Prestige Health Choice would like to let you know about the following changes to our member handbook:

Beginning April 1, 2020, our transportation vendor is Medical Transportation Management, Inc. (MTM). To schedule non-emergency transportation, please call 1-855-371-3968.

The section below replaces the “Choosing a Primary Care Provider (PCP)” information found in Section 11:

**Choosing a Primary Care Provider (PCP)**

If you have Medicare, please contact the number on your Medicare ID card for information about your PCP. You do not have to change your Medicare PCP to get medical services. You can keep your same Medicare PCP. If you do not have a Medicare PCP, we can help you find one.

If you have Medicaid or MediKids but you do not have Medicare, one of the first things you will need to do when you enroll in our plan is choose a PCP. This can be a doctor, nurse practitioner, or a physician assistant. You will see your PCP for regular check-ups, shots (immunizations), or when you are sick. Your PCP will also help you get care from other providers or specialists. This is called a referral. You can choose your PCP by calling Member Services.

You can choose a different PCP for each family member or you can choose one PCP for the entire family. If you do not choose a PCP, we will assign a PCP for you and your family.

You can change your PCP at any time. To change your PCP, call Member Services.

*The following statement applies to the covered services in Section 12: Your Plan Benefits: Managed Medical Assistance Services:*

American Indian members are not asked to pay copayments.

*The section below replaces Section 14:*

**Section 14: Your Member Rights**

As a recipient of Medicaid and a member in a Plan, you also have certain rights. You have the right to:

- Be treated with courtesy and respect
- Have your dignity and privacy respected at all times
- Receive a quick and useful response to your questions and requests
- Know who is providing medical services and who is responsible for your care

Questions? Call Member Services at 1-855-355-9800 or TTY at 1-855-358-5856
• Know what member services are available, including whether an interpreter is available if you do not speak English
• Know what rules and laws apply to your conduct
• Be given information about your diagnosis, the treatment you need, choices of treatments, risks, and how these treatments will help you
• Say no any treatment, except as otherwise provided by law
• Be given full information about other ways to help pay for your health care
• Know if the provider or facility accepts the Medicare assignment rate
• To be told prior to getting a service how much it may cost you
• Get a copy of a bill and have the charges explained to you
• Get medical treatment or special help for people with disabilities, regardless of race, national origin, religion, handicap, or source of payment
• Receive treatment for any health emergency that will get worse if you do not get treatment
• Know if medical treatment is for experimental research and to say yes or no to participating in such research
• Make a complaint when your rights are not respected
• Ask for another doctor when you do not agree with your doctor (second medical opinion)
• Get a copy of your medical record and ask to have information added or corrected in your record, if needed
• Have your medical records kept private and shared only when required by law or with your approval
• Decide how you want medical decisions made if you can’t make them yourself (advanced directive)
• To file a grievance about any matter other than a Plan’s decision about your services.
• To appeal a Plan’s decision about your services
• Receive services from a provider that is not part of our Plan (out-of-network) if we cannot find a provider for you that is part of our Plan
• Get care without fear of restraint or seclusion used for bullying, discipline, convenience, or revenge
• Exercise these rights without changing the way Prestige Health Choice or its network providers treat you

Questions? Call Member Services at 1-855-355-9800 or TTY at 1-855-358-5856
If you do not speak English, call us at 1-855-355-9800 (TTY/TDD 1-855-358-5856). We have access to interpreter services and can help answer your questions in your language. We can also help you find a health care provider who can talk with you in your language.

Spanish: Si usted no habla inglés, llámenos al 1-855-355-9800 (TTY/TDD 1-855-358-5856). Ofrecemos servicios de interpretación y podemos ayudarle a responder preguntas en su idioma. También podemos ayudarle a encontrar un proveedor de salud que pueda comunicarse con usted en su idioma.


Russian: Если вы не разговариваете по-английски, позвоните нам по номеру 1-855-355-9800 (TTY/TDD 1-855-358-5856). У нас есть возможность воспользоваться услугами переводчика, и мы поможем вам получить ответы на вопросы на вашем родном языке. Кроме того, мы можем оказать вам помощь в поиске поставщика медицинских услуг, который может общаться с вами на вашем родном языке.
## Important Contact Information

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Member Helpline</strong></td>
<td>1-855-355-9800</td>
</tr>
<tr>
<td><strong>Member Help Line TTY</strong></td>
<td>1-855-358-5856</td>
</tr>
<tr>
<td><strong>Website</strong></td>
<td><a href="http://www.prestigehealthchoice.com">www.prestigehealthchoice.com</a></td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td>11631 Kew Gardens Avenue, Suite 200</td>
</tr>
<tr>
<td></td>
<td>Palm Beach Gardens, FL 33410</td>
</tr>
<tr>
<td><strong>Audiology and hearing aids</strong></td>
<td>HearUSA 1-800-731-3277</td>
</tr>
<tr>
<td><strong>Behavioral health</strong></td>
<td>Optum Behavioral Health™ 1-855-371-3967</td>
</tr>
<tr>
<td><strong>Dental</strong></td>
<td>Contact your Care Manager directly, or</td>
</tr>
<tr>
<td></td>
<td>contact our Rapid Response and Outreach</td>
</tr>
<tr>
<td></td>
<td>Team at 1-855-371-8072 (TTY/TDD 1-855-358-5856) for help with arranging these services.</td>
</tr>
<tr>
<td>**Home health, home infusion and durable</td>
<td>Coastal Care Services 1-855-481-0505</td>
</tr>
<tr>
<td>medical equipment (DME)**</td>
<td></td>
</tr>
<tr>
<td><strong>Non-emergency medical transportation</strong></td>
<td>Access2Care 1-855-371-3968</td>
</tr>
<tr>
<td><strong>Pharmacy</strong></td>
<td>PerformRxSM 1-855-371-3963</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td>Premier Eye Care of Florida LLC 1-855-371-3961</td>
</tr>
<tr>
<td>**To report suspected cases of abuse,</td>
<td>1-800-96-ABUSE (1-800-962-2873)</td>
</tr>
<tr>
<td>neglect, abandonment, or exploitation of</td>
<td>TTY: 711 or 1-800-955-8771</td>
</tr>
<tr>
<td>children or vulnerable adults**</td>
<td>[<a href="http://www.myflfamilies.com/service-">http://www.myflfamilies.com/service-</a></td>
</tr>
<tr>
<td></td>
<td>programs/abuse-hotline](<a href="http://www.myflfamilies.com/service-programs/abuse-hotline">http://www.myflfamilies.com/service-programs/abuse-hotline</a>)</td>
</tr>
<tr>
<td><strong>For Medicaid Eligibility</strong></td>
<td>1-866-762-2237</td>
</tr>
<tr>
<td></td>
<td>TTY: 711 or 1-800-955-8771</td>
</tr>
<tr>
<td></td>
<td>[<a href="http://www.myflfamilies.com/service-">http://www.myflfamilies.com/service-</a></td>
</tr>
<tr>
<td></td>
<td>programs/access-florida-food-medical-</td>
</tr>
<tr>
<td></td>
<td>assistance-cash/medicaid](<a href="http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/medicaid">http://www.myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/medicaid</a>)</td>
</tr>
<tr>
<td>**To report Medicaid Fraud and/or Abuse or</td>
<td>1-888-419-3456</td>
</tr>
<tr>
<td>to file a complaint about a health care</td>
<td>[<a href="https://apps.ahca.myflorida.com/mpi-">https://apps.ahca.myflorida.com/mpi-</a></td>
</tr>
<tr>
<td>facility**</td>
<td>complaintform/](<a href="https://apps.ahca.myflorida.com/mpi-complaintform/">https://apps.ahca.myflorida.com/mpi-complaintform/</a>)</td>
</tr>
<tr>
<td>Service</td>
<td>Contact Information</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>To request a Medicaid Fair Hearing</td>
<td>1-877-254-1055&lt;br&gt;1-239-338-2642 (fax)&lt;br&gt;<a href="mailto:MedicaidHearingUnit@ahca.myflorida.com">MedicaidHearingUnit@ahca.myflorida.com</a></td>
</tr>
<tr>
<td>To find information for elders</td>
<td>1-800-96-ELDER (1-800-963-5337)&lt;br&gt;<a href="http://elderaffairs.state.fl.us/doea/arc.php">http://elderaffairs.state.fl.us/doea/arc.php</a></td>
</tr>
<tr>
<td>To find out information about domestic violence</td>
<td>1-800-799-7233&lt;br&gt;TTY: 1-800-787-3224&lt;br&gt;<a href="http://www.thehotline.org/">http://www.thehotline.org/</a></td>
</tr>
<tr>
<td>To find information about health facilities in Florida</td>
<td><a href="http://www.floridahealthfinder.gov/index.html">http://www.floridahealthfinder.gov/index.html</a></td>
</tr>
<tr>
<td>To find information about urgent care</td>
<td>Urgent care is a medical condition that requires care within 48 hours. If you don't get treatment for the condition in two days or less, it could become an emergency. If you are not sure that you need urgent care, please call our 24/7 Nurse Call Line at 1-855-398-5615.</td>
</tr>
<tr>
<td>For an emergency</td>
<td>9-1-1&lt;br&gt;Or go to the nearest emergency room</td>
</tr>
</tbody>
</table>
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Welcome to Prestige Health Choice’s Statewide Medicaid Managed Care Plan

Prestige Health Choice has a contract with the Florida Agency for Health Care Administration (Agency) to provide health care services to people with Medicaid. This is called the Statewide Medicaid Managed Care (SMMC) Program. You are enrolled in our SMMC plan. This means that we will offer you Medicaid services. We work with a group of health care providers to help meet your needs.

There are many types of Medicaid services that you can receive in the SMMC program. You can receive medical services, like doctor visits, labs, and emergency care, from a Managed Medical Assistance (MMA) plan. If you are an elder or adult with disabilities, you can receive nursing facility and home and community-based services in a Long-term Care (LTC) plan. If you have a certain health condition, like AIDS, you can receive care that is designed to meet your needs in a Specialty plan.

If your child is enrolled in the Florida KidCare MediKids program, most of the information in this handbook applies to you. We will let you know if something does not apply.

This handbook will be your guide for all health care services available to you. You can ask us any questions, or get help making appointments. If you need to speak with us, just call us at 1-855-355-9800 (TTY/TDD 1-855-358-5856).
Section 1: Your Plan Identification Card (ID card)

You should have received your ID card in the mail. Call us if you have not received your card or if the information on your card is wrong. Each member of your family in our plan should have their own ID card.

Carry your ID card at all times and show it each time you go to a health care appointment. Never give your ID card to anyone else to use. If your card is lost or stolen, call us so we can give you a new card.

Your ID card will look like this:

![ID Card Image]

Section 2: Your Privacy

Your privacy is important to us. You have rights when it comes to protecting your health information, such as your name, Plan identification number, race, ethnicity, and other things that identify you. We will not share any health information about you that is not allowed by law.

If you have any questions, call Member Services. Our privacy policies and protections are:

The privacy and security of your health information is a top priority for Prestige Health Choice. That is why we take great care to protect and use your health information correctly. Health information that comes from you and your physicians, hospitals, and other health care providers is called protected health information. This information can be verbal, written, or electronic. Prestige Health Choice has policies and security safeguards to protect this information and the ways it is used. In general, we may use it to:

- Provide treatment.
- Provide benefits.
- Help your health team treat you and receive payment.
- Coordinate payment to other insurance companies.
- Evaluate and improve our services.
We may also use and share your health information based on the law or Prestige Health Choice policies. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy, Security, and Breach Notification Rules are the main federal laws that protect your health information. The Privacy Rule gives you rights with respect to your health information. The Privacy Rule also sets limits on how your health information can be used and shared with others. The Security Rule sets rules for how your health information must be kept secure with administrative, technical, and physical safeguards. If you have questions about how we keep your information safe, refer to the Notice of Privacy Practices included in the welcome kit. You can also call Member Services at 1-855-355-9800 (TTY/TDD 1-855-358-5856).

Section 3: Getting Help from Our Member Services

Our Member Services Department can answer all of your questions. We can help you choose or change your Primary Care Provider (PCP for short), find out if a service is covered, get referrals, find a provider, replace a lost ID card, report the birth of a new baby, and explain any changes that might affect you or your family’s benefits.

Contacting Member Services

You may call us at 1-855-355-9800, or TTY/TDD 1-855-358-5856, Monday to Friday, 8 a.m. to 7 p.m., but not on State approved holidays (like Christmas Day and Thanksgiving Day). When you call, make sure you have your identification card (ID card) with you so we can help you. (If you lose your ID card, or if it is stolen, call Member Services.)

Contacting Member Services after Hours

If you call when we are closed, please leave a message. We will call you back the next business day. If you have an urgent question, you may call our Member Services department at 1-855-355-9800 (TTY/TDD 1-855-358-5856). Our nurses are available to help you 24 hours a day, 7 days a week.

Section 4: Do You Need Help Communicating?

If you do not speak English, we can help. We have people who help us talk to you in your language. We provide this help for free.

For people with disabilities: If you use a wheelchair, or are blind, or have trouble hearing or understanding, call us if you need extra help. We can tell you if a provider’s office is wheelchair accessible or has devices for communication. Also, we have services like:

- Telecommunications Relay Service. This helps people who have trouble hearing or talking to make phone calls. Call 711 and give them our Member Services phone number. It is 1-855-355-9800 (TTY/TDD 1-855-358-5856). They will connect you to us
• Information and materials in large print, audio (sound); and braille
• Help in making or getting to appointments
• Names and addresses of providers who specialize in your disability

All of these services are provided free to you.

Section 5: When Your Information Changes

If any of your personal information changes, let us know as soon as possible. You can do so by calling Member Services. We need to be able to reach you about your health care needs.

The Department of Children and Families (DCF) needs to know when your name, address, county, or telephone number changes as well. Call DCF toll free at 1-866-762-2237 (TTY 1-800-955-8771) Monday through Friday from 8 a.m. to 5:30 p.m. You can also go online and make the changes in your Automated Community Connection to Economic Self Sufficiency (ACCESS) account at https://dcf-access.dcf.state.fl.us/access/index.do. You may also contact the Social Security Administration (SSA) to report changes. Call SSA toll free at 1-800-772-1213 (TTY 1-800-325-0778), Monday through Friday from 7 a.m. to 7 p.m. You may also contact your local Social Security office or go online and make changes in your my Social Security account at https://secure.ssa.gov/RIL/SiView.do.

Section 6: Your Medicaid Eligibility

In order for you to go to your health care appointments and for Prestige Health Choice to pay for your services, you have to be covered by Medicaid and enrolled in our plan. This is called having Medicaid eligibility. DCF decides if someone qualifies for Medicaid.

Sometimes things in your life might change, and these changes can affect whether or not you can still have Medicaid. It is very important to make sure that you have Medicaid before you go to any appointments. Just because you have a Plan ID Card does not mean that you still have Medicaid. Do not worry! If you think your Medicaid has changed or if you have any questions about your Medicaid, call Member Services and we can help you check on it.

If you Lose your Medicaid Eligibility

If you lose your Medicaid and get it back within 180 days, you will be enrolled back into our plan.

If you have Medicare

If you have Medicare, continue to use your Medicare ID card when you need medical services (like going to the doctor or the hospital), but also give the provider your Medicaid Plan ID card too.
If you are having a baby

If you have a baby, he or she will be covered by us on the date of birth. Call Member Services to let us know that your baby has arrived and we will help make sure your baby is covered and has Medicaid right away.

It is helpful if you let us know that you are pregnant before your baby is born to make sure that your baby has Medicaid. Call DCF toll free at 1-866-762-2237 while you are pregnant. If you need help talking to DCF, call us. DCF will make sure your baby has Medicaid from the day he or she is born. They will give you a Medicaid number for your baby. Let us know the baby’s Medicaid number when you get it.

Section 7: Enrollment in Our Plan

When you first join our plan, you have 120 days to try our plan. If you do not like it for any reason, you can enroll in another SMMC plan in this region. Once those 120 days are over, you are enrolled in our plan for the rest of the year. This is called being locked-in to a plan. After being in our plan for one year, you can choose to stay with us or select another plan. This happens every year you have Medicaid and are in the SMMC program.

Open Enrollment

Open enrollment is a period that starts 60 days before the end of your year in our plan. The State’s Enrollment Broker will send you a letter letting you know that you can change plans if you want. This is called your Open Enrollment period. You do not have to change plans. If you leave our plan and enroll in a new one, you will start with your new plan at the end of your year in our plan. Once you are enrolled in the new plan, you will have another 60 days to decide if you want to stay in that plan or change to a new one before you are locked-in for the year. You can call the Enrollment Broker at 1-877-711-3662 (TDD 1-866-467-4970).

Section 8: Leaving Our Plan (Disenrollment)

Leaving a plan is called disenrolling. If you want to leave our plan while you are locked-in, you have to call the State’s Enrollment Broker. By law, people cannot leave or change plans while they are locked-in except for very special reasons. The Enrollment Broker will talk to you about why you want to leave the plan. The Enrollment Broker will also let you know if the reason you stated allows you to change plan.

You can leave our plan at any time for the following reasons (also known as Good Cause Disenrollment reasons1):

1 For the full list of Good Cause Disenrollment reasons, please see Florida Administrative Rule 59G-8.600: https://www.flrules.org/gateway/RuleNo.asp?title=MANAGED CARE&ID=59G-8.600

Questions? Call Member Services at 1-855-355-9800 or TTY at 1-855-358-5856
• You are getting care at this time from a provider that is not part of our plan but is a part of another Plan

• We do not cover a service for moral or religious reasons

• You are an American Indian or Alaskan Native

• You live in and get your Long-term Care services from an assisted living facility, adult family care home, or nursing facility provider that was in our network but is no longer in our network

You can also leave our plan for the following reasons, if you have completed our grievance and appeal process²:

• You receive poor quality of care, and the Agency agrees with you after they have looked at your medical records

• You cannot get the services you need through our plan, but you can get the services you need through another plan

• Your services were delayed without a good reason

If you have any questions about whether you can change plans, call Member Services or the State’s Enrollment Broker at 1-877-711-3662 (TDD 1-866-467-4970).

Removal from Our Plan (Involuntary Disenrollment)

The Agency can remove you from our plan (and sometimes the SMMC program entirely) for certain reasons. This is called involuntary disenrollment. These reasons include:

• You lose your Medicaid

• You move outside of where we operate, or outside the State of Florida

• You knowingly use your Plan ID card incorrectly or let someone else use your Plan ID card

• You fake or forge prescriptions

• You or your caregivers behave in a way that makes it hard for us to provide you with care

• You are in the LTC program and live in an assisted living facility or adult family care home that is not home-like and you will not move into a facility that is home-like³

If the Agency removes you from our plan because you broke the law or for your behavior, you cannot come back to the SMMC program.

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² To learn how to ask for an appeal, please turn to page Section 13, Member Satisfaction, on page 41.

³ This is for Long-term Care program enrollees only. If you have questions about your facility’s compliance with this federal requirement, please call Member Services or your case manager.
Section 9: Managing Your Care

If you have a medical condition or illness that requires extra support and coordination, we may assign a case manager to work with you. Your case manager will help you get the services you need. The case manager will work with your other providers to manage your health care. If we provide you with a case manager and you do not want one, call the Rapid Response and Outreach Team at 1-855-371-8072 (TTY/TDD 1-855-358-5856) to let us know.

If you have a problem with your care, or something in your life changes, let your case manager know and they will help you decide if your services need to change to better support you.

Changing Case Managers

If you want to choose a different case manager, call the Rapid Response and Outreach Team at 1-855-371-8072 (TTY/TDD 1-855-358-5856). There may be times when we will have to change your case manager. If we need to do this, we will send a letter to let you know.

Important Things to Tell Your Case Manager

If something changes in your life or you don’t like a service or provider, let your case manager know. You should tell your case manager if:

- You don’t like a service
- You have concerns about a service provider
- Your services aren’t right
- You get new health insurance
- You go to the hospital or emergency room
- Your caregiver can’t help you anymore
- Your living situation changes
- Your name, telephone number, address, or county changes

Section 10: Accessing Services

Before you get a service or go to a health care appointment, we have to make sure that you need the service and that it is medically right for you. This is called prior authorization. To do this, we look at your medical history and information from your doctor or other health care providers. Then we will decide if that service can help you. We use rules from the Agency to make these decisions.
Providers in Our Plan

For the most part, you must use doctors, hospitals, and other health care providers that are in our **provider network**. Our provider network is the group of doctors, therapists, hospitals, facilities, and other health care providers that we work with. You can choose from any provider in our provider network. This is called your **freedom of choice**. If you use a health care provider that is not in our network, you may have to pay for that appointment or service.

You will find a list of providers that are in our network in our provider directory. If you want a copy of the provider directory, call **1-855-355-9800** (TTY/TDD **1-855-358-5856**) to get a copy or visit our website at **www.prestigehealthchoice.com**.

Providers Not in Our Plan

There are some services that you can get from providers who are not in our provider network. These services are:

- Family planning services and supplies
- Women’s preventative health services, such as breast exams, screenings for cervical cancer, and prenatal care
- Treatment of sexually transmitted diseases
- Emergency care

If we cannot find a provider in our provider network for these services, we will help you find another provider that is not in our network. Remember to check with us first before you use a provider that is not in our provider network. If you have questions, call Member Services.

Your dental plan will cover most of your dental services, but some dental services may be covered by your medical plan. The table below will help you to decide which plan pays for a service.

<table>
<thead>
<tr>
<th>Type of Dental Service(s):</th>
<th>Dental Plan Covers:</th>
<th>Medical Plan Covers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Services</td>
<td>Covered when you see your dentist or dental hygienist</td>
<td>Covered when you see your doctor or nurse</td>
</tr>
<tr>
<td>Scheduled dental services in a hospital or surgery center</td>
<td>Covered for dental services by your dentist</td>
<td>Covered for doctors, nurses, hospitals, and surgery centers</td>
</tr>
<tr>
<td>Hospital visit for a dental problem</td>
<td><strong>Not covered</strong></td>
<td>Covered</td>
</tr>
<tr>
<td>Type of Dental Service(s):</td>
<td>Dental Plan Covers:</td>
<td>Medical Plan Covers:</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Prescription drugs for a dental visit or problem</td>
<td><em>Not covered</em></td>
<td>Covered</td>
</tr>
<tr>
<td>Transportation to your dental service or appointment</td>
<td><em>Not covered</em></td>
<td>Covered</td>
</tr>
</tbody>
</table>

**What Do I Have To Pay For?**

You may have to pay for appointments or services that are not covered. A covered service is a service that we have to provide in the Medicaid program. All of the services listed in this handbook are covered services. Remember, just because a service is covered, does not mean that you will need it. You may have to pay for services if we did not approve it first.

If you get a bill from a provider, call Member Services. Do not pay the bill until you have spoken to us. We will help you.

**Services for Children**

We must provide all medically necessary services for our members who are ages 0 – 20 years old. This is the law. This is true even if we do not cover a service or the service has a limit. As long as your child’s services are medically necessary, services have:

- No dollar limits; or
- No time limits, like hourly or daily limits

Your provider may need to ask us for approval before giving your child the service. Call Member Services if you want to know how to ask for these services.

**Moral or Religious Objections**

If we do not cover a service because of a religious or moral reason, we will tell you that the service is not covered. In these cases, you must call the State’s Enrollment Broker at 1-877-711-3662 (TDD 1-866-467-4970). The Enrollment Broker will help you find a provider for these services.

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4 Also known as “Early and Periodic Screening, Diagnosis, and Treatment” or “EPSDT” requirements.
Section 11: Helpful Information About Your Benefits

Choosing a Primary Care Provider (PCP)

If you have Medicare, please contact the number on your Medicare ID card for information about your PCP.

One of the first things you will need to do when you enroll in our plan is choose a PCP. This can be a doctor, nurse practitioner, or a physician assistant. You will see your PCP for regular check-ups, shots (immunizations), or when you are sick. Your PCP will also help you get care from other providers or specialists. This is called a referral. You can choose your PCP by calling Member Services.

You can choose a different PCP for each family member or you can choose one PCP for the entire family. If you do not choose a PCP, we will assign a PCP for you and your family.

You can change your PCP at any time. To change your PCP, call Member Services.

Choosing a PCP for Your Child

You can pick a PCP for your baby before your baby is born. We can help you with this by calling Member Services. If you do not pick a doctor by the time your baby is born, we will pick one for you. If you want to change your baby’s doctor, call us.

It is important that you select a PCP for your child to make sure they get their well child visits each year. Well child visits are for children 0 – 20 years old. These visits are regular check-ups that help you and your child’s PCP know what is going on with your child and how they are growing. Your child may also receive shots (immunizations) at these visits. These visits can help find problems and keep your child healthy.5

You can take your child to a pediatrician, family practice provider, or other health care provider.

You do not need a referral for well child visits.

There is no charge for well child visits.

Specialist Care and Referrals

Sometimes, you may need to see a provider other than your PCP for medical problems like special conditions, injuries, or illnesses. Talk to your PCP first. Your PCP will refer you to a specialist. A specialist is a provider who works in one health care area.

If you have a case manager, make sure you tell your case manager about your referrals. The case manager will work with the specialist to get you care.

5 For more information about the screenings and assessments that are recommended for children, please refer to the “Recommendations for Preventative Pediatric Health Care – Periodicity Schedule” at www.aap.org.
**Second Opinions**

You have the right to get a second opinion about your care. This means talking to a different provider to see what they have to say about your care. The second provider will give you their point of view. This may help you decide if certain services or treatments are best for you. There is no cost to you to get a second opinion.

Your PCP, case manager or Member Services can help find a provider to give you a second opinion. You can pick any of our providers. If you are unable to find a provider with us, we will help you find a provider that is not in our provider network. If you need to see a provider that is not in our provider network for the second opinion, we must approve it before you see them.

**Urgent Care**

Urgent Care is not Emergency Care. Urgent Care is needed when you have an injury or illness that must be treated within 48 hours. Your health or life are not usually in danger, but you cannot wait to see your PCP or it is after your PCP’s office has closed.

If you need Urgent Care after office hours and you cannot reach your PCP, please call Member Services at 1-855-355-9800 (TTY/TDD 1-855-358-5856), 24 hours a day, seven days a week.

You may also find the closest Urgent Care center to you by visiting our website at www.prestigehealthchoice.com.

**Hospital Care**

If you need to go to the hospital for an appointment, surgery or overnight stay, your PCP will set it up. We must approve services in the hospital before you go, except for emergencies. We will not pay for hospital services unless we approve them ahead of time or it is an emergency.

If you have a case manager, they will work with you and your provider to put services in place when you go home from the hospital.

**Emergency Care**

You have a medical emergency when you are so sick or hurt that your life or health is in danger if you do not get medical help right away. Some examples are:

- Broken bones
- Bleeding that will not stop
- You are pregnant, in labor and/or bleeding
- Trouble breathing
- Suddenly unable to see, move, or talk
Emergency services are those services that you get when you are very ill or injured. These services try to keep you alive or to keep you from getting worse. They are usually delivered in an emergency room.

**If your condition is severe, call 911 or go to the closest emergency facility right away. You can go to any hospital or emergency facility.** If you are not sure if it is an emergency, call your PCP. Your PCP will tell you what to do.

The hospital or facility does not need to be part of our provider network or in our service area. You also do not need to get approval ahead of time to get emergency care or for the services that you receive in an emergency room to treat your condition.

If you have an emergency when you are away from home, get the medical care you need. Be sure to call Member Services when you are able and let us know.

**Filling Prescriptions**

We cover a full range of prescription medications. We have a list of drugs that we cover. This list is called our **Formulary**. You can find this list on our Web site at [www.prestigehealthchoice.com/provider/find-provider/index.aspx](http://www.prestigehealthchoice.com/provider/find-provider/index.aspx) or by calling Member Services at **1-855-355-9800** (**TTY/TDD 1-855-358-5856**), 24 hours a day, seven days a week.

We cover **brand name** and **generic** drugs. Generic drugs have the same ingredients as brand name drugs, but they are often cheaper than brand name drugs. They work the same. Sometimes, we may need to approve using a brand name drug before your prescription is filled.

We have pharmacies in our provider network. You can fill your prescription at any pharmacy that is in our provider network. Make sure to bring your Plan ID card with you to the pharmacy.

The list of covered drugs may change from time to time, but we will let you know if anything changes.

**Specialty Pharmacy Information**

Prestige Health Choice has chosen PerformSpecialty® to provide specialty pharmacy services for members. Prescriptions for specialty medications will be filled by PerformSpecialty. Specialty medications are high-cost drugs that treat complex conditions. Using them correctly requires extra support.

If you are getting a specialty medication from another pharmacy in our network, we will send your prescription to PerformSpecialty for future refills if you need them.

If you agree with this choice, you do not need to take any other steps.

If you want to choose another pharmacy, or if you have questions, please call PerformRx at **1-855-371-3963**. They are available 24 hours a day, seven days a week.
Behavioral Health Services

There are times when you may need to speak to a therapist or counselor if you are having any of the following feelings or problems:

- Always feeling sad
- Not wanting to do the things that you used to enjoy
- Feeling worthless
- Having trouble sleeping
- Not feeling like eating
- Alcohol or drug abuse
- Trouble in your marriage
- Parenting concerns

We cover many different types of behavioral health services that can help with issues you may be facing. You can call a behavioral health provider for an appointment. You can get help finding a behavioral health provider by:

- Calling Behavioral Health Member Services at 1-855-371-3967 (TTY/TDD 1-888-877-5378)
- Looking at our provider directory
- Going to our website to search for a behavioral health provider at prestigehealthchoice.prismisp.com/?brandcode=phc

Someone is there to help you 24 hours a day, 7 days a week. You do not need a referral from your PCP for behavioral health services.

If you are thinking about hurting yourself or someone else, call 911. You can also go to the nearest emergency room or crisis stabilization center, even if it is out of our service area. Once you are in a safe place, call your PCP if you can. Follow up with your provider within 24-48 hours. If you get emergency care outside of the service area, we will make plans to transfer you to a hospital or provider that is in our plan’s network once you are stable.

Member Reward Programs

We offer programs to help keep you healthy and to help you live a healthier life (like losing weight or quitting smoking). We call these healthy behavior programs. You can earn rewards while participating in these programs. Our plan offers the following programs:

Healthy Behaviors programs

- **Smoking Cessation**: Quitting smoking is not easy. We can help you quit. When you sign up, you will get a $10 gift card. You can also get over-the-counter nicotine patches, lozenges, and gum at no cost. These may help you with your cravings. You can earn a $10 gift card...
for going to group sessions and seminars on quitting. When you finish the program and mail your certificate of completion to Prestige Health Choice, you will earn a $30 gift card.

- **Weight Loss:** You may be able to earn rewards in our weight loss program. You can earn a $10 gift card for visiting your primary care provider (PCP) to discuss weight loss if you have a body mass index (BMI) of 35 or more. You can earn more gift cards by seeing a dietitian or nutritionist or by following up with your PCP. If you stay in the program for three months and lower your BMI, you can earn a $20 gift card. This program requires that your PCP sign your completion form before returning it to Prestige Health Choice.

- **Alcohol and Substance Use Recovery:** Alcohol or substance use can take a toll on your physical and mental health. We can help you overcome it. We will mail you a $10 gift card for signing up to a recovery program. A Care Manager will help you join a local support group. You can receive $10 gift cards for being sober. You can earn the first after 30 days and the second after 90 days. You can then earn a $20 gift card after being sober for 180 days.

- **Limited-time Healthy Behaviors programs:** We also offer additional Healthy Behaviors programs for a limited time each year. Prestige Health Choice will mail a letter and completion form to you once these programs become active, which will include certain deadlines. Please be aware of these important deadlines for returning forms to Prestige for program consideration. You (or your child) may enroll in more than one Healthy Behaviors program (if you qualify), and can receive a reward of up to $50 per program, per year. You (or your child) may only join each Healthy Behaviors program once per year. Please remember that rewards cannot be transferred. Member rewards cannot be used for alcohol, tobacco, gambling (including lottery), drugs (except over-the-counter), firearms, or ammunition purchases. If you leave Prestige Health Choice for more than 180 days, you may not receive your reward. If you have questions or want to join any of these programs, please call us at **1-855-355-9800 (TTY/TDD 1-855-358-5856)**.

**Disease Management Programs**

We have special programs available that will help you if you have one of these conditions.

- **Diabetes:** Our diabetes program teaches participants how to manage their diabetes and related conditions. This includes learning how to eat healthy meals, be active, monitor blood sugar levels, take medication, and reduce the risk of developing complications or other health conditions.

- **Asthma:** Our asthma program is designed for enrollees who want to learn how to take control of their asthma and feel better. This includes learning how to build an asthma support team, take asthma medications correctly, and follow good health habits.

- **Cardiovascular disease (CVD) and high blood pressure (hypertension):** Our CVD/high blood pressure program teaches participants how to adopt a heart-healthy lifestyle. This includes learning how to reduce high blood pressure and lower the risk of heart attack, stroke, heart failure, and other complications.

- **Cancer:** Our cancer self-management program can help enrollees affected by cancer reduce stress, manage pain, and work to maintain an optimal lifestyle.
• Chronic obstructive pulmonary disease (COPD): Our COPD program teaches participants how to manage their condition and helps them make lifestyle changes that will allow better management of their COPD and enhance their quality of life.

• Behavioral health: If you are struggling with opioid use, Prestige Health Choice offers substance use services through Optum Behavioral Health, including specialized opioid treatment for members. Optum will help you figure out what services you need (for example, hospital or in-home detoxification, medication-assisted treatment for medications to help lessen the symptoms of withdrawal, counseling, and/or peer support services). Next, Optum will help you find the right provider and/or facility to meet your goals. Optum will continue to assess your progress, review your care plan, and connect you with what you need. You can call Optum at 1-855-371-3967. You can also find this number on the back of your member ID card under “Behavioral Health.” You can find Behavioral Health providers on our website at prestigehealthchoice.prismisp.com/?brandcode=phc.

• End of life issues including information on advance directives: The best way to make sure your advance directive is followed is to write it down. You can download a form from www.floridahealthfinder.gov/reports-guides/advance-directives.aspx.

Quality Enhancement Programs

We want you to get quality health care. We offer additional programs that help make the care you receive better. The programs are:

1. **Children’s programs**
   General wellness programs and information that can help you keep your child healthy from birth to 5 years old. These community services include information about proper eating, vaccines, breast feeding, and important child health checkups.

2. **Domestic violence**
   Services and programs from community agencies that can assist you if you need help or information about domestic violence.

3. **Pregnancy prevention**
   Services and information that can help you with questions or assistance to prevent an unplanned pregnancy.

4. **Pregnancy and family planning care**
   Information and community resources to help you when you are pregnant or need information about family planning.

5. **Healthy start services**
   Information about services available to help pregnant women and infants, and services that help promote early prenatal care so that you have a healthy baby.

6. **Nutritional assessment and counseling for perinatal women and children**
   Information and services that help you stay healthy by providing nutritional information and counseling to women for themselves and their babies during and after pregnancy.
7. **Behavioral health programs**
   Outreach and services to those who may need assessment and treatment for behavioral health needs.

You also have a right to tell us about changes you think we should make.

To get more information about our quality enhancement program or to give us your ideas, call Member Services.

**Section 12: Your Plan Benefits: Managed Medical Assistance Services**

The table below lists the medical services that are covered by our Plan. Remember, you may need a referral from your PCP or approval from us before you go to an appointment or use a service. Services must be medically necessary in order for us to pay for them.\(^6\)

There may be some services that we do not cover, but might still be covered by Medicaid. To find out about these benefits, call the Agency Medicaid Help Line at **1-877-254-1055**. If you need a ride to any of these services, we can help you. You can call **1-855-355-9800** (TTY/TDD **1-855-358-5856**)

If there are changes in covered services or other changes that will affect you, we will notify you in writing at least 30 days before the effective date of the change.

If you have questions about any of the covered medical services, please call Member Services.

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\(^6\) You can find the definition for Medical Necessity at [http://ahca.myflorida.com/medicaid/review/General/59G_1010_Definitions.pdf](http://ahca.myflorida.com/medicaid/review/General/59G_1010_Definitions.pdf)

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<tr>
<th>Service</th>
<th>Description</th>
<th>Coverage/Limitations</th>
<th>Prior Authorization</th>
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<tbody>
<tr>
<td>Addictions Receiving Facility Services</td>
<td>These services are used to help people who are struggling with drug or alcohol addiction and need hospitalization</td>
<td>As medically necessary and recommended by us</td>
<td>Yes</td>
</tr>
<tr>
<td>Allergy Services</td>
<td>Services to treat conditions such as sneezing or rashes that are not caused by an illness</td>
<td>We cover blood or skin allergy testing and up to 156 doses per year of allergy shots</td>
<td>No</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
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<td>Prior Authorization</td>
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<tr>
<td>Ambulance Transportation Services</td>
<td>Ambulance services are for when you need emergency care while being transported to the hospital or special support when being transported between facilities</td>
<td>Covered as medically necessary.</td>
<td>No — Emergency ground transportation while being transported to the hospital or special support when being transported between facilities</td>
</tr>
<tr>
<td>Ambulatory Detoxification Services</td>
<td>Services provided to people who are withdrawing from drugs or alcohol without going into the hospital</td>
<td>As medically necessary and recommended by us</td>
<td>Yes</td>
</tr>
<tr>
<td>Ambulatory Surgical Center Services</td>
<td>Surgery and other procedures that are performed in a facility that is not the hospital (outpatient)</td>
<td>Covered as medically necessary.</td>
<td>Yes — Cosmetic procedures only</td>
</tr>
<tr>
<td>Anesthesia Services</td>
<td>Services to keep you from feeling pain during surgery or other medical procedures</td>
<td>Covered as medically necessary.</td>
<td>No</td>
</tr>
<tr>
<td>Assistive Care Services</td>
<td>Services provided to adults (ages 18 and older) help with activities of daily living and taking medication</td>
<td>We cover 365/366 days of services per year,</td>
<td>Yes</td>
</tr>
<tr>
<td>Behavioral Health Assessment Services</td>
<td>Services used to identify mental health or substance abuse issues</td>
<td>Covered as medically necessary</td>
<td>No</td>
</tr>
<tr>
<td>Behavioral Health Overlay Services</td>
<td>Behavioral health services provided to children (ages 0 – 18) enrolled in a DCF program</td>
<td>Covered as medically necessary</td>
<td>Yes</td>
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<td>Service</td>
<td>Description</td>
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<tr>
<td>Cardiovascular Services</td>
<td>Services that treat the heart and circulatory (blood vessels) system</td>
<td>We cover the following as prescribed by your doctor:</td>
<td>Yes — Radiology/nuclear cardiac imaging only</td>
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<td>• Cardiac testing</td>
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<td>• Cardiac surgical procedures</td>
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<td>• Cardiac devices</td>
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<tr>
<td>Child Health Services</td>
<td>Services provided to children (ages 0 - 3) to help them get health care and</td>
<td>Your child must be enrolled in the Department of Health Early Steps program</td>
<td>No</td>
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<tr>
<td>Targeted Case Management</td>
<td>other services</td>
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<tr>
<td>Chiropractic Services</td>
<td>Diagnosis and manipulative treatment of misalignments of the joints,</td>
<td>We cover:</td>
<td>Yes — Enrollees under age 21</td>
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<td>especially the spinal column, which may cause other disorders by affecting</td>
<td>• One new patient visit</td>
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<td></td>
<td>the nerves, muscles, and organs</td>
<td>• 24 established patient visits per year</td>
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<td>• X-rays</td>
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<tr>
<td>Clinic Services</td>
<td>Health care services provided in a county health department, federally</td>
<td>Covered as medically necessary</td>
<td>No</td>
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<td>qualified health center, or a rural health clinic</td>
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<tr>
<td>Crisis Stabilization Unit</td>
<td>Emergency mental health services are performed in a facility that is not a</td>
<td>As medically necessary and recommended by us</td>
<td>Yes</td>
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<tr>
<td>Services</td>
<td>regular hospital</td>
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<tr>
<td>Dialysis Services</td>
<td>Medical care, tests, and other treatments for the kidneys. This service also</td>
<td>We cover the following as prescribed by your treating doctor:</td>
<td>No — For medical care, tests, other treatments for the kidneys, dialysis supplies, and other supplies that help treat the kidneys</td>
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<td>includes dialysis supplies, and other supplies that help treat the kidneys</td>
<td>• Hemodialysis treatments</td>
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<td>• Peritoneal dialysis treatments</td>
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<td>Service</td>
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<tr>
<td>Durable Medical Equipment and Medical Supplies Services</td>
<td>Medical equipment is used to manage and treat a condition, illness, or injury. Durable medical equipment is used over and over again, and includes things like wheelchairs, braces, crutches, and other items. Medical supplies are items meant for one-time use and then thrown away.</td>
<td>Some service and age limits apply. Call Member Services at 1-855-355-9800 (TTY/TDD 1-855-358-5856) for more information.</td>
<td>Yes — For medical equipment such as wheelchairs, braces, crutches, and other items. Please contact Coastal Care Services at 1-855-481-0505 (TTY/TDD 711)</td>
</tr>
</tbody>
</table>
| Early Intervention Services | Services to children ages 0 - 3 who have developmental delays and other conditions. | We cover:  
  • One initial evaluation per lifetime, completed by a team  
  • Up to 3 screenings per year  
  • Up to 3 follow-up evaluations per year  
  • Up to 2 training or support sessions per week | No |
| Emergency Transportation Services | Transportation provided by ambulances or air ambulances (helicopter or airplane) to get you to a hospital because of an emergency. | Covered as medically necessary. | Yes — For airplane and helicopter emergency transportation  
No — For ground emergency transportation and 911 transportation calls |
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</table>
| Evaluation and Management Services | Services for doctor’s visits to stay healthy and prevent or treat illness | We cover:  
• One adult health screening (check-up) per year  
• Child health check-ups are provided based on age and developmental needs  
• One visit per month for people living in nursing facilities  
• Up to two office visits per month for adults to treat illnesses or conditions | No                  |
| Family Therapy Services          | Services for families to have therapy sessions with a mental health professional | Covered as medically necessary                                                                                                                                                                                                                                          | No                  |
| Gastrointestinal Services       | Services to treat conditions, illnesses, or diseases of the stomach or digestion system | We cover:  
• Covered as medically necessary                                                                                                                                                                                                                                   | No                  |
| Genitourinary Services          | Services to treat conditions, illnesses, or diseases of the genitals or urinary system | We cover:  
• Covered as medically necessary                                                                                                                                                                                                                                   | No                  |
| Group Therapy Services          | Services for a group of people to have therapy sessions with a mental health professional | Covered as medically necessary                                                                                                                                                                                                                                          | No                  |
| Hearing Services                | Hearing tests, treatments and supplies that help diagnose or treat problems with your hearing. This includes hearing aids and repairs | We cover hearing tests and the following as prescribed by your doctor:  
• Cochlear implants  
• One new hearing aid per ear, once every 3 years  
• Repairs                                                                                                                                                                                                  | No                  |
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<tbody>
<tr>
<td>Home Health Services</td>
<td>Nursing services and medical assistance provided in your home to help you manage or recover from a medical condition, illness or injury</td>
<td>We cover: • Up to 4 visits per day for pregnant recipients and recipients ages 0-20 • Up to 3 visits per day for all other recipients</td>
<td>Yes</td>
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<tr>
<td></td>
<td></td>
<td>Please contact Coastal Care Services at 1-855-481-0505 for authorization of home health services and DME and supplies provided in the home</td>
<td></td>
</tr>
<tr>
<td>Hospice Services</td>
<td>Medical care, treatment, and emotional support services for people with terminal illnesses or who are at the end of their lives to help keep them comfortable and pain free. Support services are also available for family members or caregivers</td>
<td>Covered as medically necessary</td>
<td>Yes</td>
</tr>
<tr>
<td>Individual Therapy Services</td>
<td>Services for people to have one-to-one therapy sessions with a mental health professional</td>
<td>Covered as medically necessary</td>
<td>Yes</td>
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<tr>
<td>Inpatient Hospital Services</td>
<td>Medical care that you get while you are in the hospital. This can include any tests, medicines, therapies and treatments, visits from doctors and equipment that is used to treat you</td>
<td>We cover the following inpatient hospital services based on age and situation: • Up to 365/366 days for recipients ages 0 – 20 • Up to 45 days for all other recipients (extra days are covered for emergencies)</td>
<td>Yes — For all enrollees under the age of 21 and pregnant adults, up to 365 days. For all non-pregnant adults, up to 45 days of inpatient coverage and up to 365 days of emergency inpatient care, including behavioral health. No less than 48 hours following a normal vaginal delivery, and at least 96 hours following a cesarean section.</td>
</tr>
<tr>
<td>Integumentary Services</td>
<td>Services to diagnose or treat skin conditions, illnesses or diseases</td>
<td>Covered as medically necessary</td>
<td>Yes — Cosmetic procedures only</td>
</tr>
<tr>
<td>Laboratory Services</td>
<td>Services that test blood, urine, saliva or other items from the body for conditions, illnesses or diseases</td>
<td>Covered as medically necessary</td>
<td>No</td>
</tr>
<tr>
<td>Medical Foster Care Services</td>
<td>Services that help children with health problems who live in foster care homes</td>
<td>Must be in the custody of the Department of Children and Families</td>
<td>No</td>
</tr>
<tr>
<td>Medication Assisted Treatment Services</td>
<td>Services used to help people who are struggling with drug addiction</td>
<td>Covered as medically necessary</td>
<td>No</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
<td>Coverage/Limitations</td>
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<tr>
<td>Medication Management Services</td>
<td>Services to help people understand and make the best choices for taking medication</td>
<td>Covered as medically necessary</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental Health Partial Hospitalization Program Services</td>
<td>Treatment provided for 4 or more hours per day, several days per week, for people who are recovering from mental illness</td>
<td>As medically necessary and recommended by us</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental Health Targeted Case Management</td>
<td>Services to help get medical and behavioral health care for people with mental illnesses</td>
<td>Covered as medically necessary</td>
<td>No</td>
</tr>
<tr>
<td>Mobile Crisis Assessment and Intervention Services</td>
<td>A team of health care professionals who provide emergency mental health services, usually in people’s homes</td>
<td>As medically necessary and recommended by us</td>
<td>No</td>
</tr>
<tr>
<td>Neurology Services</td>
<td>Services to diagnose or treat conditions, illnesses or diseases of the brain, spinal cord or nervous system</td>
<td>Covered as medically necessary</td>
<td>No</td>
</tr>
</tbody>
</table>
| Non-Emergency Transportation Services | Transportation to and from all of your medical appointments. This could be on the bus, a van that can transport disabled people, a taxi, or other kinds of vehicles | We cover the following services for recipients who have no transportation:  
• Out-of-state travel  
• Transfers between hospitals or facilities  
• Escorts when medically necessary | No — Please contact Access2Care at 1-855-371-3968 (TTY/TDD 711) to schedule non-emergency transportation services |
<p>| Nursing Facility Services       | Medical care or nursing care that you get while living full-time in a nursing facility. This can be a short-term rehabilitation stay or long-term | We cover 365/366 days of services in nursing facilities as medically necessary        | Yes                 |</p>
<table>
<thead>
<tr>
<th>Service</th>
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<th>Prior Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapy Services</td>
<td>Occupational therapy includes treatments that help you do things in your daily life, like writing, feeding yourself, and using items around the house</td>
<td>We cover for children ages 0-20 and for adults: • One initial evaluation per year • Up to 210 minutes of treatment per week • One initial wheelchair evaluation per 5 years We cover for people of all ages: • Follow-up wheelchair evaluations, one at delivery and one 6 months later</td>
<td>Yes</td>
</tr>
<tr>
<td>Oral Surgery Services</td>
<td>Services that provide teeth extractions (removals) and to treat other conditions, illnesses or diseases of the mouth and oral cavity</td>
<td>Covered as medically necessary</td>
<td>Yes — Cosmetic procedures only</td>
</tr>
<tr>
<td>Orthopedic Services</td>
<td>Services to diagnose or treat conditions, illnesses or diseases of the bones or joints</td>
<td>Covered as medically necessary</td>
<td>No</td>
</tr>
<tr>
<td>Outpatient Hospital Services</td>
<td>Medical care that you get while you are in the hospital but are not staying overnight. This can include any tests, medicines, therapies and treatments, visits from doctors and equipment that is used to treat you</td>
<td>Emergency services are covered as medically necessary</td>
<td>Yes — Depending on procedure</td>
</tr>
<tr>
<td>Pain Management Services</td>
<td>Treatments for long-lasting pain that does not get better after other services have been provided</td>
<td>Covered as medically necessary. Some service limits may apply</td>
<td>Yes</td>
</tr>
<tr>
<td>Service</td>
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</tbody>
</table>
| Physical Therapy Services     | Physical therapy includes exercises, stretching and other treatments to help your body get stronger and feel better after an injury, illness or because of a medical condition | We cover for children ages 0-20 and for adults:  
  • One initial evaluation per year  
  • Up to 210 minutes of treatment per week  
  • One initial wheelchair evaluation per 5 years | Yes                  |
| Podiatry Services             | Medical care and other treatments for the feet                               | We cover:  
  • Up to 24 office visits per year  
  • Foot and nail care  
  • X-rays and other imaging for the foot, ankle and lower leg  
  • Surgery on the foot, ankle or lower leg | No                   |
| Prescribed Drug Services      | This service is for drugs that are prescribed to you by a doctor or other health care provider | We cover:  
  • Up to a 34-day supply of drugs, per prescription  
  • Refills, as prescribed | Refer to online Preferred Drug Listing [www.prestigehealthchoice.com](http://www.prestigehealthchoice.com) |
| Private Duty Nursing Services | Nursing services provided in the home to people ages 0 to 20 who need constant care | We cover:  
  • Up to 24 hours per day | Yes                  |
<p>| Psychiatric Specialty Hospital Services | Emergency mental health services that are performed in a facility that is not a regular hospital | As medically necessary and recommended by us | Yes                  |
| Psychological Testing Services | Tests used to identify behavioral health problems                            | Covered as medically necessary                                                      | Yes                  |</p>
<table>
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<tr>
<th>Service</th>
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</thead>
<tbody>
<tr>
<td>Psychosocial Rehabilitation Services</td>
<td>Services to assist people re-enter everyday life. They include help with basic activities such as cooking, managing money and performing household chores</td>
<td>Covered as medically necessary</td>
<td>Yes</td>
</tr>
</tbody>
</table>
| Radiology and Nuclear Medicine Services      | Services that include imaging such as x-rays, MRIs or CAT scans. They also include portable x-rays | Covered as medically necessary                                                      | Yes – For CT, MRI, MRA, PET scans and nuclear cardiac imaging  
No – For x-rays and portable x-rays when done by a participating provider |                     |
<p>| Regional Perinatal Intensive Care Center Services | Services provided to pregnant women and newborns in hospitals that have special care centers to handle serious conditions | Covered as medically necessary                                                      | Yes                 |
| Reproductive Services                        | Services for women who are pregnant or want to become pregnant. They also include family planning services that provide birth control drugs and supplies to help you plan the size of your family | We cover family planning services. You can get these services and supplies from any Medicaid provider; they do not have to be a part of our Plan. You do not need prior approval for these services. These services are free. These services are voluntary and confidential, even if you are under 18 years old. | No                  |</p>
<table>
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<tr>
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</thead>
<tbody>
<tr>
<td><strong>Respiratory Services</strong></td>
<td>Services that treat conditions, illnesses or diseases of the lungs or respiratory system</td>
<td>We cover: • Respiratory testing • Respiratory surgical procedures • Respiratory device management</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Respiratory Therapy Services</strong></td>
<td>Services for recipients ages 0-20 to help you breathe better while being treated for a respiratory condition, illness or disease</td>
<td>We cover: • One initial evaluation per year • One therapy re-evaluation per 6 months • Up to 210 minutes of therapy treatments per week (maximum of 60 minutes per day)</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Self-Help/Peer Services</strong></td>
<td>Services to help people who are in recovery from an addiction or mental illness</td>
<td>As medically necessary and recommended by us</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Specialized Therapeutic Services</strong></td>
<td>Services provided to children ages 0-20 with mental illnesses or substance use disorders</td>
<td>As medically necessary, we cover the following: • Assessments • Foster care services • Group home services</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Speech-Language Pathology Services</strong></td>
<td>Services that include tests and treatments help you talk or swallow better</td>
<td>We cover the following services for children ages 0 – 20: • Communication devices and services • Up to 210 minutes of treatment per week • One initial evaluation per year We cover the following services for adults: • One communication evaluation per 5 years</td>
<td>Yes</td>
</tr>
<tr>
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</tr>
<tr>
<td>Statewide Inpatient Psychiatric Program Services</td>
<td>Services for children with severe mental illnesses who need treatment in a facility</td>
<td>Covered as medically necessary for children ages 0 – 20</td>
<td>Yes</td>
</tr>
<tr>
<td>Therapeutic Behavioral On-Site Services</td>
<td>Services provided by a team to prevent children ages 0-20 with behavioral health issues from being placed in a hospital or other facility</td>
<td>Covered as medically necessary</td>
<td>No</td>
</tr>
<tr>
<td>Transplant Services</td>
<td>Services that include all surgery and pre and post-surgical care</td>
<td>Covered as medically necessary</td>
<td>Yes</td>
</tr>
</tbody>
</table>
| Visual Aid Services                           | Visual aids are items such as glasses, contact lenses and prosthetic (fake) eyes | We cover the following services when prescribed by your doctor:  
• Two pairs of eyeglasses for children ages 0-20  
• Contact lenses  
• Prosthetic eyes                                                                 | No                  |
| Visual Care Services                          | Services that test and treat conditions, illnesses and diseases of the eyes  |                                                                                      | No                  |
Your Plan Benefits: Expanded Benefits

Expanded benefits are extra goods or services we provide to you, free of charge. Call Member Services to ask about getting expanded benefits.

<table>
<thead>
<tr>
<th>Service</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>A treatment that is used to treat your pain</td>
<td>Annual maximum of 12 visits for members with acute and chronic pain</td>
<td>No</td>
</tr>
<tr>
<td>Adult Hearing Services</td>
<td>Adult hearing services, including hearing aids</td>
<td>One hearing aid and evaluation every two years</td>
<td>Yes</td>
</tr>
<tr>
<td>Adult Vision Services</td>
<td>Adult vision services, including eye glasses and contact lenses</td>
<td>One eye exam per year; six-month supply of contact lenses with prescription; one set of eyeglasses per year</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For vision services please contact Premier Eye Care</td>
<td></td>
</tr>
<tr>
<td>Assessment Services</td>
<td>In-depth assessment for substance use issues</td>
<td>Unlimited</td>
<td>No</td>
</tr>
<tr>
<td>Psychological testing to identify behavioral health problems</td>
<td></td>
<td>Unlimited</td>
<td>Yes</td>
</tr>
<tr>
<td>Behavioral Health Day Services/Day Treatment</td>
<td>Daytime treatment for behavioral health needs about everyday living</td>
<td>Unlimited; must be active in case management</td>
<td>No</td>
</tr>
<tr>
<td>Adult day care services</td>
<td>Unregulated</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Behavioral Health Screening Services</td>
<td>Assessments and screening services for mental health and substance use issues</td>
<td>Unlimited</td>
<td>No</td>
</tr>
<tr>
<td>Behavioral Health Medical Services (Verbal Interaction)</td>
<td>Talking with a medical professional about your mental health and/or substance use needs</td>
<td>Unlimited</td>
<td>No</td>
</tr>
<tr>
<td>Behavioral Health Medical Services (Medication Management)</td>
<td>Services with a medical professional who can treat mental health and substance use issues with medication</td>
<td>Unlimited</td>
<td>No</td>
</tr>
<tr>
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</tr>
<tr>
<td>Behavioral Health Medical Services (Drug Screening)</td>
<td>Alcohol and other drug screening with urine samples</td>
<td>Unlimited</td>
<td>No</td>
</tr>
<tr>
<td>Cellular Phone Service</td>
<td>This benefit can help you stay in touch with Prestige Health Choice or your medical providers so that you can stay healthy</td>
<td>One cellphone; 350 minutes; unlimited text messages; 1 GB of storage, unlimited calls to Prestige Health Choice</td>
<td>No</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>Services and treatment provided by a chiropractic provider</td>
<td>24 additional visits for a total of 48 visits per year</td>
<td>No</td>
</tr>
<tr>
<td>Computerized Cognitive Behavioral Analysis</td>
<td>Health and behavior services, including assessments and therapy with a group or your family, or one-on-one sessions with a mental health professional while you have a physical illness</td>
<td>Unlimited</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Family health and behavior intervention (without the patient present)</td>
<td>Unlimited</td>
<td>No</td>
</tr>
<tr>
<td>Doula Services</td>
<td>Pregnancy services given by providers who are trained in childbirth and give support and education to pregnant members</td>
<td>Unlimited visits for pregnant members</td>
<td>No, but requires a referral from the Bright Start maternity program</td>
</tr>
<tr>
<td>Home-Delivered Meals for High-Risk Pregnant Members</td>
<td>You can have meals delivered to you at home if your provider believes you are a high-risk pregnant mom</td>
<td>Up to two meals per day for 30 days; limited to high-risk pregnant members who meet plan guidelines for medical necessity</td>
<td>Yes</td>
</tr>
<tr>
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</tr>
<tr>
<td>Home-Delivered Meals — Post-Discharge</td>
<td>You can have meals delivered to your home after leaving a medical facility</td>
<td>Up to two meals per day for up to seven days for enrollees who have been recently discharged from the hospital with specific medical conditions; extension of services may be granted with Medical Director approval.</td>
<td>Yes</td>
</tr>
<tr>
<td>Home Health Nursing/Aide Services</td>
<td>Services that can help you with activities of daily living, like bathing, getting dressed, and eating</td>
<td>Up to 48 visits per pregnancy for a home health aide; limited to high-risk pregnant members who meet plan guidelines for medical necessity and requires a physician order</td>
<td>Yes</td>
</tr>
<tr>
<td>Home Visit by a Clinical Social Worker</td>
<td>Services to provide support and education that will help to improve the quality of life for high-risk pregnant moms</td>
<td>Limited to 24 visits per year for high risk pregnant members; requires physician order</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing Assistance</td>
<td>Help for high-risk pregnant members in finding community resources to help with housing</td>
<td>Assistance with locating community resources that support housing options and alternatives for all members; provides up to $500 per lifetime maximum for transitional housing alternatives, and financial assistance is limited to high-risk pregnant members who are homeless</td>
<td>Yes</td>
</tr>
<tr>
<td>Intensive Outpatient Treatment</td>
<td>Outpatient treatment services in a program for substance use that meets three days per week for three hours each day</td>
<td>Unlimited</td>
<td>Yes</td>
</tr>
<tr>
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</tr>
<tr>
<td>Massage Therapy</td>
<td>Therapy to treat pain; massage is commonly applied with a therapist’s hands and fingers</td>
<td>Annual maximum of 12 visits for medical massage provided by a participating physical therapy or chiropractic provider.</td>
<td>Prior authorization required for physical therapist. No prior authorization needed for chiropractor.</td>
</tr>
<tr>
<td>Meals During Non-Emergency Transportation Day Trips</td>
<td>Reimbursement for the cost of meals you eat when you have to travel away from home for a medical appointment</td>
<td>Limited to $50 per day with annual maximum of $250</td>
<td>Yes</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>Medical supplies are items meant for one-time use and then thrown away</td>
<td>Some service limits apply; call Coastal Care Services at 1-855-481-0505 for more information</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Incontinence products</td>
<td>200 per month; any combination of these codes can be billed, but only up to 200 units</td>
<td>Yes — needs case management referral</td>
</tr>
<tr>
<td>Medically Related Home Care Services</td>
<td>One carpet cleaning service that will help adults control their asthma</td>
<td>Unlimited</td>
<td>Yes</td>
</tr>
<tr>
<td>Medication-Assisted Treatment</td>
<td>A licensed program that gives medication to lessen withdrawal symptoms from drugs or alcohol, along with supportive counseling</td>
<td>Unlimited</td>
<td>No</td>
</tr>
<tr>
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</tr>
<tr>
<td>Newborn Circumcision</td>
<td>An elective surgery for baby boys</td>
<td>Available during initial hospital stay and in provider’s office for 90 days after birth</td>
<td>Yes, only if older than 90 days</td>
</tr>
<tr>
<td>Nutritional Counseling</td>
<td>Provides you with information about what foods are good for you and your health condition; these services can also help you with food shopping and ways to prepare these foods at home</td>
<td>Unlimited</td>
<td>No</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>Adult occupational therapy services</td>
<td>One initial evaluation and re-evaluation per year; up to seven therapy treatment units per week</td>
<td>Yes</td>
</tr>
<tr>
<td>Over-The-Counter (OTC) Medication/ Supplies</td>
<td>Provides you with a benefit to get health supplies and items such as aspirin, vitamins, first aid items, and cough medicine</td>
<td>$25 per household per month; purchases limited to approved products</td>
<td>No</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>Adult physical therapy services</td>
<td>One evaluation and re-evaluation visit per year; up to seven therapy treatments per week</td>
<td>Yes</td>
</tr>
<tr>
<td>Prenatal/Perinatal Visits</td>
<td>Pregnancy visits before and after giving birth</td>
<td>Unlimited</td>
<td>Yes</td>
</tr>
</tbody>
</table>

For authorization for hospital-grade breast pumps provided in your home, please contact Coastal Care Services at 1-855-481-0505
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Visits (Non-Pregnant Adults)</td>
<td>Visits with your PCP</td>
<td>Unlimited</td>
<td>No</td>
</tr>
<tr>
<td>Respiratory Therapy</td>
<td>Adult respiratory therapy services</td>
<td>One evaluation and re-evaluation per year; one respiratory therapy visit per day</td>
<td>No</td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>Adult speech therapy services</td>
<td>One evaluation visit per year</td>
<td>Yes</td>
</tr>
<tr>
<td>Swimming Lessons (Drowning Prevention)</td>
<td>Provides swimming and water safety lessons for children to keep them safe around water</td>
<td>Each April, there will be an open enrollment for up to 1,000 children. The open enrollment period will be documented in the Member Handbook, on the plan website, and in a promotional mailing. Up to $200 per child will be paid at a plan-approved agency or to a certified instructor.</td>
<td>Yes</td>
</tr>
<tr>
<td>Therapy (Art)</td>
<td>Creative activities, such as drawing and painting, as part of your treatment</td>
<td>Up to seven outpatient sessions per year</td>
<td>Yes</td>
</tr>
<tr>
<td>Therapy (Equine)</td>
<td>Horseback riding with a behavioral health professional as part of your treatment</td>
<td>Up to three outpatient sessions per year for enrollees with a substance use disorder or chronic condition under care management</td>
<td>Yes</td>
</tr>
<tr>
<td>Therapy (Group)</td>
<td>Therapy for a group of people with a mental health professional</td>
<td>Unlimited</td>
<td>No</td>
</tr>
<tr>
<td>Therapy (Individual/Family)</td>
<td>Training and educational services about how to care for a member’s disabling mental health problems</td>
<td>Unlimited</td>
<td>No</td>
</tr>
<tr>
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</tr>
<tr>
<td>Therapy (Pet)</td>
<td>Volunteers and their pets help you with your treatment or therapy</td>
<td>Up to three sessions per year for members under care management for a chronic condition; inpatient care only while member is in an acute care hospital for treatment</td>
<td>Yes</td>
</tr>
<tr>
<td>Therapeutic Behavioral On-Site Services</td>
<td>Services provided by a team to support behavioral health issues and keep you from being placed in a hospital or other facility</td>
<td>Unlimited</td>
<td>No</td>
</tr>
<tr>
<td>Targeted Case Management</td>
<td>Help with getting health care and behavioral health services</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Vaccine (TDaP)</td>
<td>A vaccine to help keep pregnant moms healthy during their pregnancy</td>
<td>One vaccine per pregnancy</td>
<td>No</td>
</tr>
<tr>
<td>Vaccine (Influenza)</td>
<td>A vaccine to help reduce your chance of getting the flu</td>
<td>One vaccine per year, per enrollee</td>
<td>No</td>
</tr>
<tr>
<td>Vaccine (Shingles [Varicella Zoster])</td>
<td>A vaccine to help reduce your chance of getting shingles</td>
<td>Adult enrollees who have had chickenpox and as medically advised</td>
<td>No</td>
</tr>
<tr>
<td>Vaccine (Pneumonia [Pneumococcal])</td>
<td>A vaccine the help reduce the chance of you getting pneumonia</td>
<td>Two vaccines for all adults age 65 and older and enrollees ages 21 to 64 with specific medical conditions in accordance with current Centers for Disease Control and Prevention (CDC) immunization schedule; vaccines must be given at least one year apart</td>
<td>No</td>
</tr>
<tr>
<td>Waived Copayments</td>
<td>You will not have any copayments on any of your health plan services</td>
<td>All services that have a copayment requirement in accordance with Rule 59G-1.056, FAC</td>
<td>No</td>
</tr>
</tbody>
</table>
Section 13: Member Satisfaction

Complaints, Grievances, and Plan Appeals

We want you to be happy with us and the care you receive from our providers. Let us know right away if at any time you are not happy with anything about us or our providers. This includes if you do not agree with a decision we have made.

<table>
<thead>
<tr>
<th>What You Can Do:</th>
<th>What We Will Do:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you are not happy with us or our providers, you can file a Complaint</td>
<td>• Call us at any time. 1-855-355-9800  (TTY/TDD 1-855-358-5856)</td>
</tr>
<tr>
<td>• Try to solve your issue within 1 business day.</td>
<td></td>
</tr>
<tr>
<td>If you are not happy with us or our providers, you can file a Grievance</td>
<td>• Write us or call us at any time. • Call us to ask for more time to solve your grievance if you think more time will help. Prestige Health Choice P.O. Box 7368 London, KY 40742 1-855-355-9800  (TTY/TDD 1-855-358-5856)</td>
</tr>
<tr>
<td>We will: • Review your grievance and send you a letter with our decision within 90 days. If we need more time to solve your grievance, we will: • Send you a letter with our reason and tell you about your rights if you disagree.</td>
<td></td>
</tr>
<tr>
<td>If you do not agree with a decision we made about your services, you can ask for an Appeal</td>
<td>• Write us, or call us and follow up in writing, within 60 days of our decision about your services. • Ask for your services to continue within 10 days of receiving our letter, if needed. Some rules may apply. Prestige Health Choice P.O. Box 7368 London, KY 40742 1-855-355-9800  (TTY/TDD 1-855-358-5856)</td>
</tr>
<tr>
<td>We will: • Send you a letter within 5 business days to tell you we received your appeal. • Help you complete any forms. • Review your appeal and send you a letter within 30 days to answer you.</td>
<td></td>
</tr>
</tbody>
</table>
### What You Can Do: What We Will Do:

| **If you think waiting for 30 days will put your health in danger, you can ask for an Expedited or “Fast” Appeal** | **You can:**  
Write us or call us within 60 days of our decision about your services.  
Prestige Health Choice  
P.O. Box 7368  
London, KY 40742  
1-855-355-9800 (TTY/TDD 1-855-358-5856) | **We will:**  
Give you an answer within 48 hours after we receive your request.  
Call you the same day if we do not agree that you need a fast appeal, and send you a letter within 2 days. |
|---|---|---|
| **If you do not agree with our appeal decision, you can ask for a Medicaid Fair Hearing** | **You can:**  
Write to the Agency for Health Care Administration Office of Fair Hearings.  
Ask us for a copy of your medical record.  
Ask for your services to continue within 10 days of receiving our letter, if needed. Some rules may apply.  
**You must finish the appeal process before you can have a Medicaid Fair Hearing.** | **We will:**  
Provide you with transportation to the Medicaid Fair Hearing, if needed.  
Restart your services if the State agrees with you.  
If you continued your services, we may ask you to pay for the services if the final decision is not in your favor. |

### Fast Plan Appeal

If we deny your request for a fast appeal, we will transfer your appeal into the regular appeal time frame of 30 days. If you disagree with our decision not to give you a fast appeal, you can call us to file a grievance.

### Medicaid Fair Hearings (for Medicaid Members)

You may ask for a fair hearing at any time up to 120 days after you get a Notice of Plan Appeal Resolution by calling or writing to:

- Agency for Health Care Administration  
  Medicaid Fair Hearing Unit  
  P.O. Box 60127  
  Ft. Meyers, FL 33906  
  1-877-254-1055 (toll-free)  
  1-239-338-2642 (fax)  
  MedicaidFairHearingUnit@ahca.myflorida.com
If you request a fair hearing in writing, please include the following information:

• Your name
• Your member number
• Your Medicaid ID number
• A phone number where you or your representative can be reached

You may also include the following information, if you have it:

• Why you think the decision should be changed
• Any medical information to support the request
• Who you would like to help with your fair hearing

After getting your fair hearing request, the Agency will tell you in writing that they got your fair hearing request. A hearing officer who works for the State will review the decision we made.

If you are a Title XXI MediKids member, you are not allowed to have a Medicaid Fair Hearing.

**Review by the State (for MediKids Members)**

When you ask for a review, a hearing officer who works for the State reviews the decision made during the Plan appeal. You may ask for a review by the State any time up to 30 days after you get the notice. **You must finish your appeal process first.**

You may ask for a review by the State by calling or writing to:

Agency for Health Care Administration  
P.O. Box 60127  
Ft. Myers, FL 33906  

1-877-254-1055 (toll-free)  
1-239-338-2642 (fax)  

MedicaidHearingUnit@ahca.myflorida.com

After getting your request, the Agency will tell you in writing that they got your request.

**Continuation of Benefits for Medicaid Members**

If you are now getting a service that is going to be reduced, suspended or terminated, you have the right to keep getting those services until a final decision is made for your Plan appeal or Medicaid fair hearing. If your services are continued, there will be no change in your services until a final decision is made.
If your services are continued and our decision is not in your favor, we may ask that you pay for the cost of those services. We will not take away your Medicaid benefits. We cannot ask your family or legal representative to pay for the services.

To have your services continue during your appeal or fair hearing, you must file your appeal and ask to continue services within this timeframe, whichever is later:

- 10 days after you receive a Notice of Adverse Benefits Determination (NABD), or
- On or before the first day that your services will be reduced, suspended or terminated

**Section 14: Your Member Rights**

As a recipient of Medicaid and a member in a Plan, you also have certain rights. You have the right to:

- Be treated with courtesy and respect
- Have your dignity and privacy respected at all times
- Receive a quick and useful response to your questions and requests
- Know who is providing medical services and who is responsible for your care
- Know what member services are available, including whether an interpreter is available if you do not speak English
- Know what rules and laws apply to your conduct
- Be given information about your diagnosis, the treatment you need, choices of treatments, risks, and how these treatments will help you
- Say no any treatment, except as otherwise provided by law
- Be given full information about other ways to help pay for your health care
- Know if the provider or facility accepts the Medicare assignment rate
- To be told prior to getting a service how much it may cost you
- Get a copy of a bill and have the charges explained to you
- Get medical treatment or special help for people with disabilities, regardless of race, national origin, religion, handicap, or source of payment
- Receive treatment for any health emergency that will get worse if you do not get treatment
- Know if medical treatment is for experimental research and to say yes or no to participating in such research
• Make a complaint when your rights are not respected
• Ask for another doctor when you do not agree with your doctor (second medical opinion)
• Get a copy of your medical record and ask to have information added or corrected in your record, if needed
• Have your medical records kept private and shared only when required by law or with your approval
• Decide how you want medical decisions made if you can't make them yourself (advanced directive)
• To file a grievance about any matter other than a Plan's decision about your services.
• To appeal a Plan's decision about your services
• Receive services from a provider that is not part of our Plan (out-of-network) if we cannot find a provider for you that is part of our Plan
Section 15: Your Member Responsibilities

As a recipient of Medicaid and a member in a Plan, you also have certain responsibilities. You have the responsibility to:

• Give accurate information about your health to your Plan and providers
• Tell your provider about unexpected changes in your health condition
• Talk to your provider to make sure you understand a course of action and what is expected of you
• Listen to your provider, follow instructions and ask questions
• Keep your appointments or notify your provider if you will not be able to keep an appointment
• Be responsible for your actions if treatment is refused or if you do not follow the health care provider’s instructions
• Make sure payment is made for non-covered services you receive
• Follow health care facility conduct rules and regulations
• Treat health care staff with respect
• Tell us if you have problems with any health care staff
• Use the emergency room only for real emergencies
• Notify your case manager if you have a change in information (address, phone number, etc.)
• Have a plan for emergencies and access this plan if necessary for your safety
• Report fraud, abuse and overpayment
Section 16: Other Important Information

Patient Responsibility

You have to pay for the patient responsibility when you live in a facility, like an assisted living facility or adult family care home. Patient responsibility is the money you must pay towards the cost of your care. DCF will tell you the amount of your patient responsibility. Patient responsibility is based on your income and will change if your income changes.

Emergency Disaster Plan

Disasters can happen at any time. To protect yourself and your family, it is important to be prepared. There are three steps to preparing for a disaster: 1) Be informed; 2) Make a Plan and 3) Get a Kit. For help with your emergency disaster plan, call Member Services or your case manager. The Florida Division of Emergency Management can also help you with your plan. You can call them at 1-850-413-9969 or visit their website at www.floridadisaster.org

Fraud/Abuse/Overpayment in the Medicaid Program

To report suspected fraud and/or abuse in Florida Medicaid, call the Consumer Complaint Hotline toll-free at 1-888-419-3456 or complete a Medicaid Fraud and Abuse Complaint Form, which is available online at https://apps.ahca.myflorida.com/mpi-complaintform/

You can also report fraud and abuse to us directly by contacting the Prestige Health Choice Fraud Hotline toll free at 1-866-833-9718.

Abuse/Neglect/Exploitation of People

You should never be treated badly. It is never okay for someone to hit you or make you feel afraid. You can talk to your PCP or case manager about your feelings.

If you feel that you are being mistreated or neglected, you can call the Abuse Hotline at 1-800-96-ABUSE (1-800-962-2873) or for TTY/TDD at 1-800-955-8771.

You can also call the hotline if you know of someone else that is being mistreated.

Domestic Violence is also abuse. Here are some safety tips:

• If you are hurt, call your PCP

• If you need emergency care, call 911 or go to the nearest hospital. For more information, see the section called EMERGENCY CARE

• Have a plan to get to a safe place (a friend’s or relative’s home)

• Pack a small bag, give it to a friend to keep for you

If you have questions or need help, please call the National Domestic Violence Hotline toll free at 1-800-799-7233 (TTY 1-800-787-3224).
Advance Directives

An advance directive is a written or spoken statement about how you want medical decisions made if you can’t make them yourself. Some people make advance directives when they get very sick or are at the end of their lives. Other people make advance directives when they are healthy. You can change your mind and these documents at any time. We can help you understand or get these documents. They do not change your right to quality health care benefits. The only purpose is to let others know what you want if you can’t speak for yourself.

1. A Living Will
2. Health Care Surrogate Designation
3. An Anatomical (organ or tissue) Donation


Make sure that someone, like your PCP, lawyer, family member, or case manager knows that you have an advance directive and where it is located.

If there are any changes in the law about advance directives, we will let you know within 90 days. You don’t have to have an advance directive if you do not want one.

If your provider is not following your advance directive, you can file a complaint with Member Services at 1-855-355-9800 (TTY/TDD 1-855-358-5856) or the Agency by calling 1-888-419-3456.

Getting More Information

You have a right to ask for information. Call Member Services or talk to your case manager about what kinds of information you can receive for free. Some examples are:

• Your member record
• A description of how we operate
• To compare our HEDIS results to other Statewide Medicaid Managed Care plans, visit ahca.myflorida.com/Medicaid/quality_mc/submission.shtml.
Section 17: Additional Resources

Floridahealthfinder.gov

The Agency is committed to its mission of providing “Better Health Care for All Floridians”. The Agency has created a website www.FloridaHealthFinder.gov where you can view information about Florida home health agencies, nursing homes, assisted living facilities, ambulatory surgery centers and hospitals. You can find the following types of information on the website:

- Up-to-date licensure information
- Inspection reports
- Legal actions
- Health outcomes
- Pricing
- Performance measures
- Consumer education brochures
- Living wills
- Quality performance ratings, including member satisfaction survey results

The Agency collects information from all Plans on different performance measures about the quality of care provided by the Plans. The measures allow the public to understand how well Plans meet the needs of their members. To see the Plan report cards, please visit http://www.floridahealthfinder.gov/HealthPlans/search.aspx. You may choose to view the information by each Plan or all Plans at once.

Elder Housing Unit

The Elder Housing Unit provides information and technical assistance to elders and community leaders about affordable housing and assisted living choices. The Florida Department of Elder Affairs maintains a website for information about assisted living facilities, adult family care homes, adult day care centers and nursing homes at http://elderaffairs.state.fl.us/doea/housing.php as well as links to additional Federal and State resources.

MediKids Information

For information on MediKids coverage please visit: http://ahca.myflorida.com/medicaid/Policy_and_Quality/Policy/program_policy/FLKidCare/MediKids.shtml

Aging and Disability Resource Center

You can also find additional information and assistance on State and federal benefits, local programs and services, legal and crime prevention services, income planning or educational opportunities by contacting the Aging and Disability Resource Center.
LIVING WILL

Declaration made this ________ day of _________, (20___), I ____________________, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am incapacitated and:

__________ (initial) I have a terminal condition, or

__________ (initial) I have an end stage condition, or

__________ (initial) I am in a persistent vegetative state, and if my primary physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such a condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

In the event that I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name: __________________________________________
Address: _________________________________________
__________________________________________
Phone: _________________________________________

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Additional Instructions (optional):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Page 1 of 2
DESIGNATION OF HEALTH CARE SURROGATE

I, ________________________, designate as my health care surrogate under S. 765.202, Florida Statutes:

Name:__________________________  
Address:________________________  
________________________       
Phone:__________________________  

If my health care surrogate is not willing, able, or reasonably available to perform his or her duties, I designate as my alternate health care surrogate:

Name:__________________________  
Address:________________________  
________________________       
Phone:__________________________  

INSTRUCTIONS FOR HEALTH CARE

I authorize my health care surrogate to: (Initials required in blank spaces below.)

_____ Receive any of my health information, whether oral or recorded in any form or medium, that:
   1. Is created or received by a health care provider, health care facility, health plan, public health, employer, life insurer, school or university, or health care clearinghouse; and
   2. Relates to my past, present, or future physical or mental health or condition; the provision of health care to me; or the past, present, or future payment for the provision of health care to me.

I further authorize my health care surrogate to:

_____ Make all health care decisions for me, which means he or she has the authority to:
   3. Provide informed consent, refusal of consent, or withdrawal of consent to any and all of my health care, including life-prolonging procedures.
   4. Apply on my behalf for private, public, government, or veteran’s benefits to defray the cost of health care.
   5. Access my health information reasonably necessary for the health care surrogate to make decisions involving my health care and to apply for benefits for me.
   6. Decide to make an anatomical gift pursuant to part V of chapter 765, Florida Statutes.

Page 1 of 3
Specific instructions and restrictions:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

While I have decision making capacity, my wishes are controlling and my physician and health care providers must clearly communicate to me the treatment plan or any change to the treatment plan prior to its implementation.

To the extent that I am capable of understanding, my health care surrogate shall keep me reasonably informed of all decisions that he or she has made on my behalf and matters concerning me.

This health care surrogate designation is not affected by my subsequent incapacity except as provided in Chapter 765, Florida Statutes.

Pursuant to section 765.104, Florida Statutes, I understand that I may, at any time while I retain my capacity, revoke or amend this designation by:

1. Signing a written and dated instrument which expresses my intent to amend or revoke this designation;
2. Physically destroying this designation through my own action or by that of another person in my presence and under my direction;
3. Verbally expressing my intention to amend or revoke this designation; or
4. Signing a new designation that is materially different from this designation.

My health care surrogate’s authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I initial either or both of the following boxes:

If I initial this box [_______] my health care surrogate’s authority to receive my health information takes effect immediately.

If I initial this box [______] my health care surrogate’s authority to make health care decisions for me takes effect immediately. Pursuant to section 765.204(3), Florida States, any instructions of health care decisions I make, either verbally or in writing, while I possess capacity shall supercede any instructions or health care decisions made by my surrogate that are in material conflict with those made by me.

Signatures: Sign and date the form here:

_________________ Date ________________________ Sign your name

_________________ Address ______________________ Print your name

_________________

_________________ City, State

Page 2 of 3
Signatures of Witnesses:

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Uniform Donor Form

The undersigned hereby makes this anatomical gift, if medically acceptable, to take effect on death. The words and marks below indicate my desires:

I give:

(a) _____ any needed organs or parts

(b) _____ only the following organs or parts for the purpose of transplantation, therapy, medical research, or education:

____________________________________________________________
____________________________________________________________
____________________________________________________________

(c) _____ my body for anatomical study if needed. Limitations or special wishes, if any:

____________________________________________________________
____________________________________________________________
____________________________________________________________

Signed by the donor and the following witnesses in the presence of each other:

Donor’s Signature ___________________________________ Donor’s Date of Birth _____________
Date Signed ______________ City and State _____________________________________________
Witness _____________________________ Witness _____________________________
Street Address ________________________ Street Address ________________________
City _____________________ State ______  City _____________________ State ______

You can use this form to indicate your choice to be an organ donor. Or you can designate it on your driver’s license or state identification card (at your nearest driver’s license office).
Intentionally left blank
Health Care Advance Directives

I, ___________________________________.

have created the following Advance Directives:

___ Living Will
___ Health Care Surrogate Designation
___ Anatomical Donation
___ Other (specify) _____________________

Contact:
Name _____________________________
Address _____________________________
___________________________________
___________________________________
Phone _____________________________
Signature __________________ Date _____
Disclaimer

English: This information is available for free in other languages. To request auxiliary aids and services, please contact our customer service number at 1-855-355-9800 (TTY/TDD 1-855-358-5856), 24 hours a day, seven days a week. If your primary language is not English, language assistance services are available to you, free of charge.

Spanish: Esta información está disponible en otros idiomas de forma gratuita. Para solicitar servicios y ayudas auxiliares, póngase en contacto con nuestro número de servicios al cliente al 1-855-355-9800 (TTY/TDD 1-855-358-5856), las 24 horas del día, los siete días de la semana. Si habla español, los servicios de asistencia de idiomas están a su disposición de forma gratuita.

Haitian Creole: Enfòmasyon sa yo disponib gratis nan lòt lang. Pou mande èd ak sèvis konplemantè, tanpri kontakte ekip sèvis kliyan nou an nan 1-855-355-9800 (1-855-358-5856 pou moun ki pa tande byen yo), 24 è sou 24, sèt jou sou sèt. Si w pale kreyòl ayisyen, ou ka resevwa sèvis ki gratis pou ede w nan lang pa w.

Russian: Эта информация доступна бесплатно на других языках и в других форматах. Чтобы подать заявку на дополнительную помощь и услуги, звоните в Отдел обслуживания клиентов по тел. 1-855-355-9800 (TTY/TDD 1-855-358-5856) — круглосуточно и без выходных. Если вы говорите по-русски, то вам доступны бесплатные услуги перевода.

Non-Discrimination Notice

Discrimination is against the law.

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

Prestige Health Choice:

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, 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 Prestige Health Choice at 1-855-355-9800 (TTY/TDD 1-855-358-5856). We are available 24 hours a day, seven days a week.

If you believe that Prestige Health Choice 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:

- Grievance and Appeals
  P.O. Box 7368
  London, KY 40742
  Phone: 1-855-371-8078 (TTY 1-855-371-8079)
  Fax: 1-855-358-5847.

- You can file a grievance by mail, fax, or phone. If you need help filing a grievance, Prestige Health Choice Member Services 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 ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue S.W., Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019 (TDD 1-800-537-7697)

Welcome to Prestige Health Choice

We are happy to have you as a member. Prestige Health Choice members deserve a health care plan that is easy to use and understand.

About Prestige Health Choice

- Dedicated to quality health care in your community.
- Committed to offering programs that increase awareness of health and wellness.
- Offers special programs for members with chronic conditions such as asthma, diabetes, and heart disease.

We want to help you and your family members be healthy.

In your packet, you will find the Member Handbook, which tells you about Prestige Health Choice benefits and services, including:

- Your primary care provider (PCP).
- How to change PCPs or health plans.
- Covered services.
- Expanded benefits.
- Special health programs.
- Important phone numbers.
- Member rights and responsibilities.
- Appeals and grievance process.
- Loss of eligibility process.

Also included is:

- Member Contact Form.
- Authorization for Disclosure of Health Information.
- Initial Health Screening Questionnaire.
- Personal Representative Request Form.
- Notice of Privacy Practices.

It is very important to fill out the following forms and to return these forms right away in the stamped envelope provided with our return address:

- Authorization for Disclosure of Health Information Form.
- Initial Health Screening Questionnaire.
- Personal Representative Request Form (optional).

There is no need to fill out the Member Contact Form unless your information has changed. If you complete this form, return it with the other forms in the same stamped envelope. All other materials are for you to keep.

Member Services will call you in the next 60 days. This call is important. It helps us find out about your health and each family member enrolled with Prestige Health Choice. It is especially important for your children so we make certain you are able to take them to see their PCPs for their yearly checkups.

Please call Member Services if you need help with:

- Understanding any of our services or benefits.
- Getting services if you are hearing or vision impaired.
- Changing PCPs or going to another plan.
- Language assistance for members to discuss utilization management issues.

Call Member Services at 1-855-355-9800 (TTY 1-855-358-5856) with any questions. For a list of Prestige Health Choice providers, go to our website at www.prestigehealthchoice.com.

Thank you,

Prestige Health Choice Member Services
This information is available for free in other languages. Please contact our customer service number at 1-855-355-9800 or TTY/TDD 1-855-358-5856, 24 hours a day, 7 days a week.

Esta información está disponible en otros idiomas de forma gratuita. Comuníquese con nuestro número de servicio al cliente al 1-855-355-9800 o TTY/TDD 1-855-358-5856, las 24 horas del día, los 7 días de la semana.

Dear Member:

Thank you for choosing Prestige Health Choice as your health plan. We want you to have the best care.

To help with your care, we need to make sure we have the right contact information for you. Please complete the form on the back of this letter or call Prestige Health Choice at 1-855-355-9800 (TTY 1-855-358-5856) to speak to one of our Member Services representatives if you’ve changed your:

- Name.
- Mailing address.
- Home address.
- County where you live.
- Phone number (please list all numbers where we can reach you).
- Email (optional).

You should also update your contact information with the following agencies:

Department of Children and Families: 1-866-762-2237
Social Security Administration: 1-800-772-1213

If you complete the contact form, mail it to:

Prestige Health Choice
P.O. Box 7181
London, KY 40742

Sincerely,

Prestige Health Choice Member Services

This information is available for free in other languages. Please contact our customer service number at 1-855-355-9800 or TTY/TDD 1-855-358-5856, 24 hours a day, 7 days a week.

Esta información está disponible en otros idiomas de forma gratuita. Comuníquese con nuestro número de servicio al cliente al 1-855-355-9800 o TTY/TDD 1-855-358-5856, las 24 horas del día, los 7 días de la semana.

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Welcome to Prestige Health Choice. Now that you are a member, we ask that you please fill out this form. It will help us understand your needs and how to best support you with programs and services. If you need help completing this form, please call our Rapid Response and Outreach Team at 1-855-371-8072 and a health plan representative will help you.

**INITIAL HEALTH SCREENING QUESTIONNAIRE**

**CONTACT INFORMATION**

First name: ___________________________ M.I.: _______ Last name: ___________________________

Address: _______________________________________________________________________________

City: __________________________________ State: _______ ZIP code: _____________________________

Phone (Best number to reach you): ___________________________ Date of birth: _______________________

**LANGUAGE PREFERENCES**

Which language is most comfortable for you to **speak** about your health?

- English.
- Somali.
- Spanish.
- Arabic.
- Vietnamese.
- Bosnian.
- Russian.
- French.
- German.
- Other: ___________________________

Which language is most comfortable for you to **read** about your health?

- English.
- Somali.
- Spanish.
- Arabic.
- Vietnamese.
- Bosnian.
- Russian.
- French.
- German.
- Other: ___________________________

**ETHNICITY AND RACE**

What is your ethnicity?

- Hispanic. If Hispanic or Latino, what is your country of origin? _____________________________
- Non-Hispanic.
- Other: ___________________________

How do you describe your race?

- American Indian or Alaskan Native.
- Black or African American.
- Middle Eastern or North African.
- Asian.
- Native Hawaiian or Pacific Islander.
- White or Caucasian.
- Other: _____________________________
Health Risk Assessment questions

At Prestige Health Choice (Prestige), we know that health is more than what happens at your doctor’s office. We would like to ask you some questions about your everyday needs. Based on your answers, someone from Prestige may contact you to discuss resources in your community. This information is private and protected like all of your health information, and all questions are optional.
1. Can you tell me the last grade you finished in school?
   - No high school.
   - Some high school.
   - High school graduate.
   - GED or high school equivalency.
   - Finished vocational or trade program.
   - Some college.
   - College.
   - Graduate or higher.
   - I choose not to answer this question.

2. It can be challenging to understand when people at the doctor’s office talk to you about your health. Do you ever get confused answering or asking questions about your health at appointments?
   - Yes. Please check all that apply:
     - Understanding my doctor’s instructions.
     - Reading my doctor’s instructions.
     - Understanding how to take medications.
     - Understanding medical terms.
     - Understanding lab results and test results.
   - Other: ____________________________________________________________
   - No.
   - I choose not to answer this question.

3. Sometimes it can be challenging to get transportation for your everyday needs. Have you had trouble getting rides for your health needs in the past four weeks? This can be a ride to the doctor or to get your medicine. What about going to the food store or to work? (Select all that apply).
   - Yes, I have had trouble getting to the doctor or getting my medicine.
   - Yes, I have had trouble getting other places I need to go.
   - No.
   - I choose not to answer this question.
4. It can be stressful to have trouble with paying bills and getting everyday things that you need. Over the past year, have you had trouble with any of the following items:

a. Getting food for your family regularly?
   - Yes.
   - No.
   - I choose not to answer this question.

b. Paying your utilities bill (such as heating or electrical)?
   - Yes.
   - No.
   - I choose not to answer this question.

c. Getting the clothing you or your family need?
   - Yes.
   - No.
   - I choose not to answer this question.

d. Getting child care when you need to go to a doctor’s appointment?
   - Yes.
   - No.
   - I choose not to answer this question.

e. Paying your phone bill?
   - Yes.
   - No.
   - I choose not to answer this question.

f. Getting everyday items you need (such as diapers, shampoo, blankets, and mattresses)?
   - Yes.
   - No.
   - I choose not to answer this question.

g. Trouble with something else?

5. Having shelter is an important part of your health. Can you tell me about your housing today?
   - I have housing.
   - I have housing, but I am worried about losing it.
   - I don’t have housing.
   - I choose not to answer this question.

6. Who is completing the survey?
   - Member.
   - Parent or guardian.
   - Other.
   - Name of parent or guardian or other: ____________________________
7. Are you pregnant?
   - Yes.
   - No.

8. In general, would you say your health is:
   - Excellent.
   - Very good.
   - Good.
   - Fair.
   - Poor.

9. Do you or your child have any illnesses?
   - Asthma.
   - Diabetes.
   - High blood pressure or cholesterol.
   - Seizures or convulsions.
   - Behavioral health.
   - Sickle cell disease.
   - Attention deficit hyperactivity disorder.
   - Other:

10. Are you (or your child) having a problem going to see your doctor or specialist for a visit?
    - Yes.
    - No.
    - I don't have a doctor I see regularly.

11. What transportation do you (or your child) usually use for medical appointments or services?
    - Drive myself.
    - Taxi.
    - Caregiver or friend.
    - Public transportation.
    - Ambulance.
    - No reliable transportation.
    - Other:

12. Do you (or your child) take any medications?
    - Yes.
    - No.
13. If yes, do you (or your child) need help getting your medications?
   - Yes.
   - No.

14. Do you (or your child) use any tobacco products?
   - No.
   - Cigarettes or cigars.
   - Smokeless tobacco (chewing tobacco, pipes, e-cigarettes, vapes).

15. Are you (or your child) around people who smoke tobacco products?
   - Yes.
   - No.

16. Do you (or your child) have any problems with walking, bathing, dressing, or using the toilet?
   - Yes.
   - No.

17. Do you (or your child) use any medical equipment?
   - Yes.
   - No.
   - List medical equipment:

18. If yes, do you (or your child) need assistance in getting equipment, supplies, or home care items?
   - Yes.
   - No.

19. Are you (or your child) currently receiving any behavioral health services?
   - Yes.
   - No.

20. Would you (or your child) like to receive help with behavioral health services?
   - Yes.
   - No.

21. Do you (or your child) see a dentist?
   - Yes.
   - No.
   - Name of dentist:

22. Do you feel that your (or your child’s) illness or condition is not under control?
   - Yes.
   - No.
Thank you for completing our health assessment! This information will help us provide you the best possible care. We will keep your information private.

Please return this form in the postage-paid return envelope or send to:

Prestige Health Choice
P.O. Box 7181
London, KY 40742

You may also fax the completed form to 1-855-236-9281.

If you have any questions concerning this form, please call Member Services at 1-855-355-9800.
This information is available for free in other languages. Please contact our customer service number at 1-855-355-9800 or TTY/TDD 1-855-358-5856, 24 hours a day, 7 days a week.

Esta información está disponible en otros idiomas de forma gratuita. Comuníquese con nuestro número de servicio al cliente al 1-855-355-9800 o TTY/TDD 1-855-358-5856, las 24 horas del día, los 7 días de la semana.

Please read this letter! It is important.

RE: Transfer medical records to your new primary care provider (PCP)

Dear member:

If you plan to change your primary care provider (PCP), Prestige Health Choice can help you ask for your medical records from your old PCP. You need to approve the release of your medical records from your old PCP to your new one. You will find an Authorization for Disclosure of Health Information Form in your welcome package. This form gives your old PCP permission to send your records to your new PCP. Please read and sign the form. Take the form to your old PCP. He or she will send your medical records to your new PCP. Your new PCP will then have access to your medical records.

If you have any questions, call Member Services at any time. The toll-free number is 1-855-355-9800 (TTY/TDD 1-855-358-5856).

Thank you for choosing Prestige Health Choice.

Sincerely,

Prestige Health Choice Member Services
Authorization for Disclosure of Health Information

This form is used to authorize the disclosure (sharing) of your protected health information (PHI). That means, by signing this form, you allow Prestige Health Choice to share your PHI with the person(s) or organization(s) you list below. You can also choose to allow those person(s) and organization(s) to share your PHI with us.

PHI is information that relates to your physical and/or mental health. It includes your health at every stage in your life. This includes your past, present, and future health. PHI may also relate to a specific health condition or health service you received. It includes all information regarding your health evaluations, diagnoses, treatments, and/or prescription records. Sharing this type of information may identify you to others. Federal and state laws limit the sharing of PHI.

Even if you sign the form, you can still change your mind about sharing your PHI. Just let us know. You can tell us by mailing a letter to our office. Please include the date, your name, your member ID number, and your current address in the letter. Our mailing address is:

Prestige Health Choice
Attn: Compliance
P.O. Box 7181
London, KY 40742

Once we receive the letter, we will stop sharing your PHI. However, we cannot take back any PHI we have already shared. If you have questions, contact Member Services by phone at 1-855-355-9800 (TTY 1-855-358-5850).

Section A. Member information
Tell us the person whose PHI can be shared.

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| Home phone number (including area code): | ( ) |- |
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| Mobile phone number (including area code): | ( ) |- |
|--------------------------------------------|------|

Email address:
## Authorization for Disclosure of Health Information

### Section B. Recipient information

Tell us the person or organization who can receive your PHI. You can attach more pages, if necessary. Please tell us if the individuals and/or organizations listed below can also share your PHI with us:  □ Yes  □ No

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Email address:

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Email address:

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Email address:
Authorization for Disclosure of Health Information

Section C. Sharing of psychotherapy notes
Tell us if your psychotherapy notes can be shared. (If you check “yes,” you may not check a box in Section D. You will need to fill out another copy of this form to authorize sharing of additional PHI in Section D.)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides special protections for certain medical records known as “psychotherapy notes.” These are notes from a mental health professional about conversations during a counseling session. Federal law requires a separate authorization to share psychotherapy notes.

- No, do not share my psychotherapy notes.
- Yes, please share my psychotherapy notes.

Section D. Sharing of other PHI
Tell us what types of PHI can be shared. You can check as many boxes as you want. At least one box must be selected.

- **Entire record.** All PHI related to the provision of and payment for my health care benefits and services. **This excludes psychotherapy notes.**

- **Special records.** Some laws require you to give specific permission to share certain PHI. Please check the boxes below for PHI that is OK to share. By checking these boxes and writing your initials, you give permission for all your records containing that type of PHI to be shared. If you only want to authorize sharing of a subset of records, such as records about only one diagnosis, fill out the **Other record requests** section below.

  - Genetic information
  - HIV/AIDS
  - Substance or alcohol use
  - Mental/behavioral health (including inpatient treatment)
  - Sexually transmitted disease
  - Abortion and family planning
  - Communicable diseases
  - Information you have asked us to treat confidentially

- **Other record requests.** In the box below, describe the PHI you want shared.
  Examples:
  - The claim related to my service on [date].
  - Appeal information related to my claim on [date].

Please describe the information you want shared:
Authorization for Disclosure of Health Information

Section E. Purpose of sharing PHI
Tell us why you are releasing your PHI. At least one box must be selected. If you request the sharing of genetic information to a Louisiana insurer, this authorization shall be invalid if used for any purpose other than as described below.

- [ ] Care management/case management and coordination.
- [ ] Legal purposes.
- [ ] Billing or claims.
- [ ] School.
- [ ] Disability determination.
- [ ] Housing or other placement services.
- [ ] Employment.
- [ ] Other (please describe):
- [ ] Personal use.

Section F. Expiration
Tell us when you want this form to expire. At least one box must be selected.

This authorization is effective immediately. But you can tell us when you want it to end. You can change this choice at any time.

- [ ] I want the authorization to expire one (1) year after my coverage with Prestige Health Choice ends.
- [ ] I want the authorization to expire on the following date, event, or condition: _____________________________________________________

Prestige Health Choice must be notified of the event or condition to cancel or revoke this authorization. In North Carolina, the authorization automatically expires one year after the date it was signed, unless you choose a date, event, or condition that occurs earlier. In New Hampshire, the authorization automatically expires two years after the date it was signed, unless you choose a date, event, or condition that occurs earlier. If you are requesting the sharing of genetic information to a Louisiana insurer, the expiration date must be within 60 days after the date of the authorization. If you are requesting the sharing of mental health information in the District of Columbia, the expiration date must be within 365 days from the date of the authorization.

Section G. Rights and understandings
By signing below, you acknowledge that you have read and received a sufficient explanation of this document, and that you understand the following information and what you are authorizing us to do with your PHI:

- Any PHI shared according to your instructions in this authorization may be further shared by the recipient(s) and may no longer be protected by state or federal privacy regulations.
- You may revoke this authorization at any time. However, any action already taken cannot be reversed, and your revocation will not affect those actions. If you revoke this authorization, you should also tell the individuals and organizations listed in Section B.
- Signing this authorization to share PHI is voluntary and is not a condition of enrollment in Prestige Health Choice, eligibility for benefits, or payment of claims.
- Federal and state laws may allow us to charge a fee for copying records. You may be required to pre-pay for the copies. If not, your copies may be mailed with an invoice.
- You have the right to inspect the materials shared in accordance with this authorization.
- In some cases, federal and state law permit sharing of your PHI without an authorization. For more information, see our Notice of Privacy Practices.
- You can have a copy of this completed form.

If you need more information, please call Member Services at 1-855-355-9800 (TTY 1-855-358-5856).
Authorization for Disclosure of Health Information

Section H. Approval
You or your personal representative must sign and date this form.

☐ I am the member.

☐ I am a parent. (Note: In some circumstances documentation may be required.)

By signing below, I authorize the sharing of my PHI as described above.

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<th>Member first name:</th>
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Member or parent signature:  

Date (MM/DD/YYYY):  /  /  

☐ I am the personal representative.

Signing for another person?
A personal representative is a person who has the legal authority to act on behalf of an individual. A copy of a power of attorney or other legal documentation must be on file at Prestige Health Choice or submitted with this form.

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<th>Personal representative first name:</th>
<th>Middle initial:</th>
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Description of representative's authority:

Personal representative signature:  

Date (MM/DD/YYYY):  /  /  

Home phone number (including area code):  (  )  -  

Mobile phone number (including area code):  (  )  -  

Email address:

Type of documentation you are attaching:

☐ Power of attorney for health care decisions  

☐ Legal guardianship  

☐ Custodial order  

☐ Executor of estate  

☐ Other (please specify):

Return the completed authorization form to:

Prestige Health Choice  
Attn: Plan Compliance  
PO Box 7181  
London, KY 40742
**Authorization for Disclosure of Health Information**

**Addendum to Authorization for Disclosure of Health Information**

**Verbal consent**

We, the undersigned, attest that the member identified in Section A above is **physically unable** to sign this authorization. Verbal consent does not replace the need for documentation showing that another person is the members personal representative, and cannot replace this documentation simply because it is inconvenient for the member to sign.

Reason:

The signatures below indicate:

- The information on this form was communicated to the member.
- The member indicated their understanding of the information in this authorization.
- The member freely gave their consent.

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This form will need to be completely filled out for it to be processed. This includes attaching legal documentation (see page 2).

This form allows another person to make health care decisions for a Prestige Health Choice member. This person must have legal authority to act on your behalf. This includes legal guardianship or health care power of attorney. If you have questions, you can call Member Services at 1-855-355-9800 (TTY 1-855-358-5856).

### Member information

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Home phone number (including area code): (_______)_______-_______

Mobile phone number (including area code): (_______)_______-_______

Email address:

### Personal representative information

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<th>First name:</th>
<th>Middle initial:</th>
<th>Last name:</th>
<th>Relationship to member:</th>
<th>Date of birth (MM/DD/YYYY):</th>
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Home phone number (including area code): (_______)_______-_______

Mobile phone number (including area code): (_______)_______-_______

Email address:
Personal Representative Request Form

A copy of legal documentation must be attached to this form. If you do not attach legal documentation, this form cannot be processed.

**Type of documentation you are attaching:**

- [ ] Power of attorney for health care decisions
- [ ] Legal guardianship
- [ ] Custodial order
- [ ] Executor of estate

[ ] Other (please specify):

**Signature and date of member’s legal personal representative**

Name (print):

Personal representative's signature:

Date (MM/DD/YYYY): [ ] [ ] [ ]
Important information about personal representatives

The federal Privacy Rule requires Prestige Health Choice to follow certain procedures before it may provide access to your protected health information (PHI) to someone other than you. PHI is information about you that can reasonably be used to identify you and that relates to your past, present, or future physical or mental health or condition and the provision of health care to you or the payments for that care. Prestige Health Choice will release PHI to your personal representative upon receipt of documentation supporting their legal authority to make health-related decisions on your behalf (for example, a valid power of attorney, guardianship, or other legal document). Prestige Health Choice will also recognize as a personal representative an executor, an administrator, or a person recognized by law as having authority to act on behalf of a deceased member or the member’s estate.

This is what you need to know:
Information about your health is very personal. We are committed to protecting your privacy. Please read this form carefully. This form will need to be completely filled out for it to be processed. This includes attaching legal documentation.

Prestige Health Choice will not, however, treat someone as your personal representative if we reasonably believe: (1) you may be subject to domestic violence, abuse, or neglect by the personal representative; (2) treating the person as your personal representative could endanger you; or (3) in the exercise of professional judgment (for example, in a licensed professional’s judgment), Prestige Health Choice decides that it is not in your best interest to treat the person as your personal representative.

This is what you need to know:
We care about your well-being. If we think your personal representative will misuse your health information, we will not give it to them.

A personal representative designation will remain in effect until the member, a court order, or an applicable law revokes it.

This is what you need to know:
If you allow for a personal representative, this document will remain effective until it is canceled. You can cancel this if you want to. You just have to tell us. A court order or other laws can also cancel it.

To assist Prestige Health Choice in responding to this request, please complete this form by printing or typing into the spaces provided. Attach additional pages if necessary to clarify your request. Attach a copy of the document supporting your personal representative’s legal authority to act on your behalf.

This is what you need to know:
This form will need to be completely filled out for it to be processed. This includes attaching legal documentation. You may use additional pieces of paper if you need more space to write.

Mail the completed form and supporting documentation to:

Prestige Health Choice
P.O. Box 7181
London, KY 40742

Re: Continuity of Care notice

Dear member:

Welcome to Prestige Health Choice. We want to help you get the best care and service possible.

You may be seeing a doctor that is not part of the Prestige Health Choice network.

We will work to help you continue your current care until you meet with your Prestige primary care provider (PCP). This is called your “Continuity of Care” time. It is your first 60 days with us. Your “Continuity of Care” time ends 60 days after your start date. You can see your start date on your member ID card.

It is important that you make an appointment with your Prestige Health Choice PCP and talk about the care you had before you joined Prestige. You and your Prestige PCP may talk about the care you need in the future. Your PCP’s information is on your member ID card.

Please make an appointment with your assigned PCP in the next 30 days to discuss your care.

Please call our Rapid Response and Outreach Team at 1-855-371-8072 (TTY/TDD 711), if you need help getting an appointment to see your PCP.

Sincerely,

Prestige Health Choice Member Services
We will help you find a provider near you.

RE: Provider Directory

Dear member:

We are pleased that you have chosen Prestige Health Choice as your health plan. We are committed to making sure you get the care you need. As a member, you have access to our network of doctors, hospitals, pharmacies, and other providers.

Here are the ways you can find a Prestige Health Choice provider near you:

Online Searchable Provider Directory – If you would like to find information about Prestige providers online, visit http://prestigehealthchoice.prismisp.com/?brandcode=phc to begin your search.

Printed Provider Directory – If you would like to receive a printed paper copy of the current Provider Directory, you can call Member Services at 1-855-355-9800 (TTY/TDD 1-855-358-5856) and we will send one to you.

Mobile Phone Application - You can also search for a provider anytime on your mobile device. Just download our free mobile app. The mobile app is available for iPhone and Android smartphones. To get the mobile app, search for “PHC Mobile” on the Google™ Play Store or Apple App® Store.

We’re here to help you. If you have questions or need help finding a Prestige Health Choice provider, call Member Services at any time. The toll-free number is 1-855-355-9800. Thank you for choosing Prestige Health Choice.

Sincerely,

Prestige Health Choice
The Prestige Health Choice (Prestige) mobile app helps keep you up-to-date on your health care information.

Have you ever:
- Arrived at the doctor’s office without your ID card?
- Had to select a new doctor or specialist?
- Been lost on your way to an appointment?
- Had a question about your benefits?
- Wanted to call Prestige but could not find our phone number?

The Prestige mobile app can help!
The mobile app is available for iPhone and Android smartphones under the app name PHC Mobile. To get the mobile app, visit the Google™ Play or Apple App® Store.

The Prestige mobile app is available at no cost!* Don’t have a smartphone? Manage your care and get health information from our member portal. Visit www.prestigehealthchoice.com to access the member portal.

For more information, please call Member Services at 1-855-355-9800 (TTY/TDD 1-855-358-5856).

This app is also available in Spanish and Haitian Creole. Esta aplicación es también disponible en español. Aplikasyon sa a disponib an Kreyòl ayisyen.

*Standard messaging and data fees may apply.

Scan the Apple or Android code to download the app.
How and Where to Get Care

Is it an emergency?

Yes

Call 911 for problems like:
- Chest pain.
- Choking.
- Poisoning.
- Severe wound/heavy bleeding.
- Breathing problems.
- Severe spasms/convulsions.
- Loss of speech.
- Broken bones.
- Severe burns.

- Drug overdose.
- Sudden loss of feeling or not being able to move.
- Severe dizzy spells, fainting, or blackouts.
- Feelings that will not go away of wanting to hurt yourself or someone else.

Before going to the emergency room:
Please call your PCP or the 24/7 Nurse Call Line at 1-855-398-5615.

I don't know

Do you need urgent care?

No

Visit an urgent care center for problems like:
- Coughing.
- Vomiting.
- Diarrhea.
- Sore throat.
- Colds.

Yes

Call your doctor or the 24/7 Nurse Call Line for problems like:
- Sunburn.
- Sexually transmitted disease (STD).
- Earache.
- Sprains.
- Fever.
- Minor cuts.

No

Get care now

Call first

Get care quickly (within 24 hours)

Get care soon

www.prestigehealthchoice.com
This information is available for free in other languages. Please contact our customer service number at **1-855-355-9800** or TTY/TDD **1-855-358-5856**, 24 hours a day, 7 days a week.

Esta información está disponible en otros idiomas de forma gratuita. Comuníquese con nuestro número de servicio al cliente al **1-855-355-9800** o TTY/TDD **1-855-358-5856**, las 24 horas del día, los 7 días de la semana.

Notice of Privacy Practices

Effective May 1, 2012
(Revised May 2019)
This notice explains how medical information about you may be used and shared, and how you can get access to this information. Please read it carefully.

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information (PHI).
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We must follow the privacy practices of the notice that is currently in effect and give you a copy of it. We have the right to change our privacy practices. If there is a material revision to our privacy practices, you will receive a notice within 60 days of the change. The new notice will also be available on our website at www.prestigehealthchoice.com.
- We also have the right to apply the changes to PHI we already have, as well as PHI we create or receive in the future.

How we use or share PHI

When you are enroll in Prestige Health Choice (Prestige), we maintain a record of that enrollment. We send you a welcome kit and an identification card and notify you of the primary care provider (PCP) you are assigned to for routine care. We maintain information sent by the medical practitioners who provide services to you as a Prestige member. We keep records necessary to comply with federal and state regulations. We keep records to help make sure you receive appropriate care and to make determinations about your coverage and treatment under Prestige. We keep track of some of your calls to Prestige and correspondence between you and Prestige. Under federal law we may use and/or disclose this information for treatment, payment, or operations, including to:

- Plan your care and treatment.
- Assess recognized standards of care that may apply to you and notify your PCP and other providers in our network of those recommendations.
- Communicate with other health professionals involved in your care.
- Document the care you receive.
- Coordinate coverage you may have with other insurance companies or payers, such as Medicare.
- Clarify your enrollment status with Florida Medicaid and Florida Healthy Kids.
- Provide information to public health officials.
- Evaluate and improve the care we provide.
- Notify medical providers in our network of your enrollment and coverage with Prestige.
- Manage payments to providers for the care they provide.
- Monitor possible fraud and abuse, and to comply with federal and state fraud and abuse initiatives.

However, under Florida law “medical records may not be furnished to, and the medical condition of a patient may not be discussed with, any person other than the patient or the patient’s legal representative or other health care practitioners and providers involved in the care or treatment of the patient, except upon written authorization of the patient.” (Fla. Stat. 456.057(7)(a)). Since Florida law is more restrictive, we must follow it with regard to the disclosure of medical records.
We must use and share your PHI if asked by:

- You or your legal representative.
- The secretary of the Department of Health and Human Services to make sure your privacy is protected.

We have the right to use and share PHI for treatment, payment, and health care operations. For example, we may use and share PHI:

- **To pay premiums, determine coverage** and process claims. For example, we may tell a doctor you have coverage or how much of the bill will be covered.

- **For treatment or care management.** For example, we may share your PHI with providers to help them give you care.

- **For health care operations.** We may use and share your PHI in the process of running our health care operations. For example, we may suggest a disease management program.

- **To tell you about health programs or products.** This may be other treatments, services, or products.

- **For reminders on benefits or care.** For example, we may send you appointment reminders.

- **To resolve grievances and appeals.** For example, we may use and share your PHI during the investigation of a grievance or an appeal.

We may use or share your PHI:

- **As required by law.** We will use and share your PHI when required by federal, state, or local law.

- **With persons involved with your care.** This may happen if you are unable to agree or object, such as in an emergency or when you fail to object when asked.

- **For health oversight activities.** We may share PHI with an agency allowed by the law to get PHI. This may be for licensure, audits, and fraud and abuse investigations.

- **For judicial or administrative proceedings, such as to answer a court order or subpoena.**

Use and sharing of highly confidential PHI may be limited by federal or state laws. If stricter laws apply, we try to meet those laws.

We do not use or share your PHI without written consent, except as stated in this document. If you allow us to share your PHI, we do not promise that the person who gets it will not share it. You may take back your consent at any time, unless we have acted on it. To find out how to take back your consent, please call Prestige Member Services at 1-855-355-9800.

Website use: When you visit the Prestige Health Choice website, you may have the opportunity to link to other websites. Please be aware that we do not have access, control, input, or authorization over any materials or content at these websites. In addition, we are not responsible for, and do not endorse, the privacy practices, content, or policies of any of these other websites.
Member rights

You have the following rights:

- To request restriction on certain uses and sharing of your PHI. We are not required to agree to a requested restriction.
- To receive confidential communications of PHI.
- To inspect and copy your PHI. Note that Prestige is not the author of your clinical records, which are maintained by your PCP and the various medical providers in our network who provide treatment.
- To correct your health and claims records if you think they are incorrect or incomplete. We may say “no” to your request, but we will tell you why in writing within 60 days.
- To receive a list of those with whom your PHI has been used or shared other than for treatment, payment, or operations. We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- To ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
- To choose someone to act for you such as a legal guardian or through a medical power of attorney. We will make sure such person has this authority and can act for you before we take any action.
- To obtain a paper copy of this notice on request.

To exercise any of these rights, you must submit your request in writing to: Privacy Official, Prestige Health Choice LLC, 11631 Kew Gardens Avenue, Suite 200, Palm Beach Gardens, FL 33410. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

You may complain to Prestige if you believe your privacy rights have been violated. To file a complaint, please contact Prestige Member Services toll-free at 1-855-355-9800 or TTY 1-855-358-5856 for the hearing impaired. You may file a complaint with the secretary of the Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. You will not be penalized for filing a complaint.

For further information about this notice, please contact the Prestige compliance officer:

Compliance Officer (Privacy Official)
Prestige Health Choice
11631 Kew Gardens Avenue, Suite 200, Palm Beach Gardens, FL 33410
1-800-575-0417
Discrimination is against the law

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

Prestige:

- 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, 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 Prestige at 1-855-355-9800 (TTY 1-855-358-5856). We are available 24-hours, 7 days a week.

If you believe that Prestige 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:

- You can file a grievance by mail, fax, or phone. If you need help filing a grievance, Prestige Member Services 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 Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (TDD 1-800-537-7697)

Complaint forms are available at:
English: This information is available for free in other languages. Please contact our customer service number at 1-855-355-9800 (TTY/TDD 1-855-358-5856), 24 hours a day, seven days a week. If your primary language is not English, or to request auxiliary aids, assistance services are available to you, free of charge.

Spanish: Esta información está disponible en otros idiomas de forma gratuita. Póngase en contacto con nuestro número de servicios al cliente al 1-855-355-9800 (TTY/TDD 1-855-358-5856), las 24 horas del día, los siete días de la semana. Si su idioma principal no es el inglés, o necesita solicitar ayudas auxiliares, hay servicios de asistencia a su disposición de forma gratuita.

French: Ces informations sont disponibles gratuitement dans d’autres langues. Veuillez contacter notre équipe service clientèle au 1-855-355-9800 (1-855-358-5856 pour les malentendants), 24 heures sur 24, sept jours sur sept. Si l’anglais n’est pas votre langue maternelle ou si vous souhaitez demander une aide auxiliaire, des services d’aide sont gratuitement mis à votre disposition.

Haitian Creole: Enfòmasyon sa yo disponib gratis nan lòt lang. Tanpri kontakte ekip sèvis kliyan nou an nan 1-855-355-9800 (1-855-358-5856 pou moun ki pa tande byen yo), 24 è sou 24, sèt jou sou sèt. Si anglè pa lang manman w oswa si w ta renmen mande yon èd konplemantè, ou ka resevwa sèvis ki gratis pou ede w.
If your primary language is not English, or if you need additional assistance, you may use it free.

If your primary language is not English, or if you need additional assistance, you may use it free.

Chinese Mandarin: 这些信息还免费以其他语言提供。请随时联系我们的客户服务电话 1-855-355-9800 (TTY/TDD 1-855-358-5856)，该电话每周7天、每天24小时全天候提供服务。如果您的母语不是英语，或者需要请求辅助设备，您可以免费获得援助服务。

Chinese Cantonese: 這份資訊還免費以其他語言提供。請隨時聯絡我們的客戶服務電話 1-855-355-9800 (TTY/TDD 1-855-358-5856)，該電話每周7天、每天24小时全天候提供服務。如果您的母語不是英語，或者需要請求輔助設備，您可以免費獲得援助服務。

Italian: Queste informazioni sono disponibili gratuitamente in altre lingue. Chiamate il nostro servizio clienti al numero 1-855-355-9800 (non udenti 1-855-358-5856) 24 ore al giorno, sette giorni su sette. Se la vostra prima lingua non è l’inglese, o per richiedere attrezzature di supporto sensoriale, sono disponibili servizi d’assistenza, gratuitamente.

Portuguese: Estas informações estão disponíveis gratuitamente em outros idiomas. Por favor, entre em contato com o nosso serviço de atendimento ao cliente pelo número 1-855-355-9800 (TTY/TDD 1-855-358-5856), 24 horas por dia, sete dias por semana. Se o seu idioma principal não for o inglês, ou se você precisa solicitar recursos auxiliares para deficientes, os serviços de assistência estão disponíveis gratuitamente para você.

Russian: Эта информация доступна бесплатно на других языках и в других форматах. Звоните в Отдел обслуживания клиентов по тел. 1-855-355-9800 (TTY/TDD 1-855-358-5856) — круглосуточно и без выходных. Если ваш родной язык не английский или вы хотели бы запросить дополнительную помощь, вы можете воспользоваться бесплатными услугами переводы.


Polish: Poniższa informacja jest dostępna bezpłatnie w innych językach i formatach. Prosimy o kontakt z Działem obsługi klienta pod numerem telefonu 1-855-355-9800 (TTY/TDD 1-855-358-5856), 24 godziny na dobę, siedem dni w tygodniu. Jeśli angielski nie jest Twoim pierwszym językiem lub w celu uzyskania dodatkowej pomocy, możesz korzystać z bezpłatnej obsługi w tym zakresie.

Gujarati: આ માહિતી મદ્દતમાં અધ્યા શાખાઓમાં ઉપલબ્ધ છે. કૃપા કરીને અમારી ગ્ાિક સેવાના નંબર 1-855-355-9800 (ટીટીઆઇ/ટીડીડી 1-855-358-5856), ટીમસમાં 24 કલકટ્ટા, અધ્યા શાખામાં સત્ત ટીમસો નો સંપર્ક કરો. તે અમારી પાશ્ચાત્ય પ્રાચીન અને ભાજી વિભાગ, અધ્યા શાખામાંથી વિનંતી કરવા માટે, અમારા માટે સેવા અને પ્રાચીન ઉપલબ્ધ છે.


Japanese: この情報は他の言語でも無料でご利用いただけます。年中無休で対応しておりますので、弊社カスタマーサービスのフリーダイヤル1-855-355-9800 (TTY/TDD 1-855-358-5856) までお問い合わせください。母国語が英語でない場合は、無料のサービスをご利用いただけます。

www.prestigehealthchoice.com