MDwise Marketplace, Inc. is a Qualified Health Plan issuer in the Health Insurance Marketplace.

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

MDwiseMarketplace.org

What’s Inside:

• How to pay your monthly premium
• Services covered by MDwise Marketplace
• How to pick a doctor and hospital
• Prescription drug coverage
• myMDwise Marketplace for 24/7 health information
Welcome to MDwise Marketplace

Thank you for choosing MDwise Marketplace. We are here to help you understand the benefits available to you through your MDwise Marketplace health plan.

Visit MDwise.org to get information about your health plan. Most of our website is mobile friendly, which makes it easier for you to view the information on a mobile phone.

With myMDwise you can:

- Create your own personal account called myMDwise Marketplace.
- Review your policy with MDwise Marketplace on your myMDwise Marketplace account.
- View your Summary of Benefits and Coverage (SBC) on your myMDwise Marketplace account.
- Review claims from services you’ve received on your myMDwise Marketplace account.
- Find a doctor, specialist, pharmacy or hospital at MDwise.org/marketplacedoctors.
- Learn ways to improve your health. See special programs information on page 5 for more information.

If you don’t have access to the Internet you can call 855-417-5615. A MDwise Marketplace customer service representative can help you.

Your Satisfaction is Important to Us

Your policy is available on your personal account called myMDwise Marketplace. It’s a contract that explains the exact terms and conditions of coverage, including the contract’s exclusions and limitations. You will have 10 days to examine your contract. If you are not fully satisfied, you may cancel your contract and your premiums will be refunded.

What is myMDwise Marketplace?

myMDwise Marketplace is available 24 hours a day, seven days a week. When you use myMDwise Marketplace, you can:

- View your general eligibility information, including the name of your current doctor.
- View your pharmacy claims.
- Review your policy with MDwise Marketplace.
- View your Summary of Benefits and Coverage (SBC).
- Print extra copies of your ID card.

To sign up for myMDwise Marketplace, go to MDwise.org. Click the link "MDwise Marketplace member login" in the "myMDwise Login" box. Then click “Create Member Account.” You will be guided through this process.

Si quiere que le mandemos esta información en español, favor de llamar a nuestro departamento de Servicio al Cliente de MDwise al 855-417-5615. También puede encontrar esta información en español en nuestra página web en MDwiseMarketplace.org.

myMDwise Marketplace Mobile App

Do you want to view your MDwise Marketplace ID card? Do you want to check your coverage and benefits information? Or find a doctor close to home? With myMDwise Marketplace you can manage your health care on the go. Go to your mobile phone’s app store. Then search for “myMDwise Marketplace” and download.

This handbook is a quick overview of the MDwise Marketplace plan for members. Please refer to your MDwise Marketplace member policy on your myMDwise Marketplace account for complete terms.
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Welcome to MDwise Marketplace

MDwise Marketplace is your health plan.

You will choose one doctor who will work with you to keep you and your family healthy. Your doctor is part of a hospital system (also called a delivery system). You will get your health care through the same hospital system. The chart below shows the possible options you may have.

Your Doctor First

Remember to always call your primary medical provider (PMP) first for all medical care and before going to the emergency room, unless it’s a true emergency. Your doctor has someone who can help you 24 hours a day. Or you can speak to a live nurse 24 hours a day through NURSEon-call if you have questions about the type of care you need. Call 855-417-5615.

You get the best care and lowest out-of-pocket cost when you go to your in-network MDwise Marketplace doctor. Your doctor can organize all your health care services and knows you best. This means:

1. You will be healthier.
2. Your doctor will have your records.
3. Your doctor will know you and your family’s health history.
4. You will have less paperwork to fill out.

Don’t know your doctor or have questions? Call MDwise Marketplace customer service at 855-417-5615.
Navigating Your Health Plan

ID Card
You will receive an ID card in the mail. Make sure the information on the card is correct. Call customer service if you have any changes. Show this card when you get medical care or prescription drugs.

About the Summary of Benefits and Coverage (SBC)
An SBC is an easy to understand summary about a health plan’s benefits and coverage. It provides information about your deductible, out-of-pocket limits on health care expenses, services your plan covers and copays for those services, services your plan doesn’t cover and coverage examples. It is available on your myMDwise Marketplace account.

MDwise Marketplace Special Programs
MDwise Marketplace offers free programs to help you manage your health. Programs include:
- SMOKE-free: MDwise.org/marketplace/smokefree
- INcontrol: MDwise.org/incontrol
- WEIGHTwise: MDwise.org/marketplace/weightwise

MDwise Marketplace Newsletter
The MDwise Marketplace quarterly Steps to Wellness newsletter provides information on your health plan benefits, as well as any news and updates. It also includes helpful tips for you and your family on how to stay healthy. Current and past newsletters can be found online at MDwise.org/marketplace/newsletter.

myMDwise Marketplace
By creating a personal account in myMDwise Marketplace, you can:
- View your general eligibility information, including the name of your current doctor.
- Review your policy with MDwise Marketplace.
- View your pharmacy claims.
- View your Summary of Benefits and Coverage (SBC)
- Print extra copies of your ID card.

To create an account or log in, go to MDwise.org. Click the link "MDwise Marketplace member login" in the "Member Login" box.

myMDwise Marketplace Mobile App
Do you want to view your MDwise Marketplace ID card? Do you want to check your coverage and benefits information? Or find a doctor close to home? With myMDwise Marketplace you can manage your health care on the go. Go to your mobile phone’s app store. Then search for "myMDwise Marketplace" and download.
Choosing Your MDwise Marketplace Doctor
When you sign up for MDwise Marketplace, you will choose a doctor (also called a primary medical provider, or PMP). The doctor you choose will be part of a hospital delivery system.

To choose a PMP, go to MDwise.org/marketplacedoctors. Use the directory to find your doctor. Then call MDwise Marketplace customer service to tell us your choice.

PMPs can be one of six types of providers:
- Family practice doctor
- General practice doctor
- Internal medicine doctor
- OB/GYN doctor—for women only
- Pediatric doctor—for children only
- Nurse practitioners

Some PMPs work with trained health care assistants. The types of assistants who may help your PMP are:
- Physician assistants
- Medical residents

These assistants can do many health care services your doctor does. They can take medical histories, complete physicals, order lab tests and give you health education.

When you need care, you should go to your chosen PMP, or another doctor in your PMP’s delivery system. Please note you will be allowed three PMP changes, after your first choice, in a year.

Your doctor will handle all of your health care. This includes:
- Giving check-ups and immunizations (shots)
- Giving routine care
- Writing prescriptions
- Referring you to specialists or other providers
- Admitting you to the hospital

If you get sick after hours, call your doctor’s regular office number. If you hear a message, listen for instructions on what to do.

If There is an Emergency
You should call your doctor whenever you have questions or need care. This is the best way to help your doctor take care of you. However, if it is an emergency, do not wait to call your doctor first.

Call 911 or go straight to the nearest hospital emergency room. You can read more about emergency care on page 11.

If You Need Care When You Are Far From Home
If you are far away from home, you should still call your doctor if you need care. He or she can help you get routine or urgent health care.

Find a Doctor
Looking for a PMP, specialist, hospital or behavioral health provider? Go to MDwise.org/marketplacedoctors to find a doctor close to home. You can also find eye doctors, pharmacies or look up a prescription drug.
Prior Authorization

Sometimes, your doctor may want you to get care from other providers. If we do not have the doctor you need in the MDwise Marketplace network, or the doctor you need is not within 60 miles of your home, then we will find you a doctor outside of MDwise Marketplace who can help you. Please note that in order to provide the best care for you, some specialty providers we refer you to may be a farther distance from your home.

Participating Doctors

You must obtain health services from doctors who participate in the MDwise Marketplace network. There are a few exceptions:

- Emergency health services.
- Health services that:
  - Are not available through participating doctors, and
  - We have approved in advance in writing.

You are responsible for verifying the participation status of a doctor before receiving health services.

If you don't check a doctor’s participation status as required and use a non-participating doctor:

- The health services, other than emergency services, will not be covered.
- You will be responsible for paying for the services.

The participation status of a doctor may change from time to time. So it is important that you check the status each time before receiving health services.

We can give you the information you need in order to locate a participating doctor. You can verify a doctor’s participation status by calling customer service. Or you can go to MDwise.org/marketplacedoctors to search online.

Non-Participating Doctors

Non-emergency health services given by a non-participating doctor will be covered in the following circumstances only:

- Prior authorization for non-participating doctors. The allowed amounts of non-emergency health services provided by a non-participating doctor will be covered if all of the following conditions listed below are met.
  - The specific health services cannot be provided by or through participating doctors.
  - The services are medically necessary.

The non-participating doctor must call MDwise Marketplace customer service for the prior authorization. If he/she does not get a prior authorization, you will be responsible for all costs associated with those health services. Additional health services not authorized in the original prior authorization require a new prior authorization.

- If continuity of care with the non-participating doctor is required under current National Committee for Quality Assurance (NCQA) standards.

Please refer to your MDwise Marketplace member policy on myMDwise Marketplace for complete terms.

Hospitals

You may need to go to the hospital at some time. Your doctor only treats patients at a certain hospital. We recommend you use the hospital your doctor uses. However if you have a true emergency, go to the nearest hospital for immediate care.

If you are hospitalized in a non-participating hospital as a result of an emergency, you or your doctor must notify MDwise Marketplace within 48 hours in order to get approval to continue services at the non-participating hospital.

Interpretation Services

MDwise Marketplace doctors can talk to you in Spanish or other languages, including sign language. This is a free service. It is available to you 24 hours a day, seven days a week over the phone and at doctor visits. You or your doctor can call MDwise Marketplace customer service and these services will be arranged for you.
Call for an Appointment
You should always call before visiting the doctor’s office. When you call, the doctor’s staff will schedule a time for you to see the doctor as soon as possible.

Schedule Your Appointment
This list shows the longest you should have to wait to get an appointment:
• Within one month for a child’s first appointment.
• Within one day for urgent care (like a fever or earache).
• Within three days for non-urgent care (like ongoing knee pain).
• Within three months for an annual physical exam.
• Pregnant women can see a doctor quicker. In the first six months of pregnancy, you should not have to wait more than one month for an appointment.

It is very important to keep your doctor’s appointments. This helps your doctor take better care of you and your children.

Getting Ready for Your Doctor’s Appointment
Before you see the doctor, be sure to write down your questions. Never be afraid to ask questions. The doctor wants you to understand all your treatment decisions.

If this is your first appointment with a doctor, plan to arrive early. The doctor’s office may have paperwork for you to fill out before you see the doctor.

In the Waiting Room
You will have the shortest wait in the waiting room if you make an appointment first. Your wait time should be under one hour. Sometimes it may take longer if your doctor has unplanned emergencies.

TIP
New MDwise Marketplace members should call to make an appointment with their doctor right away. Make an appointment with your new doctor in the first three months (90 days).

This is also a good way to get to know your new doctor so he or she can take better care of you—before an emergency happens.
Preventive Care

Free Preventive Services
MDwise Marketplace members get FREE preventive care. You won’t have to pay a copay or coinsurance for these services when they are delivered by your chosen doctor. They are grouped into three categories:

• **Preventive health services for adults**, like blood pressure and diabetes screenings, as well as immunizations (vaccines)
• **Preventive health services for women**, like cervical cancer screenings, well-woman visits and contraception
• **Preventive health services for children**, like vision, hearing and obesity screenings, as well as immunizations (vaccines)

For the full list of free preventive services, go to [MDwise.org/preventive/marketplace/](http://MDwise.org/preventive/marketplace/).

Get Regular Check-ups
It is important to get check-ups from your doctor on a regular schedule. This is true even if you feel healthy.

Check-ups will help you:

• Get immunizations (shots) that can help keep you or your child from getting sick.
• Check if your child is growing and developing at the right pace.
• Catch early warning signs before a disease or illness gets worse.
• Check vital statistics so your doctor can compare them when you or your child does get sick.
• Get advice on eating better, quitting smoking or other healthy living tips.

Preventive Care for Adults
Preventive care is important to keep you healthy, especially as you get older.

The following chart lets you know what care or screening you may need for someone your age and gender. Your doctor will also know what preventive services you need.

### Preventive Care Service Chart

<table>
<thead>
<tr>
<th>Preventive Care Service</th>
<th>Male age 19–20</th>
<th>Female age 19–20</th>
<th>Male age 21–34</th>
<th>Female age 21–34</th>
<th>Male age 35–49</th>
<th>Female age 35–49</th>
<th>Male age 50–64</th>
<th>Female age 50–64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Physical Exam</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Blood Glucose Screening*</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Tetanus-Diptheria Booster</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Pap Smear***</td>
<td>✔️</td>
<td></td>
<td>✔️</td>
<td></td>
<td>✔️</td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Chlamydia Screening</td>
<td>✔️</td>
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<tr>
<td>HPV Vaccine**</td>
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<td></td>
<td></td>
<td>Under 27</td>
</tr>
<tr>
<td>Cholesterol Testing*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
<td>45+</td>
</tr>
<tr>
<td>Screening Mammogram*</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Flu Shot*</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Pneumococcal vaccine*</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

* Annual or as instructed by your doctor based on your disease/history specific condition.

** Males should get the Gardasil HPV vaccine; Females should get either the Gardasil or Cervarix HPV vaccine.

*** Every 3 years. Every 5 years in combination with HPV screening for women 30-65.
Check-Ups for Children
Check-ups help to make sure your child is growing up healthy. If the doctor finds a problem, it is treated and watched. These benefits are available to your child with MDwise Marketplace.

Children should get check-ups regularly on or before the ages listed below:
- 3–5 days
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months (Your baby should have this check-up BEFORE s/he turns 15 months old.)
- 18 months
- 24 months
- 30 months
- 3 years
- Every year age 4–20

Immunizations (shots)
Immunizations are shots that help the body fight disease. Children must have all the shots they need before they can start school. Check with your child’s doctor to be sure that your child has all the needed shots.

The chart below is the recommended childhood and adolescent immunizations schedule. It may seem like a lot of shots, but the shots are needed to prevent disease. The visits also help the doctor make sure your child is growing and learning on schedule. If you are not sure if your child needs a shot, please talk to your child’s doctor right away. Your doctor can also tell you what to do if your child misses a shot.

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Hep B</th>
<th>RV</th>
<th>DTaP</th>
<th>Hib</th>
<th>IPV</th>
<th>MMR</th>
<th>VAR</th>
<th>HPV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>HepB</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 month</td>
<td>HepB</td>
<td>RV</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2 months</td>
<td>HepB</td>
<td>RV</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4 months</td>
<td>HepB</td>
<td>RV</td>
<td></td>
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</tr>
<tr>
<td>6 months</td>
<td>HepB</td>
<td>RV</td>
<td></td>
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</tr>
<tr>
<td>9 months</td>
<td>HepB</td>
<td>RV</td>
<td></td>
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<tr>
<td>12 months</td>
<td>HepB</td>
<td>RV</td>
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</tr>
<tr>
<td>15 months</td>
<td>HepB</td>
<td>RV</td>
<td></td>
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</tr>
<tr>
<td>19–23 months</td>
<td>HepB</td>
<td>RV</td>
<td></td>
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<td></td>
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<tr>
<td>2–3 years</td>
<td>HepB</td>
<td>RV</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>4–6 years</td>
<td>HepB</td>
<td>RV</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7–10 years</td>
<td>HepB</td>
<td>RV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11–12 years</td>
<td>HepB</td>
<td>RV</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>13–18 years</td>
<td>HepB</td>
<td>RV</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Flu (yearly)</td>
<td></td>
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<tr>
<td>PCV</td>
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<td>PCV</td>
<td>PCV</td>
</tr>
</tbody>
</table>

HepB = hepatitis B  
DTaP = diphtheria, tetanus, pertussis  
Hib = Haemophilus influenzae type b  
PCV/PPSV = pneumococcal  
VAR = varicella (chicken pox)  
MMR = measles, mumps, rubella  
MCV4 = meningococcal  
RV = rotavirus  
Tdap = tetanus, diptheria, pertussis booster  
IPV = inactivated polio  
HPV = human papilloma vaccine  
HepA = hepatitis A  
Flu = influenza

Compiled with information from the U.S. Centers for Disease Control and Prevention, 2016.
Emergency care includes getting treated for medical conditions and emergencies without prior authorization. If you receive emergency care, the following benefits are covered:

- Facility costs.
- Physician services.
- Supplies/prescription drugs charged by the facility.

Whenever you are admitted as an inpatient directly from a hospital emergency room, you will not have to pay the emergency room services copay/coinsurance for that emergency room visit.

You must notify us or verify your doctor has notified us of your admission within 48 hours or as soon as possible within a reasonable period of time.

Care and treatment provided once you are stabilized is no longer considered emergency care.

### Type of Care

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>What You Should Do</th>
</tr>
</thead>
</table>
| **Preventive care (also called well care)** | Call your doctor to make an appointment for preventive care.  
Examples:
check-ups, annual/yearly exams, immunizations (shots), prescriptions |
| **Urgent/sick care**         | Call your doctor. He/she will schedule an appointment or give you other instructions.  
Examples:
earache, sore throat, fever, minor cut that may need stitches, sprain or strain |
| **Emergency care**          | Go to the nearest hospital or call 911. You do not have to call your doctor first in an emergency.  
Examples:
bleeding that won’t stop, poisoning, severe head injury, serious burns, loss of consciousness, sudden severe chest pains, trouble breathing, seizures |

**NURSEon-call**

Speak to a live nurse 24 hours a day if you have questions about the type of care you need. Call 855-417-5615. Choose option #2 for member. Then choose option #2 for current member. Finally, choose option #4 for NURSEon-call.

Speak with a nurse 24 hours a day
Pregnancy Care

Covered Services for Pregnant Members
MDwise Marketplace covers maternity services for members. Some of these services include prenatal care, delivery and postpartum care.

If you have a vaginal delivery, your inpatient stay will be covered for a minimum of 48 hours. If you have a Cesarean section, your inpatient stay will be covered for a minimum of 96 hours.

See your member policy in your myMDwise Marketplace account for more detailed information on covered services.

Prenatal Care

While you are pregnant, you will go to an OB/GYN doctor. At your first pregnancy visit, your doctor will:

• Give you a physical exam.
• Tell you the date your baby will most likely be born.
• Study your medical history to look for anything that might affect your pregnancy or your baby.
• Check for any health problems that might be passed down to your baby. This is called genetic screening.

If your OB/GYN does not find any problems, you will see him or her:

• One time every four weeks for the first 28 weeks.
• One time every two or three weeks from week 28 through week 36.
• After 36 weeks, one time every week until you have your baby.

See your provider as soon as you think you are pregnant. Healthy pregnancies start with early prenatal care. It is important to go to all of your prenatal appointments, even if you are feeling fine. They will help make sure you and your baby are healthy.

There is also an important appointment after your baby is born. It is called a postpartum visit. Your provider will make sure you are healing and look for any signs of infection. He or she will also answer any questions you have about taking care of your baby.

If you have any special medical problems, your provider may want to see you more often.

Your OB provider will do the following during each visit:

• Check your weight.
• Check your blood pressure.
• Check your urine protein.
• Check your baby’s heart rate.
• Check the size of your womb (also called the uterus).
• Check any vaginal bleeding or leaking of fluid you might have.
Sometime during your regular visits, the OB/GYN will talk to you about what pain medicine you might need during labor and delivery (birth of your baby).

Before or during pregnancy, alcohol and drugs can harm your unborn baby. If you need help for alcohol or drug use, talk to your doctor. Smoking during pregnancy can also harm your baby. Talk to your doctor to find out ways he or she can help you quit.

If you need a specialist when you are pregnant, your doctor can refer you. Your doctor can also prescribe you vitamins. They help keep your baby healthy during your pregnancy and help prevent birth defects.

Scheduled Deliveries

Scheduled deliveries are when you and your health care provider pick the day to deliver your baby. This can be done by scheduling a C-section. Or, you can be admitted to the hospital and given IV medication to start your labor.

MDwise Marketplace recognizes and supports The American College of Obstetrics and Gynecology’s recommendations for scheduled deliveries. As a MDwise Marketplace member who may be pregnant or become pregnant, we want you to know what MDwise Marketplace health care providers are recommending about scheduled deliveries.

Scheduled Deliveries Recommendations

• If there is no medical reason for you to deliver before your due date, it’s best for you and your baby to wait for natural labor.
• The American College of Obstetrics and Gynecologists recommend that scheduled deliveries without a medical reason should not occur before 39 weeks of pregnancy.
• If you must schedule your delivery, talk with your health care provider and make sure you are at least 39 weeks into your pregnancy.
• If you are planning a vaginal delivery, your doctor should check to make sure your cervix is beginning to open and is ready for delivery.

Bluebelle Beginnings

We want to help make sure your baby is born healthy. Call to let us know you are pregnant. We will talk to you about how your pregnancy is going. If you need extra help, we can be sure you get it.

It is also very important to pick a doctor for your baby BEFORE your baby is born. We can help you pick a doctor who is right for you. We will also send you important information about pregnancy and motherhood.
Summary of Benefits and Coverage

All MDwise Marketplace products include ten essential health benefits. They are required under the Affordable Care Act. They include:

1. Ambulatory patient services (care you get without being admitted to a hospital, like at a clinic or doctor’s office).
2. Emergency services.
3. Hospitalization.
4. Maternity and newborn care (care given to women during pregnancy and care after baby is born).
5. Mental health and substance use disorder services, including behavioral health treatment (care for mental health and substance abuse).
6. Prescription drugs.
7. Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities or chronic conditions gain or recover mental and physical skills).
8. Laboratory services.
9. Preventive and wellness services and chronic disease management (includes routine physicals and immunizations/shots).
10. Pediatric services (services covered for children, includes vision care).

Your member policy has the full list of covered services and limitations of coverage. You can access your policy by creating or logging in to your myMDwise Marketplace account.

To see the out-of-pocket cost associated with a specific service, please refer to your Summary of Benefits and Coverage (SBC). Your SBC can be found in your myMDwise Marketplace account. You can view your SBC for each MDwise Marketplace plan at MDwise.org/Marketplace/SBC. You may also call MDwise Marketplace customer service at 855.417.5615 to request a printed version of your SBC or your policy.

You have a deductible you are responsible for paying. The amount of the deductible depends on the metal level plan you chose (bronze, silver or gold). You will have to pay the allowed amount for services you receive until your deductible is met. The following are exceptions where you don’t have to reach your deductible before you pay your copay:

1. Visits to your assigned primary medical provider (PMP).
2. Preventive services.
3. Generic prescription drugs.

At the time of service at the doctor or other medical service provider, you will pay your copay/coinsurance. If you have not met your deductible, a bill for the allowed amount of the service will be sent to you.

Copay: The amount you pay for a covered health care service. You usually pay a copay when you receive the service. Copays do not count towards your deductible, but do count towards your out-of-pocket maximum.

Coinsurance: The portion, calculated as a percent (like 20%), of what you pay for a covered health care service. You pay coinsurance plus any deductibles you owe. Your health plan pays the rest.

Out-of-Pocket Maximum
There is an out-of-pocket limit on expenses. The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses. Premiums, balance-billed charges, health care your MDwise Marketplace plan doesn’t cover and costs associated with failure to obtain pre-authorization for services are not included in the out-of-pocket limit.

Services Not Covered by MDwise Marketplace
See your policy on myMDwise Marketplace for additional information about excluded services.

Deductible: The amount of money you have to pay before the health plan begins to pay. For example, if your deductible is $500, your health plan won’t pay for covered health services until you meet your $500 deductible.

Out-of-pocket costs: Medical expenses that aren’t reimbursed by insurance and you have to pay. This includes costs for services that aren’t covered by your plan.

TIP
MDwise Marketplace requires you to see doctors in our network. Out-of-network health care providers are not covered unless authorized. See page 6 to learn more.
Pharmacy

Understanding Your Prescription Drug Coverage

In order to provide high quality, affordable prescription drug coverage for you and your family, MDwise Marketplace uses a company called MedImpact Healthcare Systems, Inc® (MedImpact) to ensure you get the most from your benefits. MedImpact manages a list of covered medications called a **formulary**. It is important to understand what medications are covered and how that will impact you and your family.

Medications are organized into four tiers:

<table>
<thead>
<tr>
<th>Status</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="T1" /> Tier 1</td>
<td>Tier 1 Drugs</td>
</tr>
<tr>
<td><img src="image" alt="T2" /> Tier 2</td>
<td>Tier 2 Drugs</td>
</tr>
<tr>
<td><img src="image" alt="T3" /> Tier 3</td>
<td>Tier 3 Drugs</td>
</tr>
<tr>
<td><img src="image" alt="T4" /> Tier 4</td>
<td>Tier 4 Drugs</td>
</tr>
<tr>
<td><img src="image" alt="S0" /> Tier 5</td>
<td>Tier 5 Drugs</td>
</tr>
<tr>
<td><img src="image" alt="Unlisted" /> Unlisted Drug</td>
<td>This medication is not on our drug list. Click on the See therapeutic alternatives under the column Therapeutic Class to find potential covered alternative medications. If you have questions about your prescription drug coverage, please call Member Services at 1-844-336-2684.</td>
</tr>
</tbody>
</table>

Each tier has a different copay or coinsurance requirement. Tier 1 has the lowest out-of-pocket cost. Tier 4 has the highest. Often medications listed on a higher tier have a therapeutic alternative. A therapeutic alternative is a medication that has very similar effects in the treatment of a condition as one or more other medications. The therapeutic alternative may have a lower out-of-pocket cost. For example, if the medication being taken currently is Tier 3, a member could save money by working with their provider to find a therapeutic alternative Tier 1 medication.

**Certain medications or supplies listed as non-covered may be available if medical necessity is determined after clinical review. Please contact your prescribing provider to request that your provider submit a prior authorization request to MedImpact® for non-covered medications or supplies. Prior authorization forms are available for your medical provider on the pharmacy forms page.**
The benefit plan you selected when you signed up for MDwise Marketplace determines the copay or coinsurance amount for medications. The copay differs depending on the metal level and the tier. Please see following the chart for more information on your out-of-pocket responsibility for each prescription tier based upon your benefit plan.

<table>
<thead>
<tr>
<th>TIER</th>
<th>Basic Bronze</th>
<th>Plus Bronze</th>
<th>Bronze Plus with Adult Vision</th>
<th>Basic Silver</th>
<th>Basic Silver 73</th>
<th>Basic Silver 87</th>
<th>Basic Silver 94</th>
<th>Plus Silver</th>
<th>Plus Silver 73</th>
<th>Plus Silver 87</th>
<th>Plus Silver 94</th>
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<tbody>
<tr>
<td>1</td>
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<table>
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<tr>
<th>TIER</th>
<th>Silver Plus with Adult Vision</th>
<th>Silver Plus with Adult Vision 73</th>
<th>Silver Plus with Adult Vision 87</th>
<th>Silver Plus with Adult Vision 94</th>
<th>Silver Coinsurance</th>
<th>Silver Coinsurance 73</th>
<th>Silver Coinsurance 87</th>
<th>Silver Coinsurance 94</th>
<th>Gold Plus with Adult Vision</th>
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<tbody>
<tr>
<td>1</td>
<td>$20</td>
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<td>$15</td>
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</table>

**Pharmacy Frequently Asked Questions**

**What is a network pharmacy?**
A network pharmacy is a pharmacy that is covered by your plan and it is where you can have your prescriptions filled. If you receive medications from a non-network pharmacy, you will be responsible for the full cost of the medication. Visit the MDwise website to find a pharmacy convenient for you.

**What is mail order pharmacy?**
Through mail order pharmacy, you may be able to receive a 90-day supply of some of your medications. Certain medications are not eligible for a 90-day supply. You or your medical provider can look into this by contacting MedImpact® customer service at **1-844-336-2684**.

To utilize the mail order benefit complete the registration form located on the MDwise website. This registration form also provides step-by-step instructions and helpful tips.
**My medication isn’t on the formulary. What do I do?**

If you have looked on the formulary and did not find your medications OR see that your medications require prior authorization, please contact your medical provider to discuss the situation. Your medical provider may need to work with you and MedImpact to find a therapeutic alternative or request a prior authorization for you to continue on your current therapy. If a therapeutic alternative is not acceptable and a prior authorization is not successful, should you wish to continue that medication you would have to pay coinsurance for a non-preferred medication.

**My doctor told me that I have to go through “Step Therapy” before my medication can be approved. What does this mean?**

In some cases, our plan requires you to first try certain medications to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our Plan may not cover drug B unless you try Drug A first. If Drug A does not work for you, our Plan will then cover Drug B.

**What does it mean when there is a quantity limit?**

A quantity limit is when there is a limit to the amount of a medication that our plan will cover. This could refer to how much per month or how much per lifetime. For example, drug A is only to be taken two time daily as more could be harmful; our plan could set a quantity limit for #60 tablets in 30 days as a safety measure for you the member. As another example, chemotherapy drug B has a lifetime limit of X as more could be very harmful. Our plan could set a quantity limit for X per member’s lifetime as a safety measure.

**My doctor wrote for Brand Drug A but the pharmacy dispensed generic drug A. Why did they do this?**

This is called “generic substitution” and is a very common practice in pharmacy. A generic medication must prove that it is therapeutically equivalent as well as bioequivalent (absorbed in the body and processed in the body the same) before it can be sold as such. The physician has two choices of where to sign on a prescription in Indiana: line one states “May Substitute”, line two states “Dispense as Written”. If your medical provider signs on the line “May Substitute” the pharmacy will most likely substitute the generic if one exists. Choosing generic medications whenever available, usually provides equivalent therapy at a lower cost and lower copay.

**How will I, as a member, know if the formulary (preferred drug list) is changed?**

There are two ways that members are notified of formulary changes depending on if a change is being made to a medication they are currently taking. First, if a member is affected by a formulary change adding a new restriction, they will be notified by letter explaining the change, stating the date it the change will become effective, and any next steps that may be needed. Second, if a member is NOT affected they can refer to the formulary search tool which is updated as changes are made or the printable formulary which is updated monthly.

For more information about MDwise Marketplace pharmacy, please go to MDwise.org/prescriptions.
MDwise and VSP provide Vision Coverage for Children

Your child is covered-in-full for an eye exam and glasses or contacts every year.

Your child’s eyes deserve the best care to keep them healthy year after year. Plus, with VSP, you’ll get a great value on eyecare and eyewear for your child.

You’ll like what you see with VSP.

- **Find a VSP doctor who’s right for your child.** To find a VSP doctor, visit vsp.com.
- **Review your child’s benefit information.** Visit vsp.com to review your child’s plan coverage before an appointment.
- **At the appointment, tell them your child has VSP.**

That’s it! We’ll handle the rest—there are no claim forms to complete when your child sees a VSP doctor.

Eye Exams for Children

80% of what we learn is through our eyes. Many states require that children get a comprehensive eye exam before Kindergarten. Schedule an eye exam for your child at the beginning of every school year and start the year off right. Visit vsp.com to find a VSP doctor that specializes in child eyecare.

Visit vsp.com for more details on your child’s vision benefit and the exclusive savings and promotions for VSP members.

Contact us.
vsp.com | 855.868.4561
**Vision Benefit Summary**

Taking care of your child’s eyes with VSP includes a covered-in-full benefit outlined below. You’ll have access to the highest quality vision care from a VSP doctor you can trust. Visit [vsp.com/advantage](http://vsp.com/advantage) to find a doctor who’s right for your child and one who carries children’s frames from our exclusive Otis & Piper™ Eyewear Collection.

**VSP Doctor Network: VSP Advantage**

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DESCRIPTION</th>
<th>COPAY (Your cost)</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your Coverage with a VSP Advantage Doctor</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WellVision Exam®</td>
<td>• A thorough eye exam that tests for childhood eye health and vision issues, like nearsightedness, amblyopia (lazy eye), and strabismus.</td>
<td>$0</td>
<td>Every 12 months</td>
</tr>
<tr>
<td><strong>Prescription Glasses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>• Frames from our exclusive Otis &amp; Piper Eyewear Collection</td>
<td>$0</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Lenses</td>
<td>• Single vision, lined bifocal, lined trifocal, or lenticular lenses</td>
<td>Included in</td>
<td>Every 12 months</td>
</tr>
<tr>
<td></td>
<td>• Polycarbonate, scratch-resistant coating, and UV protection</td>
<td>Prescription</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Glasses</td>
<td></td>
</tr>
<tr>
<td>Lens Options</td>
<td>• 20% - 25% off other lens options</td>
<td>N/A</td>
<td>Every 12 months</td>
</tr>
<tr>
<td><strong>Contacts (Instead of glasses)</strong></td>
<td>• Contact lens exam and a minimum three-month’s supply of contact lenses are covered in full. Ask your VSP doctor which contacts qualify for your child’s plan.</td>
<td>$0</td>
<td>Every 12 months</td>
</tr>
<tr>
<td><strong>Extra Savings and Discounts</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glasses and Sunglasses</td>
<td>• 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laser Vision Correction</td>
<td>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

VSP guarantees coverage from VSP doctors only. Coverage information is subject to change.
Vison Coverage for MDwise Marketplace plans with Adult Vision

Your Vision Benefits Summary

Get the best in eyecare and eyewear with MDwise Marketplace and VSP® Vision Care.

Using your VSP benefit is easy.

- **Register at vsp.com** Once your plan is effective, review your benefit information.
- **Find an eyecare provider who’s right for you.** The decision is yours to make—choose a VSP provider or any out-of-network provider. To find a VSP provider, visit vsp.com or call 855.417.5615.
- **At your appointment, tell them you have VSP.** There’s no ID card necessary. If you’d like a card as a reference, you can print one on vsp.com.

That’s it! We’ll handle the rest—there are no claim forms to complete when you see a VSP provider.

Best Eyecare

You’ll get the highest level of care, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you’ll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eyewear

From classic styles to the latest designer frames, you’ll find hundreds of options. Choose from featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more. Visit vsp.com to find a VSP provider who carries these brands.

Plan Information

VSP Coverage Effective Date: 01/01/2017
VSP Provider Network: VSP Choice

Enroll in a MDwise Marketplace Plus Plan with Adult Vision provided by VSP today.

Visit vsp.com or call 855.417.5615 for more details on your vision coverage and exclusive savings and promotions for VSP members.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your Coverage with a VSP Provider</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WellVision Exam</td>
<td>Focuses on your eyes and overall wellness</td>
<td>$15</td>
</tr>
<tr>
<td>Prescription Glasses</td>
<td></td>
<td>$30</td>
</tr>
<tr>
<td>Frame</td>
<td>$150 allowance for a wide selection of frames</td>
<td>Included in Prescription Glasses</td>
</tr>
<tr>
<td>Lenses</td>
<td>$200 allowance for featured frame brands</td>
<td></td>
</tr>
<tr>
<td>Lens Enhancements</td>
<td>20% savings on the amount over your allowance</td>
<td></td>
</tr>
<tr>
<td>Contacts (instead of glasses)</td>
<td>$150 allowance for contacts; copay does not apply</td>
<td>Up to $60</td>
</tr>
<tr>
<td>Diabetic EyeCare Plus Program</td>
<td>Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD), Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</td>
<td>$20</td>
</tr>
<tr>
<td>Glasses and Sunglasses</td>
<td>Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.</td>
<td></td>
</tr>
<tr>
<td>Extra Savings</td>
<td>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</td>
<td></td>
</tr>
<tr>
<td>Retinal Screening</td>
<td>No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam</td>
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</tr>
<tr>
<td>Laser Vision Correction</td>
<td>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</td>
<td></td>
</tr>
</tbody>
</table>

Your Coverage with Out-of-Network Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization’s contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.
Many people think mental disorders are rare. In fact, they are common. A mental illness can affect thoughts and behavior. It can make it hard to cope with normal life routines.

What’s Covered?
If you think you may have an emotional, behavioral or substance abuse problem, it is important to remember there is help. MDwise Marketplace covers behavioral health services for our members. These services include:

- Therapy/counseling.
- Medication.
- Psychological testing.
- Hospital care
- Residential services

MDwise Marketplace members must pick a behavioral/mental health provider in the MDwise Marketplace network. Find a doctor online at MDwise.org/marketplacedoctors. You can also ask your doctor for help. He or she can help you find one. Or you can call MDwise Marketplace customer service.

The National Institute of Mental Health is a good resource for the most up-to-date mental health news and information. Go to nimh.nih.gov. You can search by topic, age and gender.

MDwise Marketplace Commitment to Quality Care

MDwise Marketplace is always looking for new ways to help you improve your health. All MDwise Marketplace members deserve health services that are high quality, safe, and culturally appropriate. To make sure this happens, the MDwise Marketplace quality program checks on care and services members get throughout the year. The quality program checks on:

- Members getting services they need
- Members getting service when they need it
- Responses from our member satisfaction surveys

Every year, we check to see if we met the goals of our quality improvement program. These checks help us to work closely with our doctors to make any changes that are needed. These checks also help us know what information our members need from us.

A copy of the MDwise Marketplace quality improvement program is available on our website at MDwise.org. You may also call MDwise Marketplace customer service and request a printed copy.

Member Surveys and Outreach

Your opinions are very important to us. MDwise Marketplace conducts a member satisfaction survey every year. These surveys are first sent by mail. A follow-up call is made if we do not get a response in the mail. This survey helps MDwise Marketplace know how we can be the best health plan possible. It helps us know what we are doing well and where we need to improve. We hope you will take the time to fill out the survey and let us know how we are doing.

MDwise Marketplace members may also get phone calls from MDwise Marketplace. One type of call might be to check on your health needs. Your answers help MDwise Marketplace know which programs might be right for you. Another type of call might remind members about important preventive care. Any MDwise Marketplace caller will tell you right away who they are and why they are calling.

If you have questions at any time about these calls or the survey, please call MDwise Marketplace customer service.
Paying Your Premium

You will receive a bill for your monthly premium. MDwise Marketplace provides the following payment options:

- Major credit card
- Debit card
- Prepaid debit card
- Money order
- Check
- Electronic Funds Transfer (EFT)

Pay online at MDwise.org/PayPremium. If you pay by check or money order, make it payable to MDwise Marketplace and mail your payment to MDwise Marketplace, Inc. 33216 Collection Center Drive, Chicago, IL 60693-0331.

What if my payment is late?

Premium payments are due in advance on a calendar month basis. Monthly payments are due by the last day of the month before coverage begins. This means that if any required premium is not paid before the date it is due, the policy will be subject to a grace period.

What is the grace period? What happens during the grace period?

Special Note: There are two different grace periods. One for those who are receiving Advanced Premium Tax Credits (APTC) the grace period is 90 days. For those who are not receiving Advanced Premium Tax credits the grace period is 30 days.

During the grace period the policy will stay in force, however, claims may pend for covered services provided to the member during the grace period. We will notify the Health Insurance Exchange Marketplace, the member, as well as providers of the non-payment of premiums and the possibility of denied claims when the member is in the grace period.

I received my invoice and I don’t know what APTC means.

APTC stands for Advanced Premium Tax Credit. Due to your income you were determined to be eligible for a new tax credit to lower the cost of your health coverage purchased through the Marketplace. Advance payments of the tax credit can be used right away to lower your monthly premium costs.

What happens if I don’t make my payment by the end of the grace period?

If you fail to pay your premiums, you will lose your insurance coverage. You will not be able to rejoin a Marketplace Health Plan until there is a new open enrollment or qualifying event and you will be responsible to pay any medical bills you incur. You may also have to pay a penalty when you file your taxes next year if you go without qualifying coverage for more than three months during the year.

If I pay by credit card, check or debit card, how quickly will I be able to see this in my account?

Although most credit card transactions will appear on your account almost immediately, you should wait at least six days to see bank transactions posted.

How often do invoices go out and when?

As HealthCare.gov sends us new conditional members, the initial invoice for each will go out within three to four days; after that, recurring invoices will be mailed on the tenth of each month.

I received an invoice from MDwise Marketplace, but I have obtained other coverage through my employer. What should I do?

You need to go to HealthCare.gov and cancel your MDwise Marketplace policy. However, you should be sure your employer-sponsored coverage is a qualified plan and that it is less expensive for you. You should check with your employer before cancelling your MDwise Marketplace policy.

I received an invoice for my insurance, but I think the premium is incorrect. What should I do?

This depends on the answers to these questions:

1. What plan did you enroll in? If the invoice is reflecting a different plan than what you thought you enrolled in, you need to cancel the current plan through HealthCare.gov and reenroll in the plan you intended to enroll.

2. Did you enroll any dependents? If the answer is “No” and the invoice has dependent information, you need to contact HealthCare.gov to have the dependent(s) removed.

3. Is there a balance forward amount on the invoice? If the answer is “Yes” and you have questions on this amount please call MDwise Marketplace customer service.

I received my invoice, but my address has changed and it came late. What do I do?

If you are within the grace period, you must make payment before that expires to avoid loss of coverage. You also need to notify HealthCare.gov of the change in your address. Depending on where you moved, you may not have the same service delivery area, which means you will need to reenroll and pick a new PMP.

If the payment due date has passed the grace period date, there is no reinstatement for unpaid premiums past the grace period; you will have to wait until the next open enrollment period. It will be in the fall of 2016. You may also have to pay a penalty when you file your taxes next year if you go without qualifying coverage for more than three months during the year.
Changes You Must Report

You are responsible for reporting any changes in your household. See the chart below for more information.

<table>
<thead>
<tr>
<th>Type of Change</th>
<th>Where to Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase or decrease in estimated annual income for 2015 or a change to current month’s income</td>
<td>HealthCare.gov</td>
</tr>
<tr>
<td>Add or remove application member</td>
<td>HealthCare.gov</td>
</tr>
<tr>
<td>Relocation to a new zip code or county</td>
<td>HealthCare.gov</td>
</tr>
<tr>
<td>Gain or loss of health coverage</td>
<td>HealthCare.gov</td>
</tr>
<tr>
<td>Anyone on the prior application has become pregnant</td>
<td>HealthCare.gov</td>
</tr>
<tr>
<td>Change in tax filing status (will or won’t file, joint or separate filer) or change in tax dependents that will be claimed</td>
<td>HealthCare.gov</td>
</tr>
<tr>
<td>Became incarcerated or is released from incarceration</td>
<td>HealthCare.gov</td>
</tr>
<tr>
<td>Change in immigration status or citizenship</td>
<td>HealthCare.gov</td>
</tr>
<tr>
<td>Change in status as member of federally recognized Tribe</td>
<td>HealthCare.gov</td>
</tr>
<tr>
<td>Became disabled or in need of long term care (or is no longer in need of care)</td>
<td>HealthCare.gov</td>
</tr>
<tr>
<td>Changes to employer coverage</td>
<td>HealthCare.gov</td>
</tr>
<tr>
<td>Correct/update the relationships between family members</td>
<td>HealthCare.gov</td>
</tr>
<tr>
<td>Name changes</td>
<td>MDwise Marketplace and HealthCare.gov</td>
</tr>
<tr>
<td>Email changes</td>
<td>MDwise Marketplace and HealthCare.gov</td>
</tr>
<tr>
<td>Phone number changes</td>
<td>MDwise Marketplace and HealthCare.gov</td>
</tr>
<tr>
<td>Address changes within the same zip code and county</td>
<td>MDwise Marketplace and HealthCare.gov</td>
</tr>
<tr>
<td>Contact method preference changes</td>
<td>MDwise Marketplace and HealthCare.gov</td>
</tr>
<tr>
<td>Authorized representative changes</td>
<td>MDwise Marketplace and HealthCare.gov</td>
</tr>
</tbody>
</table>
Special Help

MDwise Marketplace has several ways to help us talk with special needs members. Instructions are shown below.

**Hearing and Speech Impaired Members**
1. Call the Relay Indiana Service at 1-800-743-3333. You can also dial “711.” This number can be used anywhere in Indiana.
2. Ask them to connect you to MDwise Marketplace customer service.

**Language Assistance**
1. MDwise Marketplace has customer service representatives who can talk to members in other languages.
2. The customer service representatives can also get an interpreter on the line if needed. The customer service representative and the interpreter will both help answer your questions.

**If You Need Information In Other Ways**
If you need your member handbook and other MDwise Marketplace information in other ways let us know. Please contact us if you need the information in larger print, Braille or in audio format, etc.

**Help Link**
MDwise Marketplace has staff who can help you with difficult issues you may have. These include providing help in talking to your doctor, keeping appointments or finding other services, like a parent support group. They can help if you need suggestions or information about other services available in your community. This program is called HELPlink.

**Advance Directives**
Advance directives are documents you can complete to protect your rights for medical care. It can help your family and doctor understand your wishes about your health care. You can:
- Decide, right now, what medical treatments you want or don’t want.
- Give someone the power to act for you in a lot of situations, including your health care.
- Appoint someone to say yes or no to your medical treatments when you are no longer able.
- Inform your doctor, in advance, if you would or would not like to use life support systems, if ever necessary.
- Inform your doctor if you would like to be an organ donor.

Types of advance directives recognized in Indiana include:
1. Talking directly to your doctor and family.
2. Organ and tissue donation.
3. Health care representative.
4. Living will declaration or life-prolonging procedures declaration.
5. Psychiatric advance directives.
6. Do not resuscitate declaration and order (out of hospital).
7. Power of attorney.

Advance directives will not take away your right to make your own decisions. Advance directives will work only when you are unable to speak for yourself. MDwise Marketplace cannot refuse care or discriminate against members based on whether they choose to have, or not to have, an advance directive. MDwise Marketplace is required to follow State and Federal laws. Your MDwise Marketplace doctor should document whether or not you have executed an advance directive in your medical record.

If you have concerns a MDwise Marketplace organization or provider is not meeting advance directive requirements, call MDwise Marketplace customer service.

**TIP**
If your doctor can't talk to you in your language, including sign language, they will have someone who can. This is a free service. It is available to you 24 hours a day, seven days a week over the phone and at doctor visits. You or your doctor can call MDwise Marketplace customer service. These services will be arranged for you.
MDwise INcontrol can help you learn more about your condition, and how to best work with your doctor. A MDwise Case Manager can work with you to help you take care of your condition. You are the most important part of getting better. Actions you take to care for your condition matter the most. You will be walked through basic information about your condition. They can also teach you about steps you can take to prevent your condition from getting worse. Taking care of yourself and knowing what to do when things happen will help you stay out of the emergency room. Keeping appointments with your doctor and talking to them about things you learned in the INcontrol program will help you stay INcontrol of your condition.

You are automatically enrolled in the INcontrol program when MDwise receives a claim from your doctor telling us that you have one of the conditions listed above. A MDwise Case Manager may contact you to begin working with you and your doctor. A Case Manager can help you manage your health even if you have been diagnosed with a condition that is not listed above. They will help you follow the doctor’s advice and start you off on a path of being INcontrol of your health.

If you have been newly diagnosed with a condition, or would like to talk a Case Manager, then please call MDwise customer service. If you are contacted by one of our Case Managers and do not wish to participate you can simply opt-out of the program at that time. Or you can call MDwise customer service.

MDwise also offers a special program, BLUEBELLEbeginnings, for our pregnant members.

If you are pregnant and have been told your pregnancy is high-risk, or that you may have complications, please call MDwise customer service. We will ask you a few questions about your pregnancy. This information will be sent to a Case Manager who may contact you to offer help with any pregnancy problems.

**Case Management Rights and Responsibilities**

**MDwise Marketplace members have the right to:**

1. Have information about MDwise Marketplace programs. Have information about MDwise Marketplace staff.
2. Choose not to participate in MDwise Marketplace programs or services.
3. Know the staff members responsible for your case management services. Know how to change your case manager.
4. Have MDwise Marketplace support when making health care decisions.
5. Know all the case management services that are available. Discuss these services with your provider.
6. Have your medical information kept safe. Know who has access to your information. Know how MDwise Marketplace keeps your information safe.
7. Be treated with respect by MDwise Marketplace staff.
8. Communicate a complaint to MDwise Marketplace. Know how to file a complaint. Know how long it takes to get an answer to your complaint.
9. Have information that you can understand.

**MDwise Marketplace members are expected to:**

1. Follow MDwise Marketplace advice.
2. Give MDwise Marketplace the right information so we can give you the services you need.
3. Let MDwise Marketplace and your treating provider know if you leave the MDwise Marketplace program.
Fraud and Abuse

You can report fraud and abuse by calling MDwise Marketplace customer service. You do not have to give your name. If you do, the provider or member will not be told that you called.

Examples of health care provider fraud and abuse are:
- Billing or charging you for services that MDwise Marketplace covers.
- Offering you gifts or money to receive treatment or services.
- Offering you free services, equipment or supplies in exchange for use of your MDwise Marketplace number.
- Giving you treatment or services you do not need.
- Physical, mental or sexual abuse by medical staff.

Examples of member fraud and abuse are:
- Members selling or lending their ID cards to people not covered by MDwise Marketplace.
- Members abusing their benefits by seeking drugs or services that are not medically necessary.

Help MDwise Marketplace Stop Fraud and Abuse
- Do not give your MDwise Marketplace member/subscriber number to anyone. It is okay to give it to your doctor, clinic, hospital, pharmacy, Centers for Medicare and Medicaid Services (CMS), HealthCare.gov or MDwise Marketplace customer service.
- Do not let anyone borrow or use your MDwise Marketplace ID card.
- Do not ask your doctor or any health care provider for medical care that you do not need.
- Work with your primary doctor to get all of the care that you need.
- Do not share your MDwise Marketplace or other medical information with anyone except your doctor, clinic, hospital or other health provider.

If you have questions or concerns about fraud and abuse, call MDwise Marketplace customer service.

How to Get Help With a Problem

The quality of service you get from MDwise is important to us. If you have a concern or are not satisfied, call the MDwise customer service. You must do this within 60 days of when the problem occurred.

If you are dissatisfied with a service you receive, a MDwise customer service representative will file a grievance. He or she will try to solve your concerns right away. We will follow up with a letter within 20 business days.

In an emergency, grievances will be handled quickly. This is called an “expedited” grievance. If your case can be expedited, we will review your case and notify you of a decision within 48 hours.

Filing an Appeal

If you do not agree with a decision you get, you have the right to ask for further review of the problem. This is called an “appeal.” You can file an appeal about any health care decisions. Someone, like your doctor, can do this on your behalf if you want them to.

You must file an appeal within 33 days of the date that the decision was made. When you file an appeal, you may be able to continue getting a service that has been denied. This can only happen if you are getting those services already. If MDwise decides that the services will not be authorized, you will have to pay for those services. Ask us about continued services if this is important to you.

How to File an Appeal:

Step 1. Submit your appeal

You must write a letter. You can call the MDwise customer service department for help writing your letter. When you write a letter, you should include the following:
- Date and description of the service that was denied
- Additional information that can help in our review
- You must sign the letter

Keep a copy of these papers for yourself. Then, send us the original at:

MDwise Marketplace Customer Service Department
Attn: Appeals
P.O. Box 441099
Indianapolis, IN 46244-1099

Your appeal must be filed within 33 calendar days of receiving a denial letter. You may ask someone else to file an appeal on your behalf, who can be your doctor if you want them to. You may also send in written comments or information.

The MDwise Appeals Panel will review your issue. MDwise will send you a letter with the date and time the Appeals Panel will...
How to Get Help With a Problem (continued)

meet. You can speak to the panel if you want. You can also have someone else speak for you. This can be done in person or by telephone.

MDwise will send you a letter with an answer to your appeal within 25 working days from the time we receive your appeal. You have a right to review copies of documents that are related to your appeal. This includes records that we used in making our decision such as a benefit information, state rule or guideline. Please call us if you want to review these records. We will provide copies of this information free of charge upon request.

**Step 2. Request an external appeal review**

You may choose (1) an external review by an independent review organization or (2) to submit a complaint to the Indiana Department of Insurance. If you choose the Independent Review Organization option first you may still submit a complaint to the Indiana Department of Insurance.

**Indiana Department of Insurance**

If you need the assistance of the governmental agency that regulates insurance, or have a complaint you have been unable to resolve with your insurer, you may contact the Department of Insurance by mail, phone or email.

**By mail:**

State of Indiana Department of Insurance  
Consumer Services Division  
Indiana Department of Insurance  
311 West Washington Street, Suite 300  
Indianapolis, Indiana 46204

**By phone:**

Consumer Hotline 800-622-4461 or 317-232-2395.

**By email:**

Complaints can be filed electronically at in.gov/idoi. There is no deadline to submit a complaint.

**For an Independent Review Organization**

You must request an external grievance review by an Independent Review Organization within 45 calendar days of the MDwise appeal denial letter; to:

MDwise Medical Management  
Attn: Appeals  
PO. Box 441099  
Indianapolis, IN 46244-1099

The decision made by the Independent Review Organization is binding and MDwise will authorize the service promptly if the decision is made in your favor.

If at any time, you have questions about the MDwise internal appeal panel process or submitting a complaint to the Indiana Department of Insurance process, please call MDwise customer service for help.

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**Step 3.**

If you selected an Independent Review Organization external review and their decision is not in your favor, you may submit an complaint to the Indiana Department of Insurance.

To submit a complaint to the Indiana Department of Insurance see the Indiana Department of Insurance section.

Other notes: In an emergency, appeals will be handled quickly. This is called an “expedited” appeal. If your case can be expedited, we will review your case and notify you of a decision within 72 hours. Call MDwise customer service to see if this can be done.

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If you have a pharmacy, prior authorization or claims question you can call us at 855-417-5615, email us at MPCustomerService@mdwise.org or go online to MDwiseMarketplace.org.
Your Rights and Responsibilities

Your Rights:

1. A right to receive information about MDwise Marketplace, including services, practitioners and providers and member rights and responsibilities.
2. A right to be treated with respect and dignity.
3. A right to privacy.
4. A right to work with your providers in making decisions about your health care.
5. A right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
6. A right to voice complaints or appeals about MDwise or the care we provide.
7. A right to make recommendations regarding MDwise Marketplace’s member rights and responsibilities policy.

Your Responsibilities:

1. A responsibility to supply information (to the extent possible) that MDwise Marketplace and your providers need in order to provide care.
2. A responsibility to follow plans and instructions for care that you have agreed to with your providers.
3. A responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

TIP
If you do not follow your doctor’s advice, this may keep you from getting well. It is your job to talk with your doctor if you have any questions about your medical care. Don’t ever be afraid to ask your doctor questions. It is your right.
Notice of Privacy Practices

THIS NOTICE APPLIES TO THE PRIVACY PRACTICES OF MDWISE MARKETPLACE, INC. AND DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Dear MDwise Marketplace Member,

MDwise Marketplace cares about your privacy and we protect your privacy rights. This Notice tells you about your privacy rights and how to get a copy of your medical information we keep. Please call us at 855-417-5615 if you have questions about this notice. When you call, ask for the Privacy Officer.

Wishing you good health,
MDwise Marketplace

Summary of Privacy Practices

We may use and disclose your medical information, without your permission, for treatment, payment, and health care operations activities and, when required or authorized by law, for public health and interest activities, law enforcement, judicial and administrative proceedings, research, and certain other public benefit functions.

We may disclose your medical information to your family members, friends, and others you involve in your health care or payment for health care, and to appropriate public and private agencies in disaster relief situations.

We will not otherwise use or disclose your medical information without your written authorization. You have the right to examine and receive a copy of your medical information, to receive an accounting of certain disclosures we may make of your medical information, and to request that we amend, further restrict use and disclosure of, or communicate in confidence with you about your medical information.

Please review this entire notice for details about the uses and disclosures we may make of your medical information, about your rights and how to exercise them, and about complaints regarding or additional information about our privacy practices.

Our Legal Duty

MDwise Marketplace uses many methods to protect your oral, written and electronic health information from illegal use or disclosure. We are required by law to:

• Keep your health information private.
• Provide you with this notice and follow the rules listed here.
• Inform you if we cannot agree to limit how we share your information.

• Agree to reasonable requests to contact you by alternative means or at alternative locations.
• Get your written approval to share your health information for reasons other than those listed above and permitted by law.

MDwise Marketplace employees and all the physicians and providers in our network know your information is private and confidential. We use training programs for our employees and policies and procedures supported by management oversight to ensure that our employees know the procedures they need to follow to make sure that your information—whether in oral, written or electronic format—is secure and safeguarded. We also have vendors sign Business Associate Agreements that clearly outline their requirement to protect your information and our expectations concerning protecting your oral, written or electronic health information.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. If we make a significant change in our privacy practices, we will change this notice and send you a new notice within 60 days of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information at the end of this notice.

Uses and Disclosures of Medical Information

We will use and disclose medical information about you for treatment, payment, and health care operations. For example:

Treatment: We may disclose your medical information, without your permission, to a physician or other health care provider to treat you.

Payment: We may use and disclose your medical information, without your permission, to determine eligibility, process claims, or make payment for covered services you receive under your benefit plan. Also, we may disclose your medical information to a health care provider or another health plan for that provider or plan to obtain payment or engage in other payment activities.
Health Care Operations: We may use and disclose your medical information, without your permission, for health care operations. Health care operations include, for example, health care quality assessment and improvement activities and general administrative activities.

We may disclose your medical information to another health plan or to a health care provider subject to federal privacy protection laws, as long as the plan or provider has or had a relationship with you and the medical information is for that plan’s or provider’s health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we will not use or disclose your medical information for any purpose other than those described in this notice.

Family, Friends, and Others Involved in Your Care or Payment for Care: We may disclose your medical information to a family member, friend or any other person you involve in your health care or payment for your health care. We will disclose only the medical information that is relevant to the person’s involvement.

We may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your health care in appropriate situations, such as a medical emergency or during disaster relief efforts.

Before we make such a disclosure, we will provide you with an opportunity to object. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing your medical information is in your best interest under the circumstances.

Health-Related Products and Services and Appointment Reminders: We may contact you to remind you of appointments. We may use your medical information to communicate with you about health-related products, benefits and services, and payment for those products, benefits and services, that we provide or include in our benefits plan and about treatment alternatives that may be of interest to you. These communications may include information about the health care providers in our network, about replacement of or enhancements to your health plan and about health-related products or services that are available only to our enrollees that add value to, although they are not part of, our benefits plan.

Public Health and Benefit Activities: We may use and disclose your medical information, without your permission, when required by law, and when authorized by law for the following kinds of public health and interest activities, judicial and administrative proceedings, law enforcement, research and other public benefit functions:

- For public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence
- To avert a serious and imminent threat to health or safety
- For health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention enforcement agencies
- For research
- In response to court and administrative orders and other lawful process
- To law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in emergencies, and identifying or locating suspects or other persons
- To coroners, medical examiners, funeral directors, and organ procurement organizations
- To the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody
- As authorized by state worker’s compensation laws

Individual Rights
Access: You have the right to examine and to receive a copy of your medical information in paper or electronic format, with limited exceptions. You must make a written request to obtain access to your medical information. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request.

We may charge you reasonable, cost-based fees for a copy of your medical information, for mailing the copy to you, and for preparing any summary or explanation of your medical information you request. Contact us using the information at the end of this notice for information about our fees.

Disclosure Accounting: You have the right to a list of instances after April 13, 2003, in which we disclose your medical information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities.

You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request. We will provide you with information about each accountable disclosure that we made during the period for which you request the accounting, except
we are not obligated to account for a disclosure that occurred more than six years before the date of your request and never for a disclosure that occurred before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to your additional requests. Contact us using the information at the end of this notice for information about our fees.

Amendment: You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request.

We may deny your request only for certain reasons. If we deny your request, we will provide you with a written explanation. If we accept your request, we will make your amendment part of your medical information and use reasonable efforts to inform others of the amendment who we know may have and rely on the unamended information to your detriment, as well as persons you want to receive the amendment.

Restriction: You have the right to request that we restrict our use or disclosure of your medical information for treatment, payment or health care operations, or with family, friends or others you identify. We are not required to agree to your request. If we do agree, we will abide by our agreement, except in a medical emergency or as required or authorized by law. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request. Any agreement we may make to a request for restriction must be in writing signed by a person authorized to bind us to such an agreement.

Confidential Communication: You have the right to request that we communicate with you about your medical information in confidence by alternative means or to alternative locations that you specify. You must make your request in writing, and your request must represent that the information could endanger you if it is not communicated in confidence as you request. You should submit your request to the contact at the end of this notice. You may obtain a form from that contact to make your request. We will accommodate your request if it is reasonable, specifies the alternative means or location for confidential communication, and continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits to the subscriber of that health plan. Please note that an explanation of benefits and other information that we issue to the subscriber about health care that you received for which you did not request confidential communications, or about health care received by the subscriber or by others covered by the health plan in which you participate, may contain sufficient information to reveal that you obtained health care for which we paid, even though you requested that we communicate with you about that health care in confidence.

Right to Obtain a Paper Copy: If you receive this notice on our website or by electronic mail (email), you are entitled to receive this notice in written form. Please contact us using the information at the end of this notice to obtain this notice in written form.

Questions and Complaints
If you want more information about our privacy practices or have questions or concerns, please contact us using the information at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, in response to a request you made to amend, restrict the use or disclosure of, or communicate in confidence about your medical information, you may complain to us using the contact information at the end of this notice. You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, Washington, D.C. 20201. You may contact the Office of Civil Rights’ Hotline at 1-800-368-1019.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office: MDwise Marketplace, Attention: Privacy Officer; Telephone: 855-417-5615, Email: legal@MDwise.org

MDwise Marketplace Address: P.O. Box 441099, Indianapolis, IN 46244-1099
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<th>Language</th>
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<tbody>
<tr>
<td>Englih</td>
<td>If you, or someone you’re helping, has questions about MDwise Marketplace, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-855-417-5615.</td>
</tr>
<tr>
<td>Spanish Español</td>
<td>Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de MDwise Marketplace, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-417-5615.</td>
</tr>
<tr>
<td>Chinese 中文</td>
<td>如果您，或是您正在協助的對象，有關於 MDwise Marketplace 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 855-417-5615。</td>
</tr>
<tr>
<td>German Deutsche</td>
<td>Falls Sie oder jemand, dem Sie helfen, Fragen zum MDwise Marketplace haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-417-5615 an.</td>
</tr>
<tr>
<td>Burmese မြန်မာ</td>
<td>မြန်မာဘာသာစကားျဖင့္ MDwise Marketplace ႏွင့္ပတ္သက္၍ ေမးခြန္းရွိလာပါက ကုန္က်စရိတ္ ေပးရန္မလိုဘဲ မိမိဘာသာစကားျဖင့္ အကူအညီရယူႏိူင္သည္။ စကားျပန္ႏွင့္ေျပာလိုပါက 855-417-5615သို႔ ေခၚဆိုပါ။</td>
</tr>
<tr>
<td>Arabic cplusplus</td>
<td>To 너의 질문에 대답하는 MDwise Marketplace에 대해서 당신의 언어로 비용 비중이 있다면 당신의 언어로 답변이 있으므로 당신의 언어로 답변이 있습니다. 그럴시에 이 언어로 대화를 위해서는 855-417-5615로 전화하시십시오.</td>
</tr>
<tr>
<td>Korean 한국어</td>
<td>만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 MDwise Marketplace 에 관해서 질문이 있다면 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 855-417-5615로 전화하여주시십시오.</td>
</tr>
<tr>
<td>Vietnamese Tiếng Việt</td>
<td>Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về MDwise Marketplace, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 855-417-5615.</td>
</tr>
<tr>
<td>French Français</td>
<td>Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de MDwise Marketplace, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-417-5615.</td>
</tr>
<tr>
<td>Japanese 日本語</td>
<td>ご本人様、またはお客様の身の回りの方でも、MDwise Marketplace についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、855-417-5615まで電話ください。</td>
</tr>
<tr>
<td>Dutch Nederlands</td>
<td>Als u, of iemand die u helpt, vragen heeft over MDwise Marketplace, heeft u het recht om hulp en informatie te krijgen in uw taal zonder kosten. Om te praten met een tolk, bel 855-417-5615.</td>
</tr>
<tr>
<td>Tagalog Tagalog</td>
<td>Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa MDwise Marketplace, may karapatan ka na makakuhang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, turnawag sa 855-417-5615.</td>
</tr>
<tr>
<td>Russian Русский</td>
<td>Если у вас или лица, которому вы помогаете, имеются вопросы по поводу MDwise Marketplace, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 855-417-5615.</td>
</tr>
<tr>
<td>Punjabi ਪੰਜਾਬੀ ਦੇ</td>
<td>ਨੇ ਕੁਰਮਰੂਪ ਤੇ ਇੱਕ ਦੀ ਹੱਥਤ ਵਰਤ ਵਿੱਚ ਸੀ, MDwise Marketplace ਕੇਵੇਂ ਮਹਾਤਰਰ ਸੀ ਬਹੁਤ ਵੇਧੇ ਦੀ ਅਪਾਂਤਕਾ ਦਿੱਤਾ ਹੋ ਗਏ ਨਹੀਂ ਹੋਏ ਦੇ ਭਾਰਤੀ ਭਾਸ਼ਾ ਤੇ ਹੱਥਤਾ ਵਰਤਾਨੂੰ ਦੇ ਅਧਿਕਾਰ ਹੈ। ਹੱਥਤਾ ਦੇ ਤੱਤ ਨਿਰੰਦਰ ਵਰਤਾਨੂੰ, 855-417-5615 ਤੇ ਵਰਤ ਵਿੱਚ ਹੋਏ।</td>
</tr>
<tr>
<td>Hindi हिंदी</td>
<td>यदि आपके, या आप द्वारा सहायता करी जा रहे कसी दुःखकताक के MDwise Marketplace के बारे में पूछता है, तो आपके पास अपनी भाषा में सुसमाचार या सुखना परामर्श करने का अधिकार है। कसी दुःखकता से बात करने के लिए, 855-417-5615 पर कॉल करें।</td>
</tr>
</tbody>
</table>
## Non-Discrimination/Accessibility

Discrimination is Against the Law

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

MDwise Marketplace:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified Interpreters.
  - Information written in other languages

If you need these services, contact 1-855-417-5615. For TTY/TDD contact 1-800-743-3333.

If you believe that MDwise Marketplace has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

MDwise Marketplace
1200 Madison Ave, Ste 400
Indianapolis, IN 46225

Fax: 1-855-269-1843
Phone: 1-855-417-5615
Email: compliance@mdwise.org

You can file grievance in person or by mail, fax, or email. If you need help filing a grievance, please contact Member Services.

1-855-417-5615

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [https://ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019
800-537-7697 (TDD)

Call Us: 855-417-5615

Email Us: MPCustomerService@mdwise.org

Go Online: MDwiseMarketplace.org

Thank you for choosing MDwise MARKETPLACE