



2024
Annual Notice of Changes
MIAMI-DADE COUNTY

DrExtraCare
(HMO C-SNP)

Thank you for continuing to trust Doctors HealthCare Plans, Inc. with your health care needs.

We are happy to have you as a Member!

Please read this booklet carefully for important privacy information and to learn about the changes to your health plan for 2024. Reviewing your coverage now will ensure it meets your needs for next year.

Remember to visit www.doctorshcp.com to view or print the following documents pertaining to your selected health care plan:

Evidence of Coverage

This booklet includes important information and details about your health care and prescription drug coverage

Drug List/Formulary

This provides a listing of the drugs covered in your plan

Provider Directory

This directory includes all doctors, pharmacies, and other providers in your network

In addition, you can request printed copies of materials be mailed to you by calling our Member Services Department at the number found below or on the back of your Member ID Card.

LOCAL (786) 460-3427

TOLL-FREE (833) 342-7463, TTY:711

FAX (786) 578-0283

Member Services is open 7 days a week, 8AM to 8PM.

Doctors HealthCare Plans respects your privacy and would like to remind you that you may opt out of receiving future phone calls regarding plan business. Please call us at the number above and one of our representatives will be happy to assist you.

We look forward to continuing to serve your health care needs in 2024!

DrExtraCare (HMO C-SNP)

offered by Doctors HealthCare Plans, Inc.

ANNUAL NOTICE OF CHANGES FOR 2024

You are currently enrolled as a member of DrExtraCare (HMO-POS C-SNP). Next year, there will be changes to the plan's costs and benefits. **Please see page 6 for a Summary of Important Costs, including Premium.**

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the Evidence of Coverage, which is located on our website at www.doctorshcp.com/2024Plans/. You may also call Member Services to ask us to mail you an Evidence of Coverage.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

WHAT TO DO NOW

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in DrExtraCare (HMO C-SNP).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with DrExtraCare (HMO C-SNP).
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

ADDITIONAL RESOURCES

- This document is available for free in Spanish.
- Please contact our Member Services number at (786) 460-3427 or toll free at (833) 342-7463 for additional information. (TTY users should call 711.) Hours are 8 AM to 8PM seven days a week. This call is free.
- This information is available in different formats, including braille, large print and audio. Please call our Member Services Department at the number listed above if you need plan information in another format.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

ABOUT DrExtraCare (HMO C-SNP)

- Doctors HealthCare Plans, Inc. is an HMO with a Medicare contract. Enrollment in Doctors HealthCare Plans, Inc. depends on contract renewal.
- When this document says "we," "us," or "our," it means Doctors HealthCare Plans, Inc. When it says "plan" or "our plan," it means DrExtraCare (HMO C-SNP).

Annual Notice of Changes for 2024

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for DrExtraCare (HMO C-SNP) in several important areas. **Please note this is only a summary of costs.**

COST	2023 (THIS YEAR)	2024 (NEXT YEAR)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$3,400	\$3,400
Doctor office visits	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit
Inpatient hospital stays	\$0 per stay	\$0 per stay
Part D prescription drug coverage (See Section 1.5 for details)	Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage: For a 30-day supply from a retail or mail order pharmacy: Drug Tier 1: \$0 Drug Tier 2: \$0 Drug Tier 3: \$10 Drug Tier 4: \$40 (You pay \$35 per month supply of each covered insulin product on this tier.) Drug Tier 5: 33% of the total drug cost Tier 6: \$0 Catastrophic Coverage: During this payment stage, the plan pays most of the cost for your covered drugs. For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs. You will never pay more than \$35 for a one month supply of insulin.) The Insulin Savings Program will end December 31, 2023.	Deductible: \$0 Copayment/Coinsurance during the Initial Coverage Stage: For a 30-day supply from a retail or mail order pharmacy: Drug Tier 1: \$0 Drug Tier 2: \$0 Drug Tier 3: \$10 Drug Tier 4: \$40 (You pay \$35 per month supply of each covered insulin product on this tier.) Drug Tier 5: 33% of the total drug cost Tier 6: \$0 Catastrophic Coverage: During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. You pay nothing. Refer to sections 1.4 and 1.5 for Insulin coverage information.

SECTION 1 Changes to Benefit and Cost for Next Year

Section 1.1 Changes to the Monthly Premium

COST	2023 (THIS YEAR)	2024 (NEXT YEAR)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

COST	2023 (THIS YEAR)	2024 (NEXT YEAR)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$3,400 Combined Maximum-out-of-pocket amount for In-Network and Out-of-Network Medicare-Covered services.	\$3,400 In-Network Medicare-Covered services will apply to your Maximum-out-of-pocket amount. Once you have paid \$3,400 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.doctorshcp.com/2024Providers/. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

COST	2023 (THIS YEAR)	2024 (NEXT YEAR)
Dental Services	Implant, root canals, and extractions not covered. You pay a \$0 copay per service for 2 fillings per year.	You pay a \$0 copay per service for 1 implant, 1 crown, 1 root canal, 4 fillings, and up to 4 extractions per year.
Hearing Aids	The plan pays up to \$1,200 for hearing aids every 2 calendar years.	The plan pays up to \$1,350 for hearing aids every 2 calendar years.
Over-the-Counter Items (OTC)	\$55 limit per month: This plan covers certain approved, non-prescription, over-the-counter drugs and health related items, up to \$55 every month.	\$65 limit per month: This plan covers certain approved, non-prescription, over-the-counter drugs and health related items, up to \$65 every month.
Acupuncture	You pay a \$0 copay up to 20 supplemental office visits per year. Prior authorization is not required.	You pay a \$0 copay up to 20 supplemental office visits per year. Prior authorization is not required.
Ambulance Services	You pay a \$100 copay for each one-way Medicare covered ground or air trip ambulance service.	You pay a \$100 copay for each one-way Medicare covered ground Ambulance service. You pay a 20% coinsurance of the total cost for each one-way Medicare covered air Ambulance service.
Diabetic Supplies	You pay a 0% coinsurance of the total cost of preferred diabetic supplies (including glucometers, test strips, lancets, lancet devices, and control solutions). These include: Abbott: Freestyle® products (not including Freestyle Libre), Abbott: Precision Xtra® products and LifeScan: OneTouch® products. You pay 20% coinsurance for Non-Preferred Diabetic Supplies.	You pay a 0% coinsurance of the total cost of preferred diabetic supplies (including glucometers, test strips, lancets, lancet devices, and control solutions). These include: Abbott products: FreeStyle® Lite, FreeStyle® FreedomLite, Freestyle® Precision Neo, Precision Xtra (does not include Freestyle® Libre). <u>LifeScan: OneTouch® products will no longer be Preferred.</u> You pay 20% coinsurance for Non-Preferred Diabetic Supplies.
Diagnostic Radiology	You pay a \$0 copay per service if performed at a physician's office or freestanding radiological facility. You pay \$50 copay per service if performed at a hospital facility.	You pay a \$0 copay per service if performed at a physician's office or freestanding radiological facility. You pay \$75 copay per service if performed at a hospital facility.
Point of Service (POS)	Point of Service (POS) for certain Specialist office visits is covered.	Point of Service (POS) for certain Specialist office visits is not covered.

COST	2023 (THIS YEAR)	2024 (NEXT YEAR)
Referrals	Not required for Specialist Visits and other services.	Required for Specialist visits and other services. <i>See your Evidence of Coverage for Detailed information.</i>
Skilled Nursing Facility (SNF)	You pay a \$0 copay per day for days 1 through 20 in a Skilled Nursing Facility. You pay a \$50 copay per day for days 21 through 100 in a Skilled Nursing Facility.	You pay a \$0 copay per day for days 1 through 20 in a Skilled Nursing Facility. You pay a \$60 copay per day for days 21 through 100 in a Skilled Nursing Facility.
Therapeutic Radiology	You pay a \$50 copay per radiation therapy service.	You pay a \$75 copay per radiation therapy service.

Note: Beginning July 2023, cost-sharing for insulin furnished through an item of DME is subject to a coinsurance cap of \$35 for one-month's supply of insulin. Beginning April 1, 2023, your coinsurance for certain Part B drugs (including biological products) with prices that increased at a rate faster than the rate of inflation ("Part B Rebatable Drugs") will be adjusted so your coinsurance is based on the lower inflation-adjusted payment amount. This new inflation rebate applies to certain Medicare Part B single source drugs and biological products, including biosimilar biological products, and may be in either of the categories "Chemotherapy administration services to include chemotherapy/radiation drugs" or "Other drugs covered under Part B of original Medicare." Your coinsurance will be based on 20% of the inflation-adjusted payment amount for the quarter and will be reflected as a percentage (that is less than 20%) of the Medicare Part B payment amount. You will not pay more than 20%.

Section 1.5 Changes to Part D Prescription Drug Coverage

CHANGES TO OUR DRUG LIST

Our list of covered drugs is called a Formulary or "Drug List." A copy of our "Drug List" is provided electronically.

We made changes to our "Drug List," which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the "Drug List" to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the "Drug List" are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online "Drug List" to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

CHANGES TO PRESCRIPTION DRUG COSTS

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part**

D prescription drugs may not apply to you. We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2023 please call Member Services and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

CHANGES TO THE DEDUCTIBLE STAGE

STAGE	2023 (THIS YEAR)	2024 (NEXT YEAR)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

CHANGES TO YOUR COST SHARING IN THE INITIAL COVERAGE STAGE

STAGE	2023 (THIS YEAR)	2024 (NEXT YEAR)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> <p>The costs in this row are for a one-month (30 day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the Tier for some of the drugs on our Drug List. To see if your drugs will be in a tier, look them up on the “Drug List.”</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Preferred Generics: You pay \$0 per prescription.</p> <p>Generics: You pay \$0 per prescription.</p> <p>Preferred Brands: You pay \$10 per prescription.</p> <p>Non-Preferred Drugs: You pay \$40 per prescription. (You pay \$35 per month supply of each covered insulin product on this tier.)</p> <p>Specialty: You pay 33% of the total cost.</p> <p>Supplemental Drugs: You pay \$0 per prescription.</p> <hr/> <p>Once your total drug costs have reached \$6,000, you will move to the next stage (the Coverage Gap Stage). Insulin Savings Program will end December 31, 2023.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Preferred Generics: You pay \$0 per prescription.</p> <p>Generics: You pay \$0 per prescription.</p> <p>Preferred Brands: You pay \$10 per prescription.</p> <p>Non-Preferred Drugs: You pay \$40 per prescription. (You pay \$35 per month supply of each covered insulin product on this tier.)</p> <p>Specialty: You pay 33% of the total cost.</p> <p>Supplemental Drugs: You pay \$0 per prescription.</p> <hr/> <p>Once your total drug costs have reached \$7,000, you will move to the next stage (the Coverage Gap Stage). Refer to Sections 1.4 and 1.5 for insulin coverage information.</p>

CHANGES TO THE COVERAGE GAP AND CATASTROPHIC COVERAGE STAGES

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 If you want to stay in DrExtraCare (HMO C-SNP)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our DrExtraCare (HMO C-SNP).

Section 2.2 If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- OR — You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2). As a reminder, Doctors HealthCare Plans offers other Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from DrExtraCare (HMO C-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from DrExtraCare (HMO C-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - or – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs that Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Florida, the SHIP is called Serving Health Insurance Needs of Elders (SHINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHINE at 1-800-963-5337 or TTY/TDD: 1-800-955-8770. You can learn more about SHINE by visiting their website www.floridaSHINE.org.

SECTION 5 Programs that Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Florida ADAP Program HIV/AIDS Section. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-352-2437 (1-800-FLA-AIDS) (English), 1-800-545-7432 (1-800-545-SIDA) (Spanish) 1-800-243-7101 (1-800-AIDS-101) (Creole), 1-888-503-7118 (TTY/TDD) Monday through Friday, 8AM to 4:30PM or visit website at www.floridahealth.gov/diseases-and-conditions/aids/adap/index.htm

SECTION 6 Questions?

Section 6.1 Getting Help from DrExtraCare (HMO C-SNP)

Questions? We're here to help. Please call Member Services at (786)460-3427 or Toll Free (833)342-7463. (TTY only, call 711). We are available for phone calls Monday – Sunday from 8AM to 8PM. Calls to these numbers are free.

Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)

This Annual Notice of Changes gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 Evidence of Coverage for DrExtraCare (HMO C-SNP). The Evidence of Coverage is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the Evidence of Coverage is located on our website at www.doctorshcp.com/2024Plans/. You may also call Member Services to ask us to mail you an Evidence of Coverage.

Visit our Website

You can also visit our website at www.doctorshcp.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/"Drug List")*.

Section 6.2 Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2024

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.

Notice of Privacy Practices

MEDICAL AND FINANCIAL INFORMATION PRIVACY NOTICE

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

We are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms “information” or “health information” in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you a revised notice by direct mail or electronically as permitted by applicable law. In all cases, we will post the revised notice on your health plan website, such as www.doctorshcp.com.

WHAT IS PERSONAL HEALTH INFORMATION?

We must use and disclose your health information to provide that information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information for your treatment, to pay for your health care and to operate our business. For example, we may use or disclose your health information:

For Payment of premiums due to us, to determine your coverage, and to process claims for health care services you receive, including for subrogation or coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage and what percentage of the bill may be covered.

For Treatment. We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.

For Health Care Operations. We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might talk to your physician to suggest a disease management or wellness program that could help improve your health or we may analyze data to determine how we can improve our services. We may use or disclose, as-needed, your protected health information in order to support the business activities of DHCP. These activities include, but are not limited to, quality assessment activities, employee review activities, training, accreditation, licensing, marketing, and conducting or arranging for other cost management.

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TO PROVIDE YOUR INFORMATION ON HEALTH

Related Programs or Products such as alternative medical treatments and programs or about health-related products and services, subject to limits imposed by law.

For Plan Sponsors. We may share health information with the plan sponsor for plan administration if the plan sponsor agrees to special restrictions on its use and disclosure of the information in accordance with federal law.

For Reminders. We may use or disclose health information to send you reminders about your benefits or care, such as appointment reminders with providers who provide medical care to you.

We may use or disclose your health information for the following purpose under limited circumstances:

- **As Required by Law.** We may disclose information when required to do so by law.
- **To Persons Involved With Your Care.** We may use or disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests.
- **For Public Health Activities** such as reporting or preventing disease outbreaks.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities that are authorized by law to receive such information, including a social service or protective service agency.
- **For Health Oversight Activities** to a health oversight agency for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes.** We may disclose your health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.
- **To Avoid a Serious Threat to Health or Safety** to you, another person, or the public by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Workers' Compensation** as authorized by, or to the extent necessary to comply with, state workers compensation laws that govern job-related injuries or illness.
- **For Research Purposes** such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes.** We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.

- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- **For Data Breach Notification Purposes.** We may use your contact information to provide legally-required notices of unauthorized acquisition, access, or disclosure of your health information. We may send notice directly to you or provide notice to the sponsor of your plan through which you receive coverage.
- **To Our Corporate Affiliates,** which include financial service providers, such as other insurers, and non-financial companies, such as data processors.
- **To Nonaffiliated Companies** for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations, and to nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.
- **Additional Restrictions on Use and Disclosure.** Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:
 1. HIV/AIDS
 2. Mental health
 3. Genetic tests
 4. Alcohol and drug abuse
 5. Sexually transmitted diseases and reproductive health information
 6. Child or adult abuse or neglect, including sexual assault.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization at any time in writing, except if we have already acted based on your authorization. To find out where to mail your written authorization and how to revoke an authorization, contact the phone number listed on the back of your ID card.

WHAT ARE YOUR RIGHTS?

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that authorize your dependents to request certain restrictions.

Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.

- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. We will accept verbal requests to receive confidential communications, but requests to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to see and obtain a copy** of health information that may be used to make decisions about you such as claims and case or medical management records. You also may in some cases receive a summary of this health information. You must make a written request to inspect and copy your health information. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. We may charge a reasonable fee for any copies. If we deny your request, you have the right to have the denial reviewed. If we maintain an electronic health record containing your health information, when and if we are required by law, you will have the right to request that we send a copy of your health information in an electronic format to you or to a third party that you identify. We may charge a reasonable fee for sending the electronic copy of your health information.
- **You have the right to ask to amend** information we maintain about you if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information made: (i) prior to April 14, 2003; (ii) for treatment, payment, and health care operations purposes; (iii) to you or pursuant to your authorization; and (iv) to correctional institutions or law enforcement officials; and (v) other disclosures for which federal law does not require us to provide an accounting.
- **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. You may also obtain a copy of this notice on our website at www.doctorshcp.com.

EXERCISING YOUR RIGHTS

If you have any questions about this notice or want to exercise any of your rights or file complaint, please call us at (833) 500-3427 (TTY:711) or write us at:

Doctors HealthCare Plans, Inc.
Attn: Privacy Office
2020 Ponce de Leon Blvd., PH 1
Coral Gables, FL 33134

You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. You may email your complaint to OCRComplaint@hhs.gov. We will not take any action against you for filing a complaint.

DATE OF LAST REVISION: August 2018

Discrimination Is Against The Law

Doctors HealthCare Plans, Inc. complies with applicable civil rights laws and does not discriminate or exclude individuals on the basis of race, color, national origin, age disability, sex, sexual orientation, pregnancy, gender, gender identity, or religion.

Doctors HealthCare Plans, Inc. provides: (1) free aids and services to people with disabilities to communicate effectively with us, such as, qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats); and, (2) free language services to individuals whose primary language is not English, such as, qualified interpreters and information written in other languages.

If you need these services, contact the number on the back of your ID Card. If you believe that Doctors HealthCare Plans, Inc., has failed to provide these services or discriminated in any way, you can file a grievance with: **Doctors HealthCare Plans, Inc.**, Attention: Member Services Department, 2020 Ponce de Leon Blvd., PH 1, Coral Gables, FL 33134 or call (786) 460-3427 or (833) 342-7463, TTY:711; 7 days a week; 8AM to 8PM EST.

You can file a grievance by calling, in person, by mail, or by fax. If you need help filing a grievance, our Member Services Representatives are available to help you at the number listed above. You can also file a civil rights complaint electronically through the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <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 or call (800) 368-1019, (800) 537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

MULTI-LANGUAGE INTERPRETER SERVICES

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 833-342-7463 (TTY:711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 833-342-7463 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 833-342-7463 (TTY:711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 833-342-7463 (TTY:711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 833-342-7463 (TTY:711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 833-342-7463 (TTY:711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 833-342-7463 (TTY:711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 833-342-7463 (TTY:711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 833-342-7463 (TTY:711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 833-342-7463 (TTY:711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 833-342-7463 (TTY:711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे सू वास् थ् य या दवा की योजना के बारे में आपके ककसी भी प् रश् न के जवाब देने के कएि हमारे पास मुफ् त दुभाकयिा सेवाएँ उपब्ि ध हैं। एक दुभाकयिा प् राप् त करने के कएि, बस हमें 833-342-7463 (TTY:711) पर फोन करें। कोई व् यक् तजिो कहन् दी बोतिा है आपकी मदद कर सकता है। यह एक मुफ् त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 833-342-7463 (TTY:711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 833-342-7463 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 833-342-7463 (TTY:711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 833-342-7463 (TTY:711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、833-342-7463 (TTY:711) にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。



2020 PONCE DE LEON BOULEVARD, PH 1
CORAL GABLES, FLORIDA 33134

WWW.DOCTORSHCP.COM

IMPORTANT PLAN INFORMATION

DrExtraCare (HMO C-SNP)
Annual Notice of Changes, Miami-Dade County



Your Health,
Our Commitment

 @DoctorsHealthCarePlans

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