Visit www.fidelityexpress.com to find a location where you can make a cash payment.
DEFINITIONS

Definitions

Insurance companies and healthcare professionals, like doctors and nurses, sometimes use uncommon words. They also sometimes use common words in different ways than you would normally hear in everyday conversation.

This section explains some words and phrases you may come across when you:

• Read this handbook;
• Call Customer Service; or
• Take your child to the doctor.

Appeal means a written request you make to your child’s health or dental insurance company to review the insurance company’s decision to deny a service or payment.

Copayment or Copay means a specified amount you pay to a healthcare provider, like a doctor, when your child receives services.

Covered Benefits or Covered Services means services, supplies, devices and other products a health or dental plan pays for as part of Florida Healthy Kids coverage.

Dental insurance means coverage that pays for some or all of a member’s dental care services in exchange for a monthly premium.

Durable medical equipment (DME) means supplies and devices intended for repeated or continuous use over a long time that a provider prescribes to help treat a medical condition.

Emergency medical condition means an injury or illness, including severe pain, that needs care right away to avoid serious danger to your child’s life or pregnancy, or to avoid serious damage to your child’s health.

Emergency medical transportation means ambulance rides to a nearby hospital or medical facility to treat an emergency medical condition.
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<th>DEFINITIONS</th>
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<tr>
<td><strong>Emergency room care</strong> or <strong>emergency department</strong> care means services received at the emergency room of a hospital or at a standalone emergency room facility.</td>
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<tr>
<td><strong>Emergency services</strong> means medical care your child receives to treat an emergency medical condition.</td>
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<td><strong>Enrollee</strong> means a child who is enrolled in a health or dental plan through Florida Healthy Kids. We call Staywell Kids enrollees “members”.</td>
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<tr>
<td><strong>Excluded services</strong> means healthcare services, supplies, devices, and other products that a health or dental plan does not pay for because they are not a covered benefit.</td>
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<td><strong>Grievance</strong> means a formal complaint you make to your child's health or dental insurance company about some aspect of your child's healthcare services other than the insurance company's decision to deny a service or payment.</td>
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<tr>
<td><strong>Habilitation services and devices</strong> means medical services and devices to help a patient learn, improve or keep skills or functions used for daily living.</td>
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<tr>
<td><strong>Health insurance</strong> means coverage that pays for some or all of the cost of healthcare services for a member in exchange for a monthly premium.</td>
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<td><strong>Home healthcare</strong> means home visits by a nurse to provide skilled nursing care prescribed by a doctor.</td>
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<td><strong>Hospice services</strong> means healthcare services to manage a terminal illness.</td>
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<td><strong>Hospitalization</strong> means care provided after inpatient admission to a hospital. Hospitalization usually means a patient will stay at the hospital overnight.</td>
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<tr>
<td><strong>Hospital outpatient care</strong> means care provided in a hospital that does not require staying overnight or admission as an inpatient.</td>
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**DEFINITIONS**

**Medically necessary** means treatment, services, equipment or supplies needed to diagnose, prevent or treat an injury or illness and which is:

- Consistent with the symptoms, diagnosis and treatment of a member’s condition;
- Provided in accordance with generally accepted professional medical standards and the health or dental plan’s medical coverage guidelines;
- The most appropriate level of supply or service for the diagnosis and treatment of the member’s condition;
- Not primarily intended for the convenience of the member, the member’s family, or the healthcare provider; and
- Approved by the appropriate medical body or healthcare specialty involved as effective, appropriate and essential for the care and treatment of a member’s condition.

**Member** is a child who is covered under the Staywell Kids Healthy Kids Program.

**Network** means the doctors, other healthcare professionals, hospitals, other healthcare facilities, pharmacies, and medical supply companies a health or dental plan has contracted with to provide covered benefits to members.

**Non-participating provider** or **out-of-network provider** means a doctor, other healthcare professional, hospital, other healthcare facility, pharmacy, or medical supply company that a health or dental plan has not contracted with to provide covered benefits to members. Care provided by out-of-network providers is only covered for the treatment of emergency medical conditions.

**Participating provider** or **network provider** means a doctor, other healthcare professional, hospital, other healthcare facility, pharmacy, or medical supply company that has a contract with a health or dental plan to provide covered benefits to members.

**Physician services** means services provided by a doctor.

**Plan** means the health or dental insurance policy an insurance company offers to members to provide Florida Healthy Kids coverage.
**Post-stabilization services** means care provided after an emergency. The goal is to make sure your child gets well.

**Preauthorization** or **prior authorization** means approval from the health or dental insurance company is required before services are provided; otherwise, the insurance company will not pay for those services.

**Preferred drug list (PDL)** is a listing of prescription products that are covered by Staywell Kids and that are the most reasonably priced for members.

**Premium** means the dollar amount you pay every month to keep your child enrolled in Florida Healthy Kids coverage.

**Prescription drug coverage** means the prescription medication services, supplies and products a plan pays for as part of Florida Healthy Kids covered benefits.

**Prescription drugs** means medications for which the law requires a prescription before purchase or use.

**Preventive care** means routine healthcare that includes screenings and check-ups to prevent or detect illness or disease before symptoms are noticed.

**Primary care provider** or **primary care physician** or **PCP** means the healthcare professional your child sees for basic care and most health problems. The PCP refers (sends) your child to other doctors when special care is needed and coordinates your child’s treatment.

**Provider** means an appropriately licensed individual or entity providing healthcare services.

**Referral** means written approval from your child’s primary care provider for your child to see a specialist or receive certain services. The health plan, dental plan, or the specialist may require a referral for your child to be seen.
**DEFINITIONS**

**Rehabilitation services and devices** means medical services and devices that help a patient get back, improve, or keep skills and functions for daily living that were lost or damaged because of an illness or injury.

**Skilled nursing care** means healthcare services that can only be safely and correctly performed by a licensed nurse.

**Specialist** means a doctor with extra training who only treats certain health problems, body parts or age ranges and who does not act as a primary care provider.

**Urgent Care** means treatment for an injury or illness needed within 24 hours to avoid becoming an emergency.

**Well-child visit** means an annual preventive care checkup by your child’s PCP.

**We, Us, Our** means Staywell Kids.
Getting Started: Program Basics

What is Florida KidCare?
Florida KidCare is the state of Florida’s high-quality, low-cost health and dental insurance program for children. There are four Florida KidCare partners. Each partner provides insurance to different groups of children:

- The Florida Healthy Kids Corporation runs Florida Healthy Kids for children ages 5 through the end of age 18.
- The Agency for Health Care Administration runs Medicaid for children from birth up to age 1 and MediKids for children ages 1 up to 4.
- The Department of Health runs the Children’s Medical Services Managed Care Plan for children from birth up to age 19 with special healthcare needs.
- The Department of Children and Families runs the Behavioral Health Network for children ages 5 up to 19.

What is Florida Healthy Kids?
Florida Healthy Kids is health and dental insurance for children whose families meet certain income and other eligibility requirements. The health and dental insurance benefits are provided by insurance companies using a managed care model.

What is managed care?
The goal of managed care is to provide high-quality healthcare at low costs. The Florida Healthy Kids insurance companies use many approaches to do this, but two of the main approaches are:

- Creating a provider network. Network doctors and other healthcare providers agree to certain rules, like how quickly the doctor must give members an appointment or, if a specialist is needed, the doctor must refer members to a network specialist. Except for emergencies, members must see a network provider.
- Having rules about when and what kinds of services, supplies, devices, and other products are covered. Florida Healthy Kids insurance companies only pay for medically necessary services.
Is my child’s insurance company Florida Healthy Kids?

No. Your child’s health insurance company is Staywell Kids. Staywell Kids is your primary source of information about the covered benefits and services available to your child.

When and how can I change insurance companies?

You can change insurance companies only at certain times and for certain reasons.

Log into your online account to change insurance companies during your child’s first 90 days of enrollment or during your child’s annual renewal period.

Call Florida KidCare at 1-888-540-KIDS (5437) to change companies if your child no longer lives in the plan’s service area.

You may also call Florida KidCare to change companies for one of these reasons:

- Your child’s doctor does not, because of moral or religious obligations, provide a service your child needs.
- Your child needs related services to be done at the same time and your child’s primary care provider determines that receiving the services separately would subject your child to unnecessary risk, but not all related services are available in the plan’s network.
- Your child has an active relationship with a healthcare provider who is not in the plan’s network, but who is in the network of another subsidized plan in the area.
- The plan is no longer available in the area where your child lives.
- The Florida Healthy Kids Corporation requires the insurance company to take action to improve quality of care.
- Other reasons determined by the Florida Healthy Kids Corporation, including, but not limited to, lack of access to services or providers with the appropriate experience to provide care to your child.

Can I pick any of the health insurance companies?

You can pick one of the health insurance companies available where you live. You can find out which insurance companies are available in your area using the interactive map at www.healthykids.org/benefits/providers/map.php, or by finding your county on the list on the next page.
## Plans by County

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<th>Counties: Clay – Franklin</th>
<th>Counties: Gadsden – Highlands</th>
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<tr>
<td>Alachua</td>
<td>Clay</td>
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<td>Baker</td>
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<td>Staywell Kids</td>
<td>Staywell Kids</td>
<td>Aetna Better Health of Florida Staywell Kids</td>
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<td>United Healthcare Community Plan</td>
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<td>Bay</td>
<td>Columbia</td>
<td>Glades</td>
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<td>Bay</td>
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<td>Brevard</td>
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<td>Hamilton</td>
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<tr>
<td>Aetna Better Health of Florida Amerigroup Community Care</td>
<td>Aetna Better Health of Florida Staywell Kids</td>
<td>Aetna Better Health of Florida Staywell Kids</td>
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<tr>
<td>Broward</td>
<td>Duval</td>
<td>Hardee</td>
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<tr>
<td>Amerigroup Community Care Staywell Kids</td>
<td>Staywell Kids United Healthcare Community Plan</td>
<td>Aetna Better Health of Florida Amerigroup Community Plan</td>
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<td>Calhoun</td>
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<td>Charlotte</td>
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<td>Citrus</td>
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<td>Indian River</td>
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<td>Jackson</td>
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# GETTING STARTED: PROGRAM BASICS

## Plans by County

|-------------------------------|--------------------------|-------------------------------|
| St. Johns  
Staywell Kids  
United Healthcare Community Plan | Sumter  
Aetna Better Health of Florida  
Staywell Kids | Volusia  
Staywell Kids  
United Healthcare Community Plan |
| St. Lucie  
Aetna Better Health of Florida  
Staywell Kids | Suwannee  
Aetna Better Health of Florida  
Staywell Kids | Wakulla  
Aetna Better Health of Florida  
Staywell Kids |
| Santa Rosa  
Aetna Better Health of Florida  
Staywell Kids | Taylor  
Aetna Better Health of Florida  
Staywell Kids | Walton  
Aetna Better Health of Florida  
Staywell Kids |
| Sarasota  
Aetna Better Health of Florida  
Staywell Kids | Union  
Aetna Better Health of Florida  
Staywell Kids | Washington  
Aetna Better Health of Florida  
Staywell Kids |
| Seminole  
Aetna Better Health of Florida  
Amerigroup Community Plan | | |
Can Staywell Kids disenroll my child?

No, Staywell Kids cannot disenroll your child directly.

If Staywell Kids believes that your child is not eligible for Florida Healthy Kids, Staywell Kids may ask the Florida Healthy Kids Corporation to review and verify your child’s eligibility. When an eligibility review request is made, Staywell Kids must include the reason why the child may not be eligible and how the information was obtained.

The Florida Healthy Kids Corporation will determine whether a child can remain enrolled.

How do I disenroll my child from Florida Healthy Kids?

Call Florida KidCare at 1-888-540-KIDS (5437) and tell them you want to disenroll your child. Coverage ends at 11:59 p.m. on the last day of the month during which you call to cancel coverage. In other words, if you call on January 15th to cancel your child’s coverage, your child will have coverage through January 31st.

If I cancel my child’s coverage, can my child enroll in Florida Healthy Kids again later? Do I have to reapply?

You may re-enroll your child in Florida Healthy Kids as long as eligibility requirements are met. Call Florida KidCare at 1-888-540-KIDS (5437) to find out if you need to go through the application process again and when your child’s coverage can start.
What Florida Healthy Kids Covers and What It Costs

What services does the program cover?
Florida Healthy Kids covers important benefits like:

- Well-child visits
- Office visits to your PCP (primary care provider)
- Office visits to specialists (doctors who focus on one area of health)
- Immunizations (shots your child gets to avoid illnesses like the flu or measles)
- Prescription drugs
- And more!

The charts on pages 24–34 lists all covered services.

We just moved from a different state where my child’s plan didn’t cover some services because of moral or religious objections. How do I obtain those services in Florida?

Staywell Kids provides all covered benefits and does not exclude any benefits (see page 24) because of moral or religious objections. If your child’s doctor will not provide services because of moral or religious objections, call Staywell Kids. Staywell Kids will help you access those services.

Do I have to see certain doctors?

Except for emergency situations, your child must see a network provider for the services to be covered. You may also need to get a referral from your child’s PCP to see a specialist. See the Provider Network section for more information about this requirement.

Do I have to pay the doctor anything?

It depends. Some services require a copayment, a specified amount you pay to the provider when your child receives services. A copayment is sometimes called a copay. Not all services require a copayment. Preventive services, like well-child visits and routine vision screenings, are free! American Indians and Alaskan Natives who meet certain requirements do not pay any copayments.
The Medical and Prescription Benefits section includes information about the required copayments for common covered services.

**Are there limits to how much I have to pay?**

Yes! Your out-of-pocket costs are limited to 5 percent of your family’s gross annual income (income before taxes and other deductions) each plan year. Out-of-pocket costs for a Florida Healthy Kids health plan include both the monthly premium and any copayments you pay.

**What do I do if I think I’ve paid 5 percent of my family’s income?**

Call Florida KidCare at 1-888-540-KIDS (5437). Staywell Kids and the Florida Healthy Kids Corporation will verify that you have paid 5 percent of your family’s annual income. You may need to provide receipts or other documents for the copayments you paid.

Once your information has been verified, you will receive a letter stating you do not owe any copayments for the rest of the plan year. You can show this letter to providers. Staywell Kids will also tell your providers you do not owe any copayments. You can also stop paying monthly premiums for the rest of the plan year.

Remember, you will need to begin paying premiums and copayments again when the new plan year starts. The plan year begins on October 1st. Be sure to pay your October premium in September.

**Are there limits to how much Staywell Kids will pay?**

Yes. The Florida Healthy Kids’ lifetime benefit maximum is $1 million. This means plans providing Florida Healthy Kids coverage will pay up to a total of $1 million in claims for your child.

**What happens if my child incurs $1 million in claims?**

Once a child has accumulated $1 million in paid claims, the child is no longer eligible for Florida Healthy Kids and Staywell Kids will stop paying claims. If this happens, you will need to find other insurance.

You can call Florida KidCare at 1-888-540-KIDS (5437) and ask them to refer you to the Children’s Medical Services Managed Care Plan. If your child meets the clinical and income eligibility criteria, you may be able to enroll him or her in that plan.

For working parents and guardians, insurance for your child may be available through your
job. Meeting the $1 million maximum may be a qualifying event that will allow you to sign up. If not, you can sign up during your job's open enrollment period.

You might want to call a licensed insurance agent to learn about other private health insurance options. Your county health department may also offer low-cost healthcare services for your child and may be able to refer you to other affordable healthcare service providers in your local community.

**Can my child switch to another Florida Healthy Kids plan when Staywell Kids pays $1 million in claims?**

No, $1 million is the total amount that can be paid for a child's medical claims through Florida Healthy Kids.

**I moved from one region to another and changed health insurance companies. My child’s Healthy Kids plan in my old region paid $800,000 in claims. Will Staywell Kids in my new region pay?**

Yes, Staywell Kids will pay up to an additional $200,000 in covered claims. Florida Healthy Kids coverage ends once the total amount paid in claims reaches $1 million.

**Medical and Prescription Benefits**

**Cost Sharing Provision**

You may have to make a small copayment when your child gets care. (These are sometimes called “copays.”) We may deny the service if you do not pay a copay for such services.

Florida Healthy Kids tells us which members are Native Americans or Alaskan Natives. These members do not have to pay any premiums or copays.

Families who reach the 5% limit will not have to pay any more cost sharing for a set time. Florida Healthy Kids will decide how long that is. Please contact Florida Healthy Kids if you believe you have reached the limit. Then they will decide if you reached the limit. Then they will send you a letter saying you do not have to pay more cost sharing. They will also let us know that you will no longer have to pay more cost share.

**There are no copays for:**

- Well-child care visits
- Routine hearing services
- Routine vision services
<table>
<thead>
<tr>
<th>Service</th>
<th>Important Notes</th>
<th>Copayment (Due at the time of service)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortions</td>
<td>Covered only: If the pregnancy is the result of an act of rape or incest, or when a physician has found that the abortion is needed to save the life of the mother</td>
<td>$0</td>
</tr>
<tr>
<td>Ambulatory surgery center services</td>
<td>Covered when medically necessary</td>
<td>$0</td>
</tr>
</tbody>
</table>
| Chiropractic services           | **Covered services include:**  
• Evaluation and treatment done on one or more areas of the body  
• Treatment consists of manual manipulation or adjustment with application of controlled force to re-establish normal function (mobility and range of motion to the spine)  
• Limited to one visit per day, 24 visits a year  
• Manual manipulation done on patients who don’t have back issues is not covered | $5 per visit                           |
| Cosmetic procedure              | Not covered                                                                    | Not covered                            |
| Dental services                 | **Covered services include:**  
• Reconstructive dental surgery due to injury, provided by an oral surgeon  
• Pre-authorization is required  
• For routine dental care services, talk with your child’s PCP to coordinate care  
• Please contact your assigned Dental Plan for more information | $5 per visit                           |
## WHAT FLORIDA HEALTHY KIDS COVERS AND WHAT IT COSTS

<table>
<thead>
<tr>
<th>Service</th>
<th>Important Notes</th>
<th>Copayment (Due at the time of service)</th>
</tr>
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</table>
| Durable Medical Equipment (DME)      | **Covered services include, but are not limited to items like:**  
  • Medical supplies (such as colostomy, ureterostomy, gastrostomy or surgical dressings)  
  • Diabetic supplies (lancets, glucose testing strips), nebulizers, infusion pumps, wheelchairs and hospital beds  
  • Members with a physical or behavioral condition that results in chronic incontinence – diapers, briefs, protective underwear, pull-ons, liners, shields, guards, pads and undergarments may be reimbursed up to a combined total of $200 per calendar month  
  • Devices and equipment that are primarily and customarily used for non-medical purposes are not covered; some items include comfort or convenience items, physical fitness equipment, incontinence items, and safety alarms and alert systems  
  • Pre-authorization is required                                                                                     | $0                                      |
| Emergency room (ER) services         | **Covered services include:**  
  • Visits to an ER or other licensed facility if needed immediately due to an injury or illness, and delay means risk of permanent damage to the member’s health                                                                                                                                         | $10 per visit (not collected if admitted or approved by your child’s PCP) |
# WHAT FLORIDA HEALTHY KIDS COVERS AND WHAT IT COSTS

<table>
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<tr>
<th>Service</th>
<th>Important Notes</th>
<th>Copayment (Due at the time of service)</th>
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<tbody>
<tr>
<td>Experimental and investigational procedures</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>
| Family planning services         | **Covered services include:**  
• Planning and referral  
• Education and counseling  
• Initial examination  
• Diagnostic procedures and routine laboratory studies  
• Contraceptive drugs (such as IUD and cervical caps) and supplies  
Family planning is limited to one annual visit and one supply visit every 90 days | $0                                     |
| Hearing services                 | **Covered services include:**  
• Routine hearing screenings must be provided by your child’s PCP  
• Hearing aids are covered only when needed to help treat a medical condition | $0                                     |
| Home healthcare services         | **Covered services include:**  
• Prescribed visits by both registered and licensed practical nurses to provide skilled nursing services on a part-time, intermittent basis | $5 per visit                          |
| Hospice care                     | **Covered services include:**  
• Reasonable and necessary services to manage terminal illness  
• Pre-authorization is required | $5 per visit                          |
<table>
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<tr>
<th>Service</th>
<th>Important Notes</th>
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</table>
| Inpatient behavioral health and substance use disorder services | Covered behavioral health services include:  
• Care for psychological or psychiatric evaluation and treatment by a licensed behavioral health professional  
  - Pre-authorization is required  
Covered substance use disorder services include:  
• Coverage for care for drug and alcohol use, including counseling and placement assistance  
  - Pre-authorization is required | $0 |
| Inpatient services                          | All covered services provided for the medical care and treatment of a member who is admitted.  
Covered services include:  
• Physician’s services  
• Room and board  
• General nursing care  
• Patient meals  
• Use of operating room and related facilities  
• Use of intensive care unit and services  
• Radiological  
• Laboratory and other diagnostic tests  
• Medications  
Covered services continued on next page | $0 |
### WHAT FLORIDA HEALTHY KIDS COVERS AND WHAT IT COSTS

<table>
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<tr>
<th>Service</th>
<th>Important Notes</th>
<th>Copayment (Due at the time of service)</th>
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</table>
| **Inpatient services (continued)** | *Covered services include: (continued from page 27)*  
- Biologicals  
- Anesthesia and oxygen services  
- Special duty nursing  
- Radiation and chemotherapy  
- Respiratory therapy  
- Administration of whole blood plasma  
- Physical, speech and occupational therapy  
- Medically necessary services of other health professionals  
- Pre-authorization is required | $0 |
| **Maternity services and newborn care** | *Covered services include:*  
- Maternity care  
- Newborn care  
- Prenatal and postnatal care  
- Initial inpatient care of adolescent members, including nursery charges and initial pediatric or neonatal examination  
- Infant is covered for up to three days following birth or until infant is transferred to another medical facility, whichever comes first | $0 |
### Nursing facility services

<table>
<thead>
<tr>
<th>Important Notes</th>
<th>Copayment (Due at the time of service)</th>
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<tbody>
<tr>
<td><strong>Covered services include:</strong></td>
<td><strong>$0</strong></td>
</tr>
<tr>
<td>• Regular nursing services</td>
<td></td>
</tr>
<tr>
<td>• Rehabilitation services</td>
<td></td>
</tr>
<tr>
<td>• Drugs and biologicals</td>
<td></td>
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<tr>
<td>• Medical supplies</td>
<td></td>
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<tr>
<td>• Use of appliances and equipment furnished by the facility</td>
<td></td>
</tr>
<tr>
<td>• Limited to no more than 100 days in a contract year (October 1 – September 30)</td>
<td></td>
</tr>
<tr>
<td>• Admissions for rehabilitation and physical therapy limited to 15 days per contract year</td>
<td></td>
</tr>
<tr>
<td>• Pre-authorization is required</td>
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</tbody>
</table>

### Outpatient hospital services

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<tr>
<th>Important Notes</th>
<th>Copayment (Due at the time of service)</th>
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</thead>
<tbody>
<tr>
<td><strong>Covered services include:</strong></td>
<td><strong>$0</strong></td>
</tr>
<tr>
<td>• Medically Necessary preventive, diagnostic, therapeutic or palliative care under the direction of a physician or dentist at a licensed acute care hospital</td>
<td></td>
</tr>
<tr>
<td>• Includes Medically Necessary emergency room services, dressings, splints, oxygen and physician-ordered services and supplies for the clinical treatment of a specific diagnosis or treatment</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Important Notes</td>
</tr>
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<td>----------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Outpatient behavioral health and substance use disorder services | Covered behavioral health services include:  
• Care for psychological or psychiatric evaluation and treatment by a licensed behavioral health professional  
Covered substance use disorder services include:  
• Care for drug and alcohol use, including counseling and placement assistance  
Outpatient services include:  
• Evaluation and treatment by a licensed practitioner | $5 per visit                           |
| Podiatry (foot) services                     | Covered services include:  
• Diagnosis, medical, surgical, mechanical, manipulative and electrical treatment services limited to ailments of the human foot or leg  
• Limited to one visit a day, totaling two visits a month | $5 per visit                           |
<table>
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<tr>
<th>Service</th>
<th>Important Notes</th>
<th>Copayment (Due at the time of service)</th>
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</table>
| Physical, occupational, respiratory and speech therapies (done within an office or a hospital) | **Covered services include:**  
- Physical, occupational, respiratory and speech therapies for short-term rehabilitation that will result in significant improvement in the member’s condition  
- Limited up to 24 treatment sessions within a 60-day period per episode or injury, with the 60-day period beginning with the first treatment  
- Hospital admissions for rehabilitation or physical therapy are limited to 15 days per contract year (October 1- September 30).  
- Pre-authorization is required                                            | $5 per visit |
| Prescriptions                                                          | **Covered services include:**  
- Generic or Brand prescriptions (31-day supply)  
- Brand-name prescriptions are available only if no generic is available or if the brand-name is considered medically necessary | $5 per prescription                  |
| Primary Care Physician (PCP) services                                  | **Covered services include:**  
- Diagnosis  
- Treatment                                                                                                                   | $5 per visit |
<table>
<thead>
<tr>
<th>Service</th>
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<th>Copayment (Due at the time of service)</th>
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</thead>
</table>
| Prosthetic and orthotic devices | Covered services include, but not limited to, items such as:  
- Leg, arm and neck braces  
- Diabetic and custom-molded shoes  
- Artificial limbs  
- Breast prostheses  
- Prosthetic eyes                                                                 | $0                                    |
| Specialists services          | Covered services include:  
- Diagnosis  
- Treatment  
- Must be referred by your PCP                                                                                                                          | $5 per visit                          |
| Transplant services           | Organ transplantation covered services include:  
- Pre-transplant, transplant and post-discharge services  
- Treatment of complications after transplant  
Coverage is available for transplants and medically related services if:  
- Deemed necessary and appropriate within the guidelines set by the Organ Transplant Advisory Council or the Bone Marrow Transplant Advisory Council | $0                                    |
<table>
<thead>
<tr>
<th>Service</th>
<th>Important Notes</th>
<th>Copayment (Due at the time of service)</th>
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</thead>
</table>
| Transportation     | **Emergency ambulance transportation covered services include:**  
|                    | • Emergency transportation as determined to be medically necessary in response to an emergency situation  
|                    | • Emergency air ambulance transportation:  
|                    |   - Services are covered when the transport is a critical emergency situation in which loss of life, limb, or essential body or organ function is jeopardized, and time constraints make the use of land ambulance impractical  
|                    | **Not covered:**  
|                    | • Non-emergency transportation                                                    | $10 per service                        |
| Urgent Care Visits | **Urgent care services treat illnesses or injuries that are not life-threatening but need care quickly** | $5 per visit                           |
| Vision services    | **Covered services include:**  
|                    | • Routine vision screening                                                         | $5 per visit for refractions           |
|                    | • **Refractions:** Your child must have a failed vision screening by his/her PCP  
|                    | • **Limited to:** 1 pair of glasses (with plastic or SYL non tinted lenses)       | $10 per visit for corrective lenses    
|                    | every 2 years unless head size or prescription changes.                           |                                        |
## What Florida Healthy Kids Covers and What It Costs

<table>
<thead>
<tr>
<th>Service</th>
<th>Important Notes</th>
<th>Copayment (Due at the time of service)</th>
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<tbody>
<tr>
<td>Well-child care visits</td>
<td><strong>Screening services include:</strong></td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>• A comprehensive physical examination</td>
<td></td>
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<tr>
<td></td>
<td>• A comprehensive health and developmental history</td>
<td></td>
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<tr>
<td></td>
<td>• Developmental appraisal (including mental, emotional and behavioral)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Anticipatory guidance and health education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Measurements</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Vision and hearing tests</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Certain laboratory procedures</td>
<td></td>
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<tr>
<td></td>
<td>• Lead risk assessment</td>
<td></td>
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<tr>
<td></td>
<td>• Immunizations, as needed, to be given at the time of screening services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• One checkup each year for members 5 to 18 years of age</td>
<td></td>
</tr>
</tbody>
</table>
Extra Staywell Kids Benefits at No Cost

- Some members can get up to $100 for bedding that can help members avoid asthma triggers. Call us to learn more.
- Free membership to the Boys and Girls Club for members ages 6–18. (Available only during the school year.) Call Customer Service to find out more. (Offered where clubs are available.)
- $0 copay for a sports/school physical per year. Provided by a PCP.

Questions? Customer Service can help. The toll-free number is 1-866-698-5437. TTY users may call 711. We’re available Monday–Friday from 7 a.m. to 7 p.m.

Other Covered Services
Your child’s PCP can coordinate covered services not outlined here.

Services Not Covered
Services we don’t cover may be available through another program not through the plan. We will refer you to the program that may be able to help you get the services your child needs.

We do not cover the following services for Staywell Kids:
- Cosmetic surgery
- Experimental or investigational procedures

Care Management
Staywell Kids offers extra support to children with chronic conditions and their families. The Care Management Team provides guidance and education to children and their families facing these chronic conditions and more:
- Asthma
- Cerebral palsy
- Diabetes
- Sickle cell diseases

Members and their families may choose to take part in the program. If you do, you will work with a care manager. Our care managers are registered nurses (RNs). They can help you understand your child’s illness. Your child’s care manager will tell you ways to manage and treat the condition. Your child’s care manager will work with you, your
WHAT FLORIDA HEALTHY KIDS COVERS AND WHAT IT COSTS

family and your child’s healthcare providers. He or she will help your child get needed care, as well as resources in the following areas:

• Behavioral  • Pharmacy
• Medical     • Community

You can learn more about these programs by calling our Care Management Line. Call Monday–Friday from 8 a.m. to 5 p.m. The toll-free number is 1-888-421-7690.

Utilization Management (UM)

Utilization management (UM) is a common process used by health plans. It’s how we make sure members get the right care at the right place. It also helps us control costs and deliver good care at the same time.

Our UM program has four parts. They are:

1. Prior authorization – getting our approval before getting a service
2. Prospective reviews – making sure the care is right for your child before they get it
3. Concurrent reviews – reviewing your child’s care as they get it to see if something else might be better for him or her
4. Retrospective reviews – finding out if the care your child got was appropriate

At times, we may deny coverage for services or care. These denial decisions are made by our clinical staff, who are doctors and nurses. Here are some things you should know about this decision process:

• Decisions are based on the medical necessity of care.
• The people who make decisions don’t get paid to deny care (no one does).
• We do not promote denial of care in any way.

Call us if you have questions about our UM program. Call toll-free 1-866-334-7927 (TTY 711).

Pharmacy Benefit

Here are some key points to know about the pharmacy benefit:

• The plan covers certain drugs prescribed by your child’s healthcare provider
• The drugs we cover are on a list called the “preferred drug list”
• The list also describes any steps needed before your child can have a prescription covered

**Does the preferred drug list change?**

The list may change from time to time. The current list is available on the Staywell Kids website, [www.wellcare.com/Florida](http://www.wellcare.com/Florida). We will let you know if we make a change to the drug list that will affect your child.

**Who decides what drugs are covered?**

A group of pharmacists and medical professionals decide which medications go on the preferred drug list, and they consider issues like:

• How well a medication works for most people,
• Potential side effects or bad reactions, and
• The cost of a particular drug relative to comparable drugs

**My child’s doctor says my child needs a brand-name medication instead of a generic medication. Will you cover this?**

Here are some things to remember in this situation:

• Staywell Kids will cover the brand name medication if your child’s provider specifies “dispense as written” on the prescription
• “Dispense as written” tells the pharmacist not to make any substitutions
• If your child’s doctor does not indicate “dispense as written” and you ask the pharmacist for the brand-name medication, you may have to pay the full cost
The Provider Network

Making Sure Your Child’s Benefits Are Covered

Staywell Kids pays for covered services only when your child sees a network provider. Your child will have a PCP (primary care provider) who will coordinate your child’s medical care. If your child needs to see a specialist (a doctor who focuses on one type of health condition or part of the body) your child’s PCP will provide a referral.

Emergency services are an exception to these rules. Your child may see any provider for emergency services and a referral or prior authorization is not needed.

What is a network provider?

A network provider is a doctor, other healthcare professional, hospital, other healthcare facility, pharmacy, or medical supply company that has a contract with Staywell Kids to see Healthy Kids members.

How do I know if my doctor is a network provider?

Staywell Kids has a provider directory on its website so you can search for network providers in your area by name or provider type. The online provider directory is updated regularly when Staywell Kids receives new information from providers.

Staywell Kids also has a printable copy of the provider directory available. You can find this document on www.wellcare.com/Florida or you can call 1-866-698-5437 and request a copy. Staywell Kids will mail a copy to you for free. The copy is updated at least monthly, but it may not be as accurate as the online provider directory.

Remember to ask your doctor’s office if they still accept Staywell Kids. Be sure to say Staywell Kids + Florida Healthy Kids, not just Florida Healthy Kids.

I looked at the provider directory, but I still need help.

You can contact Staywell Kids Customer Service at 1-866-698-5437 (TTY 711).

My child has been to a doctor I really like, but the doctor is not in the network for Staywell Kids. What can I do?

Ask the doctor to contact our Provider Services Department. The toll-free number for providers is 1-866-698-5437. Your doctor can also go to our website at www.wellcare.com/Florida, to complete our “Become a Provider” form.
How do I choose a PCP for my child?

If you didn’t decide on a PCP before joining our plan, we chose one for you. We made this choice based on:

- Where you may have received care or services before
- Where you live
- Your language preference (like English or Spanish)
- If the PCP is accepting new patients

If you’re not happy with our PCP choice, you can change your PCP at any time.

When choosing your new PCP, remember:

- Our providers are sensitive to the needs of many cultures
- We have providers who speak your language and understand your traditions and customs
- We can tell you about a provider’s schooling, residency and qualifications
- You can pick the same PCP for your entire family or a different one for each family member (depending on each family member’s needs)

Can I change my child’s PCP?

You can change your child’s primary care provider (PCP) at any time. Just call Customer Service at 1-866-698-5437 (TTY 711). We’re available Monday through Friday, 7 a.m. to 7 p.m. All changes made between the 1st and 10th of the month will take place right away. Changes made after the 10th of the month will take place the 1st of the next month.

Can I choose any PCP?

You may choose any network PCP that is accepting new patients. If your child already sees a network PCP who is not accepting new patients with the plan, your child’s doctor may be willing to continue seeing your child. Call and ask the doctor’s office. If your doctor agrees, call Staywell Kids so we can confirm with your child’s doctor and assign him or her as your child’s PCP. Not all doctors are able to accommodate this request. If your child’s doctor is not able to continue seeing your child, you must choose a new PCP.
How do I make an appointment?

Call the doctor’s office and tell them:

• You want to make an appointment;
• If your child is a new patient;
• Why you want to see the doctor; and
• The name of your child’s plan which is Staywell Kids.

Ask these questions:

• Do I need to bring anything to the appointment?
• Are there forms I can fill out ahead of time?
• What do I do if I need to change or cancel?
• Is there a fee if I cancel an appointment?

Have your schedule in front of you when you call so you know which days and times an appointment will work for you.

Remember to take your child’s member ID card with you to the appointment. Your child’s doctor needs this card and may not see your child if you do not have it with you.

My child needs to see a specialist. What do I do?

Usually, your child will need a referral from his or her PCP. You must contact your PCP so he or she can direct your child to a specialist for care.

Why does my child need a referral?

Your child’s PCP or primary dentist can provide most of your child’s care. He or she can help you make the best decisions about your child’s care. This includes when your child should see a specialist. Florida Healthy Kids requires a referral for most services that are not provided by your PCP or primary dentist. This helps ensure your child gets the right care at the right time. Plus, your PCP and primary dentist are the most up-to-date on your child’s health.

How do I get a referral?

1. Call your child’s PCP. Sometimes – but not always – you will need to make an appointment to see the PCP.
2. If your child’s PCP thinks your child should see a specialist, he or she will refer your child to a network specialist. Some PCP offices give you the referral for you to take with you to the specialist appointment. Others send the referral to the specialist for you. Please make sure that the specialist’s office gets the referral.

3. Call the specialist to make an appointment. Be sure to do this in a timely manner. Some PCP offices will do this for you. Let them know the days and times you can get to the appointment.

**Does my child always need to get a referral?**

Your child will need a referral for most care not provided by your child’s PCP. If your child sees a specialist without a referral, you may have to pay the full cost of that visit. Your child may see some specialists without a referral.

**Are there other things like referrals I need to know about?**

Your child’s PCP may need to get prior authorization from the plan before the plan pays for a service. Your child’s provider should make this request for you. If the plan does not approve or cover a service, your child can still have the services, but you will have to pay for those services.

**My child needs services from a specialist, but there are no network specialists in my area.**

Call your child’s plan and ask them to help you find a provider. Florida Healthy Kids plans are required to make sure your child gets the services he or she needs. If there are not any network providers, Staywell Kids will make other arrangements for your child to receive medically necessary covered services.

**What if I have concerns about my child’s treatment or treatment plan?**

You can ask for a second opinion. A second opinion is when you take your child to another doctor about the same issue for which your child has already seen a doctor.

Call your PCP when you want a second opinion about your child’s care. He or she will ask you to pick another doctor in our network. If you can’t find one, don’t worry. You’ll be able to choose a doctor outside of our network. (You won’t have to pay for this.)

The second-opinion doctor may order some tests for your child. If so, these tests must be done by a provider in our network. Your PCP will review the second opinion. He or she will
then decide the best way to treat your child. Remember – you may have to pay for services your child gets when you go to a doctor who is not in our network without approval.

Some doctors may not offer some types of care. This may be due to their religious or moral beliefs. The plan cannot deny services for these same reasons.

**Out-of-Area Emergency**

It’s important to get care when your child is sick or hurt. That goes for when you travel too. If you have a medical emergency while traveling, go to the nearest hospital. It doesn’t matter if you’re not in our service area.

**When you get to the hospital, don’t forget to:**

1. Show your child’s Staywell Kids ID card
2. Ask the staff to call us for instructions on how to file your claim
3. Let your child’s PCP know what has happened

If you have to pay for this visit, let us know. We’ll tell you how you can ask to be reimbursed for the visit. But it’s very important that you keep copies of your medical reports, bills and proof of payment. (We’ll need these to reimburse you.)

**Medical Records**

Please ask the doctors your child saw before joining Staywell Kids for your child’s medical records. Please contact Customer Service if you need help with this. Call 1-866-698-5437 toll free.

**What rules does Staywell Kids network have to meet?**

Staywell Kids is required to have a network with enough providers to ensure members have timely access to covered services.

Sometimes it is not possible for Staywell Kids to meet these requirements. Often, this is because not enough healthcare providers work in the area. Sometimes not enough healthcare providers will see children or accept the plans offered through Florida Healthy Kids.

If your child needs services from a certain type of provider, Staywell Kids can help you find one in your area. If there are no providers in the network nearby, we will arrange for your child to see an out-of-network provider. You must go through us to see an out-of-
network provider unless your child requires emergency services.

Staywell Kids makes sure most members can get to their doctors within a certain amount of time or a certain distance from their home. For example, if you live in a city (urban), you should be able to get to a network PCP in about 20 minutes or within 20 miles from your home. These are called network access standards.

The Florida Healthy Kids network access standards are:

<table>
<thead>
<tr>
<th></th>
<th>Time Standards – in minutes</th>
<th>Distance Standards – in miles</th>
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<tbody>
<tr>
<td></td>
<td>Rural</td>
<td>Urban</td>
</tr>
<tr>
<td>PCP – pediatricians</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td>PCP – family physicians</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Behavioral health – pediatric</td>
<td>60</td>
<td>30</td>
</tr>
<tr>
<td>Behavioral health – other</td>
<td>60</td>
<td>30</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Specialists – pediatric</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>Specialists – other</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Hospitals</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Pharmacies</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

I always have to wait a long time to get an appointment at my child’s doctor office. What can I do?

Network providers agree to provide Florida Healthy Kids enrollees with appointments within the timeframes listed below. If a network provider tells you that you must wait longer than these timeframes, please call Staywell Kids Customer Service at 1-866-698-5437 (TTY 711).

- If your child experiences a life-threatening emergency and needs immediate care,
please go to the nearest emergency room or call 911.

- **Routine care** – care that may be delayed without expectation that your child’s condition will get worse without care within a week – must be provided within seven days of your request for services.

- **Routine physical exam** – an annual well-child exam – must be provided within four weeks of request for services.

- **Follow-up care** – care provided after treatment of a condition – must be provided as medically appropriate and as directed by your child’s healthcare provider.

- **Urgent care** – care required within 24 hours to prevent the condition from becoming an emergency – must be provided within 24 hours of request. Know where the closest urgent care center for this type of care is located. Urgent care centers are often open late and on weekends.

### How can my child get care after normal business hours?

There are a few ways to access care after normal business hours, depending on your child’s needs:

#### Providers with extended hours

- Some providers offer evening or weekend office hours.
- Call the provider’s office or visit their website to find out when they are open.

#### Urgent care centers

- Urgent care centers see patients who need immediate, but not emergency attention and their PCP is not available.
- Some urgent care centers require you to make an appointment while others allow walk-ins. Be sure to call ahead and ask.

#### Nurse Advice Line

- Call toll-free at 1-800-919-8807
Emergency room
- If your child is experiencing a life-threatening emergency, call 911 or go to your nearest emergency room.

When should I take my child to the emergency room?

Call 911 or take your child to the emergency room if he or she has an emergency medical condition. This means an injury or illness, including severe pain, that needs care right away to avoid serious danger to your child’s life or pregnancy, or to avoid serious damage to your child’s health.

Avoid taking your child to the emergency room for common illnesses, such as colds or earaches with low fever. Your child’s PCP can effectively treat most childhood illnesses. Plus, your primary care physician knows the most about your child’s health history so they can help you make the best medical decisions. Using your child’s health history and routine screenings results in better treatment for your child, and the PCP may catch and treat other health issues before they become a problem.
Health Risk Assessments

You will receive a Health Risk Assessment call to help us find out about your child’s needs. This call will be from our automated system. We will ask about your child’s medical history and overall health. You may opt out from answering these questions. However, your answers can help us get your child needed care.

Why are your answers important?
They help us understand your child’s needs. That way, we can give your child the support that really matters.

Who should answer this questionnaire?
Parents or guardians of Staywell Kids members who are minor children.

What if I miss the call?
We will leave a message with one of the call-back numbers listed below. Please call us back. You will reach our automated system to complete your questionnaire.

<table>
<thead>
<tr>
<th>English: 1-866-319-0158</th>
<th>Spanish: 1-877-338-3803</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hours of Operation:</strong></td>
<td></td>
</tr>
<tr>
<td>Monday–Thursday, 10 a.m.–8 p.m., Friday 10 a.m.–5:30 p.m.</td>
<td></td>
</tr>
</tbody>
</table>
Coordination and Transition of Care

What happens to my child’s scheduled services and appointments when my child changes plans?

If your child moves from one Florida Healthy Kids subsidized plan to another Florida Healthy Kids subsidized plan without a break in coverage (this means your child did not go a month or more without Florida Healthy Kids coverage in between changing insurance companies), the plans will follow a standard transition of care policy to ensure your child gets the care he or she needs.

Your child’s new plan will cover any ongoing course of treatment the previous plan authorized for 60 days. This means your child can:

- Receive planned services or treatment;
- Continue to see the same provider, even if the provider isn’t in the new plan’s network; and
- Continue to take the same prescription. You may be required to use a network pharmacy.

The best way to make sure this transition goes smoothly is to call your child’s new plan to tell them about the types of continued care your child needs.

I made an appointment with my child’s specialist before changing plans, but the appointment is more than 60 days away. Do I need to schedule a new appointment?

It depends. Your child’s new plan will have your child’s PCP or another appropriate doctor review your child’s treatment plan during the first 60 days after the plan change. This review will help ensure that needed services continue to be authorized. Your child may be required to see a network provider.

Are there any exceptions to the 60-day transition of care period?

Yes. Exceptions to the standard 60 days are:

- Maternity care: including prenatal and postpartum care through completion of postpartum care (6 weeks after birth);
- Transplant services: through the first post-transplant year;
- Radiation and chemotherapy: through the current round of treatment;
COORDINATION AND TRANSITION OF CARE

- Orthodontia: services will be continued without interruption until completed (or the benefit is exhausted, whichever comes first), but your child may be required to see a network orthodontist after the first 60 days;

- Controlled substance prescriptions: if a new, printed paper prescription is required by Florida law, the new plan will help you schedule an appointment with the original prescribing provider, or a new provider if needed, so your child can get a new prescription without a medication gap.

Do I have to coordinate sending my child’s medical records and getting bills paid myself?

No. Your child’s previous plan and new plan are responsible for coordinating the transfer of medical records and other necessary information between themselves and can assist providers with obtaining necessary medical records. In some situations, you may need to ask your child’s previous providers to send medical records to the new providers just like you would if your child were changing providers for any other reason.

Your child’s new plan will cover care performed by certain out-of-network providers during the transition of care period, as described in this section. If you receive a bill from one of these providers, call your child’s new plan and be prepared to send them a copy of the bill.
Grievances and Appeals

You have the right to file a grievance or an appeal if you experience a problem with your child’s care or coverage. Although you have this right, you may want to call Staywell Kids Customer Service at 1-866-698-5437 (TTY 711) first. They are often able to help resolve problems.

What are grievances and appeals?

A grievance is a formal complaint you make to Staywell Kids about some aspect of your child’s healthcare services.

An appeal is a written request you make to Staywell Kids to review our decision to deny a service or payment.

When can I file a grievance?

You may file a grievance when you are dissatisfied about something other than your child’s benefits, such as:

- A doctor’s behavior;
- The quality of care or services your child receives; or
- Long office waiting times.

How do I file a grievance?

Here are some things to know about this process:

- You or someone you allow to be your representative can file a grievance at any time
- A provider acting on your behalf can act as your representative
- Whoever acts as your representative must have your written permission
- You can file a grievance by calling our Customer Service toll-free at 1-866-698-5437 (TTY 711)
- You may also file your grievance in writing to:

  Staywell Kids  
  P.O. Box 31384  
  Tampa, FL 33631-3384  
  Or Fax: 1-866-388-1769
GRIEVANCES AND APPEALS

How long does the grievance process take?
Staywell Kids will send you an acknowledgement letter within five business days of getting your verbal or written grievance. From this date, we will review and make a final decision about your grievance within 90 calendar days.

When can I file an appeal?
You may file an appeal when you receive an Notice of Adverse Benefit Determination (NABD), such as when:

- A request for service has been limited or denied;
- An existing service has been decreased or discontinued; or
- Staywell Kids has issued a denial of payment.

How do I file an appeal?
You can file an appeal if you do not agree with our decision. Please be sure to file within 60 calendar days from the date on the Notice of Adverse Benefit Determination (NABD).

You can file your appeal by calling or writing to us. To do so by phone, call 1-866-698-5437 (TTY 711). You can reach us Monday–Friday, 7 a.m. to 7 p.m.

If you call in your appeal, you must follow up in writing within 10 calendar days of the day you called to file the appeal.

Send Your Written Appeals Here

<table>
<thead>
<tr>
<th>For appeal requests for medical services:</th>
<th>For pharmacy appeal requests:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staywell Kids Health Plan</td>
<td>Staywell Kids Health Plan</td>
</tr>
<tr>
<td>Attn: Appeals Department</td>
<td>Attn: Pharmacy Medication</td>
</tr>
<tr>
<td>P.O. Box 31368</td>
<td>Appeals Department</td>
</tr>
<tr>
<td>Tampa, FL 33631-3368</td>
<td>P.O. Box 31398</td>
</tr>
<tr>
<td>Fax to: 1-866-201-0657</td>
<td>Tampa, FL 33631-3398</td>
</tr>
<tr>
<td></td>
<td>Fax to: 1-888-865-6531</td>
</tr>
</tbody>
</table>

How long does the appeal process take?
Staywell Kids will make a decision and notify you within 30 calendar days of receiving your appeal request.
If Staywell Kids doesn’t have enough information to process the appeal and the delay is in your best interest, they may ask for 14 more days. If you need to provide more information, you may also request an extension of 14 days.

**What if I need help filing a grievance or an appeal?**

You may appoint an authorized representative or a provider to act on your behalf. Staywell Kids can also help you complete forms and answer questions related to the grievances and appeals process.

**What if it’s an emergency?**

You can request an expedited (fast) appeal if you or your provider feels that waiting the standard 30 days for an appeal decision would put your child’s life, pregnancy, or health at risk.

If Staywell Kids agrees that the appeal needs to be expedited, we will make a decision and inform you within 72 hours after receiving the appeal. If Staywell Kids does not agree with the request for an expedited appeal, we will let you know and the timeframe will go back to the standard appeal timeframe of 30 days.

Unlike a standard appeal, if you make your request for an expedited appeal verbally, and if Staywell Kids agrees that it needs to be expedited, you do not need to follow up with a written appeal request.

**What if I’m dissatisfied with my appeal results?**

If you’re not happy with our appeal decision, you can file a request for an external review. But you:

- Can only file a request after you’ve gone through the internal appeals steps and received our appeal decision letter
- Must submit the notice of plan resolution to the Plan within 4 months (120 calendar days) after you received the final decision letter from us

**Mail your external review request for medical services to:**

Staywell Kids Health Plan  
Attn: Appeals Department  
P.O. Box 31368  
Tampa, FL 33631-3368  
Fax to: 1-866-201-0657
Mail your external review requests for pharmacy medications to:
Staywell Kids Health Plan
Attn: Pharmacy Appeals Department
Appeals Department
P.O. Box 31398
Tampa, FL 33631-3398
Fax to: 1-888-865-6531
Eligibility and Enrollment Disputes

Florida KidCare will tell you about any decisions made regarding your child’s eligibility for and enrollment in coverage. If you think Florida KidCare made an error, you can dispute the decision. State of Florida rules allow you to dispute for one of the following reasons:

- Florida KidCare says your child does not meet the eligibility requirements (for example, household income, Florida residency, or legal immigrant status), but you think he or she does;
- Florida KidCare temporarily suspends enrollment (usually for failure to pay for one month), but you think enrollment should continue because you paid on time;
- Florida KidCare ends enrollment (usually for failure to pay or failure to provide renewal documents), but you think enrollment should continue because you provided payment or documents on time; or
- Your premium increases because your income or household size changed, but you think the information is incorrect or needs to be recalculated.

How do I dispute a decision?

Send a letter or an email to the Florida Healthy Kids Corporation with the reasons you think the decision is wrong. Your dispute must be received within 90 days from the date on the decision notice (letter or email from Florida KidCare). You can:

- Email the letter to resolve@healthykids.org; or
- Mail the letter to Florida Healthy Kids Corporation, P.O. Box 980, Tallahassee, Florida 32302.

Remember to put your family account number in your letter.

What happens next?

The Florida Healthy Kids Corporation will respond to your dispute in writing. If the decision is not in your favor, you can send a second dispute to senior management at the Florida Healthy Kids Corporation. If that decision is not in your favor, you can send your dispute to the Agency for Health Care Administration. Each of these steps will be described in detail in any denial letters sent to you.
Fraud and Abuse

The Florida Healthy Kids subsidized program is funded by state and federal tax dollars in addition to the premiums and copayments families pay. Staywell Kids and the Florida Healthy Kids Corporation are committed to stopping fraud and abuse.

What is fraud and abuse?

“Fraud” and “abuse” have specific meanings for Florida Healthy Kids.

Fraud means:

- An intentional deception or misrepresentation made by a person who knows that the deception could result in some unauthorized benefit to himself or herself, or another person.
- Any act that constitutes fraud under state or federal law.

Abuse means:

- Provider practices that are inconsistent with sound fiscal, business or medical practices; and
  - Result in an unnecessary cost to Staywell Kids; or
  - Result in reimbursement for services that are not medically necessary or that do not meet professionally recognized standards for healthcare.
- Member practices that result in unnecessary costs to Florida Healthy Kids or Staywell Kids.

What is an example of fraud?

Anna notices that documents from her son’s insurance company show that he received an MRI two week ago. Anna is sure that her child did not receive an MRI. If the doctor intentionally billed the plan for an MRI that her child did not receive, the doctor committed fraud.

What is an example of abuse?

Anna’s son had his annual well-child check-up last month, which included a routine basic metabolic panel (a blood test that evaluates important measurements like blood sugar and calcium levels). The results came back great.
Today Anna’s son has a sore throat and she takes him to the doctor to be tested for strep throat. The doctor orders the strep test and also orders another basic metabolic panel. The doctor might be committing abuse since Anna’s son recently had good results and this test won’t help the doctor figure out the cause of a sore throat.

**Why is being aware of fraud and abuse important?**

Most Florida Healthy Kids families pay monthly premiums of $15 or $20, but the total cost of coverage is much higher! The rest of your child’s Florida Healthy Kids coverage is paid for with state and federal tax dollars. When providers or other people receive payments or benefits they should not, those tax dollars are wasted instead of going to children who need services.

**What should I do if I think someone has committed fraud or abuse?**

If you think a doctor or someone else who works at a medical office or facility, like a hospital or surgical center, may have committed fraud or abuse, you can report it to Staywell Kids.

If you know that fraud occurred, you can tell us anonymously. Call our 24-hour hotline at 1-866-678-8355.

To learn more, call 1-866-698-5437. TTY users may call 711.

If you think Staywell Kids has committed fraud or abuse, please report the details to the Florida Healthy Kids Corporation by calling 1-850-224-5437 or emailing resolve@healthykids.org.
QUALITY AND PERFORMANCE

Quality and Performance

Access to quality healthcare is critical for Florida families. The Florida Healthy Kids Corporation’s mission is to ensure the availability of child-centered health plans that provide comprehensive, quality healthcare services. The Corporation looks at many different quality and performance indicators to ensure Florida Healthy Kids enrollees are receiving quality care.

Florida Healthy Kids Performance Measures

A set of performance measures, many of which allow for national comparisons, are calculated annually. You can find the most recent report on the Florida Healthy Kids website at www.healthykids.org.

Florida KidCare Performance Measures

A similar set of performance measures is calculated for Florida KidCare on an annual basis. This report also includes Consumer Assessment of Healthcare Providers and Systems (CAHPS®) results for Florida KidCare. CAHPS measures member satisfaction in a standardized way. You can find the most recent report at http://www.ahca.myflorida.com/medicaid/Policy_and_Quality/PFolicy/program_policy/FLKidCare/index.shtml.

Accreditation

Accreditation means that an independent accrediting organization thoroughly evaluates the plan’s ability to meet certain standards.

The Staywell Kids plan is accredited through the National Committee for Quality Assurance (NCQA) organization. NCQA is dedicated to improving healthcare quality. The Staywell Kids plan has been accredited with NCQA since February 1, 2013. The Staywell Kids plan has consistently demonstrated compliance with the standards as well as proven their commitment to delivering high-quality care and accountability.

Performance Improvement Projects

Florida Healthy Kids plans conduct and report on annual performance improvement projects, which are also validated by an external quality review organization. These performance improvement projects are intended to improve a specified performance measurement in a real and sustained way. You can find the most recent PIP report at Florida Healthy Kids website at www.healthykids.org.
Network Adequacy

The Provider Network section describes the Florida Healthy Kids network adequacy standards. You can find more information on how each plan is meeting those standards on the Florida Healthy Kids website at www.healthykids.org. Please keep in mind that the network adequacy results are not updated in real time. Actual results may vary.

Evaluation of New Technology

We study new technology every year to ensure we’re providing the most up-to-date care to your child. This also allows us to:

• Make sure we’re aware of changes in the industry
• See how new improvements can be used with the services we provide to our members
• Make sure that our members have fair access to safe and effective care

We do this review in the following areas:

• Behavioral health procedures
• Medical devices
• Medical procedures
• Pharmaceuticals
Member Rights and Responsibilities

Member Rights

Florida law says you have rights when you get medical care. You also must respect your providers’ rights. You may ask for a copy of the full text of this law from your providers.

A summary of your rights and responsibilities is as follows:

- Your child has -
  - A right to timely, appropriate care
  - A right to receive information about the organization, its services, its practitioners and providers, and member rights and responsibilities
  - A right to participate with practitioners in making decisions about your child’s healthcare
  - A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage
  - A right to make recommendations regarding the organization's member rights and responsibilities policy
  - A right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and protection of his or her need for privacy
  - A right to a prompt and reasonable response to questions and requests
  - A right to know who is providing medical services and who is responsible for your child’s care
  - A right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English
  - A right to know what rules and regulations apply to his or her conduct
  - A right to get information concerning diagnosis, planned course of treatment, alternatives, risks and prognosis, and the plan cannot keep the healthcare provider from giving this information to the patient
  - A right to refuse any treatment, except as otherwise provided by law
  - A right to not be responsible for the plan's debts in the event of bankruptcy
  - A right to not be held liable for covered services for which the plan does not pay the provider, and the provider cannot hold a patient responsible for any unpaid amounts due to the provider other than a co-payment
- A right to timely problem resolution
- A right to make complaints and appeals about the organization or the care it provides without discrimination and expect problems to be fairly examined and appropriately addressed
- A right to responsiveness to reasonable requests made for services

Confidentiality Is Your Right.

• Your child has -
  - A right to 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
  - A right to protection against unauthorized disclosure of his or her personal health information
  - A right to approve the release of any information beyond Staywell Kids
  - A right to have information used for research or performance measurement limited in that all data will be combined
  - A right to authorize the use of his or 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 your child
    ◯ 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 or 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
MEMBER RIGHTS AND RESPONSIBILITIES

Member Responsibilities

- Your child has -
  - A responsibility for keeping appointments and, when he or she is unable to do so, for notifying the healthcare provider or the healthcare facility
  - A responsibility for providing to his or her healthcare provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to health
  - A responsibility for reporting unexpected changes in his or her condition to his or her healthcare provider
  - A responsibility for following the treatment plan recommended by his or her healthcare provider
  - A responsibility for reporting to his or her health provider whether he or she understands a course of treatment and what is expected of him or her
  - A responsibility for his or her actions if he or she refuses treatment or does not follow the healthcare provider’s instructions
  - A responsibility for ensuring that copays are paid as promptly as possible
  - A responsibility for following healthcare facility rules and regulations affecting patient care and conduct
  - A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care
  - A responsibility to follow plans and instructions for care that they have agreed to with their practitioners
  - A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals to the degree possible
Privacy Notice

You should have received our Notice of Privacy Practices (NOPP) when you were enrolled with Staywell Kids. You can also find it on our website. Go to www.wellcare.com/en/Florida/Corporate/Legal.

To ask for a printed copy, call Customer Service at 1-866-698-5437 (TTY 711).
Non-Discrimination Notice

Discrimination Is Against the Law

Staywell Kids complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Staywell Kids does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Staywell Kids:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, Braille, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Staywell Kids at 1-866-698-5437 (TTY: 711), Monday–Friday from 7 a.m. to 7 p.m., for help or you can ask Member Services to put you in touch with a Civil Rights Coordinator who works for Staywell Kids.

If you believe that Staywell Kids has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Staywell Kids, Grievance Department, P.O. Box 31384, Tampa, FL 33631-3384; Telephone: 1-866-530-9491; TTY number: 711; Fax: 1-866-388-1769; OperationalGrievance@wellcare.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Staywell Kids Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD).


ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-698-5437 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-698-5437 (TTY: 711).

NOTICES


注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-698-5437 (TTY: 711)。


ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-698-5437 (TTY: 711).

ملحوظة: إذا كنت تتحدث إنجليزية، فإن الخدمات المساعدة اللغوية تتوفر لك بالمجان.
اتصل برقمي 5437-98-698-1 (رقم هاتف الصم والبكم: 711).


सूचना: जो तम गुजराती भोला हो, तो निष्कृि भाषा सहाय सेवाओ तमारा मटे उपलब्‌ध है. पीन करो 1-866-698-5437 (TTY: 711).
