



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

**Summary of Benefits**  
**January 1, 2025 – December 31, 2025**

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

To get a complete list of services we cover, please review the “Evidence of Coverage”. You can access the 2025 Evidence of Coverage by logging onto our website at [www.mahealthplans.com](http://www.mahealthplans.com) or contact Member Services for a print copy of the 2025 Evidence of Coverage at 1-866-821-1365 or 563-584-4885, 8:00 am to 8:00 pm, CST, 7 days a week (TTY: 1-800-735-2942).

To join, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Illinois: JoDaviess.

Each plan has a network of doctors, hospitals, pharmacies, and other providers. You can see each plan’s provider directory on our website at [www.mahealthplans.com](http://www.mahealthplans.com).

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

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

<b>Premiums and Benefits</b>			
	<b>SmartPlan</b>	<b>Community Plan</b>	<b>Freedom Plan</b>
<b>Monthly Plan Premium</b>	You pay \$131; you must continue to pay your Medicare Part B premium.	You pay \$154; you must continue to pay your Medicare Part B premium.	You pay \$203; you must continue to pay your Medicare Part B premium.
<b>Deductible</b>	None	None	None
<b>Maximum Out-of-Pocket Responsibility</b>	None	None	None
<b>Inpatient Hospital</b>	<p>In Network: You pay nothing</p> <p>Out of Network: Original Medicare cost sharing</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>	<p>In Network: You pay nothing</p> <p>Out of Network: Original Medicare cost sharing</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>	<p>In Network: You pay nothing</p> <p>Out of Network: See Optional Benefits section</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>

Premiums and Benefits	SmartPlan	Community Plan	Freedom Plan
<b>Outpatient Hospital</b>	<p>In Network: You pay nothing</p> <p>Out of Network: Original Medicare cost sharing</p>	<p>In Network: You pay nothing</p> <p>Out of Network: Original Medicare cost sharing</p>	<p>In Network: You pay nothing</p> <p>Out of Network: See Optional Benefits section</p>
<b>Ambulatory Surgery Center</b>	<p>In Network: You pay nothing</p> <p>Out of Network: Original Medicare cost sharing</p>	<p>In Network: You pay nothing</p> <p>Out of Network: Original Medicare cost sharing</p>	<p>In Network: You pay nothing</p> <p>Out of Network: See Optional Benefits section</p>
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>○ Primary Care Providers</li> <li>○ Specialists</li> </ul>	<p>In Network: You pay nothing</p> <p>Out of Network: Original Medicare cost sharing</p>	<p>In Network: You pay nothing</p> <p>Out of Network: Original Medicare cost sharing</p>	<p>In Network: You pay nothing</p> <p>Out of Network: See Optional Benefits section</p>
<b>Preventive Care</b>	<p>In Network: You pay nothing</p> <p>Out of Network: Original Medicare cost sharing</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<p>In Network: You pay nothing</p> <p>Out of Network: Original Medicare cost sharing</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<p>In Network: You pay nothing</p> <p>Out of Network: Original Medicare cost sharing</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<b>Emergency Care</b>	<p>In and Out of Network: You pay \$0 for Medicare-covered emergency room visits in the United States.</p> <ul style="list-style-type: none"> <li>○ Worldwide Coverage</li> </ul>	<p>In and Out of Network: You pay \$0 for Medicare-covered emergency room visits in the United States.</p> <ul style="list-style-type: none"> <li>○ Worldwide Coverage</li> </ul>	<p>In and Out of Network: You pay \$0 for Medicare-covered emergency room visits in the United States.</p> <ul style="list-style-type: none"> <li>○ Worldwide Coverage</li> </ul>

Premiums and Benefits	SmartPlan	Community Plan	Freedom Plan
<b>Urgently Needed Services</b>	<p>In and Out of Network: You pay \$0 for Medicare-covered urgent care visits in the United States.</p> <ul style="list-style-type: none"> <li>○ Worldwide Coverage</li> </ul>	<p>In and Out of Network: You pay \$0 for Medicare-covered urgent care visits in the United States.</p> <ul style="list-style-type: none"> <li>○ Worldwide Coverage</li> </ul>	<p>In and Out of Network: You pay \$0 for Medicare-covered urgent care visits in the United States.</p> <ul style="list-style-type: none"> <li>○ Worldwide Coverage</li> </ul>
<b>Diagnostic Services/Labs/Imaging</b> <ul style="list-style-type: none"> <li>○ Diagnostic tests and Procedures</li> <li>○ Lab services</li> <li>○ Diagnostic radiology service (e.g., MRI)</li> <li>○ Outpatient x-rays</li> </ul>	<p>In Network: You pay nothing.</p> <p>Out of Network: Original Medicare cost sharing</p>	<p>In Network: You pay nothing.</p> <p>Out of Network: Original Medicare cost sharing</p>	<p>In Network: You pay nothing.</p> <p>Out of Network: You pay nothing for some services. See Optional Benefits section when cost sharing applies. All services covered up to the Medicare allowable and provider accepting Medicare assignment.</p>
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>○ Hearing exam (diagnose and treat hearing and balance Issues)</li> </ul>	<p>In Network: You pay nothing.</p> <p>Out of Network: Original Medicare cost sharing</p>	<p>In Network: You pay nothing.</p> <p>Out of Network: Original Medicare cost sharing</p>	<p>In Network: You pay nothing.</p> <p>Out of Network: See Optional Benefits section</p>
<b>Dental Services</b> <ul style="list-style-type: none"> <li>○ Oral exam &amp; Cleaning</li> <li>○ Fillings</li> <li>○ Complete Dentures</li> </ul>	<p>Not covered</p>	<p>Not covered</p>	<p>Not covered</p>

Premiums and Benefits	SmartPlan	Community Plan	Freedom Plan
<p><b>Vision Services</b></p> <ul style="list-style-type: none"> <li>○ Vision Exam (diagnose and treat diseases/conditions of the eye)</li> <li>○ Routine Eye Exam</li> <li>○ One pair of eyeglasses with standard frames or one set of contact lenses after each cataract surgery that implants an intraocular lens, at the Medicare allowable amount, received within one year. (Does not cover special lenses, tinting, deluxe frames, coatings, and/or prisms that are not covered by original Medicare.)</li> </ul>	<p>In Network: You pay nothing</p> <p>Out of Network: Original Medicare cost sharing</p> <p>In Network: You pay nothing; one refraction exam per calendar year</p> <p>Out of Network: Not covered</p> <p>In and Out of Network: You pay nothing according to original Medicare standards</p>	<p>In Network: You pay nothing</p> <p>Out of Network: Original Medicare cost sharing</p> <p>In Network: You pay nothing; one refraction exam per calendar year</p> <p>Out of Network: Not covered</p> <p>In and Out of Network: You pay nothing according to original Medicare standards</p>	<p>In Network: You pay nothing</p> <p>Out of Network: See Optional Benefits section</p> <p>In Network: You pay nothing; one refraction exam per calendar year</p> <p>Out of Network: Not covered</p> <p>In and Out of Network: You pay nothing according to original Medicare standards</p>
<p><b>Mental Health Services</b></p> <ul style="list-style-type: none"> <li>○ Inpatient visit</li> </ul>	<p>In Network: You pay nothing</p> <p>Out of Network: Original Medicare cost sharing</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p>	<p>In Network: You pay nothing</p> <p>Out of Network: Original Medicare cost sharing</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p>	<p>In Network: You pay nothing</p> <p>Out of Network: See Optional Benefits section</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p>

Premiums and Benefits	SmartPlan	Community Plan	Freedom Plan
<p><b>Mental Health Services continued</b></p> <ul style="list-style-type: none"> <li>○ Outpatient group therapy visit</li> <li>○ Outpatient individual therapy visit</li> </ul>	<p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p>	<p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days, but once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In Network: You pay nothing</p> <p>Out of Network: Original Medicare cost sharing</p> <p>In Network: You pay nothing</p> <p>Out of Network: Original Medicare cost sharing</p>	<p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days, but once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In Network: You pay nothing</p> <p>Out of Network: See Optional Benefits section</p> <p>In Network: You pay nothing</p> <p>Out of Network: See Optional Benefits section</p>
<p><b>Skilled Nursing Facility (SNF)</b></p>	<p>In Network: You pay nothing</p> <p>Out of Network: Original Medicare cost sharing</p> <p>Our plan covers up to 100 days in a SNF.</p>	<p>In Network: You pay nothing</p> <p>Out of Network: Original Medicare cost sharing</p> <p>Our plan covers up to 100 days in a SNF.</p>	<p>In Network: You pay nothing</p> <p>Out of Network: You pay nothing (up to the Medicare allowable and provider accepting Medicare assignment)</p> <p>Our plan covers up to 100 days in a SNF.</p>

Premiums and Benefits	SmartPlan	Community Plan	Freedom Plan
<b>Physical Therapy</b>  Occupational Therapy visit Physical therapy and Speech and Language therapy visit	In Network: You pay nothing  Out of Network: Original Medicare cost sharing  Our plan covers up to the Medicare therapy limits.	In Network: You pay nothing  Out of Network: Original Medicare cost sharing  Our plan covers up to the Medicare therapy limits.	In Network: You pay nothing  Out of Network: See Optional Benefits section  Our plan covers up to the Medicare therapy limits
<b>Ambulance</b>	In and Out of Network: You pay nothing  Our plan covers Medicare eligible ambulance services.	In and Out of Network: You pay nothing  Our plan covers Medicare eligible ambulance services.	In and Out of Network: You pay nothing  Our plan covers Medicare eligible ambulance services.
<b>Transportation</b>	Not covered	Not covered	Not covered
<b>Medicare Part B Drugs</b>	In Network: You pay nothing for chemotherapy drugs or other Part B drugs  Out of Network: Original Medicare cost sharing	In Network: You pay nothing for chemotherapy drugs or other Part B drugs  Out of Network: Original Medicare cost sharing	In Network: You pay nothing for chemotherapy drugs or other Part B drugs  Out of Network: You pay nothing (up to the Medicare allowable and provider accepting Medicare assignment)
<b>Foot Care (podiatry services)</b>  ○ Foot exams and treatment   ○ Routine foot care	In Network: You pay nothing  Out of Network: Original Medicare cost sharing  In Network: You pay nothing; up to six routine visits per calendar year.  Out of Network: Not covered	In Network: You pay nothing  Out of Network: Original Medicare cost sharing  In Network: You pay nothing; up to six routine visits per calendar year.  Out of Network: Not covered	In Network: You pay nothing  Out of Network: See Optional Benefits section  In Network: You pay nothing; up to six routine visits per calendar year.  Out of Network: Not covered

<b>Premiums and Benefits</b>	<b>SmartPlan</b>	<b>Community Plan</b>	<b>Freedom Plan</b>
<b>Medical Equipment/Supplies</b> <ul style="list-style-type: none"> <li>○ Durable Medical Equipment (e.g., wheelchairs, oxygen)</li> <li>○ Prosthetics (e.g., braces, artificial limbs)</li> <li>○ Diabetes supplies</li> </ul>	<p>In Network: You pay nothing</p> <p>Out of Network: Original Medicare cost sharing</p>	<p>In Network: You pay nothing</p> <p>Out of Network: Original Medicare cost sharing</p>	<p>In Network: You pay nothing</p> <p>Out of Network: You pay nothing (up to the Medicare allowable and provider accepting Medicare assignment)</p>
<b>Wellness Programs (e.g., fitness)</b>	<p>Not covered</p>	<p>Not covered</p>	<p>Not covered</p>
<b>Medicare Part D Drugs</b>	<p>Not Covered</p>	<p>Not Covered</p>	<p>Not Covered</p>

Optional Benefits	SmartPlan	Community Plan	Freedom Plan
Out of Network Benefit	Not available	Not available	You may use any provider who agrees to see Medicare beneficiaries for Medicare eligible services.
	Not available	Not available	<p>Out of Network: You pay:</p> <ul style="list-style-type: none"> <li>• \$25 copay per physician office visit</li> <li>• \$25 copay per outpatient rehabilitation visit (physical, speech, occupational)</li> <li>• Lesser of Medicare allowable charge or \$500 copay per outpatient surgery (same day surgery) done at an Ambulatory Surgical Center or Outpatient Hospital Facility. Cost sharing applicable to facility charges.</li> <li>• \$500 copay per inpatient admission per benefit period</li> <li>• \$100 copay per test/image in an outpatient setting (infusion, CT scan, PET scan and MRI/MRA)</li> </ul> <p>Non-Medicare eligible Preventive Services are not covered Out of Network (i.e. annual routine eye exam, routine podiatric care).</p> <p>Out of Network Medicare eligible services covered up to Medicare allowable and provider accepting Medicare assignment.</p> <p>Certain Medicare eligible services obtained out of network require a prior authorization regardless of referral status before getting the care/treatment and can be reviewed at <a href="https://www.mahealthplans.com/hp/managed-healthcare/healthcare-services/utilization-management/">https://www.mahealthplans.com/hp/managed-healthcare/healthcare-services/utilization-management/</a> or call Member Services to find out if a prior authorization is required for the out of network care/treatment.</p>

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

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

For more information, please call us at 563-584-4885 or 1-866-821-1365 (toll-free), TTY users should call 1-800-735-2942. You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. CST or visit us at [www.mahealthplans.com](http://www.mahealthplans.com).



## Pre-Enrollment Checklist

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

### Understanding the Benefits

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

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

### Understanding Important Rules

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

Benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.

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

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

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

## IMPORTANT INFORMATION:

### 2025 Medicare Star Ratings



#### Medical Associates Health Plan, Inc. - H1651

For 2025, Medical Associates Health Plan, Inc. - H1651 received the following Star Ratings from Medicare:

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



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

#### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

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

Star Ratings are based on factors that include:

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

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

#### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

#### Questions about this plan?

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

The number of stars show how well a plan performs.

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



### **Initial Determinations, Appeals and Grievances**

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

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

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

#### **Contact MAHP by phone:**

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

#### **Or, send written request to MAHP:**

1605 Associates Drive, Suite 101  
Dubuque, IA 52002  
Email: [memberservices@mahealthcare.com](mailto:memberservices@mahealthcare.com)

You may also contact Medicare directly through their website, [www.medicare.gov](http://www.medicare.gov), or at 1-800-MEDICARE, 24 hours a day, 7 days a week.

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

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

An expedited pre-service request for items or services will be reviewed and responded to no later than 72 hours from the date the request was received. A 14-day extension may be taken if you request the extension, if more information is needed and the delay is in your best interest, or if there are extraordinary circumstances (such as a natural disaster). An expedited pre-service request for Part B drugs will be reviewed and responded to no later than 24 hours from the date the request was received.

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

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

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

Standard pre-service and benefit appeals will be reviewed and responded to no later than 30 days from the date the appeal was received. Standard Part B drug appeals will be reviewed and responded to no later than 7 days from the date the appeal was received. Payment appeals will be reviewed and responded to no later than 60 days from the date the appeal was received. Expedited pre-service or benefit appeals will be reviewed and responded to as expeditiously as your health condition requires but no later than 72 hours. A 14-day extension may be taken if you request the extension, if more information is needed and the delay is in your best interest, or if there are extraordinary circumstances (such as a natural disaster). There is no extension for Part B drug or payment appeals.

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

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

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

### **Getting information about MAHP's Appeals and Grievances**

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



## 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 1-866-821-1365 (TTY: 1-800-735-2942). 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 1-866-821-1365 (TTY: 1-800-735-2942). 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 1-866-821-1365 (TTY: 1-800-735-2942)。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 1-866-821-1365 (TTY: 1-800-735-2942)。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 1-866-821-1365 (TTY: 1-800-735-2942). 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 1-866-821-1365 (TTY: 1-800-735-2942). 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 1-866-821-1365 (TTY: 1-800-735-2942) 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 1-866-821-1365 (TTY: 1-800-735-2942). 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 1-866-821-1365(TTY: 1-800-735-2942) 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 1-866-821-1365 (TTY: 1-800-735-2942). 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 1-866-821-1365 (TTY: 1-800-735-2942). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-821-1365 (TTY: 1-800-735-2942) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त 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 1-866-821-1365 (TTY: 1-800-735-2942). 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 1-866-821-1365 (TTY: 1-800-735-2942). 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 1-866-821-1365 (TTY: 1-800-735-2942). 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 1-866-821-1365 (TTY: 1-800-735-2942). 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、1-866-821-1365 (TTY: 1-800-735-2942) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



## Notice of Privacy Practices

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

### Summary

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

### Your Rights

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

#### *You have the right to:*

Inspect and copy your health and claims records.

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

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

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

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

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

Ask that we communicate with you confidentially.

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

## **Your Rights *continued***

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

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

Receive a copy of this Privacy Notice.

- ◆ You can ask for a paper copy of this notice at any time by calling (563) 556-8070 or (800) 747-8900. We will provide it promptly.
- ◆ This notice is also available at [www.mahealthplans.com](http://www.mahealthplans.com). Choose "Members" from the top of the page and then "Confidentiality & Privacy Notices".

Choose someone to act for you.

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

File a complaint if you feel your rights are violated.

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

## **Your Choices**

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

You can restrict disclosures to your family members, relatives, close friends, or others involved with your care or payment for your care.

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

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

- ◆ Use or disclose records, such as psychotherapy notes or substance abuse treatment records, that are protected by state or federal laws
- ◆ Use or disclose records for marketing purposes
- ◆ Sell your information.

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

## **Our Uses and Disclosures**

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

### ***To Treat you (treatment)***

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

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

### ***To run our organization (health care operations)***

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

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

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

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

### ***To pay for your health services (payment)***

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

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

### ***To administer your plan***

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

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

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

## **Our Uses and Disclosures *continued***

### ***Help with public health and safety issues***

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

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

### ***Do research***

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

### ***Comply with the law***

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

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

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

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

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

### ***Respond to lawsuits and legal actions***

We may disclose your personal and health information in response to a court or administrative order, subpoena, discovery request or other legal process.

### ***State Laws requiring greater limits on disclosures***

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

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

### ***How else do we use or disclose your health information?***

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

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

## **Our Responsibilities**

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

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

### ***Changes to the Terms of this Notice***

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

### **For Information or Questions**

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

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

### **Our Organization**

**This notice applies to all our Health Plans.**