

# Homestead Smart Health Plans

## 2023-2024 Health Benefits Overview





# Welcome home!

This guide will help you understand your benefits plan so you can make informed decisions about what is right for you and your family.

Your health plan includes a dedicated member advocacy program, freedom from network restrictions with no need for referrals, and top quality care from a growing community of providers and facilities - all with lower costs for you.

**If you have any questions**, please don't hesitate to call the Member Services phone number on the front of your Member ID card.

**Welcome to Homestead Smart Health Plans, where our members enjoy:**

## 1. FREEDOM FROM NETWORK RESTRICTIONS



**No referrals needed!** With Homestead Smart Health Plans, we help you receive care within a growing community of premier facilities and providers.

## 2. BETTER BENEFITS



**Lower costs!** Our plan offers you better benefits at a lower price because all claims are paid as in-network.

## 3. CARING CUSTOMER SERVICE



**Let us help you!** We will reach out to new members to welcome you to your new health benefits plan. You can always call us at the phone number on your Member ID card, or email us at [customerservice@homesteadplans.com](mailto:customerservice@homesteadplans.com).

# Your Coverage: Terms to Know

Here are some important terms to know and Frequently Asked Questions (FAQs) to review:

**Open Enrollment:** The period of time each year when a health benefits plan allows members to enroll or change their plan.

**Premium:** The amount you and your employer pays each month in exchange for your health insurance.

**Copay:** The fixed amount you pay up front when you receive medical service. For example, some plans require a \$25 copay for a visit to a Primary Care Physician and a \$50 copay for a visit to a Specialist.

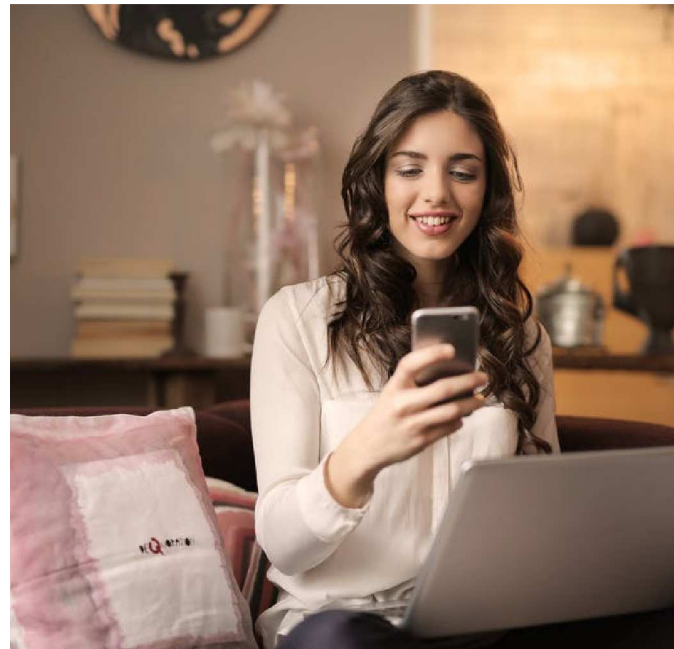
**Deductible:** The amount that you must pay for medical services before your health benefits plan begins to cover payment. After reaching this amount, the health plan covers their percentage of your services. The lower the deductible, the sooner the health plan starts to pay.

**Coinsurance:** This is the percentage that you pay of your medical bills, after fulfilling your deductible amount. For example, if the coinsurance percentage is 80% and the cost of your x-ray was \$1,000, the health plan would cover \$800 of the bill, and you pay the remaining \$200. This charge is in addition to your copay. Coinsurance is paid until the out-of-pocket maximum is reached.

**Out-Of-Pocket Maximum:** This is the maximum amount you will have to pay for your medical expenses for the entire year, as long as the medical services are covered. After this amount is reached, the health plan pays 100% of covered expenses.

**Provider:** Any person or institution that provides medical care. Examples of providers include doctors, nurses, hospitals, and clinics.

**Claim:** A request by a plan member or healthcare provider that the health plan pays for its share of a medical service. Your health plan receives a claim every time you receive medical care.



## HOW CAN I FIND A PROVIDER?

For your convenience, search for providers through our directory at [www.homesteadproviders.com](http://www.homesteadproviders.com)

Homesteadproviders.com is our online provider look up tool. Providers can be searched by name, specialty, and geographic location. The directory includes providers that participate in the national PHCS - Practitioner Only program, a MultiPlan® program, and our own Claim Watcher program.



This directory is provided as a convenience to you. It indicates the affiliation of the provider. When you call a new provider to make an appointment, be sure to mention the Claim Watcher or PHCS – Practitioner Only affiliation when asked about your benefits coverage.

- Not able to find a specific provider?
- Concerned about an upcoming appointment?

We are with you every step of the way – just call your dedicated Concierge Team. Or you can fill out the provider assistance form included in these open enrollment materials.

**If you have an upcoming appointment, please reach out to us to help facilitate your visit.**

## HOW DOES IT WORK?

When you visit a medical facility, tell them that you have coverage through your employer, and always present your Member ID card. It says where to send the claim for payment, along with important phone numbers that may be needed to coordinate care with your plan. The facility should make a copy of your ID card for their records.

If you encounter any issues at your provider's office, please call us. Our Member Services team is well prepared to discuss any questions the facility may have. The facility may also choose an automated option when they call to have a statement of your eligibility and coverage faxed to them.

**We encourage you to reach out to us in advance to help facilitate your visit.**

## Preferred Partners

Below is a list of suggested providers who provide quality health services at low cost.



MultiPlan® PHCS Practitioner Only Network is a national network. The PHCS network offers access in all states to over 700,000 healthcare professionals, including both primary care and specialist practitioners. To look up participating providers in the MultiPlan® PHCS – Practitioner Only network, visit [www.homesteadproviders.com](http://www.homesteadproviders.com).



Homestead is a preferred partner with CVS Minute Clinic. Visit any location inside select CVS Pharmacy® and Target stores to receive the care you need, on your schedule, for everything from minor illnesses and injuries to physicals, screenings, chronic condition monitoring, vaccinations, and more. Tell them you are a member of a Claim Watcher plan. To find the nearest Minute Clinic, go to [www.minuteclinic.com](http://www.minuteclinic.com).



While you can use any lab, we recommend Quest Diagnostics' Quest Select program. For convenient locations, check out their website at [www.questselect.com](http://www.questselect.com)

While we offer these preferred providers as a convenience, we will help you go to the provider or medical facility of your choice.

# Explanation of Benefits

*This is not a bill.  
Retain for tax purposes.*

## WHAT WILL THIS COST ME?

You are responsible for any copayments, coinsurance, and deductibles. The amount you are responsible for will be clearly shown on the Explanation of Benefits (EOB) you receive from us for a claim and marked as "Patient Responsibility." You must either pay the full amount or enter into a payment plan for this amount within 30 days of the date of the provider's bill.

**John Sample**  
123 Main Street  
City, State 12345

Group Name: ABC Company, Inc.  
Member: John Sample  
Member ID: 81000-000000  
Date: 01/01/2020

### Employee Copy

Dates of Service:	Service Description:	Total Charge:	Not Covered:	Eligible Amount:	Remark Code:	Co-pay Amount:	Co-Insurance:	Plan Payment:	
1/1/2020	Office Visit	\$249.55	\$0.00	\$102.09	956	\$0.00	\$20.42	\$81.67	
1/1/2020	Injection	\$24.00	\$0.00	\$4.49	956	\$0.00	\$1.10	\$3.39	
1/1/2020	Injection	\$55.05	\$0.00	\$27.92	956	\$0.00	\$5.58	\$22.34	
<b>Totals:</b>		<b>\$328.90</b>	<b>\$0.00</b>	<b>\$130.50</b>		<b>\$0.00</b>	<b>\$26.10</b>	<b>\$104.40</b>	
		<b>Patient's Responsibility: \$26.10</b>							

### Remark Code/Description

Code	Description
956	Paid per Claim Watcher Audit/Review

## WHAT HAPPENS IF I AM REFUSED TREATMENT?

If a facility refuses to see you, call Member Services immediately for assistance while at the provider's office.

## WHAT IF I RECEIVE BILLS OR COLLECTION NOTICES FOR UNPAID CHARGES?

Be sure to open your mail! In the rare event this occurs, call the member services number on your Member ID card as soon as you can, so we can help you with a surprise bill or collection notice. Surprise bills and collection notices are time sensitive, so it is very important that you contact us immediately. You are not responsible for anything other than your patient responsibility, but we need to see any bills to protect you.

## STATEMENT

Date: 3/3/2020  
Statement # [100]

Dr. Jane Sample MD  
123 Town Street  
Anytown, State 12345  
555-666-7777  
drsampl@doctor.com

Bill To: John Patient  
1234 Main Street  
Anytown, State 12345  
666-777-8888  
Customer ID: 123456789

Date:	Description:	Payment/Adjustment:	Amount Due:		
1/1/2020	99214 - Office Visit		\$249.85		
1/1/2020	J1885 - Injection		\$24.00		
1/1/2020	96372 - Injection		\$55.05		
<b>Total Bill Amount:</b>			<b>\$328.90</b>		
2/2/2020	INS. PMT Adjustment - Check #30069	-\$104.40			
2/2/2020	Patient Responsibility/Co-Pay	-\$26.10			
			<b>\$198.40</b>		
<b>Current</b>	<b>1-30 Days Past Due</b>	<b>31-60 Days Past Due</b>	<b>61-90 Days Past Due</b>	<b>Over 90 Days Past Due</b>	<b>Amount Due</b>
					<b>\$198.40</b>

### Remittance

Statement #	100
Date	3/3/2020
Amount Due	\$198.40
Amount Enclosed	

# Welcome home.

At Homestead, we continually work to improve the experience of our members. Below is information on how to get the most out of your health benefits plan.

## Member Support

We reach out to new members to welcome you to the health plan. Or feel free to call us at (855) 897-4816 with any questions. You can also visit us 24/7 on the online web portal through [www.woodsindex.com](http://www.woodsindex.com) (click on Access Benefits).

## Provider Directory

Go to our [www.homesteadproviders.com](http://www.homesteadproviders.com) directory. Can't find a provider or concerned about an upcoming appointment? Call us at (855) 897-4816 or fill out the Provider Assistance Form in this packet, and we will help you find a provider. We will explain your health plan to the provider, so you have no issues when you go.

## Telemedicine

Woods members have free Teladoc health services available 24/7 at 1-800-TELADOC, [teladoc.com](http://teladoc.com), or through the iPhone or Android app to receive medical care by phone or video chat from a board-certified physician. You can also choose a primary care doctor through Teladoc, at [teladoc.com/primary360](http://teladoc.com/primary360).

## Surprise Bills

Did you know that 42% of hospital visits in the U.S. result in a surprise bill? With Homestead, you are protected. In the rare event you get a bill in the mail for more than your patient responsibility, please call our balance bill department, Claim Watcher, at (844) 307-6755 *right away* so we can protect you.



## Provider Assistance

Are you concerned about an upcoming appointment? Or do you need help finding a provider?

At Homestead, we help you receive care within a growing community of healthcare providers.

Please be sure to check if your provider is already listed in our directory. You can do so by visiting <https://www.homesteadproviders.com>.

If you find your doctor there, you're all set! They are already actively working with our members and you can go right ahead with scheduling an appointment. Your provider participates with the PHCS Practitioner Only network or our Claim Watcher program. The directory indicates the affiliation of the provider. Please mention the appropriate logo on your ID card when scheduling an appointment after your plan's effective date.

If your existing provider is not found, please scan this QR code - this will bring you directly to our provider assistance page. Here you will be able to list providers you plan on seeing in the next 90 days. We will contact them to confirm benefits before your visit.



To make sure that everything goes smoothly, our Concierge team will help explain your benefit plan coverage to your chosen provider.

You will receive a follow up call close to your appointment date. We will let you know that our concierge team has reached out to your provider. You will be all set!

### **Do not pay full charges at time of service.**

There are no additional costs to see a provider outside the PHCS Practitioner Only network or Claim Watcher program, as long as you fill out the form or call Member Services prior to your appointment. We will work with your provider to ensure that you are not required to pay the full charged amount.

Homestead's provider team has a 98% success rate in getting our clients seen by the provider of their choice. On the rare occasion when a provider is not willing to work with us, our team will find you alternate providers willing to work with the plan.

If you have questions, call the Member Services phone number on the front of your ID card – **we're here to help you every step of the way!**



## Introducing: The Medxoom Member Portal

We are excited to announce a new Member Portal to all Homestead members! Available to you on your phone or computer, you will have on demand access to:

- ▶ Coverage information & digital member ID cards
- ▶ Your profile information
- ▶ Paid claims information
- ▶ Digital Explanation Of Benefits
- ▶ Automatic tracking of expenses and progress towards deductible and other out of pocket costs

To access, track, and manage your benefits, online or through your smartphone, follow these three easy steps:

- 1 **Download** the app at the **Apple App Store** or **Google Play Store** by searching for "Medxoom" and installing on your mobile device as directed.
- 2 **Open** the app and **register** entering your email, password, SSN + DOB. (Don't worry, your information is kept private and secure.) Once registered, your app screen will say Homestead, but still say Medxoom on your phone.
- 3 **Review** your profile information by clicking your name or Settings. Invite your adult dependents to register too.

### Now you can:

- ▶ Have all details about your medical plan in one place
- ▶ Get real-time updates on progress made towards meeting your deductible and out-of-pocket maximums
- ▶ See important messages and documents from Homestead
- ▶ ...and more! Start maximizing your health benefits experience today.

You can also access your portal online at [member.medxoom.com](https://member.medxoom.com)



As always, if you have any questions, please reach out to your dedicated customer service team.

# So many reasons to use Teladoc®



**Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits.**  
It's an affordable option for quality medical care.

<p>1</p>  <p>Talk to a doctor anytime, anywhere you happen to be</p>	<p>2</p>  <p>Receive quality care via phone, video or mobile app</p>	<p>3</p>  <p>Prompt treatment, talk to a doctor in minutes</p>
<p>4</p>  <p>A network of doctors that can treat every member of the family</p>	<p>5</p>  <p>Prescriptions sent to pharmacy of choice if medically necessary</p>	<p>6</p>  <p>Teladoc is less expensive than the ER or urgent care</p>

## GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink Eye
- Respiratory infection
- Sinus problems
- Skin problems
- And more!

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician

 [Teladoc.com](http://Teladoc.com)

 1-800-TELADOC (835-2362)





You've got **Teladoc.**  
24/7 access to doctors  
by phone or video

**You have Teladoc** as part of your benefits. Our U.S. board-certified doctors can diagnose, treat, and even prescribe medicine, if needed, for a wide range of medical needs, including the flu, allergies, rash, upset stomach and much more.

**Set up your account, it's easy!**

1



Create account

Use your phone, the app, or our website to create an account and quickly complete your medical history.

2



Request a visit

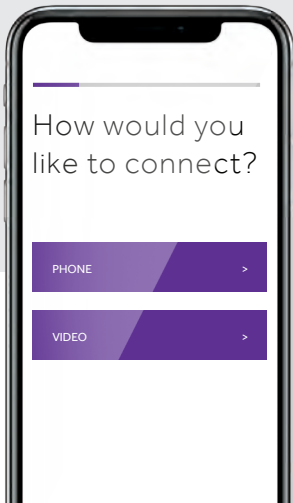
Use your device to request a visit and a Teladoc doctor will contact you at the requested time.

3



Feel better

Your doctor will diagnose your symptoms and even prescribe medicine, if needed.



**Download the app and talk to a doctor for free**

Teladoc.com 1-800-TELADOC (835-2362)



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# Did you know that **42%** of hospital visits in the U.S. result in a Surprise Bill?

With Homestead,  
**you are protected.**

We invite you to scan this QR code to watch a short video of our Balance Bill process, to better understand how we keep our members protected:



**Please keep this flyer in a safe place just in case you find you require these services.**

**What is a balance bill?** When you receive care, you pay your patient responsibility (any copays, deductibles, and/or coinsurance) as shown in the Explanation of Benefits you get from us. The Explanation of Benefits (EOB) shows the allowed amount for a service. The allowed amount is the fair and reasonable amount your health plan pays, including a profit for the provider. Rarely, the provider will not accept this fair payment, and will bill you for the difference. For example, if the provider's charge is \$750 and the allowed amount is \$550, the provider may bill you for the remaining \$200.

At Homestead, we protect our members from balance bills, and will protect you against this additional cost – **once we have confirmed you have paid your full patient responsibility. However, there is a 30 day deadline from the date of an initial balance bill for us to begin this process with you – so it is important that you open your mail regularly and contact us immediately if you think you have received a balance bill.**

## BALANCE BILL PROCESS

### **If you get a Balance Bill in the mail you should:**

Call Claim Watcher Customer Service at **1 (844) 307-6755** and press #1.

Our Customer Service team will help you identify that the bill is a balance bill and direct you to send in a copy using any of the below methods:

By email: [balancebills@claimwatcher.com](mailto:balancebills@claimwatcher.com)

By fax: 267-514-2242

By the member portal

By mail: Claim Watcher, LLC, at 50 S. 16th Street, Suite 3400, Philadelphia, PA 19102.

We will take steps to verify that the bill you received is in fact a balance bill or that it was for unpaid patient responsibility. If it is determined that the bill is an actual Balance Bill, and it is not initially settled, the Claim Watcher Balance Bill Defense Service will commence:

- **Our Balance Bill Defense Team will send an introductory email to you with instructions of how to login to the Balance Bill Defense Portal**
- Our Balance Bill Defense Team will explain the Advocacy/Defense process
- You may need to log in to the Balance Bill Defense Portal and review/e-sign necessary documents.

Our team will continue to provide you with support and a minimum of monthly check-ins, as we work to resolve your case.

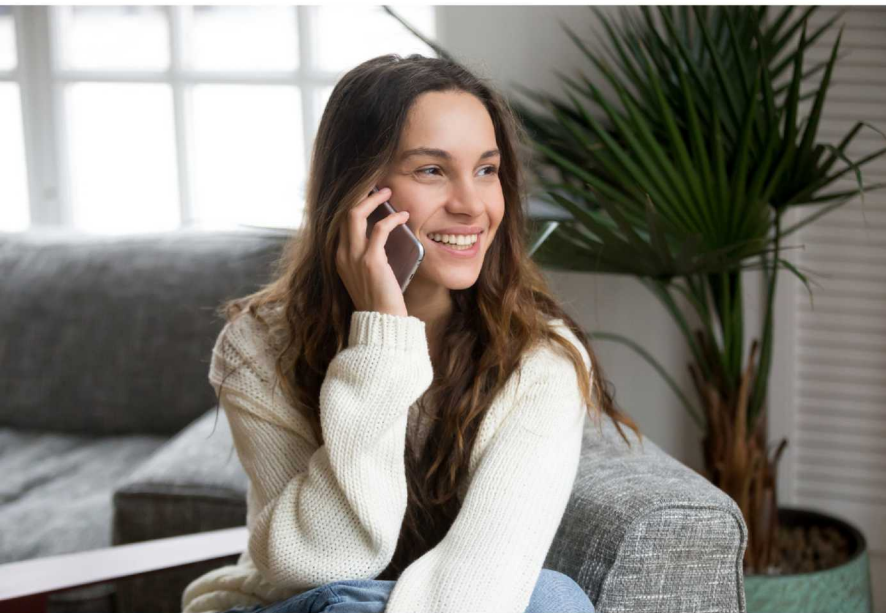
We know getting an unexpected bill in the mail can be a confusing experience, and that is why we are here to help in case it happens to you. All we ask is that you **regularly check your mail so we can meet the necessary 30-day deadline** to begin to handle a balance bill for you if these services are needed.

## Who is **HCS?**

HealthCare Strategies (HCS) has been providing health management services nationally for more than three decades.

HCS offers patient-focused programs and services to help you stay healthy and informed, including Case Management services.

Our program is aligned with your health plan to provide these services to you at no cost. We urge you to take the call if HCS reaches out to you.



HCS also manages your health plan's pre-certification process, which is needed for the following:

### Pre-Certification Required\*

Hospitalization, Out-Patient Mental Health/Substance Abuse, Organ Transplants, Qualifying Clinical Trials, Potential Cosmetic Procedures, MRI, MRA, PET Scan

\*List is not comprehensive. Please make sure your provider contacts HCS to ensure approval of coverage.

### Dear Participating Member,

We are pleased to provide Quest Diagnostics' QuestSelect with your health benefit plan. The QuestSelect Program offers you and your eligible dependents discounted outpatient laboratory testing\* when your testing is sent under the QuestSelect Program to a participating Quest Diagnostics laboratory. To use this voluntary program, the testing must also be ordered by your physician, covered and approved by your health benefit plan.

### Using the QuestSelect Program is Simple

You must show your healthcare ID card with the QuestSelect logo at your physician's office or a contracted collection site and verbally ask to use the QuestSelect Program. There are two ways to use the QuestSelect Program:

## How to Use QuestSelect

1

At a physician's office or QuestSelect collection site, show your healthcare card with the QuestSelect logo and ask to use the QuestSelect Program. QuestSelect is optional, if you do not use the QuestSelect Program, your standard benefits for outpatient laboratory testing will apply.

3

If your physician does not collect specimens in his/her office, you may find an approved collection site at [www.QuestSelect.com](http://www.QuestSelect.com) or by calling 1-800-646-7788. Collection site information, including locations, site hours and any special instructions are updated daily, so please visit the website or call 1-800-646-7788 before any visit.

2

If your physician is able to collect specimens in his/her office, they can continue to collect specimens for the QuestSelect Program. After the collection is complete, your physician must clearly mark QuestSelect on the paperwork and call 1-800-646-7788 to request a QuestSelect pick up.

4

QuestSelect makes it easy for you and your health plan to save money.

**You Save!**

Quest Diagnostics' QuestSelect Program applies to diagnostic outpatient laboratory testing, which includes blood testing, urine testing, cytology and pathology, and cultures. The QuestSelect Program does not apply to lab work ordered during inpatient hospitalization; lab work needed on an emergency (STAT) basis, and time-sensitive, specialized outpatient laboratory testing such as fertility testing, bone marrow studies and spinal fluid tests; nonlaboratory work such as mammography, x-ray, imaging and dental work; lab work performed by another lab; and testing that is not approved and/or covered by your health benefit plan.

Quest Diagnostics' QuestSelect Program helps control healthcare costs and provides members with an opportunity to save on covered outpatient laboratory testing. If you have any questions, please call QuestSelect Client Services at 1-800-646-7788.

\*Provider collection and handling fees may apply, and are subject to health benefit plan provisions.

For More Information Call **1-800-646-7788** or visit [www.QuestSelect.com](http://www.QuestSelect.com)

**Common Questions About the Program on Back**

# Common Questions About the Program

## Q. What is QuestSelect?

**A.** QuestSelect is a voluntary program that allows you to obtain high-quality, discounted outpatient laboratory testing.\* To obtain the discounted services your physician or phlebotomist must indicate that you have the QuestSelect Program on the paperwork that accompanies your specimens to a participating Quest Diagnostics laboratory.

## Q. Does QuestSelect replace current healthcare benefits?

**A.** No. It simply provides you the option to receive discounted outpatient laboratory testing when you present your ID card with the QuestSelect logo and ask for the QuestSelect Program. However, if you choose not to use the QuestSelect Program, your standard benefits for outpatient laboratory testing will apply.

## Q. What tests are processed under QuestSelect?

**A.** The program covers diagnostic outpatient laboratory testing provided the tests have been ordered by your physician and you have requested to use your QuestSelect Program. Outpatient lab work includes:

- ▶ Blood testing (e.g., cholesterol, CBC).
- ▶ Urine testing (e.g., urinalysis).
- ▶ Cytology and pathology (e.g., pap smears, biopsies).
- ▶ Cultures (e.g., throat culture).

## Q. What tests are NOT processed under QuestSelect?

**A.** QuestSelect does not cover all lab work, including:

- ▶ Lab work ordered during hospitalization.
- ▶ Lab work needed on an emergency (STAT) basis and time-sensitive, esoteric outpatient laboratory testing such as fertility testing, bone marrow studies and spinal fluid tests.

- ▶ Nonlaboratory work such as mammography, x-ray, imaging and dental work.
- ▶ Lab work performed by another laboratory or non participating Quest Diagnostics laboratory.

## Q. Is there a charge for specimen collection?

**A.** Yes. When your specimen is collected at the physician's office, your health plan may be billed by the physician for collection services. When your collection is at an approved QuestSelect collection site, Quest Diagnostics will be responsible for billing your health plan. However, you may be responsible for coinsurance, copay and/or deductible.

## Q. What if my physician doesn't collect specimens?

**A.** Most of the time, the physician or physician office staff collects your specimen(s) and calls QuestSelect Client Services for pick up. If the physician is unable to collect the specimens, check the website at [www.QuestSelect.com](http://www.QuestSelect.com) or call 1-800-646-7788 to see if there is an approved collection site in your area. Please verify hours of collection for the QuestSelect Program and collection site capabilities, specifically glucose tolerance testing and pediatric draws.

If a collection site that meets your needs is available, you can take a completed test order from your physician or a Quest Diagnostics requisition outlining the tests to be performed to the collection site. Show your ID card with the QuestSelect logo to the office staff and verbally ask for the QuestSelect Program. Your physician or phlebotomist must indicate that you have the QuestSelect Program on the paperwork that accompanies your specimens. Specimens will be collected by a trained medical professional and sent to the laboratory for testing. Results will be sent to your physician, generally the next day. If you do not use your QuestSelect Program, you will continue to receive lab

services as you always have — and your standard benefits for outpatient laboratory testing will apply.

## Q. What if a physician who does not collect specimens for the QuestSelect Program, wants to perform the testing in his or her own office, or have the specimens sent to a laboratory of his/her choice?

**A.** You may continue to have lab work performed at another laboratory without using the QuestSelect Program; however, your standard benefits for outpatient laboratory services will apply.

## Q. What if the physician or the office staff has not heard of QuestSelect?

**A.** Ask them to call QuestSelect Client Services at 1-800-646-7788 to speak with a client service representative who will explain the QuestSelect Program and fax a packet of information for their immediate use. You can also call the QuestSelect Client Services number or visit the website, [www.QuestSelect.com](http://www.QuestSelect.com), to ask that they contact your physician in advance of your next visit.

## Q. Can testing under the QuestSelect Program be sent to any Quest Diagnostics laboratory?

**A.** Yes. To ensure you receive the benefit of the QuestSelect Program, you must show your healthcare card with the QuestSelect logo and ask to use the QuestSelect Program. Your physician should clearly mark QuestSelect on your laboratory orders or Quest Diagnostics requisition and call 1-800-646-7788 for a QuestSelect pick up. Specimens will be sent to a Quest Diagnostics laboratory and results will be sent back to your physician, typically the next day.

*\*Provider collection and handling fees may apply, and are subject to health benefit plan provisions. You may be responsible for coinsurance, copay and/or deductible.*

If you have additional questions about **QuestSelect**, call **1-800-646-7788**

QuestSelect A Service of Quest Diagnostics • [www.QuestSelect.com](http://www.QuestSelect.com)



# Penn Medicine

**Penn Medicine is a preferred provider of your health plan.**

Penn is one of the world's leading academic medical centers, dedicated to the related missions of medical education, biomedical research, and excellence in patient care. With Homestead, you and your families gain access to prestigious Penn Medicine providers and facilities in Southeastern Pennsylvania and South Jersey. To find a Penn Medicine provider or facility, look them up at [www.homesteadproviders.com](http://www.homesteadproviders.com) or call 800-789-PENN (7366). Tell them you are part of a Claim Watcher Plan.

## Penn Medicine Bucks County

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Penn Medicine Bucks County provides expert primary care and specialty health care, plus a full range of services – right in your community. Now patients and their families can see their primary care physician, consult with a specialist, and get radiology services\* all in one place.

### Highlights of This Facility



**Address:**

Penn Medicine Bucks County  
777 Township Line Road  
Yardley, PA 19067  
Phone: 215-860-0775

- **An integrated model of care.** Instead of separate offices, physicians share space to allow for better coordination between primary care, specialty care, and diagnostic services.
- **Common electronic medical record.** All of the physicians at the center use **myPennMedicine**, a common electronic medical record that is linked across the entire health system. Patients have access to their medical records through a secure website and will be able to communicate electronically with their physician's office.
- **Convenient scheduling.** It's easy to schedule an appointment with any doctor at Penn Medicine Bucks County. To schedule an appointment, call 800-789-7366 (PENN) or request an appointment online.
- **Free parking.** Penn Medicine Bucks County offers plenty of free parking on the premises.
- **Featured Services:** Primary health care (internal medicine and family medicine), specialty care (cardiology, pulmonology, surgery, travel medicine, and more), radiology services

\*A facility of the Hospital of the University of Pennsylvania





Penn Medicine



# PENN MEDICINE LOCATIONS

Access to the Region's Finest Healthcare

Penn Medicine provides coordinated, patient-centered care at more than 50 locations throughout the region. From childhood through the rest of your life, Penn primary care physicians and staff partner with you to develop personalized goals and wellness plans to meet your specific health needs.

So wherever you are in your health care journey, when you need care, you won't have to go far. We're just around the corner.

► For more information call us at **800.789.PENN (7366)**, or log on **FindPennDocs.org**.

## Locations at-a-glance:

### Pennsylvania

- Bala Cynwyd
- Berwyn
- Chestnut Hill
- Exton
- Kennett Square
- Limerick
- Media
- Philadelphia
- Phoenixville
- Radnor
- West Chester
- West Grove
- Yardley

### New Jersey

- Cape May Court House
- Cherry Hill
- Mount Laurel
- Somers Point
- Vineland
- Voorhees
- Woodbury Heights

WE LOOK FORWARD TO WELCOMING YOU!

## ▶ PENNSYLVANIA

### Multi-Specialty Sites and Services

#### Penn Medicine Bucks County

- Primary Care
- Cardiology
- Neurosurgery
- Radiology\*
- Surgical Consults ...and more

#### Penn Medicine Valley Forge

- Primary Care
- Adolescent Medicine
- Cancer Services\*
- Cardiology
- Ob/Gyn
- Orthopaedics ...and more

#### Penn Medicine Radnor

- Primary Care\*
- Adolescent Medicine
- Cardiology\*
- Orthopaedics\*
- Radiology\*
- Surgical Consults ...and more

#### Penn Medicine University City

- Primary Care\*\*\*
- Musculoskeletal Center\*\*\*
- Outpatient Surgery\*\*\*
- Otorhinolaryngology — Ear, Nose and Throat\*\*\* ...and more

#### Penn Medicine Washington Square

- Primary Care\*\*
- Cardiology\*\*
- Otorhinolaryngology — Ear, Nose and Throat\*\*
- Surgical Consults
- Women's Health ...and more

#### Penn Medicine Southern Chester County

- Primary Care
- Gastroenterology
- Physical Therapy
- Ob/Gyn
- Orthopaedics
- Radiology ...and more

### Primary Care

- Delancey Internal Medicine Rittenhouse
- Delancey Internal Medicine Washington Square
- Penn Adolescent & Young Adult Medicine Radnor
- Penn Adolescent & Young Adult Medicine Valley Forge
- PennCare for Kids Phoenixville
- PennCare for Kids Limerick
- Penn Center for Primary Care
- Penn Consultative Internal Medicine
- Penn Family Care
- Penn Family Medicine Chestnut Hill
- Penn Family Medicine Kennett
- Penn Family Medicine Limerick
- Penn Family Medicine New Garden
- Penn Family Medicine Pennsylvania Hospital
- Penn Family Medicine Phoenixville
- Penn Family Medicine Southern Chester County
- Penn Family Medicine University City
- Penn Family Medicine Valley Forge
- Penn Family Medicine West Chester
- Penn Family and Internal Medicine Lincoln
- Penn Family and Internal Medicine Longwood
- Penn Internal and Family Medicine Bucks County
- Penn Internal Medicine Bala Cynwyd
- Penn Internal Medicine Mayfair
- Penn Internal Medicine Media
- Penn Internal Medicine Radnor
- Penn Internal Medicine University City
- Penn Internal Medicine Westtown
- Penn Medicine Bala Cynwyd
- Penn Presbyterian Internal Medicine
- Penn Primary Care and Integrative Medicine Whiteland
- Spruce Internal Medicine

### Hospitals

- Hospital of the University of Pennsylvania
- Penn Presbyterian Medical Center
- Pennsylvania Hospital
- Chester County Hospital
- Lancaster General Health

## ▶ NEW JERSEY

### Multi-specialty Sites and Services

#### Penn Medicine Cherry Hill

- Primary Care
- Hematology/Oncology
- Ob/Gyn\*\*\*
- Orthopaedics\*\*\* ...and more

#### Penn Medicine Mount Laurel

- Primary Care
- Cardiology
- OB/GYN
- ENT
- Neurology
- Podiatry

#### Penn Medicine Woodbury Heights

- Primary Care
- Cardiology
- Ob/Gyn
- Radiology ...and more

### Primary Care

- Penn Family and Internal Medicine Cherry Hill
- Penn Family & Internal Medicine Mount Laurel
- Penn Family Medicine Voorhees
- Penn Internal Medicine Woodbury Heights

### Hospitals

- Princeton Medical Center

*\*A facility of the Hospital of the University of Pennsylvania.*

*\*\*A facility of Pennsylvania Hospital.*

*\*\*\*A facility of Penn Presbyterian Medical Center.*





## Notice of Privacy Policy and Practices

This Notice describes the privacy practices of Parent Company Homestead Strategic Holdings, Inc., and includes the following legal entities: Claim Watcher, LLC; Homestead Insurance Company; Homestead Smart Health Plans, LLC; and INDECS Corporation, a Third Party Administrator (TPA) for self-funded benefit plans (collectively, "Homestead.")

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***This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.***

**Homestead** is required by law to maintain the privacy and security of your protected health information (PHI) and provide you with Notice of our legal duties and privacy practices with respect to your PHI. We protect the privacy of that information in accordance with federal and state privacy laws, as well as our own company's privacy policies.

This notice describes how we collect, use and disclose information about you in administering your benefits, and it explains your legal rights regarding the information. We are required to notify you if your information has been affected by a breach of unsecured protected health information. **Homestead** will abide by the terms of this Notice currently in effect.

Protected Health Information (PHI) is information which identifies you and relates to your medical history (i.e., the health care you receive or the amounts paid for that care). PHI can be further described as financial, health and other information about you that is nonpublic, and that we obtain so we can provide you with health coverage under your Plan.

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### How Homestead Uses and Discloses your PHI

In order to provide TPA services for your health Plan, **Homestead** will need private information about you, and we obtain that information from many different sources – particularly your Plan Sponsor, other insurers, HMOs or third-party administrators (TPAs), and health care providers. We may use and disclose PHI about you in various ways in providing TPA services for your Plan, including:

**Health Care Operations:** We may use and disclose PHI during the course of running our TPA business – that is, during operations such as quality assessment and improvement; licensing; accreditation by independent organizations; performance measurement and outcomes assessment; health services research; and preventive health, disease management, case management and care coordination. For example, we may use the information to provide disease management programs for members with specific conditions, such as diabetes, asthma or heart failure. Other operations requiring use and

disclosure include administration of reinsurance and stop loss; underwriting and rating; detection and investigation of fraud; administration of pharmaceutical programs and payments; transfer of policies or contracts from and to other health plans; and other general administrative activities, including data and information systems management, billing, and customer service.

**Payment:** To help pay for your covered services, we may use and disclose personal information in a number of ways – in conducting utilization and medical necessity reviews; coordinating care; determining eligibility; determining formulary compliance; collecting premiums or Plan payments; calculating cost-sharing amounts; and responding to complaints, appeals and requests for external review. For example, we may use your medical history and other health information about you to decide whether a particular treatment is medically necessary and what the payment should be – and during the process, we may disclose information to your provider. We also mail Explanation of Benefits forms and other information to your provider. We also mail Explanation of Benefits forms and other information to the address we have on record for the Plan Member or other covered dependent(s). In addition, claims information contained about Plan Members and their covered dependents is available on our secure **Homestead** web portal and through our customer service line.

**Treatment:** We may disclose information to doctors, dentists, pharmacies, hospitals and other health care providers who may provide you their services. For example, doctors may request medical information from us to supplement their own records. We also may use PHI in providing pharmacy services and by sending certain information to doctors for patient safety or other treatment-related reasons.

**Disclosures to Other Covered Entities:** We may disclose PHI to other covered entities, or business associates of those entities for treatment, payment and certain health care operations purposes. For example, we may disclose PHI to other health plans offered by your Plan Sponsor or employer if they have arranged for us to do so to have certain expenses reimbursed.

**Health and Wellness Information:** We may use or disclose PHI in order to provide you with information regarding treatment alternatives, treatment reminders, or other health-related benefits and services.

**Plan Administration:** We may disclose your PHI to your employer, or the Plan Sponsor of your benefit program.

**Research; Death, Organ Donation:** We may disclose your PHI to researchers, provided that certain measures (like de-identification) are taken to protect your privacy. We may disclose PHI, in certain instances, to coroners, medical examiners and in connection with organ donation.

**Business Associates:** We may disclose your PHI to third parties who provide services to **Homestead**, your employer or Plan Sponsor and others who assure us they will protect the information through a written Business Associate Agreement.

**Public Health and Safety; Health Oversight** – We may disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. Any disclosure, however, would be to someone able to help prevent the threat. Examples of this include: preventing disease; helping with product recalls; reporting adverse reactions to medication; reporting suspected abuse, neglect, or domestic violence; and preventing or reducing a serious threat to anyone’s health or safety.

**Legal Process; Law Enforcement; Specialized Government Activities:** We may disclose your PHI to federal, state and local law enforcement officials for such purpose as responding to a warrant or subpoena; in the course of legal proceedings; discovery request, or other lawful process.

**Workers Compensation:** We may disclose your PHI when authorized by workers’ compensation laws.

**Family and Friends:** We may disclose PHI about you to a relative, a friend, the subscriber of your health benefits or any other person you identify, provided the information is directly relevant to that person’s involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by calling the **Homestead** toll-free number on your ID card. If you are a minor, you also may have the right to block parental access to your health information in certain circumstances, if permitted by state law. You can contact us using the **Homestead** toll-free number on your ID card – or have your provider contact us.

**Personal Representatives:** Unless prohibited by law, we may disclose your PHI to your personal representative, if any. A personal representative is a person who has legal authority to act on your behalf regarding your health care or health care benefits. For example, an individual named in a durable power of attorney or a parent or guardian of an un-emancipated minor are personal representatives.

**Comply with the law:** We may use or disclose your PHI when we are required to do so by law. For example, we may disclose your health information to the representatives of the Office for Civil Rights of the U.S. Department of Health and Human Services so that they may ensure that we are appropriately protecting the privacy of your health information.

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## Your Individual Rights

The following is a summary of your rights with respect to your PHI. You may ask us, in writing to:

**Right to Request Confidential Communications:** You have the right to request that your health information is received by an alternative means of communication, or at alternative locations. For example, if you are covered as an adult dependent, you might want us to send health information to a different address from that of your subscriber. We will accommodate reasonable requests.

**Right to Request Restrictions:** You have the right to restrict the way we use or disclose health information about you in connection with health care operations, payment and treatment. We will consider, but may not agree to, such requests. You also have the right to ask us to restrict disclosures to persons involved in your health care.

**Right to Access to PHI:** You have the right to inspect and copy medical information that may be used to make claim decisions. You can obtain a copy of health information that is contained in a “designated record set” – medical records and other records maintained and used in making enrollment, payment, claims adjudication, medical management and other decisions. We may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies and, in certain cases, may deny the request.

**Right to Request an Amendment of PHI:** You have the right to have us amend health information that is in a “designated record set.” Your request must be in writing and must include the reason for the request. If we deny the request, you may file a written statement of disagreement.

**Right to Receive an Accounting of Disclosures:** You have the right to request that we provide a list of disclosures we have made about you. Your request must be in writing. If your request such an accounting, we may charge a reasonable fee.

**Right to Receive a Privacy Breach Notice:** You have the right to receive written notification if we discover a breach of your unsecured PHI.

**Right to a Paper Copy of this Notice:**

You have the right to a paper copy of this notice. You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

## Complaints

You also have the right to file a complaint if you think your privacy rights have been violated. To do so, please file the complaint in writing to **Homestead Smart Health Plans, LLC**, Attn: HIPAA Privacy Officer, 50 South 16th Street, Suite 3400, Philadelphia PA 19102 or by email to [customerservice@homesteadplans.com](mailto:customerservice@homesteadplans.com). You also may write to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

## Homestead’s Legal Obligations

The federal privacy regulations require your Plan Sponsor to keep personal information about you private and secure, to give you notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect. As a TPA providing services to your Plan Sponsor, this notice is an extension of the Plan Sponsor’s obligation. The Plan may use information differently than as described in this notice and may have its own Privacy

Practices.

## Other Uses of Medical Information

Except as set forth above, we will not use or disclose information about you that is private but not considered to be PHI without first obtaining your written permission. If you give us written permission to use or disclose PHI of other private information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose the information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain in connection with claims paid on your behalf.

**Effective Date of Notice:** The effective date of this notice is **April 13, 2003**. The revised effective date of this notice is **October 28, 2019**. We must follow the privacy practices described in this Notice while it is in effect. This notice will remain in effect until we change it and replaces any other information you have previously received from us with respect to the privacy of your protected health information. We will publish the updated Notice on our website/web portal.

## This Notice is Subject to Change

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the information that we already have about you, as well as any information that we may receive or hold in the future.

Please note that we do not destroy PHI or other private information about you when your Plan coverage terminates. It may be necessary to use and disclose this information for the purposes described above even after your coverage terminates, although policies and procedures will remain in place to protect against inappropriate use or disclosure.