Member Handbook

65Plus Medicare Select

Health Tradition
for 65Plus

HEALTH TRADITION

HealthTradition.com

Member Handbook:

A Guide to Using Your Health Tradition Health Plan 65Plus Policy

This handbook serves as your guide to understanding your Health Tradition Health Plan 65Plus Policy. Keep it in a convenient location and refer to it when you have questions about your plan.

Customer Service: you can contact our main office at **877.832.1823** (toll-free).

Monday through Friday, 7:30 a.m. to 5:00 p.m.

TTY service is available during regular business hours at **800.947.3529**. Please give the operator the following number: **877.832.1823** and the operator will relay messages between you and customer service.

You have the right to an interpreter at no cost to you. Translation services are offered by contacting Customer Service at **877.832.1823** (toll-free).

Note: This handbook provides you with an overview of your policy. It is not intended to provide full details about your plan benefits. Please refer to the official plan documents for more details about your covered benefits, exclusions and limitations. If there is any difference between this handbook and Health Tradition policy, the Health Tradition policy will prevail.

Your policy is administered by Health Tradition Health Plan (Health Tradition). Our main office is located in Madison, Wisconsin. Health Tradition is a managed care organization designed to meet your health care needs and the needs of the region.

In This Handbook

Need Help?

When you need assistance, there are a variety of places to turn. Use the guidelines below to help you decide who to contact.

Primary Care Provider (PCP) When you have any type of health care problem, unless it is life-threatening, call your PCP first. Your PCP will work with you to decide how to best treat you, based on your symptoms and condition.

Maddy Portal Maddy is your go-to for all of your health insurance needs. She's our online health portal that gives you access to your personalized information about claims, enrollment and all of your Health Tradition plan benefits. Visit MaddyPortal.com to sign up or log into your Maddy portal account.*

*new members: please create your account after your effective date of coverage.

Health Tradition Virtual Visits Use virtual visits to have a video visit with a doctor on your smartphone, tablet or computer. Providers can treat, diagnose and prescribe. Virtual visits are available 24 hours per day, 365 days per year. Visit HealthTradition.com to learn more!

Urgent Care Urgent care clinics can treat health care problems that are not life-threatening but do require prompt attention (for example: sprained ankles, minor cuts and burns). Usually, it is best to start by calling your PCP; they can help you decide

if you need urgent care. Refer to the Health Tradition 65Plus Provider Directory for a list of in-network urgent care locations.

Emergency Care Emergency care is available 24 hours a day to handle life-threatening medical problems. Prior authorization is not required for emergency care.

Health Tradition Customer Service

Our Customer Service Representatives are available at 877.832.1823 (toll-free):

Monday through Friday
7:30 a.m. to 5:00 p.m. CST

They can answer questions about claims, referrals, eligibility, enrollment, your member ID card, plan benefits or the provider network.

Health Tradition 65Plus Grievance

If, after contacting Customer Service, you have unresolved issues or need assistance with a complaint, please ask to speak to our resolution specialist.

Online Resources:

www.HealthTradition.com provides more details about your health care benefits.

Your Member ID Card

Your member ID card is important because it identifies you as a member of Health Tradition 65Plus. Present your member ID card and your Medicare card whenever you visit a health care provider, clinic or hospital.

You will receive two Health Tradition member ID cards: one should be carried with you and one should be kept in a safe location. When you receive your Health Tradition member ID cards, please discard any previous health plan cards. Please be sure to verify that your name and other information printed on the card is correct.

Your Health Tradition cards do not replace your red, white and blue Medicare card. When you visit the doctor, be sure to present both your Medicare card and your Health Tradition member ID card.

Never lend your card to someone else. If your card is lost or stolen, please notify Customer Service immediately.

Note: Your member ID card is valid only as long as you are enrolled in the plan.

Premiums

Monthly premium payments are due by the first of the month. Monthly automatic bank withdrawals are withdrawn on the fifth of the month.

You can choose to pay your monthly premium by automatic bank withdrawal or you can receive mailed invoices. If you choose the automatic bank withdrawal option, you will not receive a paper invoice.

To access the Automatic Bank Withdrawal form, please visit: **www.healthtradition.com/65plus** and click on Handbooks and Forms, then Bank Authorization.

Health Care Provider Network

The Health Tradition 65Plus network offers a wide range of in-network health care providers. A network is a specific group of health care providers under contract with Health Tradition Health Plan.

Health Tradition 65Plus offers access to several regional networks, health care providers, clinics and hospitals throughout the region.

To receive benefits for services received from out-of-network providers, you must have prior authorization from Health Tradition Health Plan. See Referrals and Prior Authorization on page 12 for more details.

Although many health care providers are included in the network, please check your Health Tradition 65Plus Provider Directory to make sure your health care provider is listed. The Provider Directory is regularly updated online at www.HealthTradition.com.

If your provider leaves the Health Tradition network, you may be able to continue to visit that provider for a specified period of time to complete treatment, if you obtain plan approval.

In most cases, services will not be covered if they are not provided by in-network health care providers or authorized by Health Tradition Health Plan. Your policy

fully defines what services are covered and describes procedures you must follow to obtain coverage.

Additional Member Care Solutions

Health Tradition Virtual Visits

Use virtual visits to have a video visit with a doctor on your smartphone, tablet or computer. Providers can treat, diagnose and prescribe. Virtual visits are available 24 hours per day, 365 days per year. Visit HealthTradition.com to learn more!

Health Tradition Low Back Pain Program

A chronic low back pain program offered free of charge. This easy and convenient tool is scientifically-backed and takes you through a sequence of exercise routines created by experts in spine therapy for your specific type of low back pain.

SilverSneakers® Fitness Program

Provided free of charge to you as part of your 65Plus plan. The fitness program gives you access to exercise equipment and other amenities at 17,000+ participating locations. Trained instructors are available for support and fitness classes are designed for all fitness levels and abilities.*

*Classes and amenities vary by location. Some classes and services offered at SilverSneakers® locations may not be covered under the SilverSneakers® benefit. SilverSneakers® is a registered trademark of Tivity Health, Inc. and/or its subsidiaries and/or affiliates in the USA and/or other countries.

Choosing a Primary Health Care Provider

Primary Care Provider (PCP)

A PCP gives you personalized, comprehensive care over time. Your PCP will get to know you, your medical history, family and lifestyle. This health care provider is usually your first contact within the health care system. They can arrange for any referrals, inpatient stays or outpatient care that you may require.

We encourage you to visit your PCP for routine care. Serious illness can often be prevented if you are receiving quality health care from someone who knows your medical history and lifestyle. If you do become ill, early detection and careful management of disease are important.

A few things about choosing a PCP:

- Providers that offer primary care services are in Family Medicine, General Internal Medicine, OB/GYN and Women's Health.
- Take some time to carefully consider who will be your PCP — it is important that you feel comfortable with your choice.

We encourage you to make an appointment with your PCP to review your medical history and overall health.

- For help choosing a PCP, refer to your Provider Directory.

Specialty Care

When you need specialty care, your Primary Care Provider (PCP) will help coordinate your care.

If there is an appropriate specialist within your network, you will be referred to that specialist.

If the specialist is out-of-network, your in-network health care provider will need to send a referral request to Health Tradition; this referral request must be approved by Health Tradition before you visit an out-of-network provider.

Mental Health and Substance Abuse

Mental health and substance abuse services do not require authorization from an in-network health care provider.

Outpatient counseling services at mental health/substance abuse providers listed in the Health Tradition 65Plus Provider Directory do not require prior approval by the plan.

If you are seeking treatment at an out-of-network mental health provider, you must obtain prior approval from Health Tradition.

Referrals and Prior Authorization

Your policy fully defines services requiring referrals or prior authorizations to obtain coverage. It is your responsibility to ensure all necessary requests are approved by the Plan before you receive care.

You must have a written referral and get Health Tradition's authorization before you visit an out-of-network specialist.

Referrals

- Your **in-network** health care provider is responsible for completing and signing a referral request form for out-of-network care and forwarding it to Health Tradition.
- Health Tradition will review the referral request for out-of-network care and determine if the services will be approved.
- You will receive written notification by Health Tradition informing you if the referral request is approved or denied.
- Keep a copy of the approved referral letter for your records. You need to be aware of the details of your referral, including:
    - What out-of-network specialists have been authorized.
    - What specific services are approved, such as office visit, lab, diagnostic test and x-rays.

- The approved date range the services are to be completed.

Your **out-of-network** provider may recommend additional services, but they require prior approval from the Plan. **Your approval only includes the services listed in your referral letter; please contact Health Tradition for prior authorization for any additional services requested.**

It is your responsibility to ensure all requests are approved by the Plan before you receive care, or it may not be covered.

Prior Authorization

You must receive prior authorization from Health Tradition for certain services to receive plan benefits. Please refer to your policy documents for further details.

Urgent Care

Urgent care situations are conditions that will worsen if you delay medical attention until the next available appointment, but are not life-threatening emergencies.

Urgent care clinics are available to take care of health care problems that are not emergencies but do require immediate medical attention. Please refer to your Health Tradition 65Plus Provider Directory for a list of the Plan's urgent care clinics.

Conditions evaluated in an urgent care clinic may include:

- Back and joint pain
- Respiratory problems
- Stomach flu
- Urinary tract infections
- Some forms of minor trauma, such as sprains, strains, scrapes, cuts and minor burns

Emergency Care

In the case of an emergency, go to the nearest emergency department immediately or call 911.

Emergency care is covered 24 hours a day, 7 days a week no matter where you are or when it is needed. Prior authorization is not required for emergency care services.

Emergency care is medical treatment that is required immediately due to sudden and/or severe injury or illness. Some examples of symptoms requiring emergency care are:

- Chest pain or pressure
- Breathing difficulty of any type
- Stroke symptoms
- Loss of consciousness
- Heavy bleeding from any source
- Major trauma
- Severe pain
- Head or neck injuries
- Fractures

Follow-up care after an emergency must be received by an in-network provider or must have prior approval from the Plan.

Emergency care does not include elective medical treatment for an illness or injury for which the need for care could reasonably have been foreseen.

If you receive emergency care outside of the service area and are hospitalized, please notify Customer Service within 48 hours or as soon as medically possible. If you cannot call, please have someone call for you.

Please refer to your Health Tradition 65Plus Provider Directory for a list of the Plan's emergency care facilities.

As a 65Plus member, you also have limited emergency coverage outside the United States. Please see the "Outside the Service Area" section on page 21 of this handbook for more information.

Hospitalization

Your health care provider will coordinate your hospital admission to any in-network hospital. You do not need to contact Health Tradition if you are admitted to an in-network hospital.

Present your member ID card along with your Medicare card when you arrive at the hospital. Please refer to your Health Tradition 65Plus Provider Directory for a listing of Health Tradition network hospitals.

Your health care provider may make a request to the Plan to use an out-of-network hospital if the service is not provided in the network.

Before you are admitted to an out-of-network hospital for an elective procedure, you must obtain prior authorization from Health Tradition.

If you are admitted to an out-of-network hospital as a result of an emergency, please contact Health Tradition within 48 hours or as soon as medically possible. If you are not able to call, please ask a family member or your health care provider to call for you. Failure to notify the Plan may result in claims being denied for payment.

Preventive Care

Health Tradition 65Plus provides coverage for preventive care.

Preventing illness is one of the best ways to improve your quality of life. 65Plus covers the following preventive care services at in-network health care providers:

- Annual eye exam
- Annual hearing exam
- Annual physical exam

To learn more about preventive services covered by Medicare, visit: **www.medicare.gov/coverage/preventive-and-screening-services.html** or call **1-800-Medicare (1-800-633-4227).**

Medical Equipment and Supplies

65Plus provides coverage for certain diabetic supplies and equipment as mandated by Wisconsin law. Other medical equipment and supplies will be covered by the Plan only if they will be covered by Medicare.

Medical equipment and prosthetics must be purchased at an in-network medical supply provider. Please refer to your Health Tradition 65Plus Provider Directory.

Helpful Definitions

Medical equipment: Standard medical equipment that is medically necessary and available under a prescription to treat an illness or injury. Such items are designed to be used repeatedly over an extended period of time.

Disposable supplies: Medical supplies that are medically necessary for treating an illness or injury and designed for one-time use only.

Prosthetics: A fixed or removable device that replaces all or part of a body part, such as an artificial limb, intra-ocular lens or breast prosthesis after mastectomy.

Diabetic supplies: Blood glucose testing monitors, blood glucose test strips, lancets and lancet devices.

Diabetic Medical Equipment and Supplies

65Plus covers expenses incurred for the placement and use of an insulin infusion pump or other equipment or non-prescription supplies for the treatment of diabetes. Self-management services are also considered a covered expense. 65Plus covers certain services for the treatment of diabetes even if Medicare does not cover the claim.

Medical Equipment, including an insulin infusion pump, must be purchased at an in-network medical supply provider. An insulin infusion pump requires prior authorization from Health Tradition Health Plan.

Diabetic testing supplies, such as test strips, lancets and blood glucose monitor may be purchased at any pharmacy, retail store or mail order supplier.

As of July 2013, Medicare has a National Mail-Order Program for diabetic testing supplies that are delivered to your home. Please visit **www.Medicare.gov** or call **1-800-Medicare (800-633-4227)** for more information on diabetic suppliers.

Please ask the pharmacy, retail store, or mail order supplier if they will file your claim to 65Plus for the Medicare Part B deductible or coinsurance amounts, otherwise, you may have to file your own claims for reimbursement.

Travel Outside the Service Area — Extended Seasonal Absences

You have world-wide coverage for all covered emergency and urgent medical conditions.

If you are outside the service area and cannot safely return to receive care from an in-network health care provider, go to the nearest Urgent Care or Emergency facility.

Follow-up care after Emergency or Urgent Care must be received by an in-network provider or have prior approval from the Plan.

Health Tradition 65Plus will not cover management of chronic conditions outside the service area. The Plan also does not cover routine preventive care out of the service area.

If you are in the United States and choose to receive non-emergency or non-urgent care, your basic Medicare will still cover any Medicare-eligible charges.

United States/U.S. means all of the United States of America; the District of Columbia; the Commonwealth of Puerto Rico; the Virgin Islands (American); and American Samoa.

Foreign travel emergency coverage is provided for emergency ambulance, hospitalization, physician and medical care received during the first 60 days of a trip. You will pay the Foreign Travel Emergency deductible and coinsurance. Usually, you will need to pay the bill before leaving the country.

Filing Claims for Foreign Travel Emergency

If there is a situation when you are traveling outside the United States where you need to pay for health care services and then file a claim to be reimbursed, follow these simple steps:

1. Submit the itemized bill to the Plan along with:
    a. A receipt or proof of payment and, if possible,
    b. Proof of the appropriate exchange rate at the time the services were paid by the member.
2. Write your Health Tradition 65Plus member ID number on each page of your claim documents (the itemized bill, proof of payment, exchange rate proof, etc.).
3. Make copies for your records.
4. Since foreign travel emergency claims for health care services received outside the United States will not be covered by Medicare, you do not need to file a Medicare Summary Notice (MSN) for foreign travel emergency claims.

5. Submit the original itemized bill and proof of payment to:

   Health Tradition Health Plan
   PO Box 21171
   Eagan, MN 55121

After the claim has been processed, your reimbursement will be mailed to you.

Complaints

Our Customer Service Representatives and Member Advocates are available to address your complaints.

If you have a complaint about any aspect of Health Tradition, you may take the following steps:

1. Contact Customer Service at **877.832.1823** (toll-free). Our Customer Service Representatives will document your complaint and attempt to resolve the problem.
2. If you are unable to resolve the complaint through Customer Service, request to speak with our Customer Service Escalation Specialist. The Customer Service Escalation Specialist will work directly with you to find a solution to your issue.
3. If the informal process resolutions are not satisfactory, you may submit a written grievance to:

   Health Tradition c/o Grievance
   P.O. Box 21171
   Eagan, MN 55121

   The Health Tradition grievance committee will review your grievance and invite you to share more information about your complaint. Complete review

of your grievance will be no longer than 30 calendar days from receipt of grievance.

4. The decision of the grievance committee is the final step by Health Tradition. If you do not agree with the decision of the grievance committee, you have the right to request an independent review under certain conditions.

5. If a claim or referral is denied, you can appeal to an organization that is not affiliated with Health Tradition or your provider. The right to independent review does not apply when the care you requested is not a covered benefit under your plan or under Medicare.

6. You may also contact the Wisconsin Office of the Commissioner of Insurance (OCI), a state agency that enforces Wisconsin's insurance laws. You may file a complaint online or print a complaint form from OCI's website, oci.wi.gov, or call **800.236.8517** (Statewide) or **608.266.3585** (Local).

Please refer to your Medicare Select Policy for more information.

For More Information

We want you to understand Health Tradition 65Plus and how it works.

References

To help you use the plan, we provide you with the resources below. Please keep these documents in a safe and convenient place and refer to them if you have questions on your plan.

Outline of Coverage: The Medicare Part A and Part B charts in this document outline what you pay for services covered under the plan.

Provider Directory: This directory lists health care providers, clinics, hospitals and service providers (for example, durable medical equipment) in your network.

Member Handbook: The handbook (this booklet) explains how your plan works, how to access medical services and who to call with questions.

Medicare Select Policy: This legal document outlines the details of your plan.

Who to Call: Our Customer Service Representatives are available to help you with any questions or concerns you may have about the plan. Call us at 877.832.1823.

Member Bill of Rights

Members have the following rights under Wisconsin law.

Along with your rights under the Medicare Select Policy, you also have these rights under Wisconsin law:

To choose. You have the right to choose an in-network primary care provider (PCP) which you may change at any time. Health Tradition encourages members to establish a relationship with their chosen PCP.

To have access to information. Our customer service staff is available to explain any covered or excluded services, as well as provide a list of in-network health care providers. Additional information is also available on our website at www.HealthTradition.com.

To privacy and confidentiality. Health Tradition will keep your records private and confidential, per State and Federal law.

To participate in your care. You have the right to be active in decisions about your treatment. You have the right to discuss options for your illness with your provider, regardless of your benefit coverage. You have the right to know about the risks and benefits of treatment and to refuse care.

To present a complaint/grievance. You have the right to voice concerns about your care or the services that you have received. You have the right to a prompt and fair review

of any complaints. Health Tradition will give you the opportunity to report concerns and can send you additional information that is relevant to your coverage.

To be treated with respect and dignity. You have the right to be treated with respect and dignity regardless of your race, religion, national origin, ability, sexual orientation, gender or age.

Member Responsibilities

Members have the following responsibilities under Wisconsin law:

To know your benefits and responsibilities. Members have a responsibility to understand their health plan benefits, follow the required procedures, know how to use Health Tradition's provider network and ask questions about details they do not understand.

To provide accurate information. You must give Health Tradition accurate and complete facts about you (including any changes, such as address), your health issues and any health care you receive. Please show your Health Tradition 65Plus member ID card each time you receive care.

To participate in your care. You have a responsibility to ask questions about your health issues and treatment plan. You should discuss all of your symptoms with your health care provider and follow the agreed-upon plan.

To keep your appointments. Please give early notice if you must cancel.

To show consideration and respect. Please be polite and courteous in speaking with Health Tradition employees, health care providers and their staff.

Cancellation Your coverage may be cancelled by you or the Plan only under certain conditions. Your Policy describes all the reasons for the cancellation.

Guaranteed Renewable for Life — Premium Subject to Change We will renew this plan for as long as you pay the premium on time, remain in the Health Tradition Health Plan service area and maintain Medicare coverage. You cannot be cancelled because you have used your benefits.

Exclusions and Limitations Certain services or medical supplies are not covered. You should read your Medicare Select Policy for a detailed explanation of all exclusions and limitations.

Second Opinion

- You do not need Plan approval for a second opinion from an in-network provider.
- A second opinion at an out-of-network provider requires a referral approved by the Plan.
- Any tests, procedures, treatments, surgeries or follow-up care recommended by the out-of-network health care provider must be:
    - Performed by an in-network health care provider
      OR
    - Prior-approved by the Plan if received at an out-of-network provider.

Glossary

Amendment: An addition or correction to your policy with Health Tradition.

Authorized representative: Someone who you choose to act on your behalf, like a family member or other trusted person.

Claim: A request for payment that you or your health care provider submits to your health insurer when you get items or services you think are covered.

Complaint: Any issues about Health Tradition or any in-network health care provider expressed orally by a member or a member's Authorized Representative to Health Tradition.

Covered service: Health care service included as a benefit of this Medicare Select Policy.

Emergency care: Emergency care is medical treatment that is required immediately due to sudden and/or severe injury or illness.

Exclusions: Health care services not covered by your health plan.

Grievance: Any issues with Health Tradition that are expressed in writing to the Plan.

Health care provider: A hospital, clinic or a trained professional that is licensed to provide health care services.

Health care services: Medical care to diagnose, treat or manage an illness, injury or other medical condition.

Health Maintenance Organization (HMO): A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency or for urgent care. An HMO may require you to live in its service area to be eligible for coverage.

HIPAA: The Health Information Portability and Accountability Act protects your privacy and restricts who can see your health information.

In-network providers: A provider who has a contract with Health Tradition to provide services to the member.

Inpatient services: The care provided when you are admitted to a hospital.

Medicare: A Federal health insurance program for people who are age 65 or older and certain younger people with disabilities. It also covers people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

Member: A person enrolled in the benefit plan.

Member ID card: An identification card issued in the member's name.

Out-of-network providers: Providers who do not have a contract with Health Tradition to provide services to the member.

Outpatient services: Health care services provided to a non-admitted member.

Premium: The amount that must be paid for your health insurance coverage.

Primary Care Provider (PCP): A physician, nurse practitioner, clinical nurse specialist or physician assistant who directly provides or coordinates a range of health care services for a member.

Prior authorization: Approval from Health Tradition that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.

Provider network: The facilities, providers and suppliers Health Tradition has contracted with to provide health care services.

Referral: A written request from an in-network health care provider requesting approval to send a member to an out-of-network health care provider or a referral center. Health Tradition must approve referral requests before those services are received.

Referral center: An institutional health care provider for specialty care. Payment for covered services at a referral center requires a referral from an in-network provider and prior authorization from Health Tradition.

Service area: The geographic area served by Health Tradition and approved by the appropriate regulatory agency. The Plan will dis-enroll you if you move out of the Plan's service area.

Urgent care: Urgent care situations are conditions that will worsen if you delay medical attention until the next available appointment but not so severe as to require emergency room care.

Additional Notes

HEALTH TRADITION

P.O. Box 21171 | Eagan, MN 55121
www.HealthTradition.com

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