MEMBERSHIP

Member Identification Cards and Verification of Eligibility

Each Physicians Plus subscriber is given an identification card. This card indicates the subscriber name, member number, the participants covered under the subscriber's plan and each member's Primary Care Physician (PCP). The member number consists of eleven digits: a randomly generated number which ends with a two digit person code.

Person code 01 is always assigned to the subscriber. All dependents are 02, 03, 04, and so on. Therefore, if the husband is the subscriber, he is 01; and if the wife is the subscriber, she is 01.

Often, husbands and wives are eligible for Physicians Plus benefits through their individual places of employment. If both parties elect to receive insurance through their place of employment, their member number will differ. It is possible for both parties to elect family coverage for their dependents. If this option is chosen, a determination of primary coverage must be made.

It is beneficial to check patients' identification cards at each appointment since their member numbers may have changed due to employment or benefit changes. To verify a patient's eligibility with Physicians Plus, please check Provider GO-TO at www.pplusic.com or call our Provider Service Department at (608) 282-8900 or (800) 545-5015.

SAMPLE ID CARD

The following is an example of a Physicians Plus ID card.

Physicians Plus ID cards include all family members enrolled on the policy, the PCP for each member, and their member numbers. The card also includes information on copays, deductibles, and coinsurance, if applicable, however is not all-inclusive. Please refer to GO-TO, or contact Member Services at 1-800-545-5015, to determine all applicable copays, deductibles, and coinsurance per member. All Physicians Plus members will receive an ID card at the time of enrollment.

Additionally, Physicians Plus members' eligibility and benefit information can be verified by using the GO-TO feature at www.pplusic.com.

Letter:

PROVIDER SAMPLE

Know the Basics: Your Physicians Plus ID Card and Health Plan

- **Check your ID card for accuracy.** Please verify that the information listed is correct, especially your name and your primary care physician(s). You can use GO-TO to update your personal information anytime.
- **Carry your ID card at all times.** It may be necessary to obtain emergency care, prescriptions and routine medical care.
- **Your ID card does not guarantee coverage.** Coverage is limited to eligibility and benefits available under your health plan at the time services are rendered.
- **Get to know your Primary Care Physician (PCP).** A strong partnership with your PCP is important. Contact your PCP before obtaining care from a specialist or other provider for coordination of care and help obtaining any necessary referrals.
- **Make sure any required authorizations are in place.** You are responsible for ensuring that Physicians Plus has all necessary authorizations in place before obtaining services.
- **Approved network hospitals in Madison are Meriter and UW.** Please consult the online provider directory at *www.pplusic.com* for a complete list of network providers, clinics and hospitals. You can request a printed provider directory online or by contacting Member Service.

Please consult your Schedule of Benefits and Medical Certificate for more information.

Some of the following abbreviations may appear on your ID card and indicate your cost sharing responsibilities:

OV:	Adult Routine Exams/Office Visits/Immediate Care Visits, Outpatient Visits and Vision & Hearing Exams (all ages).	DED:	Deductible
		DI:	Diabetic Supplies
*:	Copay applies to all ages.	DN:	Dental Coverage
HOS:	Hospital Inpatient, Outpatient/Ambulatory Surgery and Services	CO:	Coinsurance
RX:	Prescription Drugs (Generic and Brand Name Pharmaceuticals)	DX:	Diagnostic Image Copay
B.	Biopharmaceutical Drugs	ER:	Emergency Room

Front:

www.HealthyChoicesBigRewards.com

① GROUP # XXXXXX ② HMO/POS/PPO YR: 2012

MEMBER #	MEMBER NAME
③ 712345678 01 ④	JANE DOE
⑤ PCP: DR. SMITH, MD	
712345678 02	JOHN DOE
PCP: DR. JONES, MD	
712345678 03	MICHAEL DOE
PCP: DR. OLSON, MD	
712345678 04	SALLY DOE
PCP: DR. OLSON, MD	

⑥ COPAYS: OV:15/30 ER:100 HOS:500 DN: Y/N
RX:$10/$25/50% B:10%

Back:

PLEASE READ YOUR POLICY INFORMATION FOR DETAILS
Physicians Plus Insurance Corporation

Medical Claims
Physicians Plus Insurance Corp.
P.O. Box 269017
Plano, TX 75026

Pharmacy Claims
Physicians Plus Insurance Corp.
P.O. Box 2078
Madison, WI 53701-2078
PCN#: 00710000
BIN#: 600428

PHCS MultiPlan Complementary ARGUS

Visit **www.HealthyChoicesBigRewards.com** and use **GO-TO**℠
to access your personal health plan information
Member Service, 7am-5pm, M-F: (608)282-8900, (800) 545-5015 or ppicinfo@pplusic.com
NursePlus℠ 24-hr. medical advice information line: (866) PPLUSRN

Please contact Physicians Plus Member Service within 48 hours of any emergency or hospital admission or medical care received outside the service area.

P+3993-0807

ID Card Front:
① Group Division Number
② Physicians Plus Plan name purchased by group
③ Member number of the subscriber and/or dependents
④ Person code of the individual member
⑤ Primary Care Physician of the individual member
⑥ Copays associated with plan; see definitions listed above

MEMBER RIGHTS AND RESPONSIBILITIES

Member Rights

Physicians Plus is committed to maintaining a mutually respectful relationship with members.

Each Member has the right to:

1. Receive quality health care services that are right for you.
2. Receive information about Physicians Plus, its services, its practitioners and providers, and members' rights and responsibilities.
3. Be treated with respect and recognition of your dignity and right to privacy. You also have a right to the privacy of your medical and financial records, unless you allow their release.
4. Participate with practitioners and providers in decision-making regarding your health care.
5. A candid discussion of appropriate and medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
6. Information about preventive health services including self-care and how to stay healthy.
7. Voice complaints or appeals about Physicians Plus or the care provided to you.
8. Make recommendations regarding Physicians Plus' member rights and responsibilities policy.

Member Responsibilities

Each Member has the following responsibilities:

1. Read available member materials about your health plan, benefits and coverage.
2. Build a relationship with your primary care provider and keep your appointments or give proper notice if you must cancel.
3. Provide, to the extent possible, information that Physicians Plus and its practitioners and providers need in order to care for you.
4. Provide correct health insurance information and arrange to pay for services if you are billed.
5. Ask questions about your illness, your treatment plan, and how to manage your health.
6. Follow the plans and instructions for care that you have agreed on with your practitioners.
7. Treat health care providers, employees, and other patients with respect and display behavior proper for a health care setting.
8. Understand your health problems and participate to the extent possible in developing mutually agreed-upon treatment goals.

APPEALS PROCESS OVERVIEW

The following is an overview of the Physicians Plus Appeal Process, details can be found in the members Medical Certificate of Coverage.

COMPLAINT

Situations might occasionally arise when you question or are unhappy with some aspect of the service you received through Physicians Plus. Since most questions about benefits and plan operations can normally be resolved on an informal basis, we encourage you to first try and resolve the problem with the appropriate physician, staff member or by calling our Member Service department at (608) 282-8900 or (800) 545-5015. Your complaint will be documented and investigated. If your complaint is not resolved to your satisfaction, you or an authorized representative may file a grievance with Physicians Plus.

GRIEVANCE

A grievance is any dissatisfaction with services provided by, or claims practices of, Physicians Plus that is expressed in writing to Physicians Plus by or on behalf of you. If you want to submit a grievance, please submit it in writing, along with any pertinent documentation, to:

Physicians Plus Insurance Corporation
Appeal Administrator
2650 Novation Parkway
Madison, WI 53713

You (or your authorized representative) will have the right to participate in the Grievance Committee meeting in person or by teleconference to present written and/or oral information. If you choose to participate (or have your authorized representative participate) in the Grievance Committee meeting, you must notify Physicians Plus no less than four business days prior to the date of the hearing.

If a person is acting as your authorized representative in the grievance process, Physicians Plus may require written evidence of the representative's authority to act on your behalf.

EXPEDITED GRIEVANCE

If your grievance or complaint is regarding a situation where if delayed the delay might seriously jeopardize the life or health of our member, our review will be expedited as medically indicated and take no more than 72 hours from the time received to render a decision. The Grievance Committee may not formally meet to review expedited grievances.

INDEPENDENT REVIEW PROCESS

You may be entitled to an independent review of a final adverse determination involving care that has been determined not to meet Physicians Plus requirements for medical indicated, appropriateness, health care setting, level of care, effectiveness of care received or experimental treatment or services.

Please contact the Physicians Plus Grievance Administrator within 120 days (4 months) after receiving a notice of a grievance denial at (608) 282-8900 or (800) 545-5015, for information regarding filing fees, and the process of initiating this type of review.

OFFICE OF THE COMMISSIONER OF INSURANCE (OCI)

You may resolve your concern by taking the steps outlined above. You may also contact the Office of the Commissioner of Insurance (OCI), a state agency that enforces Wisconsin's insurance laws, and file a complaint. You may contact OCI by writing to:

Office of the Commissioner of Insurance
Complaints Department
125 South Webster Street
PO Box 7873
Madison, WI 53707-7873

You may call (608) 266-0103 in Madison or (800) 236-8517 outside of Madison to request a complaint form, or go to the OCI website at *www.oci.wi.gov*

EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA)

You also may have a right to bring a civil action under ERISA 502(a) if you file an appeal and your request for coverage or benefits is denied following review. ERISA has established timelines that limit filing an appeal. Appeals must be filed no more than 180 days from the date of the initial denial. Please contact your employer for more information on your rights under ERISA (ERISA does not apply to State, ETF or Non-Group plans including Medicare Supplement).