SmartPlan (Cost)
Community Plan (Cost)
Freedom Plan (Cost)

Summary of Benefits

January 1, 2027 – December 31, 2027

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. Plans may offer supplemental benefits in addition to Part C benefits.

To get a complete list of covered services, please review the "Evidence of Coverage". You can access the 2027 Evidence of Coverage by logging onto our website at www.mahealthplans.com or contact Member Services for a print copy of the 2027 Evidence of Coverage at 1-866-821-1365 or 563-584-4885, 8:00 am to 8:00 pm, CST, 7 days a week (TTY: 1-800-735-2942).

To join, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Wisconsin: Crawford, Grant, Iowa and Lafayette.

Each plan has a Network of doctors, hospitals, pharmacies, and other providers. You can view each plan's provider directory on our website at www.mahealthplans.com.

- If you use providers in the Network, the plan will pay for Medicare eligible services.

- If you use the providers that are not in the Network, the plan may not pay for Medicare eligible services, and Original Medicare or the Freedom Plan cost sharing would apply. Out-of-Network/non-contracted providers are under no obligation to treat plan members. Out-of-Network services are subject to the provider accepting Medicare assignment and are covered up to the Medicare allowable. Please call Member Services or refer to your Evidence of Coverage for more information.

Medical Associates Clinic Health Plan of Wisconsin (MAHP) is a Medicare Cost plan with a Medicare contract. Enrollment in a Plan depends on contract renewal.

	SmartPlan	Community Plan	Freedom Plan
MONTHLY PREMIUM, DEDUCTIBLE AND MAXIMUM OUT OF POCKET RESPONSIBILITY			
Monthly Plan Premium ➢ you must continue to pay your Medicare Part B premium	**$170**	**$190**	**$270**
Deductible	None	None	None
Maximum Out-of-Pocket Responsibility	None	None	None
COVERED MEDICAL AND HOSPITAL BENEFITS			
Inpatient Hospital ➢ covers an unlimited number of days for an inpatient hospital stay ➢ Inpatient hospital benefits based on medical necessity	**In Network**: $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network**:** $500 copay per inpatient admission per benefit period (hospital/facility charge)
Outpatient Hospital	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network**:** $1,500 copay per outpatient surgery or procedure (same day surgery) in an Ambulatory Surgery Center or outpatient hospital setting. (Note: applies to facility charge only; does not apply to physician charge)

	SmartPlan	Community Plan	Freedom Plan
COVERED MEDICAL AND HOSPITAL BENEFITS			
Ambulatory Surgery Center	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network**:** $1,500 copay per outpatient surgery or procedure (same day surgery) in an Ambulatory Surgery Center or outpatient hospital setting. (Note: applies to facility charge only; does not apply to physician charge)
Doctor Visits • Primary Care Providers • Specialists	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network**:** $25 copay per physician office/outpatient visit
Preventive Care ➢ Any additional preventive services approved by Medicare during the contract year will be covered	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing
Emergency Care ➢ Worldwide Coverage	**In or Out-of-Network:** $0 copay for Medicare-covered emergency room visits	**In or Out-of-Network:** $0 copay for Medicare-covered emergency room visits	**In or Out-of-Network:** $0 copay for Medicare-covered emergency room visits

	SmartPlan	Community Plan	Freedom Plan
COVERED MEDICAL AND HOSPITAL BENEFITS			
Urgently Needed Services ➢ Worldwide Coverage	**In or Out-of-Network:** $0 copay for Medicare-covered urgently needed visits	**In or Out-of-Network:** $0 copay for Medicare-covered urgently needed visits	**In or Out-of-Network:** $0 copay for Medicare-covered urgently needed visits
Diagnostic Services/ Labs/Imaging • Diagnostic tests and Procedures • Lab services • Diagnostic radiology service (e.g., CT scan, MRI/MRA, PET scan) • Outpatient x-rays	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network**:** $100 copay per test/image in an office/outpatient setting; some services may have $0 copay
Hearing Services Hearing exam (to diagnose and treat hearing and balance Issues)	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network**:** $25 copay per physician office/outpatient visit
Dental Services • Oral exam & Cleaning • Fillings • Complete Dentures	Not covered	Not covered	Not covered

	SmartPlan	Community Plan	Freedom Plan
COVERED MEDICAL AND HOSPITAL BENEFITS			
Vision Services • Vision Exam (to diagnose and treat diseases/conditions of the eye)	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network**:** $25 copay per physician office/outpatient visit
• Routine Eye Exam ➢ one refraction exam per calendar year	**In Network:** $0 copay **Out-of-Network:** Not covered	**In Network:** $0 copay **Out-of-Network:** Not covered	**In Network:** $0 copay **Out-of-Network:** Not covered
• One pair of eyeglasses with standard frames or one set of contact lenses after each cataract surgery that implants an intraocular lens, at the Medicare allowable amount and Original Medicare standards, received within one year. (Does not cover special lenses, tinting, deluxe frames, coatings, and/or prisms that are not covered by Original Medicare.)	**In or Out-of-Network:** $0 copay	**In or Out-of-Network:** $0 copay	**In or Out-of-Network:** $0 copay

	SmartPlan	Community Plan	Freedom Plan
COVERED MEDICAL AND HOSPITAL BENEFITS			
Mental Health Services • Inpatient visit ➢ covers an unlimited number of days for an inpatient hospital stay ➢ Inpatient hospital benefits based on medical necessity	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network**:** $500 copay per inpatient admission per benefit period (hospital/facility charge)
• Outpatient individual or group therapy visit	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network**:** $25 copay per physician office/outpatient visit
Skilled Nursing Facility (SNF) ➢ covers up to 130 days in a SNF ➢ eligible for 30 days each benefit period of non-Medicare approved care which meets MAHP criteria for medical necessity and is ordered by a network physician	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out of Network**:** $0 copay

	SmartPlan	Community Plan	Freedom Plan
COVERED MEDICAL AND HOSPITAL BENEFITS			
Physical Therapy • Occupational therapy visit • Physical therapy visit • Speech and language therapy visit ➢ covers up to the Medicare therapy limits	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network**:** $25 copay per visit in an office/outpatient setting)
Ambulance ➢ covers Medicare eligible ambulance services	**In or Out-of-Network:** $0 copay	**In or Out-of-Network:** $0 copay	**In or Out-of-Network:** $0 copay
Transportation (non-emergency)	Not covered	Not covered	Not covered
Medicare Part B Drugs • Infusions/Injections	**In Network:** $0 copay for chemotherapy drugs or other Part B drugs **Out-of-Network:** Original Medicare cost sharing **In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay for chemotherapy drugs or other Part B drugs **Out-of-Network:** Original Medicare cost sharing **In Network:** $0 copay **Out-of-Network:** Original Medicare cost sharing	**In Network:** $0 copay for chemotherapy drugs or other Part B drugs **Out of Network**:** $0 copay **In Network:** $0 copay **Out-of-Network**:** $100 copay per infusion or injection service (per day/visit) in an office/outpatient setting)

	SmartPlan	Community Plan	Freedom Plan
COVERED MEDICAL AND HOSPITAL BENEFITS			
Foot Care (podiatry services) • Foot exams and treatment	**In Network:** $0 copay **Out of Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out of Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network**:** $25 copay per physician office/outpatient visit
• Routine foot care ➢ 4 routine visits per calendar year	**In Network:** $0 copay **Out of Network:** Not covered	**In Network:** $0 copay **Out of Network:** Not covered	**In Network:** $0 copay **Out of Network:** Not covered
Medical Equipment/ Supplies • Durable Medical Equipment (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Diabetes supplies	**In Network:** $0 copay **Out of Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out of Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out of Network**:** $0 copay
Wellness Programs (e.g., fitness)	Not covered	Not covered	Not covered
Medicare Part D Drugs	Not covered	Not covered	Not covered
Dialysis Services	**In Network:** $0 copay **Out of Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out of Network:** Original Medicare cost sharing	**In Network:** $0 copay **Out-of-Network**:** $100 copay per dialysis service (per day/visit) in an office/outpatient setting)

**** Freedom Plan Out-of-Network Benefits:**

- You pay the amount listed, or, **if it is less**, the Original Medicare cost sharing amount.
- Out-of-Network Medicare-eligible services are covered up to Medicare allowable amount as long as the provider accepts Medicare assignment; provider agrees to treat Medicare beneficiaries for Medicare eligible services.

**** Freedom Plan Out-of-Network Benefits (cont'd):**

- Cost sharing amounts listed above apply when care is received Out-of-Network, or whenever care is ordered by an Out-of-Network provider (regardless of where the care is received).
- Preventive Services that are not Medicare-eligible services are not covered Out-of-Network (i.e., routine eye exam, routine podiatric care).
- **Important:** Certain Medicare-eligible services require prior authorization, whether obtained in Network or Out-of-Network. To receive the benefit of lower out-of-Network cost sharing, prior authorization must be received before getting the care/treatment. If prior authorization is not obtained, you will owe the Original Medicare cost share. A list of services that **require** prior authorization may be found at https://www.mahealthplans.com/hp/managed-healthcare/healthcare-services/utilization-management/ or by calling Member Services.

If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as large print or alternate formats.

For more information, please call us at 563-584-4885 or 1-866-821-1365, TTY users should call 1-800-735-2942. You can call us 7 days a week from 8:00 am to 8:00 pm CST or visit us a www.mahealthcare.com.

SmartPlan (Cost) Community Plan (Cost) Freedom Plan (Cost)

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Services Representative at 563-584-4885 or 1-800-821-1365, 8:00 am to 8:00 pm, CST, 7 days a week (TTY: 1-800-735-2942).

Understanding the Benefits

☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.mahealthplans.com to view a copy of the EOC or call 563-584-4885 or 1-800-821-1365.

☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

Understanding Important Rules

☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium which is normally taken out of your Social Security check each month.

☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2028.

☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider Directory) unless you are a member of the Medical Associates Freedom Plan.

- The Medical Associates Freedom allows you to see providers outside of our network (non-contracted providers). MAHP will pay for Medicare eligible services, however, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. You will have member cost-sharing for services received by non-contracted providers that are not related to an emergency or urgent situation.

☐ **Effect on Current Coverage**. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Cost Plan coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Cost Plan coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Cost Plan coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

IMPORTANT INFORMATION:

2027 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Medical Associates Clinic Health Plan of Wisconsin - H5256

For 2027, Medical Associates Clinic Health Plan of Wisconsin - H5256 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★½
Health Services Rating:	★★★★½
Drug Services Rating:	Service not offered

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?

Contact Medical Associates Clinic Health Plan of Wisconsin 7 days a week from 8:00 a.m. to 8:00 p.m. Central time at 800-747-8900 (toll-free) or 800-735-2942 (TTY). Current members please call 866-821-1365 (toll-free) or 800-735-2942 (TTY).

Notice of Availability of Language Assistance Services and Auxiliary Aids

ATTENTION: If you speak any of the languages listed below, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-821-1365 (TTY: 1-800-735-2942) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-866-821-1365 (TTY: 1-800-735-2942) o hable con su proveedor.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-866-821-1365 (TTY: 1-800-735-2942)an oder sprechen Sie mit Ihrem Provider.

MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-866-821-1365 (TTY: 1-800-735-2942) au zungumza na mtoa huduma wako.

ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-821-1365 (TTY: 1-800-735-2942) ou parlez à votre fournisseur.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-866-821-1365 (Người khuyết tật: 1-800-735-2942) hoặc trao đổi với người cung cấp dịch vụ của bạn.

如果您说[中文]，**我**们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-866-821-1365（**文本**电话：1-800-735-2942）**或咨**询您的服务提供商。

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. **كما تتوفر وسائل**

مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم

1-866-821-1365 (TTY: 1-800-735-2942) أو تحدث إلى مقدم الخدمة".

ማሳሰቢያ፦ አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-866-821-1365 (TTY: 1-800-735-2942) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-866-821-1365 (TTY: 1-800-735-2942) ama la hadal bixiyahaaga.”

נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. **צונעמען**

אַידס און באַדינונגס פֿאַר פּראַוויידינג אינפֿאָרמאַציע אין צוטריטלעך פֿאָרמאַטירונגען זענען אויך

1-866-821-1365- 1בנימצא פריי. רופן (TTY: 1-800-735-2942) אָדער רעדן מיט דיין טרעגער.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-866-821-1365 (TTY: 1-800-735-2942) o makipag-usap sa iyong provider.

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-866-821-1365 (TTY: 1-800-735-2942) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-821-1365 (TTY: 1-800-735-2942) lub porozmawiaj ze swoim dostawcą.

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی

فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں

پر کال کریں یا اپنے فراہم کنندہ سے بات کریں 1-866-821-1365 (TTY: 1-800-735-2942)

Initial Determinations, Appeals and Grievances

You, your prescriber, treating provider, or authorized representative may request an initial decision, file an appeal or file a grievance with Medical Associates Health Plans (MAHP).

If you would like to authorize someone to represent you, call Member Services and ask for the "Appointment of Representative" form. The form is on our website at www.mahealthplans.com or on Medicare's Web site at http://www.cms.hhs.gov/cmsforms/downloads/cms1696.pdf.

For complete details on the appeals and grievance process, refer to Chapter 7, titled "What to do if you have a problem or complaint (coverage decisions, appeals, complaints)," in your Evidence of Coverage.

Contact MAHP by phone:

Member Services
563-584-4885 or 1-866-821-1365, 8:00 a.m. to 8:00 p.m. CST, 7 days a week
TTY:1-800-735-2942
Fax: 563-584-4760

Or send a written request to MAHP:

1605 Associates Drive, Suite 101
Dubuque, IA 52002
Email: memberservices@mahealthcare.com

You may also contact Medicare directly through their website, **www.medicare.gov**, or at 1-800-MEDICARE, 24 hours a day, 7 days a week.

Initial Determination – a decision MAHP makes about your benefits, coverage or the amount that we will pay for your medical services. Initial Determinations, or pre-service requests, are usually made before a service is received. This includes requests for referral services.

A standard pre-service request for items or services will be reviewed and responded to no later than 14 days from the date the request was received. A 14-day extension may be taken if you request the extension, if more information is needed and the delay is in your best interest, or if there are extraordinary circumstances (such as a natural disaster). A standard pre-service request for Part B drugs will be reviewed and responded to no later than 72 hours from the date the request was received.

An expedited pre-service request for items or services will be reviewed and responded to no later than 72 hours from the date the request was received. A 14-day extension may be taken if you request the extension, if more information is needed and the delay is in your best interest, or if there are extraordinary

circumstances (such as a natural disaster). An expedited pre-service request for Part B drugs will be reviewed and responded to no later than 24 hours from the date the request was received.

A payment request will be reviewed and processed within 30 days for contracted network providers and within 60 days for non-contracted providers from the date the request was received.

Appeal – a request for MAHP to review an initial decision we have made. You appeal if you disagree with our decision to deny a request for coverage of health care services, referral requests or payment for services you already received. You may also make an appeal if you disagree with our decision to stop the service that you are receiving.

Standard and expedited appeals must be filed within 65 days from the date of the notice of the initial determination.

- Standard pre-service and benefit appeals will be reviewed and responded to no later than 30 days from the date the appeal was received.
- Standard Part B drug appeals will be reviewed and responded to no later than 7 days from the date the appeal was received.
- Payment appeals will be reviewed and responded to no later than 60 days from the date the appeal was received.
- Expedited pre-service or benefit appeals will be reviewed and responded to as expeditiously as your health condition requires but no later than 72 hours.

A 14-day extension may be taken if you request the extension, if more information is needed and the delay is in your best interest, or if there are extraordinary circumstances (such as a natural disaster). There is no extension for Part B drug or payment appeals.

Additionally, you have the right to request an immediate review by the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) of a decision that inpatient hospital care is no longer necessary or when a Skilled Nursing Facility (SNF), Home Health Agency (HHA) and Comprehensive Outpatient Rehabilitation Services (CORF) decides to terminate previously approved coverage.

Grievance – a complaint you make about MAHP or one of our network providers including concerns about the quality of your care you received and does not involve coverage or payment disputes.

A grievance must be submitted within 60 days of the event or incident. Decisions will be made as quickly as the case requires based on your health status, but no later than 30 days from the date the grievance was received for a standard grievance or within 24 hours for an expedited grievance. A 14-day extension may be taken if you request the extension or if more information is needed and the delay is in your best interest.

Getting information about MAHP's Appeals and Grievances

MAHP members may request aggregate data regarding MAHP Medicare plan appeals and grievances by contacting Member Services.

Notice of Privacy Practices

This notice describes how medical information about you [and your family] may be used and disclosed and how you can get access to this information. Please review it carefully.

Summary

Medical Associates Health Plans are committed to protecting the confidentiality of your health and personal information. We understand the subject of Privacy can be complicated, and we are honored that you have chosen us for your treatment, care, and coverage. This Notice of Privacy Practices describes your rights and choices regarding your personal information, and it explains how we use and manage that information.

Your Rights

When it comes to your information and privacy, you have certain rights under state and federal law. This section explains your rights and some of our responsibilities to help you.

You have the right to:

Inspect and copy your health and claims records.

- You have the right to review and obtain a copy of your health information in a specific set of records, known as a "designated record set." These records may include enrollment records, case management records, or claims payment records.
- We do not maintain your complete medical record. To review or copy your medical record, you should contact your doctor.
- If you would like to inspect and copy health information maintained by us, please send a written request to our Privacy Officer.
- Your request will be completed within 30 days of receipt unless we notify you in writing that a 30-day extension is needed.
- We may deny your request for certain, limited reasons. We will explain this in writing and tell you how you can appeal our decision.
- We reserve the right to charge a reasonable, cost-based fee.

Amend a record of your health information if it is incorrect or incomplete.

- To request a form to amend a record, call us at (563) 556-8070 or (800) 747-8900.
- We will respond to your request within 60 days of receipt.
- We may deny your request for certain reasons specified by law. If your request is denied, we will explain in writing and inform you of your rights.

Request restrictions on the use or disclosure of your health information.

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- In most cases, we are not required to agree, but we will always consider it carefully. We may say "no" if it would affect your care or our service to you, or if are systems are unable to do so.

Ask that we communicate with you confidentially.

- You can ask us to contact you in a specific way (such as at a specific phone number) or to send mail to a different address.
- We must accommodate your request if you clearly tell us that disclosure of information could endanger you.
- We have discretion to accept or reject other requests, but will do our best to meet your needs.
- To change how we communicate with you, please send a written request to our Privacy Officer.

Your Rights *continued*

Get a list of those with whom we have shared your information.

- This list (called an "accounting") will include a summary of all instances in which we disclosed your information with outside organizations or individuals other than for purposes of treatment, payment, or health care operations.
- To obtain an accounting, please send a written request to our Privacy Officer.
- The request must be for a time period of 6 years or less.
- The accounting will be provided to you within 60 days, unless we notify you in writing that we need a 30-day extension.
- If you make more than one request in a 12-month period, we may charge a reasonable, cost-based fee for additional copies.

Receive a copy of this Privacy Notice.

- You can ask for a paper copy of this notice at any time by calling (563) 556-8070 or (800) 747-8900. We will provide it promptly.
- This notice is also available at www.mahealthplans.com.

Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will confirm this person's authority before we take any action.

File a complaint if you feel your rights are violated.

- You can file a complaint with us by calling or writing our Privacy Officer.
- You can file a complaint with the U.S. Department of Health and Human Services for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting http://www.hhs.gov/ocr/privacy/hipaa/complaints.
- Please provide as many details as possible so we can fully investigate your complaint.
- You will not lose your Health Plan membership or benefits if you file a complaint, nor will we take any other action against you.

Your Choices

For certain health information, you can tell us your choices about what we disclose. If you have a clear preference about how we disclose your information in the situations described below, let us know. Tell us what you want us to do, and in most cases we will follow your instructions, while also following the law.

You can request a restriction on disclosures to your family members, relatives, close friends, or others involved with your care or payment for your care.

- To request a restriction, send a written request to our Privacy Officer.
- Your request should tell us what information you wish to restrict, whether you wish to restrict use and/or disclosure of that information, and to whom the restriction should apply.
- If you are incapacitated, we will disclose your information only if, in the exercise of professional judgment, we believe the disclosure is in your best interest.

Unless you have given us written permission, we will not:

- Use or disclose records, such as psychotherapy or substance use disorder counseling notes, that are protected by state or federal laws, this includes for any civil, criminal, administrative or legislative proceedings.
- Use or disclose records for marketing or fundraising purposes, unless we have first given you the opportunity to opt out of fundraising communications
- Sell your information.

Even if you give us written permission, you have the right to revoke the permission at any time.

Our Uses and Disclosures

How do we typically use or disclose your health information? We typically use or disclose your health information in the following ways:

To Treat you (treatment)

While we do not conduct treatment activities, we may disclose your health information to doctors, hospitals, and other health care providers who need it for your treatment.

Example: If you develop a chronic condition, we may use your health care information to ensure that you receive the most efficient treatment and to coordinate the care you receive.

To run our organization (health care operations)

We can use and disclose your information to run our organization and contact you when necessary. For example, we may:

- Contact health care providers and patients about treatment alternatives, case management, or care coordination
- Conduct quality assessment and improvement activities
- Review provider and health plan performance information
- Conducting population-based activities to improve health or reduce costs

We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.

Example: We may use your information to put together reports required by our customers or state or federal law. Certain laws require that we report on how many appeals or grievances our members have and how they are resolved. We also may disclose your health information to other health plans, health care providers who have treated you, and health care clearinghouses if such information is needed for health care operations, but only to the extent that we currently have or have had a relationship with you and the health information pertains to that relationship.

To pay for your health services (payment)

We may use or disclose your health information for payment purposes, such as to determine whether a service is covered under your plan or to pay your physician for services provided.

Example: If your physician requests preauthorization for a hospital stay, we may review your health information to determine if the hospital stay will be covered.

To administer your plan

We may disclose limited health information with your employer or sponsor of your health plan for administrative purposes, such as to enroll you. Plan sponsors that receive this information are required by law to have safeguards in place to protect the information from further disclosure or from inappropriate uses.

Example: Your employer contracts with us to provide a health plan, and we provide your employer with certain statistics to explain the premium we charge.

We may share your information for certain operations or payment functions that are performed by third parties, known as "business associates," on our behalf. We require these business associates to sign a written agreement that limits their use and disclosure of health care information. Any use and disclosure made by our business associates will be consistent with this Privacy Notice. We also may share information with third parties to coordinate your coverage with other insurance or health benefits you may have.

Our Uses and Disclosures *continued*

Help with public health and safety issues

We may disclose your health care information for public health activities, such as to:

- help prevent and control disease
- report adverse reactions to medications
- help with system oversight, such as audits or investigations
- avert a serious threat to a person's health or safety

Do research

We may disclose your health care information for medical research or research to improve the health care system.

Comply with the law

We may disclose your personal and health information if federal or state law requires it.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We may disclose activities performed by organ or tissue donation and transplantation services.
- We may disclose health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We may disclose your information for workers' compensation claims.
- We may disclose your health care information to a health oversight agency for activities authorized by law, including audits and investigations.
- We may disclose information to comply with special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

We may disclose your personal health information in response to a court or administrative order, subpoena, discovery request or other legal process. Personal health information in psychotherapy notes or substance use disorder records will only be disclosed with your specific written consent or a court order.

State laws requiring greater limits on disclosures

In instances in which the state law is more protective of your privacy rights than federal law, we will comply with the state law restrictions.

Example: We restrict the use and disclosure of health care information concerning HIV, genetic testing, mental health and developmental disabilities to those allowed under state law.

How else do we use or disclose your health information?

We are allowed or required to share your information in other ways that contribute to the public good, such as for public health and safety activities. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: https://www.hhs.gov/hipaa/for-individuals/index.html

Our Responsibilities

- We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices.
- We will notify you promptly if a breach occurs that may compromise the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or disclose your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We reserve the right to change the terms of this Privacy Notice and to apply the new Privacy Notice terms to all health information that we keep. If we make a material change to the terms of this Privacy Notice, the revised Privacy Notice will be available upon request, on our web site, and we will mail a copy to you.

For Information or Questions

You may get more information about your privacy rights and our privacy practices by calling or writing our Privacy Officer.

Privacy Officer
1605 Associates Drive, Suite 101
Dubuque, IA 52002
(563) 556-8070 or (800) 747-8900
PrivacyOfficer@mahealthcare.com

Our Organization

This Notice applies to our health plan companies, which are Affiliated Covered Entities:

Medical Associates Health Plan, Inc.
The Medical Associates Clinic Health Plan of Wisconsin