

# Consumer Guide



TOTALLY THERE FOR YOU.

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# Thank you for considering Total Health Care USA as your health plan!



We know that choosing the right health plan is important to you and your family. Hopefully, this guide will help you to make an informed decision when selecting Total Health Care USA. If you have additional questions about your benefits, you may want to consult with your personnel representative, or you may call our Group Service Center at: **(800) 826-2862 ext. 804**



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## **Who is Total Health Care USA?**

Total Health Care USA (T-USA) is the newest venture from one of the area's oldest Managed Care organizations. With roots that trace back to 1973, T-USA's parent company, Total Health Care, Inc., has been providing health services in Southeast Michigan since the beginning of Managed Care. Now, with over 1,000 physicians and many of the area's leading hospitals, T-USA is poised to become one of the fastest growing HMOs in Southeast Michigan.

## **How Do HMOs Differ from Other Insurance Plans?**

HMOs differ from traditional insurance (indemnity plans) and preferred provider organizations (PPOs) in some important ways.

- **Indemnity plans** allow you the flexibility to see any health care provider at any location. The "fee-for-service" is shared between you and the insurance carrier, usually an 80/20 split of "billed charges." These billed charges may vary significantly from one provider to the next. You may not know your payment responsibility until after the procedure. The limited restrictions of an indemnity plan usually mean higher monthly premiums and higher out-of-pocket costs.
- **PPOs are similar** to an indemnity plan; however, you may be encouraged to seek care from a provider that has entered into a negotiated fee schedule with the insurance carrier. By seeking care from one of these "preferred providers," your share of the charges will be less than if you sought care from a non-preferred provider. Monthly premiums are typically less than with a traditional plan, but you may still have claim forms to complete.
- **An HMO** is more restrictive than a PPO or indemnity plan, but there is usually **less out-of-pocket costs for the consumer**. The "up front" pricing through nominal copays enables the member to know, in advance, what their costs will be - **no surprises**.

HMO plan members must access health care through one of the Plan's "primary care physicians" (PCP). The member selects their PCP from one of the hundreds of family practitioners, internists or pediatricians who are contracted with the

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HMO. The PCP is responsible for making sure the member receives the right medical care, in the optimal setting. Together, the PCP and HMO encourage the member to take advantage of the preventive care and wellness benefits offered by the Plan to ensure a healthy, happy and productive lifestyle. Because care is arranged through a contracted network of physicians, hospitals and ancillary providers, HMOs are able to pass the savings on to the consumer in the form of lower premiums and lower annual increases. The copay, if any, is due at the time of service.

- **An HMO Opt-out** (also called “point of service”) provides you with all of the benefits of an HMO, with the **flexibility** to seek services for covered benefits from providers who are not affiliated with the HMO. Covered benefits obtained outside of the HMO network **may be subject to higher deductibles and co-insurance**.

### **Tell Me about the Total Health Care USA Provider Network**

The Total Health Care USA network consists of more than 1,000 physicians and access to most of the area’s leading hospitals. We contract with more than 450 primary care physicians who are responsible for coordinating all of your care. If the need arises, they can refer you to one of our contracted specialists.

### **Basic Benefits - Summary**

We have several HMO and HMO Opt-out benefit options for the employer to select from. There is limited customization for employers with 51 or more employees. The Benefit Plan Summary that your employer has selected, or is reviewing, is available for review. After you complete the enrollment process for Total Health Care USA, you will be mailed a New Member Packet detailing your benefits and other helpful information. Your “Member Card” is mailed to you separate from your New Member Packet, but it should arrive at your mailing address prior to your Group’s effective date. You should check with your personnel contact for enrollment information, and to see what your payroll contribution, if any, may be.

You must remember that with most of our HMO and HMO Opt-out benefit plans, your primary care doctor will coordinate all your care. If your primary care doctor believes that you need to see a specialist, he/she will coordinate a referral to the proper specialist. Your primary care physician will also coordinate any inpatient hospital stay, with the exception of admittance as a result of an emergency. To insure that you are receiving the appropriate care, in a setting that will yield optimal health

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care results, certain procedures must be authorized by the health plan prior to obtaining services. Our health services team will coordinate this process with you and your physician.

### **Other Covered Services**

In addition to the basic covered services, T-USA covers other specific services when needed. Your doctor or Total Health Care USA can arrange for these services. Some of them are described below:

**EMERGENCIES AND AFTER HOURS CARE** You are covered for emergency medical services worldwide. Depending on your benefit plan, a copay may apply. If the facility does not accept your Total Health Care USA card, you may be billed. If you are billed, forward the bill to us and we will process the claim.

Sometimes you may have a medical problem that is not serious when your doctor’s office is closed. In those situations, you can utilize one of Total Health Care USA’s after hours care centers.

**DIABETIC SERVICES** Total Health Care USA has diabetic services to help you if you have diabetes. Total Health Care USA nurses will help you get supplies and medicines and get registered for educational classes you might need. If you think you need help, call Total Health Care USA’s Health Education and Wellness help line at (313) 871-7873.

**HOSPICE SERVICES** Hospice services give help to people with long-term terminal illnesses. For more information, see the Group Health Maintenance Contract. Your doctor can help you with a referral. Total Health Care USA’s Member Services Department can also help you at (313) 871-2000 or toll-free at (800) 826-2862.

**IMMUNIZATIONS & WELL-CHILD CHECKUPS** It is important to get all required immunizations for your child to help keep him/her healthy. It is also important that your primary care doctor sees your child as he/she grows. Your doctor will give all immunizations and well-child care checkups. Call your doctor to make an office visit today.

**MENTAL HEALTH SERVICES** Total Health Care USA covers visits for mental health consulting, inpatient, diagnosis, and outpatient treatment. As there are certain limitations, see the Group Health Maintenance Contact for more details.

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**IF YOU ARE PREGNANT** Good health care during pregnancy is important. If you become pregnant or think you may be pregnant, call your doctor right away. You should schedule an office visit and follow a good diet. Your primary care doctor can care for you directly or provide a referral, as needed.

### **RECONSTRUCTIVE BREAST SURGERY FOLLOWING MASTECTOMY**

Total Health Care USA offers reconstructive breast surgery and prostheses following mastectomy for cancer. Your questions should be directed to your primary care doctor or to Total Health Care USA's Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

**SUBSTANCE ABUSE SERVICES** Substance abuse is a serious problem. It involves the use of alcohol or drugs to the point that the person cannot function at home, school, or work. Total Health Care USA provides help in these situations. If you have need of substance abuse services or need help to figure out if someone you know has a problem, call your primary care doctor or Total Health Care USA's Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862.

**WELLNESS PROGRAMS** Total Health Care USA wants to keep you healthy. Total Health Care USA has wellness services that you might need. For information, call the Health Education and Wellness help line at (313) 871-7873.

**WELL-WOMAN EXAM** As a Total Health Care USA member, you can get one well-woman exam each year. This type of care is important for your continued good health. Your primary care doctor will help you arrange this care or you can choose an OB/GYN doctor from the Total Health Care USA network. You do not need a referral from your primary care doctor.

### **How to Get Medical Care**

Your Primary Care Physician is responsible for providing and arranging your medical care. If you need care from a specialist, your Primary Care Physician must first authorize this service. Your physician must approve services such as x-rays, laboratory tests, CAT scan, and MRI, and he/she will direct you to a contracted provider. If you seek medical care on your own without first obtaining a referral from your doctor, or go to a non-contracted provider you may be held financially responsible. If you are hospitalized out of the Total Health Care Network, you may be transferred to an in-network hospital.

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### **UTILIZATION MANAGEMENT PROCESS**

There are some medical services that Total Health Care must approve before you receive them. Services such as hospitalization and elective (pre-arranged) surgical procedures require prior approval by Total Health Care. Nurses review your care while in the hospital to assist in discharge planning and any services needed after your hospitalization.

Total Health Care uses written criteria to evaluate medical necessity. The criteria are based on facts and nationally accepted standards. UM decisions are based only on coverage and appropriateness of care, service, and setting. Total Health Care does not reward providers for denying services or care. Persons making UM decisions do not receive incentives for decisions that limit care.

If you have questions about what medical services are covered by Total Health Care you can contact the Utilization Management Department, Monday-Friday from 8am-5pm, toll free at 1-800-826-2862 or 313 871-2000.

### **Your Personal Health Information is Secure and Confidential**

When Total Health Care USA becomes your health care provider, we may receive or transfer information about your health through oral, written, or electronic communication. You should know that we are required by law to maintain the privacy of your health information and to give you notice of our legal duty and how we protect the privacy of your health information.

### **How We Protect your Health Information**

Total Health Care maintains and enforces policies and practices to protect the collection, use and disclosure of member Protected Health Information (PHI). These policies and practices are summarized below.

### **NOTIFICATION OF PRIVACY PRACTICES**

When you enroll as a new member with Total Health Care you will receive a Member Handbook, which includes the Plan's Notice of Privacy Practices. The Notice of Privacy Practices describes how medical information about members may be used and disclosed and how members can access their medical information. Each year the

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Notice of Privacy Practices will also be published in Total Health Care's member newsletter and will be available on the Plan's website. Member Services representatives are available to answer your questions and provide information regarding THC's use and disclosure of Protected Health Information.

If the Privacy Notice is revised in a significant way, Total Health Care will make the revised Notice available to members within 60 days of the revision, and will mail such revised Notice to members on or after the effective date of the revised Notice.

### YOUR RIGHT TO APPROVE THE RELEASE OF INFORMATION

It is the policy of Total Health Care to obtain an authorization from a member prior to using or disclosing healthcare information, unless otherwise permitted or required under applicable state or federal law. If an authorization is needed, you will be asked to read, complete, sign and date the authorization. You can revoke the authorization at any time in writing.

### ACCOUNTING OF PHI

As a member of Total Health Care USA, you have a right to an accounting of disclosures of PHI. THC will provide the information upon request.

### ACCESS TO MEDICAL RECORDS

Under federal law you have a right to inspect and copy your personal healthcare information. Medical records by law are the individual's property. However health care providers may have policies under which patients may view their medical records. They may limit viewing to certain times or require that staff stay in the room while you view your records. If you wish a copy of your medical records, contact the provider of care to obtain an authorization form to sign.

### PROTECTION OF ORAL, WRITTEN AND ELECTRONIC INFORMATION ACROSS THE ORGANIZATION

It is the policy of Total Health Care to have sufficient physical, administrative, and technical safeguards in place to protect member healthcare information from unlawful uses or disclosures and to limit incidental uses or disclosures, made pursuant to a lawful use or disclosure.

**Physical Safeguards:** Records containing health information of current members are stored where the public has no access. Office suites are locked. Employees must use

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card-key to open doors. Visitors must register with receptionist, sign in and be escorted around the office suite. Computer system security systems are in place and monitored to ensure appropriate access to electronic PHI.

**Administrative Safeguards:** All oral communication of member healthcare information is prohibited in public waiting areas. Documents containing identifiable member healthcare information are shredded prior to disposal, including documents consisting of notes made from communication among and between healthcare providers regarding enrollee care.

**Technical Safeguards:** Electronic/computerized records of any current or previous member are only accessible by those with permission. Permission is granted via a login procedure and utilizing a designated password.

An advance copy of our current Notice of Privacy Practices follows. You can locate your privacy notice again in your **Member Handbook**.

### NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

#### HOW WE MAY USE AND RELEASE YOUR HEALTH INFORMATION WITHOUT YOUR PERMISSION

Only people who have both a need and a legal right may see your health information. Unless you give us written permission, we will only use and release your health information for the following purposes:

**To You or Your Personal Representative:** We may release your health information to you or your personal representative (someone who has a legal right to act for you).

**For Treatment:** We may use and release your health information to help you get health care. For example, we may notify your doctor about care you get in an emergency room.

**For Payment:** We may use and release your health information so that your health care is paid for correctly. For example, we may ask an emergency room for details about your health care before we pay the bill.



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**For Health Care Operations:** We may use and release your health information for our business operations. For example, we may use your information to review the quality of care you get or to talk to you about your health benefits.

**To Others Involved in Your Care:** We may release your health information to a member of your family, a close friend, or any other person you authorize.

**To Business Associates:**

We may release your health information to the companies we hire to help us in our business. Before the companies can get your information, they must agree in writing that they will follow our privacy rules.

**To Group Health Plans and Plan Sponsors:** If you participate in an employee benefit plan that we insure, we may share health information with the employer that sponsors the plan under certain conditions required by law.

**Other Permitted Uses and Releases of Your Information:** Although certain rules apply, we may use or release your health information as required by law; for public health activities; to a health oversight agency for activities authorized by law, such as inspections of our offices by the government to a governmental authority if we reasonably believe that you have been a victim of abuse, neglect or domestic violence; as required by the Food and Drug Administration; in the course of judicial or administrative proceedings (for example, in response to an order of a court); in response to certain law enforcement requests; for organ, eye, or tissue donation purposes; for workers' compensation purposes; for national security and intelligence activities; and to avert a serious and immediate threat to the health or safety of a person or the public. We may disclose your health information to researchers in limited circumstances, if the researchers use privacy protections required by law. We must also release your health information when required by the Department of Health and Human Services to investigate our compliance with the privacy laws.

**Written Permission:** We may use your information for other purposes if you give us permission in writing. You have the right to change your mind and revoke your written permission. You must revoke your written permission in writing. We cannot take back any uses or releases made before you revoke your permission. Generally, federal privacy laws regulate how we may use and release your health information. In some circumstances, state law also regulates how we may use and release your health information. In such situations, we will comply with the law that is most protective of your health information and/or gives you additional rights.

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### **YOUR RIGHTS UNDER OUR PRIVACY PRACTICES**

**Right to Inspect and Copy:** In most cases, you have the right to look at or get copies of your records upon written request. You may be charged a fee for the cost of copying your records. If we deny your request, you may ask to have our decision reviewed.

**Right to Amend:** Upon written request, you may ask us to change your records if you feel that the record is incorrect or incomplete. We may deny your request for certain reasons, but we must give you a written reason for our denial.

**Right to a List of Releases:** Upon written request, you have the right to receive a list of releases of your health information made by us for any period after April 14, 2003. This list will not include information that was released for treatment, payment, or health care operations. This list will not include information provided directly to you or your family, or information that was released based upon your written permission.

**Right to Request Restrictions on Our Use**

**or Release of Your Information:** Upon written request, you have the right to ask for limits on how your health information is used or released. We are not required to agree to such requests.

**Right to Request Confidential Communications:** You have the right to ask that we share information with you in a certain way or in a certain place. Your request must be in writing. For example, you may ask us to send information to your work address instead of your home address.

**How to Use Your Rights under this Notice:** If you want to use your rights under this notice, you may write to us at the address listed on the first page of this notice. We will help you prepare your written request, if you wish.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. A revised notice will be effective for health information we already have about you as well as any health information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. If the changes are important, the new notice will be mailed to you before it takes effect.

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## COMPLAINTS

### Complaints to the Federal Government:

If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to: Office of Civil Rights, Department of Health and Human Services, 200 Independence Avenue, S.W., Washington DC, 20201, Phone: (866) 627-7748, TTY: (866) 788-4989, or Email: ocrprivacy@hhs.gov

You will not be penalized for filing a complaint with the federal government.

### Complaints and Communications to Total Health Care:

If you want to exercise your rights under this notice, communicate with us about privacy issues, or if you wish to file a complaint about us, you can call or write to us at the address or number on the front of this notice.

You will not be penalized for filing a complaint.

## Your Rights as a Total Health Care USA Member

If you select T-USA as your benefit plan, you have certain rights. Total Health Care USA, its contracted staff, and affiliated providers will comply with all requirements concerning enrollee rights.

**TO CHANGE YOUR DOCTOR** A relationship with your doctor is important for the best care. However, you do have the right to change your primary care doctor.

To change your doctor, call the Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862 for help. The change will become effective on the 1st day of the next month if made by the 25th of the previous month. You will be sent a new ID card.

**TO FILE A COMPLAINT OR GRIEVANCE** You have the right to file a complaint or grievance at any time. You can review procedures for how to file a complaint in your Member Handbook once you receive it.

**FOR ASSISTANCE WITH A DISABILITY** If you are disabled, call the Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862. If you have a hearing problem, call Total Health Care USA's TDD/TTY line at (800) 649-3777.

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**TO DISENROLL** You have the right to disenroll from Total Health Care USA. For guidance on how and when you can disenroll, check with your Group's personnel contact.

**TO GET LANGUAGE ASSISTANCE** If you do not speak English, Total Health Care USA can help you get an interpreter for health services. Also, if you have a hearing problem, Total Health Care USA can get you a sign language interpreter during health care. For help, call the Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862 or the TDD/TTY line at (800) 649-3777.

**GETTING YOUR QUESTIONS ANSWERED** Total Health Care USA can assist you with your questions. Call the Member Services Department 24 hours each day, 7 days each week, at: (313) 871-2000 OR toll-free (800) 826-2862.

### Types of questions you may have are:

- General information (during normal business hours)
- Enrollment or disenrollment questions (during normal business hours)
- Complaints or grievances (during normal business hours)
- An urgent medical problem (any time)
- Emergency or medically necessary transportation needs (any time)

## Prescription Drug Coverage

If your employer provides pharmacy coverage through Total Health Care USA, and you are taking any prescription drug that will need to be refilled, please consult with your T-USA Physician, or you may call our pharmacy representative at (313) 871-2000 (press '9' at the prompt) prior to getting a refill. You will want to know whether or not it is covered within our formulary. If the drug you are currently taking is not covered, your Total Health Care physician can prescribe one of several alternatives from our **Preferred Drug Formulary**.

Like many Managed Care organizations, Total Health Care USA utilizes a proprietary drug formulary. The formulary is generic-driven and as such, **not all FDA approved drugs are listed in our formulary**. Our formulary is designed to be cost efficient without sacrificing quality or medical efficacy. However, this means that if your doctor writes a prescription for a drug that is not on our

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formulary, the pharmacist will not fill it. There are steps that your physician may take if he or she feels that it is medically necessary for you to have a specific drug that is not on our formulary.

### **You may want to keep in mind a few things about generic drugs:**

- Generic drugs are held to the same federal Food and Drug Administration standards for safety and performance as the brandnames, yet sell for 30-75% less.
- To earn FDA approval, a generic must deliver the same amount of active ingredients in the same time as the brand name.
- The FDA requires generics to have the same quality, strength, purity and stability as brand names.
- The Congressional Budget Office says generic drugs save consumers an estimated \$8 billion to \$10 billion a year at retail pharmacies.
- More billions are saved if hospitals use generics.  
Generic drugs make up 44% of all U.S. prescriptions.

### **Below is a list of non-covered pharmaceuticals.**

**A more detailed formulary is available on our web site at [www.totalhealthcareonline.com](http://www.totalhealthcareonline.com):**

- Non-legend medications (other than insulin) such as over-the-counter drugs and vitamins
- Anorexiant
- Erectile Dysfunction drugs
- Cosmetic agents
- Fertility agents
- Human growth hormones
- Nutritional supplements
- Cox 2 inhibitors
- Experimental and investigational drugs

### **The following drugs are specifically excluded:**

- Accutane
- Embrel
- Humira
- Lamisil
- Oxycontin
- Provigil
- Sporanox
- Straterra
- Synvisc

*(This list may have updates - Direct your questions to the THC pharmacy)*

## **Some Medical Procedures are Not Covered**

Total Health Care USA provides its members with a comprehensive medical plan. However, not all health-related procedures or devices are covered. A complete listing of benefit exclusions and limitations is contained within the Certificate of Coverage Agreement, part of the enrollment package that each member receives. Below is an abbreviated list:

- Except for an emergency, medical services obtained from a non-network provider without a referral or prior authorization

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- Services that are not deemed to be medically necessary as determined by the Medical Director
- Services for an occupational injury where reimbursement is payable under the employer's workers' compensation carrier
- Cosmetic surgery
- Dental services are not covered, except in the case of multiple extractions or impacted teeth
- Experimental procedures as determined by the Medical Director
- Reversal of voluntary sterilization
- Private duty nursing or custodial care

## **Transition of Care**

New members to Total Health Care USA must select a primary care physician from our network of doctors to coordinate health care services. If you are currently under the care of a doctor who is not part of the Total Health Care USA network, we want to assist you in having a smooth transition of your treatment plan to your new network of providers.

Here are some steps you may want to take:

- Arrange for a copy of your medical records to be delivered to your new PCP
- Schedule an appointment with your new PCP as soon as possible
- If you have a medical procedure scheduled under your former health plan, you should contact our Utilization Management Team to insure that the procedure is a covered benefit and a proper referral is issued, or to establish an alternate plan
- If you are taking a maintenance drug, you may review our drug formulary, or contact our Member Services Team to see if the drug is covered under Total Health Care USA

## **We Want to Know How We are Doing**

At some point after you enroll with Total Health Care USA, you may be asked to participate in one of our member satisfaction surveys. The survey may consist of a 3 to 5 minute telephone conversation or a short questionnaire form in the mail. In either format, we hope you will take a few moments to give us your honest assessment of our administrative procedures and customer service.

