Introduction

Welcome and thank you for your membership with Physicians Plus Insurance Corporation. We are committed to providing you with innovative resources for healthy living and great rewards for healthy behavior. To make your health care experience the best that it can be, please read this member handbook, your summary of benefits and medical certificate of coverage.

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Know the basics: Your Physicians Plus ID card and health plan
Your Physicians Plus ID card(s) can be found on the following page. Please follow these guidelines when using your Physicians Plus ID card:

Check your card for accuracy.
Please verify that the information listed is correct, especially your name, member number and your primary care physician(s).

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.

Make sure any required prior authorizations are in place.
You are responsible for ensuring that Physicians Plus has all necessary prior authorizations in place before obtaining services.

If this ID card is a replacement, please destroy your old card.
How to read your ID card

1. Group number
2. Plan type
3. Member number
4. Person code
5. Member name
6. Primary care physician (PCP)
7. Medical/pharmacy (RX)
8. Physicians Plus dental coverage (N=No, Y=Yes)

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

OV: Office visits, adult routine exams, immediate care visits, outpatient visits and vision & hearing exams (all ages)
HOS: Hospital inpatient, outpatient/ambulatory surgery and services
RX: Prescription drugs (generic and brand name pharmaceuticals)
*: Copay applies to all ages
B: Biopharmaceutical drugs
DED: Deductible
DI: Diabetic supplies
DN: Dental coverage
CO: Coinsurance
DX: Diagnostic image copay
ER: Emergency room
Physicians Plus will not cover:

a. Any services performed by a non-participating physician, hospital, facility or other provider (unless you are in a PPO or POS plan).

b. Any services for which prior authorization was required but not obtained. It is the member’s responsibility to obtain the proper prior authorization. For a complete list of prior authorization requirements, please visit pplusic.com and click on “Member” then “Member Materials” or contact our Member Services department at 608-282-8900 or 800-545-5015.

c. Any treatment, services and supplies not specifically identified as being covered under this policy; and any treatment, services and supplies required in connection with, in follow up to, or as a result of a treatment, service or supply not covered under this policy.

d. Paternity testing.

e. Cytotoxic testing in conjunction with allergy testing.

f. Hair analysis, unless lead or arsenic poisoning is suspected.

g. Coma stimulation programs.

h. Orthoptics (eye exercise training).

i. Long-term therapy.

j. Massage therapy (except when provided during physical therapy for an acute illness or injury).

k. A second opinion by a non-participating provider.

l. Eye glasses, contact lenses, sun glasses, frames and/or the fitting of frames (except as specifically listed in the Medical Certificate under the BENEFIT AND SERVICES section).

m. Charges for telephone consultations by and between providers.

n. Charges for any missed appointments.

o. Expenses for medical records and/or reports, including but not limited to, the preparation and presentation of these reports.

p. Chelation therapy for arteriosclerosis.

q. Complications related to cosmetic body piercing, tattooing, implants or other services or procedure that are not medically indicated or not performed by a licensed medical professional.

r. Services and supplies that are not medically indicated and/or are not appropriate or the standard of care to treat the illness or injury, as determined by Physicians Plus.

s. Services and supplies provided while a member’s coverage is/was not in effect under this policy (except as specified in the Extension of Benefits provision of this Certificate).

t. Treatment, services and supplies that a third party (other than the member’s PCP) requires the member to receive; treatment, services and supplies for which another party is liable as determined by Physicians Plus, including, but not limited to: Workers’ Compensation, school-based programs, federally mandated programs, Medicare, work-related services including employment physicals, tests, and exams requested or directed by a court of law. If benefits are paid or provided by Physicians Plus whenever this exclusion applies, Physicians Plus reserves all rights to recover the reasonable value of such benefits, as provided in the section of the Medical Certificate entitled OTHER POLICY PROVISIONS - DIRECT PAYMENTS AND RECOVERY.

u. Services, supplies or other care for injury or illness for which there is non-group insurance (except individual health insurance policies) providing medical payments or medical expense coverage, regardless of whether the other coverage is primary, excess or contingent to the Medical Certificate. This exclusion does not apply to liability insurance policies (coverage commonly referred to as “medical payments” or “med pay expenses” are not liability insurance policies and are covered by this exclusion). If benefits subject to this provision are paid or provided by Physicians Plus, Physicians Plus reserves all rights to recover the reasonable value of such benefits as provided in the section of the Medical Certificate entitled OTHER POLICY PROVISIONS - SUBROGATION and REIMBURSEMENT.

v. Treatment and services for an illness or injury caused by atomic or thermonuclear explosion or resulting radiation, or any type of military action, friendly or hostile.

w. Treatment, services and supplies incurred in connection with any injury or illness arising out of, or in the course of, any employment for which an employer either is required to carry or does carry Workers’ Compensation insurance. If Workers’ Compensation or any similar law applies to the member, this exclusion applies regardless of whether benefits under Workers’ Compensation or any similar law have been claimed, paid, waived or compromised. If benefits are paid or provided by Physicians Plus in a contested Workers’ Compensation proceeding, or whenever Workers’ Compensation benefits may be payable, Physicians Plus reserves all rights to recover the reasonable value of such benefits as provided in the section of the Medical Certificate entitled OTHER POLICY PROVISIONS - WORKERS COMPENSATION.
Exclusions and limitations (continued)

x. Treatment and services furnished by the U.S. Veterans Administration except when coverage is required under applicable federal law.

y. Treatment and services provided while held, detained or imprisoned in a local, state or federal penal or correction institution or facility or while in the custody of law enforcement officials, except as required by state or federal law. Persons who are injured or become ill while outside of the institution or facility and while on work release are not considered to be held, detained or imprisoned if they are otherwise eligible members.

z. Treatment and services in connection with any illness or injury caused by a member’s: engagement in an illegal occupation; commission of, or an attempt to commit, a felony; or intentional use of illegal drugs. This does not include services or treatment of injuries that result from a medical condition (such as depression) or from an act of domestic violence.

aa. Reconstructive Surgery/Cosmetic Treatment, except as indicated in this policy. NOTE: Psychological reasons do not represent a medical or surgical necessity.

bb. Treatment to correct or reverse complications and/or dissatisfaction resulting from surgery, cosmetic treatment or reconstruction when no functional impairment exists, as determined by Physicians Plus.

c. Injection of filling material such as collagen, salabrasion, rhytidectomy, dermabrasion, chemical peel.

d. Suction-assisted lipectomy.

e. Hair removal.

ff. Mastopexy.

gg. Augmentation mammoplasty.

hh. Correction of inverted nipples.

ii. Reduction mammoplasty.

jj. Sclerosing of spider veins.

kk. Panniculectomy.

ll. Mastectomy for male gynecostasia.

mm. Experimental/Investigational treatments, drugs, devices and/or procedures a Physicians Plus medical director deems experimental based on specific evidence (except HIV-related treatments and drugs authorized by Physicians Plus).

nn. Any treatment, service or supply that is received in a hospital emergency room (whether received from a participating provider or non-participating provider) and that does not meet the definition of experimental medical care.

oo. Any treatment, service or supply related to the purpose of medical research and/or clinical research trials (except routine patient care that must be covered under section 632.87(6)(c) of the Wisconsin statutes when administered in a cancer clinical trial).

pp. Biofeedback (except for stress urinary and colorectal incontinence), hypnotism, goal-oriented behavioral modification, and acupuncture (unless you meet the Physicians Plus Medical Policy criteria). See BENEFITS and SERVICES section.

qq. Treatment, services (including saliva hormone testing) and supplies for holistic, complementary or homeopathic medicine, or programs that are not accepted medical practice as determined by Physicians Plus.

rr. Treatment, services and supplies for, or leading to, sex-transformation surgery and sex hormones related to such treatment.

ss. Take-home drugs and/or outpatient prescription drugs not specifically covered under this policy.

tt. Any service, supply, equipment, medication or other benefit for the treatment of obesity or morbid obesity, including but not limited to: gastric and intestinal bypasses; gastric balloons; stomach stapling; liposuction; and wiring of the jaw; and weight loss, physical fitness and exercise programs and equipment, even if you have other health conditions that might be helped by the reduction of weight.

uu. Nutrition and nutritional supplements and/or vitamins, including infant formula (except when specifically authorized elsewhere in the Medical Certificate).

vv. Lodging expenses.

www. Transportation expenses (except for covered ambulance transport as outlined in the benefits sections of this policy).

xx. Treatment, services and supplies provided by a member or a member’s immediate family or anyone else living with the member; and/or treatment, services or supplies provided to or received by a member as a collateral in connection with the treatment of any person who is not a member under the Medical Certificate.

yy. Autopsy services.

zz. Treatment, services and supplies for which the member has no obligation to pay.

aaa. Amounts in excess of the usual and customary charge for the covered service, treatment or supply.

bbb. Services, supplies and costs (including re-admission) related to services obtained and/or repeated when a member discharges themselves and/or leaves a facility/clinic against medical advice as determined by the physician or Physicians Plus.

ccc. Storage of blood, tissue, cells or any other body fluid.

ddd. Sexual dysfunction treatment, services, supplies and drugs including but not limited to implants, penis pumps, vacuum devices, over the counter and prescription drugs.

eee. Removal of skin tags.

fff. Coverage for Keloid Scar revision/removal (unless you meet the Physicians Plus medical policy criteria).

ggg. Labiaplasty

* Exclusion does not apply where the Women’s Health and Cancer Rights Act of 1988 mandates coverage. See the BENEFITS AND SERVICES - SURGICAL SERVICES section of the Medical Certificate.
About us

Our mission
In partnership with our local community-based provider owners, we advance a tradition of delivering excellent products, services and quality care to those who depend upon us.

Member rights and responsibilities
Physicians Plus believes our members have certain basic rights and responsibilities regarding their health care, including: the right to receive quality health care that is right for them; and the responsibility to build a relationship with their primary care provider and keep their appointments or give proper notice if they must cancel. A complete list of these rights and responsibilities are provided on our Web site at pplusic.com/members/member-materials.

Review the included materials
The Summary of Benefits, which outlines general coverage and service levels for your plan, is printed on pages 4-6 of this booklet. The exclusions & limitations, a list of visits, treatments and services that are not covered by your plan, can be found on pages 7 and 8.

Additional online materials can provide more details about your Physicians Plus plan including:

Summary of Benefits and Coverage (SBC)
Use Physicians Plus MyChart to access the federally required SBC document.

Annual Benefits Changes
Changes in coverage from previous to current year

Provider Directory
Entire roster of providers and facilities; how to access primary and specialty care and behavioral health services

Medical Certificate of Coverage

Preventive Services Coverage

Privacy Policy

Comprehensive Prescription Drug Formulary

Visit pplusic.com and click “Member Materials” to access these helpful resources, or contact member services at 608-282-8900 or 800-545-5015 to request printed copies.

Hearing/Speech and Interpreter Services
Hearing- and speech-disabled members can receive assistance from Wisconsin Relay (part of the Telecommunications Relay System) by dialing 7-1-1 anywhere in the United States or 1-800-947-3529 for TDD/TTY.

If you need an interpreter to communicate with member services, call our standard number and a member services representative will connect you to an interpreter.
Getting started

Step 1. Understand your health plan coverage
You are the most effective manager of your health care. As a participant in our insurance plan, you have certain rights and responsibilities (see page nine). We encourage you to become familiar with these so your health care experience is the best it can be.

For additional information and guidance, please:
• Consult your Summary of Benefits and the Medical Certificate of Coverage
• Visit pplusic.com
• Contact member services at 608-282-8900, 800-545-5015 or ppicinfo@pplusic.com

Thank you for selecting Physicians Plus. We look forward to being your partners in quality health care for a long time to come.

Step 2. Have other health insurance? Complete and return the coordination of benefits form
If you have more than one health insurance plan, we need to coordinate benefits with your other insurance carrier so that claims are paid correctly. Please visit the “Members” section of pplusic.com, click “Member Materials” and look for the Coordination of Benefits document listed under Forms. Please print it, complete and send to Physicians Plus. If you would like us to mail this form to you, please contact member services.

PLEASE NOTE: If you have completed this form before and your insurance coverage hasn’t changed or you do not have other coverage, you do not need to complete this form again.

Step 3. Choose a primary care physician (PCP)
Each Physicians Plus member must choose a primary care physician. PCPs provide general medical services, refer you to specialists if necessary and coordinate your overall health care. PCPs are trained to diagnose and treat a wide range of diseases and illnesses. They work directly with specialty providers to coordinate specialized care, if needed. Our provider network features a long list of participating PCPs to choose from. Family members may each choose a different primary care physician to suit their individual needs. PCPs include family practitioners, internal medicine doctors, pediatricians and in some cases, obstetricians/gynecologists.

Family practitioners
Provide medical care for all ages. Some family practitioners also provide obstetric care.

Internal medicine doctors
Provide general medical care for adults.

Pediatricians
Provide general medical care for infants, children, adolescents and young adults.

Obstetricians and gynecologists
Specialize in providing health care for women, including care during and after pregnancy.

To find a PCP, browse the up-to-date online directory at pplusic.com, or call Member Services for help or to request a printed directory. Once you select a PCP, please complete the PCP notification form available on our Web site or contact Member Services. You may ask that your former physician send your medical records to your new physician’s office before your first visit.
Step 4. Carry your member ID card with you at all times
Four (4) ID cards are attached to page three of this booklet. It is important that you take your ID card with you each time you visit a physician’s office, hospital or pharmacy. Your ID card includes your member number, your PCP’s name and the copay, coinsurance or deductible amounts that apply to your specific plan. Using your ID card helps speed the check-in process at the office, clinic or hospital. If you have questions or would like additional cards for family members, please contact our member services department.

Step 5. Learn these important terms
Knowing the following terms and their definitions will help you better understand your health care coverage.

**Coinsurance**
The percentage of covered charges for which you are liable. Check your summary of benefits to see if coinsurance applies to your coverage.

**Copayment**
A specified dollar amount you pay when receiving certain treatments, services or supplies. Check your summary of benefits to see if copayments apply to your coverage.

**Deductible**
Deductible means a specific dollar amount for a covered treatment, service or supply that a member is responsible to pay before benefits are payable under this Policy.

**In-network providers**
All physicians, hospitals, clinics and ancillary providers (e.g., home health care) under contract with Physicians Plus to administer covered health care services to our members.

**Non-covered benefit**
Benefits, services or supplies for which Physicians Plus has no obligation to pay.

**Out-of-network providers**
All physicians, hospitals, clinics and ancillary providers (e.g., home health care) NOT under contract with Physicians Plus to administer health care services to our members.

**Out-of-pocket maximum**
The maximum amount of coinsurance a member must pay during a calendar year. Once the out-of-pocket limit is reached, benefits for covered health services received during the rest of that calendar year are paid by Physicians Plus according to your Summary of Benefits.

**Prior authorization**
Before members receive certain treatments, services, supplies and equipment, Physicians Plus approval is required. Prior authorization states that a treatment, service, supply or piece of equipment is covered under the member’s policy, subject to any other applicable provisions. Refer to your Summary of Benefits to verify when prior authorization applies to your coverage.
Important drug coverage terms

Copayment
The dollar amount that the member is required to pay per formulary drug received.

Drug formulary
The list of over 7,000 approved drugs used to standardize care, improve quality of care and control premium costs. Physicians Plus works with practicing physicians and pharmacists to develop this comprehensive drug list to handle the majority of medication needs by having at least one alternative in each key drug category.

Prior authorization drugs
Prescription drugs that require an approved formulary exception from Physicians Plus for coverage.
Step 6. Use your member resources

Web Site
The Physicians Plus Web site at pplusic.com provides enhanced services and information for our members. Please use the Web site to contact Member Services, view the provider directory and other member materials, order prescription refills for delivery or pickup and find answers to frequently asked questions.

Physicians Plus MyChart
This secure and powerful tool provides 24/7 online access to your personal health plan information. Physicians Plus MyChart gives you the ability to review claims data, update your personal information, view detailed information about your benefits, send a message to Physicians Plus and much more. Additionally, if you have a primary care physician or specialist at Meriter Medical Group, Associated Physicians, Bone & Joint Surgery Associates or Madison Women’s Health, you’ll also have access to your medical information. Please Note: If you don’t see a doctor in one of the provider groups listed above, you will still be able to use Physicians Plus MyChart to view your health insurance information but medical information will not be available. If your doctor belongs to a provider group with its own MyChart system, you can continue to access your medical information through that separate account. To sign up for a Physicians Plus MyChart account, visit pplusic.com.

Benefits/personnel representatives
If you have group coverage through your employer (individual policy holders can contact Physicians Plus member services), contact your benefits/payroll/personnel office to get answers or additional information on:

• Applications
• Adding coverage for a dependent
• Eligibility
• General information
• Enrollment
• Choosing or changing your PCP

Member services department
Our staff has answers regarding your health care benefits and how to obtain services. Please e-mail or call member services if you:

• Have questions regarding your benefits
• Have a change of address or telephone number
• Have questions regarding changes in dependent status
• Have questions regarding eligibility or effective dates of coverage
• Have an unresolved complaint or concern
• Want to verify prior authorization approval
• Have questions regarding a claim

To help us serve you better, please have your member identification (ID) card or member number ready when you call. Our member services department is happy to help you by e-mail at ppicinfo@pplusic.com, or by phone at 608-282-8900 or 800-545-5015, Monday through Friday, 7:00 a.m.–5:00 p.m. If you call when our office is closed, please leave a detailed message including your name (please spell it if necessary), member number, the reason for your call and a phone number where we can contact you and when it is convenient to call.
Step 7. Take advantage of these stay-healthy programs
Physicians Plus believes in preventive health care, and we’re proud to offer resources and programs that encourage members to adopt a healthy lifestyle.

Good Health Bonus℠
Whether you're interested in getting in shape, losing weight or simply eating healthier, the Good Health Bonus program is your first step to bigger rewards for healthier choices. Choose from the programs below and earn your bonus in the way that best fits your lifestyle. The total maximum annual reimbursement under the Good Health Bonus program is $100 per year for single contracts and $200 per year for family contracts.

• My Healthy Choices℠
Our online personal health manager connects you to health information that is unique to you based on your health history, health practices and personal health goals. We'll send you $25 in Good Health Bonus rebates just for completing the initial health assessment, and $75 more when you finish two lifestyle improvement and/or condition management programs and post-program surveys.

• Join a health & fitness facility
Physicians Plus will help you cover the cost of a health and fitness facility membership! Simply pay your member fees up front, and send us proof of payment (receipts) for reimbursement up to $100 annually for single plan holders, and up to $200 for family contracts.

• Take a class
From discovering the joys of childbirth to learning how to meditate, family yoga or Pilates, Physicians Plus and its partner programs offer Good Health Bonus classes that will keep you informed and on the move. Visit pplusic.com for a list of approved classes and complete program guidelines.

• Join Weight Watchers℠
Due to its success rate in meeting and maintaining individualized weight goals, and its strong educational component of sensible nutrition and exercise, we are pleased to offer Weight Watchers as an option in our Good Health Bonus program. Please visit pplusic.com for complete program guidelines.

• Eat your veggies
With the Eat Healthy Rebate℠ program, you can apply your Good Health Bonus rebate to the cost of a produce share from an approved Community Supported Agriculture farm. Please visit pplusic.com for complete program guidelines.

• WeighToGo℠
WeighToGo is a Good Health Bonus-eligible weight management program designed to promote behavior changes like increasing physical activity and healthy eating. It uses a remote monitoring device, in your home, to communicate daily weight management information to a health care professional who will provide support to keep you on track, engage you in healthy eating and active living, help you develop self-management skills for lifelong weight control and facilitate your relationship with your doctor. For more information, please contact us at weightogo@pplusic.com or 608-260-7143.

PlusPerks℠
With PlusPerks, members receive discounts of 10–15% on a wide range of healthful products and services from complementary medicine and massage therapy to hearing aids and eyeglasses. All members are automatically eligible for PlusPerks discounts. No sign-up is necessary. Simply show your Physicians Plus member ID card at participating business to earn your discount at the time of purchase.
Your primary care physician (PCP) — Coordinating your care
As a Physicians Plus member, your PCP is your first contact for all health care needs and concerns, including immediate care. Your PCP provides health care services and advice, identifies special health care needs and coordinates any specialty health care services. Developing a good relationship with your PCP helps ensure that you receive the most appropriate and cost-effective care.

Changing your PCP
You may do so by contacting Member Services by e-mail or phone. The change will be effective on the first day of the month following the date we receive the notification.

PCP-directed specialty care and prior authorization
You have access to the best care, at the right facility, when you need it, resulting in the best value for your health care dollar. Your PCP will coordinate your care and direct you to in-network specialty providers, when needed.

When specialty services are not available within the Physicians Plus provider network, your doctor will request approval, or prior authorization, from Physicians Plus’ clinical staff for you to see out-of-network specialists. This clinical team of doctors and registered nurses will work with your PCP to determine medical appropriateness and decide upon the best place for your care. The prior authorization process takes place before you receive certain treatments, services, supplies or equipment. You and your PCP will receive written notice of prior authorization approval or denial.

Prior authorization identifies a specific specialty provider, type of service, number of visits, the time period for which services are approved and possibly other guidelines. It is important to talk with your PCP so you understand what care and services you will receive and why.

Your PCP should submit prior authorization requests or call our Health Services staff at 608-282-8900 or 800-545-5015. The following are examples of services that require prior authorization from Physicians Plus before you receive them:

- All services by out-of-network providers
- Durable medical equipment, prosthetic and supply purchases over $750
- Inpatient services at a hospital or other acute care facility, skilled nursing facility (including therapy) or sub-acute facility
- Outpatient procedures/surgery: Blepharoplasty, breast reduction, canthoplasty
- Rehabilitation: Day or neurotrauma, transplants
- Other services like home care services, hospice services, neuropsychiatric testing or therapeutic contact lenses

You are responsible for payment if prior authorization is not obtained before receiving services that require this approval process. Please contact member services if you have any questions about prior authorization.
Prescriptions and pharmacy
Use the Physicians Plus online directory to find a participating provider or pharmacy near you. Remember, participating providers and pharmacies help ensure that you receive the maximum drug benefit. Ask your prescribing physician or call us at 608-282-8900 or 800-545-5015 for answers to these important questions:

• Do I have drug coverage?
• Are there equally effective drug alternatives available that could save me money?
• Is my prescribed drug generic or brand name?
• Is my prescription on the Physicians Plus drug formulary?

A summary of your pharmacy benefits can be found at pplusic.com/members/pharmacy.

Where to get your prescriptions filled
Physicians Plus members should have prescriptions filled at one of our contracted pharmacy providers—over 750 participating pharmacies in Wisconsin and 6,000 nationally (including Walgreens, Wal-Mart, Kmart, ShopKo and Target). Browse the provider directory, available online at pplusic.com for a complete list of in-network pharmacies. In certain circumstances, you may need to order a prescription from an out-of-network pharmacy (not under contract with Physicians Plus). In such cases, please remember that your coverage amount may be reduced or even eliminated, depending on your prescription drug plan. Out-of-network pharmacies are unable to bill us directly. Therefore, you are responsible for submitting a paper claim for reimbursement. Please refer to your Summary of Benefits to determine your specific coverage level.

Rx Manager
Get the most from your prescription drug coverage by making informed choices. Rx Manager allows personal review of prescription drug history, the Physicians Plus drug formulary and drug cost comparisons. It is especially useful for making direct comparisons of generic and brand name drugs and helping you choose lower-cost drugs or those with lower copays. You must have or sign up for a Physicians Plus MyChart account to use Rx Manager.

Important tips
Generic formulary drugs provide the highest benefit level and the lowest cost to you! Copayments for generic formulary drugs are $5–10 per prescription or refill.

Member out-of-pocket copayment or coinsurance costs increase when brand-name formulary drugs are prescribed. Non-formulary and Prior Authorization (PA) drugs are covered only with an approved prior authorization.

PA medications must meet specific criteria for coverage. Your provider must fax a “Prior Authorization Request Form” to Physicians Plus Pharmacy Services at 608-327-0324. If the request is approved, you are responsible for the appropriate brand name or generic copay. If denied, you are responsible for the entire cost. (A formulary alternative may be available in many cases.)
Behavioral health and alcohol and other drug abuse (AODA) services
All inpatient behavioral health assessments and treatment requires prior authorization. If you need to find a behavioral health provider, please contact the following agency for a professional assessment of your situation and referral to the appropriate participating provider: UW Behavioral Health at 608-417-4709. All members needing outpatient behavioral health services are encouraged to contact UW Behavioral Health prior to receiving treatment.

For emergencies, please contact your therapist. If you do not currently have a therapist or cannot reach your therapist, call any Physicians Plus in-network emergency room. Emergency room personnel will refer you to the behavioral health and AODA professional on call. During business hours, you should contact UW Behavioral Health.

Medical supplies, durable medical equipment & home health care services
Durable medical equipment and home health care services must be obtained through a provider in the Physicians Plus network. You are responsible for any coinsurance on durable medical equipment or supplies and prosthetic devices. There is normally a maximum out-of-pocket expense per person per year. For more information and a complete description of benefits, refer to your Summary of Benefits.

Change of address
Please use Physicians Plus MyChart or contact Member Services to ensure that you continue receiving important health plan communications.

Adding a dependent or spouse to your policy
Your spouse, natural children and stepchildren are eligible dependents. You can apply to receive immediate coverage for your spouse or dependents during a “special enrollment event.” Applications must be received by Physicians Plus within 30 days of the following special enrollment event:

• Birth or adoption*  • Marriage  • Divorce  • Loss of other coverage

In the case of adopted children, coverage will be effective on the date that a court makes a final order granting adoption by the subscriber or on the date the child is placed for adoption with the subscriber, whichever occurs first. (These dates are defined by Wisconsin Statute 632.896.) If the adoption of a child is not finalized, the insurer may terminate coverage of the child when the adoptive placement ends.

Legal wards: coverage will be effective on the date that a court awards permanent guardianship to the subscriber.

Grandchildren born to insured dependent children may be covered until the end of the day in which your insured dependent turns age 18. Your child’s eligibility as a dependent is unaffected by the birth of the grandchild. The grandchild may be eligible for continuation coverage.

* Application must be received within 60 days for birth or adoption.
Quality management program

Physicians Plus is committed to continuous quality improvement processes. We regularly measure clinical and service quality and member satisfaction through participation in the annual Healthcare Effectiveness Data & Information Set (HEDIS) and Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey, and through reporting to state agencies. As part of its standard practice, Physicians Plus develops an annual Quality Management Program Description that describes the scope, structure, and function of Physicians Plus' Quality Management Program. The document also provides an overview of quality management and improvement methods and measures, a high-level overview of care and disease management programs and activities Physicians Plus conducts to improve medical and behavioral health services, and a summary of patient-safety-focused work completed by Physicians Plus and its network providers.

Physicians Plus also documents its success in achieving measurable improvements in the quality of care and services during the year. The Quality Management Program Evaluation includes individual program evaluations, identification of barriers to quality improvement, actions Physicians Plus took to overcome these barriers, a summary of each program’s overall effectiveness, and a summary of identified improvement opportunities.

Physicians Plus achieved Excellent Accreditation Status from the National Committee for Quality Assurance (NCQA) in recognition of the organization meeting the rigorous NCQA standards for consumer protection and quality improvement in the delivery of our health plan services (Commercial HMO/POS Combined).

NCQA accreditation is the most comprehensive evaluation of health plans in the nation and is the only assessment program whose accreditation scores are based on results achieved in a set of clinical (HEDIS®) and consumer experience (CAHPS) measures. NCQA accreditation standards support continuous improvement in a health plan’s quality and value.

The Quality Management Program Description and the Quality Management Program Evaluation are available at pplusic.com or by calling the Organizational Effectiveness and Wellness Department at 608-282-8900 or 800-545-5015.
**Complex case management program**
Physicians Plus provides a Complex Case Management program for eligible members. Complex case managers coordinate services for members with multiple or complicated conditions. We help them access needed resources and navigate the healthcare system.

The Complex Case Management Program Description is available at pplusic.com or by calling the Clinical Quality Improvement & Case Management Department at 608-282-8900 or 800-545-5015.

**Disease management program**
Physicians Plus offers three disease management programs to help you manage your chronic conditions:

**Diabetes management program**
You’ll learn how to manage diabetes through nutrition, physical activity, and taking medications as prescribed.

**Heart & vascular disease management program**
You’ll learn ways to help control cholesterol, blood pressure, and other risk factors.

**Hypertension disease management program**
We will help you achieve and maintain your blood pressure goal to reduce the risk of developing diabetes, HVD or other chronic conditions.

Physicians Plus identifies members with these conditions, enrolls them in the program and sends program information. Physicians Plus staff also contacts these members by phone or mail to make sure they're aware of needed care. You can choose not to participate by contacting Member Services. The disease management program description is available at pplusic.com or by calling the Clinical Quality Improvement & Case Management Department at 608-282-8900 or 800-545-5015.

**Medical management**
Medical management decision-making is based only on appropriateness of care and service and existence of members’ current benefit coverage. Physicians Plus does not specifically reward practitioners or other individuals for issuing denials of coverage or care. Financial incentives are not provided to medical management decision makers to encourage decisions that would result in under-utilization of your services. Medical Management and Pharmacy staff are available by phone between 8:00 a.m.–5:00 p.m., Monday–Friday (excluding holidays), to discuss your medical management or pharmacy issues. Members can obtain information on the medical management process or authorization of care by calling Health Services at 800-545-5015. Pharmacy Services may be contacted for medication questions or information at 800-545-5015 or via your Physicians Plus MyChart account.

**Women’s Health and Cancer Rights Act of 1998 Annual Notice**
Your Physicians Plus health plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including: reconstruction and surgery to achieve symmetry between breasts, prostheses and treatment of complications resulting from a mastectomy (including lymphedema).
Emergency care

Emergency room (ER) usage is for medical conditions that will likely result in serious jeopardy to the health of a person or unborn child, serious impairment to bodily functions or serious dysfunction of body organs or parts. In Madison, go to Meriter or UW Hospital for emergency care; review your provider directory for the complete list of emergency care facilities. Non-emergency care received outside the network will not be covered.

PLEASE NOTE: St. Mary’s Hospital in Madison and Janesville, St. Mary’s Sun Prairie Emergency Center and Mercy Hospital in Janesville are not part of our provider network. If you receive non-emergency care from any ER facility, it will not be covered by your Physicians Plus HMO policy.

Some examples of conditions requiring emergency care:

- Choking
- Heart attack
- Poisoning
- Serious broken bones
- Stroke
- Unconsciousness
- Drug overdose
- Severe burns or lacerations
- Seizures
- Severe or unusual bleeding
- Trouble breathing

What to do in an emergency situation

1. Call 911 if you can’t get to an ER immediately.

2. If you are able, go to an ER that is part of the Physicians Plus network (in Madison, go to Meriter or UW).

3. If you are out of the Physicians Plus service area at the time of your emergency, go to the closest medical facility. You must notify Physicians Plus within 48 hours or as soon as medically possible. If you cannot call, have someone call for you.

4. Go to your doctor, not a non-participating provider or the ER, for all follow-up care.

Copayments & emergency room reviews

The emergency room copayment is waived only if you are admitted to the hospital directly from the emergency room. If you are held for observation in a hospital, it is not considered an inpatient stay and the copayment will apply.

Physicians Plus may review emergency room visits for conditions that do not appear to fall under the definition of “emergency medical conditions.” In these cases, our medical staff reviews medical records to determine if the visit is reasonable, based upon the symptoms. If the visit is determined inappropriate and alternative services were available (such as the patient’s PCP or an immediate/urgent care center), the visit may not be covered.
Urgent care
Urgent care provides timely access to care when your PCP is not available. Some examples of conditions requiring urgent care:

• Minor broken bones
• Minor burns
• Most drug reactions
• Sprains
• Minor cuts
• Non-severe bleeding

What to do in an urgent care situation:
1. Call your doctor or NursePlus at 866-PPLUSRN.
   If you cannot call, have someone call for you.
2. Follow instructions from your PCP or NursePlus.

There are urgent care centers in many locations across the Physicians Plus service area. Please review the provider directory to find the locations near you.

Anytime medical advice tools
Most health conditions are not emergencies and can be treated by your PCP or an urgent care center. If you are unsure of the level of care you need, please contact your PCP or NursePlus at 866-PPLUSRN (866-775-8776), or download our MobileNurse app.

NursePlus (866-PPLUSRN/866-775-8776) provides support from a registered nurse any time day or night, to answer your health care questions and help you live healthier. NursePlus can help you: choose the most appropriate course of care for any medical condition; understand your doctor’s or pharmacist’s instructions or discuss medication side effects; and support your relationship with your doctor and prepare for doctor visits. It’s a new kind of house call. Visit pplusic.com for more information.

Rx Manager is a free smartphone application from Physicians Plus that provides you with anytime mobile access to your pharmacy benefits and prescription drug claims data. With this convenient application, you can securely access your current prescriptions, your prescription drug history, and research cost-saving comparisons for generic and therapeutic drug substitutions. Rx Manager also allows you to keep track of contact information for your doctors and clinics.

MobileNurse is a free smartphone application designed to help users make appropriate decisions on what level of care (if any) is needed in any health situation. It offers: 24/7 support; symptom relief information for minor illnesses; GPS driving directions to nearby medical facilities; and more! MobileNurse is available through the iTunes App store and the Android App store, or visit pplusic.com.
**Out-of-network care**
If you have an emergent or urgent medical problem, go to the nearest ER or urgent care facility, call your PCP or call NursePlus™ at 866-PPLUSRN (866-775-8776) for medical advice. They can help you choose the most appropriate care option. If you are instructed to seek immediate medical care, please go to an in-network facility, when possible, and then call us within 48 hours at 608-282-8900 or 800-545-5015 to let us know that your PCP or NursePlus advised you to seek medical care. If our office is closed, please leave a message with your name, member number, date, time and a phone number where we can contact you for more information.

Coverage is subject to benefits and coverage at the time services are provided. Copayments, deductibles and coinsurance listed in your Summary of Benefits apply. Follow-up care (non-emergent or emergent) after you receive emergency or urgent care services is not covered unless it is provided by an in-network provider.

**Children living outside the Physicians Plus service area**
Only coverage for urgent and emergency care is available. HMO policies do not cover out-of-service area office visits and routine or preventive services for your child, such as an annual physical exam. They should schedule these appointments when they visit home.

Physicians Plus covers limited services, when prior authorized, for outpatient Behavioral Health and Alcohol and Other Drug Abuse (AODA) services outside the service area if the dependent is a full-time student living in Wisconsin but outside the Physicians Plus service area.

**Filling emergency or urgent care prescriptions outside the service area**
Physicians Plus covers prescriptions resulting from an approved, out-of-area urgent care or emergency room visit. You may use your member ID card to pick up prescriptions at any Walgreens, Wal-Mart, Kmart or Target pharmacy. If the pharmacy has questions, please ask them to call 800-545-5015. Your policy does not cover lost or stolen prescriptions.

**Receiving regular medications when traveling outside the service area**
You have several options:

- You may obtain a one-month supply through your Physicians Plus participating pharmacy with the appropriate copayment. You must pay the full amount for any additional amounts authorized by your physician and you may file for reimbursement.
- You may ask your pharmacy to mail you a supply on a monthly basis.
- You may ask a family member to mail you a supply on a monthly basis.

If you plan to travel out of the country for more than one month and need routine medications, please contact Physicians Plus Pharmacy Services at 608-282-8900 or 800-545-5015 for help at least 10 days before you travel.
In the vast majority of situations, when in-network providers are utilized, Physicians Plus members will not have to file claims.

Please carry your ID card at all times and present it any time you visit your physician’s office, pharmacy or the hospital. This card includes your member number, which is required to process any claim.

If you have a question about a bill from a physician, hospital or clinic, you may find the answer online using Physicians Plus MyChart at pplusic.com or by contacting member services. Physicians Plus will determine if the services are covered benefits.

If you receive urgent care or emergency services from a non-participating provider outside the service area, ask the provider to file a claim with us at the address listed on the back of your ID card or at the address below.

Physicians Plus Insurance Corporation
Attn: Claims Department
P.O. Box 2078
Madison, WI 53701-2078

If the provider is unable to file claims on your behalf, please submit the following information for our review:

1. An itemized bill, including a detailed description of the diagnosis, services provided and amount charged
2. A copy of the medical report with the physician’s diagnosis and treatment plan
3. Your member number
4. A brief description of the situation
5. Proof of payment

If you receive medical care in another country, please provide an English translation of the above information. Keep copies of this information, and send the originals to us. Please include your member number on all correspondence to Physicians Plus. Send medical claims to:

Physicians Plus Insurance Corporation
Attn: Claims Department
P.O. Box 2078
Madison, WI 53701-2078

How to solve a problem
When you have a question or concern about a benefit, claim or other aspect of health care service, we encourage you to call the practitioner who treated you or contact our member services department by e-mail at ppicinfo@pplusic.com, or by phone at 608-282-8900 or 800-545-5015. To help us serve you more efficiently, please have your member ID card available when you call. Our representatives try to answer your questions and resolve your concerns promptly—your input allows us to better meet your health care needs.

If the issue of concern is not resolved to your satisfaction, you have the right to file a written appeal or grievance, and when our grievance committee reviews the case, you have a right to participate in the meeting. In addition, if your dispute involves a medical decision or rescission of coverage, you may be entitled to an independent review by medical professionals with no connection to Physicians Plus (after completing the standard appeal process).

For more information regarding the Physicians Plus appeal process, please visit pplusic.com.
Important: Your member ID cards are inside!

The point of everything we do is you.

Physicians Plus

pplusic.com