

WELCOME TO WELBORN HEALTH PLANS — PROVIDING YOU SUPERIOR BENEFITS!

Since 1986, Welborn Health Plans (herein “WHP”) has been committed to your family’s best interest to provide the highest quality health care benefits. Because of this commitment, WHP is setting the standard of excellence in health care coverage.

WHP provides a wide-range of superior benefits including:

- ◆ Comprehensive Provider Network
(Including the Welborn Clinic Providers, Deaconess Hospital & St. Mary’s Medical Center)
- ◆ Over 950+ Local Physicians with an Extensive Hospital Network
- ◆ Routine Physical Exams
- ◆ Well-Baby/Child Exams
- ◆ Preventive Care Coverage
- ◆ Health & Wellness Newsletter
- ◆ Disease Management Programs
(Treating conditions such as: Diabetes & Coronary Artery Disease/Hyperlipidemia)
- ◆ Among one of the Top HMOs!
(As reported in recent years in the Indianapolis Star, and U.S. News & World Report)
- ◆ Excellent Member Satisfaction Ratings
- ◆ Health Promotion & Wellness Program
- ◆ Exceptional and Prompt Service ~ *Always!*

CHOOSING YOUR PCP

A good patient-Physician relationship is vital to quality care. Your first and most important decision as a WHP Member will be to select your PCP. If you also enroll family members, you may select a different PCP for each family member. Your PCP provides general health care, preventative care and coordinates care as needed.

If you have never experienced the benefits of a PCP or if you are changing Physicians, WHP encourages you to call a Member Services Representative. You will be given information about the PCPs closest to your home.

WHP Members may choose their personal Physicians among the available PCPs (including Family Practice, Internal Medicine and Pediatric Physicians) as listed in the WHP Provider Directory.

To facilitate your medical care, a PCP will be chosen for you if you have not made a selection on your Enrollment Application. WHP will base your selection on your zip code and Physician availability. You may change your PCP selection by calling the Member Services Department. *Please refer to Section 2.4.1 of the Agreement for further details regarding changing your PCP.*

SCHEDULING APPOINTMENTS

New Patient Appointments – If you are a new Member or if you have recently changed your PCP, WHP encourages you to call and schedule a time to meet with your new PCP. Because your PCP will get to know you, your lifestyle and your medical history, he/she will be the best able to direct your care. Coordinating your care through your PCP helps you navigate the health care system with ease to make the most efficient use of health care resources.

Routine Appointments – After you select your PCP, you should call and schedule an appointment if he is a new Provider for you or your family. This first visit allows your PCP to get to know you and obtain information about your medical needs.

Routine appointments can be scheduled by calling your PCP's office. Members are encouraged to call in advance when possible. Your PCP's office can explain how they handle urgent appointments, prescription refills and other medical problems.

Checkups and Physicals - WHP covers physical examinations and checkups. Your PCP can determine how frequently this should be done and what tests should be ordered. Your PCP will review your age, past history, family history and other risk factors, such as smoking, to determine what services need to be performed. Because this type of appointment requires a longer time with your PCP, always schedule these services in advance.

Cancellations - If you need to cancel a scheduled appointment, please call your PCP as soon as possible. This allows the PCP to work other Members into that time slot and insures the needs of all Members are met.

MEMBER SERVICES

A Member Services Representative is always available to assist you in:

- Becoming better acquainted with WHP;
- Answering your questions and concerns about your benefits and the services of WHP; and
- Helping you select your PCP.

WHP always invites your comments and suggestions. Our Member Services Representatives will be happy to help you during regular business hours:

Monday – Friday 8:00 A.M. – 5:00 P.M. CST

Or the Toll-Free Indiana Telecommunications Relay system at (800) 743-3333

Out-of-area (800) 521-0265 In-area (812) 426-6600

You may also write to the WHP Member Services Department at the following address:

Welborn Health Plans

ATTN: Member Services Department

101 S.E. Third Street

Evansville, IN 47708

E-mail: memberservices@welbornhealthplans.com

EMERGENCY

An Emergency is a sudden and unexpected onset of a condition that needs medical care. A Member must receive this care right after it starts or as soon as possible. Some examples of an Emergency would be a heart attack, stroke, poisoning, fainting, trouble breathing and heavy bleeding. These severe conditions must start suddenly, and they must not be expected. They must be severe enough to cause a prudent lay person (defined as one who possesses an average knowledge of health and medicine) to get medical help right away and could reasonably expect the absence of immediate attention to cause serious harm.

Emergencies are covered ~ anywhere. In an Emergency, go to the nearest facility. Be sure to notify WHP within forty-eight (48) hours or as soon as reasonably possible. Follow-up care must be provided or directed by your PCP. Any follow-up care outside the WHP Service Area must be approved in advance by WHP. Submit Emergency care bills to WHP for reimbursement (less the applicable Copayment, Coinsurance and/or Deductible) to:

Welborn Health Plans
ATTN: Claims Department
101 S.E. Third Street
Evansville, IN 47708

AMBULANCE SERVICE

Ambulance service is a Covered benefit only when Emergency Medical Transportation is necessary. Covered Medical Transportation Services do not include transportation of Members by passenger car, taxi, bus or other forms of public transportation.

SICKNESS, ILLNESS OR INJURY

An Urgent Condition is an acute health problem. It starts suddenly and is not expected. It is not a threat to life but has a serious danger to health if a Physician does not treat it within twenty-four (24) hours. Urgent Conditions can be simple fractures, cuts needing stitches, dislocations, sprains and serious infections. When you are sick or injured and need to be seen promptly, be sure to carefully describe your condition and symptoms to your PCP's nurse or appointment desk. Every effort will be made to see you as soon as possible or direct you to the appropriate facility.

In-Area - When inside the WHP Service Area, Urgent Care must be provided or directed by your PCP, including all follow-up care.

Out-of-Area - Members must notify WHP within forty-eight (48) hours or as soon as reasonably possible for care at urgent care centers outside the WHP Service Area. Follow-up care must be provided or directed by your PCP. Any follow-up care outside the WHP Service Area must be approved in advance by WHP.

COPAYMENTS, COINSURANCE AND DEDUCTIBLES

Some services Covered by WHP require fixed Copayment and/or Deductible amounts, while other services require Coinsurance payments, which are based on a percentage of the cost of the service received. Deductibles are re-applied at the beginning of each calendar year.

- **Copayment or Copay** is the amount of money that Members must pay to a Provider. A fixed dollar Copayment is a set dollar amount that must be paid by a Member for Covered Services. Required Copayments are shown in Exhibit 2 of the Employer & Member Health Services Agreement.
- **Coinsurance** is the percentage of the cost of the service received that is owed by the Member. Required Coinsurance amounts are shown in Exhibit 2 of the Employer & Member Health Services Agreement. This amount is either billed after a service is received or may be required at the time care is given.
- **Deductible (if applicable) is the amount** Members must pay **before** Covered Services are available at the Copayment and Coinsurance levels indicated in Exhibit 2 of the Employer & Member Health Services Agreement.

MEDICAL MANAGEMENT

WHP's decision to incorporate a comprehensive Medical Management Program into all of its products is one way we show you our commitment to high quality, cost effective health care.

The program uses the expertise of Registered Nurses, such as Concurrent Review Nurses, Precertification Nurses and Case Managers. These nurses work with the WHP Medical Director in carrying-out their responsibilities.

The Concurrent Review Nurses work with Providers caring for Members admitted to a Hospital. This ensures the admission is Medically Necessary and discharge planning can be done proactively. The Member's post discharge needs can be best met through early discharge planning.

Precertification Nurses verify that planned medical treatments meet nationally accepted standards of care. When your planned care is "authorized," it meets these standards. The authorization does not automatically mean that your care will be Covered – the service must be available to you in your plan benefits.

Case Managers work with high-risk patients having special needs. They assist in the development and coordination of all resources and alternatives available to the patient and Physician through WHP and community.

MEMBER RIGHTS AND RESPONSIBILITIES

The purpose of this document is to communicate to members and providers their rights and responsibilities as a WHP member. This applies to all lines of business administered by WHP, including all commercial and Medicare members.

Members of WHP have certain rights in regards to the medical services they receive such as access, service, quality medical care, and confidentiality. These rights are outlined in the Member Rights and Responsibilities.

Along with these rights, WHP members have certain responsibilities for cooperating with those who provide care. These responsibilities are outlined in the Member Rights and Responsibilities.

AS A MEMBER OF WHP YOU HAVE THE RIGHT TO:

- Obtain information about the qualifications of providers and to select your Primary Care Physician (PCP) from among the Plan's participating PCPs.
- Expect your physician to provide and coordinate your health care.
- Be informed about the Plan, its policies and procedures regarding services and benefits, and any significant changes in those policies and procedures.
- Expect your health care and financial records to be kept confidential and released only with your or your authorized representative's written permission, except as required by law and specified in the Plan Agreement.
- A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Receive sufficient information about medical treatment, alternatives and risks to enable you to give informed consent before the initiation of any procedure or treatment.
- Be informed of your diagnosis, course of treatment and prognosis in terms you can reasonably be expected to understand.
- Participate in decisions made concerning your health.
- Be treated with respect, dignity and the right to privacy.
- Discuss your medical records with your physician and receive, upon written request (within the guidelines of the applicable state law), a copy of those records.
- Have access to emergency services 24 hours a day, 7 days a week, when medically necessary.
- Be treated privately, with dignity and respect.
- Refuse the treatment recommended by Participating Providers. By refusing treatment, you assume total responsibility for you and your family's medical outcome and financial risk.
- Express a complaint, as outlined in the Plan's Grievance Procedure, and to expect a response to that complaint within a reasonable period of time.
- Make recommendations regarding the organization's members' rights and responsibilities policies.

AS A MEMBER OF WHP YOU ARE RESPONSIBLE FOR:

- Choosing a PCP from the list of Plan Providers accepting new patients and obtaining your medical care from or through the PCP selected.
- Obtaining authorization from your PCP before seeking a consultation or emergency services, except in potentially life-threatening situations.
- Assisting the Plan by providing truthful and accurate information and authorizing the Plan to obtain necessary medical information.
- Keeping your PCP informed of your health status and any changes that could influence your treatment.
- Complying with your Plan's suggested preventive health care measures, such as recommended physical exams, immunizations, pap smears, mammograms and prenatal visits.
- Obtaining and carefully considering all information you may need or desire in order to give informed consent for a procedure or treatment.
- Following instructions and guidelines given by those providing your health care services and weighing the potential consequences of refusal to comply with those instructions or recommendations.
- Keeping appointments and informing office personnel as early as possible, during regular business hours, when cancellations are unavoidable.
- Informing the Plan of any changes of your residence or membership status.
- Paying applicable co-payments at the time of service.
- Informing the Plan and participating physicians of benefits available to you (or your family members) under other health care or insurance plans.
- Being considerate and cooperative in dealing with Plan providers and for respecting the rights of fellow Plan members.
- Reading and being aware of all material distributed by the Plan that explains policies and procedures regarding services and benefits, and complying with all Plan procedures, rules and limitations.
- Expressing opinions, concerns or complaints in a constructive manner.
- Using Participating Providers consistent with the applicable benefit plan offered.
- Participate in understanding your health problems and developing mutually agreed upon treatment goals.
- Providing your most recent member ID card when accessing health care services.

WHP DISTRIBUTES ITS MEMBERS' RIGHTS AND RESPONSIBILITIES TO:

Existing Members: The Member Rights and Responsibilities are included in the Member Handbook, which is available upon request. In addition, the Member Rights and Responsibilities are included in the quarterly member newsletter, HealthWell, on an annual basis.

New Members: The Member Handbook is included in the new member packets, which is given to each new member upon enrollment.

Existing Practitioners: The Member Rights and Responsibilities are included in the Provider Manual. Any revisions or additions to the Member Rights and Responsibilities are conveyed through quarterly educational training visits with the practitioners or by mail. In addition, the quarterly member newsletter, HealthWell, is mailed to each participating practitioner.

New Practitioners: The Provider Manual is distributed to all new practitioners at the time of agreement to participate in the WHP network.

MAINTAINING OUR MEMBERS' TRUST

WHP respects the trust our members have placed in us to maintain confidentiality and security of your personal information. WHP's Notice of Privacy Practices described below indicates how your medical information may be used and disclosed and how you can get access to this information. Please be sure to read it carefully.

NOTICE OF PRIVACY PRACTICES

Protected Health Information ("PHI") is information, including demographic information, that may identify you and that relates to health care services provided to you, the payment of health care services provided to you, or your physical or mental health or condition, in the past, present or future. This Notice of Privacy Practices describes how we at Welborn Health Plans ("WHP") may use and disclose your PHI. It also describes your rights to access and control your PHI.

As a health plan, we are required by Federal law to maintain the privacy of PHI and to provide you with this notice of our legal and privacy practices.

We are required to abide by the terms of this Notice of Privacy Practices, but reserve the right to change the Notice at any time. Any change in the terms of this Notice will be effective for all PHI that we are maintaining at that time. If a change is made to this Notice, a copy of the revised Notice will be provided to all individuals covered under the plan at that time.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior consent or specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations That Do Not Require Your Prior Written Consent

Federal law allows a health plan to use and disclose PHI for the purpose of treatment, payment and health care operations without your consent or authorization. Examples of the uses and disclosures that we are allowed to make, as a health plan, are listed below.

Treatment. Treatment refers to the provision and coordination of health care by a doctor, hospital or other health care provider. Although, as a health plan, WHP does not provide treatment, we may provide PHI to health care providers in order to arrange treatment for you.

Payment. Payment refers to the activities of a health plan in collecting premiums and paying claims under the plan for health care services you receive. We use PHI to pay claims and we disclose PHI to companies that pay claims for WHP such as a pharmacy benefits manager or a vision plan manager. Examples of uses and disclosures under this section include the sending of PHI to an external medical review company to determine the medical necessity or experimental status of a treatment; sharing PHI with other insurers to determine coordination of benefits; filing and settling subrogation claims; and sending PHI to a reinsurance carrier to obtain reimbursement of claims paid under the plan.

Health Care Operations. Health Care Operations refers to the basic business functions necessary to operate a health plan. Examples of uses and disclosures under this section include conducting quality assessment studies to evaluate the plan's performance or the performance of a provider or vendor; the use of PHI to provide case and disease management services; the use of PHI in determining the cost impact of benefit design changes; the disclosure of PHI to underwriters for the purpose of calculating premium rates and obtaining reinsurance; the disclosure of PHI to deal with complaints and grievances about your care; the disclosure of PHI to stop-loss or reinsurance carriers to obtain claim reimbursements to the plan; the disclosure of PHI to plan consultants who provide legal, actuarial and auditing services to the plan; and use of PHI in general data analysis used in the long term management and planning for WHP.

The above examples are not all inclusive of the situations when, as permitted by Federal and State law, we may use and disclose PHI for treatment, payment, and operations.

Other Uses and Disclosures Allowed Without Your Consent

Federal law also allows a health plan to use and disclose PHI, without your consent or authorization in the following ways:

Health Oversight. We may disclose PHI to a health oversight agency or other regulatory agency for purposes authorized by law such as audits, investigations, and inspections.

Legal Proceedings. We may disclose PHI in the course of any judicial or administrative proceeding in response to (i) an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) and (ii) in response to a subpoena, discovery request or other lawful process (excluding mental health records which, in Indiana, can only be released upon a court order) but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Military Activity and National Security. We may use or disclose PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities and for Veterans Affairs benefits eligibility. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Workers' Compensation. We may release PHI about you for programs that provide benefits for work-related injuries or illness.

When Required by Law: We may disclose your PHI as otherwise required by law, provided that the disclosure and use complies with and is limited to the relevant requirements of such law.

To the Plan Sponsor. We may disclose your PHI to the Plan Sponsor to conduct plan administration functions only if the Plan Sponsor has adopted certain safeguards to prevent the use of the PHI for employment-related decisions or in connection with any of its other benefit plans.

The examples of permitted disclosures listed above are not provided as an all inclusive list of the ways in which PHI may be disclosed. They are provided to describe in general the types of uses and disclosures that may be made.

All Other Uses and Disclosures Require Your Prior Written Authorization

In any other situation not described above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

At WHP, we are committed to maintaining the confidentiality of your personal and sensitive information. You and your family trust us to collect and maintain the information necessary to administer your benefit plan in a way that protects your privacy. That is why we have policies and processes in place to protect the security and confidentiality of your personal information.

HOW WE PROTECT CONFIDENTIAL INFORMATION

WHP is required by law to keep our members' personal information confidential. Here are things we do to make sure your personal information is protected:

- Whenever possible, we provide information that doesn't identify any individual. If we do need to share individually identifiable information, we have policies that protect confidentiality.
- We require a written agreement from companies and organizations who receive confidential information from us. They agree that they will use any individually identifiable information only to administer your benefits plan in accordance with applicable laws.
- Sometimes we require a member's written authorization before we disclose confidential information. For example, a request from a research organization or from a member's attorney would require an authorization signed by the member. Requests for confidential information for a minor or for an adult who is unable to exercise rational judgment or give informed consent require an authorization from the member's parent, legal guardian, or health care representative.
- We educate our organization on how to protect the confidentiality and security of your personal information. Our employees may not disclose information to other employees except when it's needed to conduct WHP business.
- Access to our facility is limited to authorized personnel.
- We have policies and procedures for accessing, labeling and storing confidential records.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

- You have a right to request restrictions on uses and disclosures of your personal information with respect to treatment, payment and health care operations. WHP will consider your request, but we are not legally required to accept it. You may not limit the uses and disclosures that we are legally required to make.
- You have a right to request in writing that we send information to you at an alternate address if you include a statement in your request that the disclosure of all or part of the information to which the request pertains could endanger you.

- You have the right to inspect and copy your PHI for as long as WHP maintains the PHI. Federal law does prohibit you from having access to the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding; and PHI that is subject to a law that prohibits access to that information. If your request for access is denied, you may have a right to have that decision reviewed.
- WHP strives to make sure that information is accurate and complete. You have the right to request that your PHI be amended for as long as the plan maintains the PHI. The plan may deny your request for amendment if it determines that the PHI was not created by the plan, is not information that is available for inspection, or that the PHI is accurate and complete. If your request for amendment is declined, you have the right to have a statement of disagreement included with the PHI and the plan has a right to include a rebuttal to your statement, a copy of which will be provided to you.
- You have a right to obtain an accounting of instances in which we have disclosed your personal information after the official compliance date of April 14, 2003. An accounting will be provided within 60 days of receipt of the request and will not include uses or disclosures that we are allowed to make for treatment, payment or health plan operations.

HOW WE LET MEMBERS KNOW ABOUT OUR PRIVACY PRACTICES

WHP will provide all current subscribers with a copy of this Notice of Privacy Practices. New subscribers will receive this notice with their plan benefit materials. You can also view this notice on our website at www.welbornhealthplans.com or you can request a copy from our Compliance Department by calling (812) 426-6600 or (800) 521-0265, and choose option #7. For the hearing impaired, call the toll-free Indiana Relay number at (800) 743-3333.

COMPLAINTS

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your personal information, you may file a complaint by calling our Privacy Officer at (812) 426-6600 or (800) 521-0265, and choose option #7. For the hearing impaired, call the toll-free Indiana Relay number at (800) 743-3333. You may also call WHP for information on how to file a complaint with the Secretary of the Department of Health and Human Services. WHP will take no retaliatory action against you if you file a complaint about our privacy practices.

The Agreement and Exhibits included in your Member packet explain applicable benefit information about WHP. Please review these materials carefully so that you understand your benefits. The Agreement, however, cannot replace the personal WHP touch you will receive from our Member Services Representatives.

Again, Welcome to WHP!