



MEMBER HANDBOOK



STAYWELL MEMBER HANDBOOK



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¿NECESITA ESTA INFORMACION EN español? Este libro contiene información que usted necesita saber. Para obtener este libro en español, llame al Servicio al Cliente al 1-866-334-7927 (TTY/TDD: 1-877-247-6272). También puede llamar para que le lean el libro en español.



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WELCOME TO STAYWELL!

This is your member handbook. The information in this book will tell you how your health plan works. Please read it carefully. Also, keep your handbook in a safe place so you can refer to it when you need it.



GETTING STARTED

It's easy! Just follow these steps and you will be on your way to getting the health care you need.

① Check your identification (ID) card. Put it in a safe place.

You should have already received your Staywell ID card in the mail. If you have not received it, please call Customer Service toll-free at **1-866-334-7927** (TTY/TDD: **1-877-247-6272**).

You need to give your ID card to the health care provider when you need care. It has information about your coverage. Be sure to keep this card and your Medicaid Gold Card with you at all times.

Please take time to look at the information on your ID card. Check the primary care physician (PCP) name on the card. The date your Staywell membership starts is also listed on your ID card.

② Set up a visit with your primary care physician (PCP).

Your PCP will take care of all your routine medical care. He or she will set you up with specialists or hospital care if needed. Call your PCP at the number on your ID card for non-emergency health needs.

It is important that you get to know your PCP. Please call your PCP's office to set an appointment for a checkup. You must be seen by your PCP within 90 days of joining the plan. You must be seen by your PCP within 30 days of joining the plan if you are pregnant.

You should also get your earlier medical records. You can get these from the doctors you saw before you joined Staywell. Tell your PCP if you are taking any medicines that another doctor ordered for you. This will help your PCP when planning your care.

If you need or want to see your current medical records, ask your PCP. For help with this, call Customer Service.

③ Get to know your Personal Health Advisor.

Staywell has a Personal Health Advisor who can answer health care questions. Not sure what kind of care you need? Call your Personal Health Advisor. It's a free service! A trained professional is there for you any time, any day. Your Personal Health Advisor can be reached toll-free at **1-800-919-8807**.

④ In an emergency.

For a REAL MEDICAL EMERGENCY, call 911. Or go to the nearest emergency room. This handbook has a section called *What to Do in an Emergency*. Please read it. It has a list of examples of what is a real medical emergency.

⑤ Call in your monthly over-the-counter (OTC) items order.

This handbook tells you about your new over-the-counter (OTC) items benefit. It lists the items you can get through the program. Each month you can choose up to \$25 of the listed products. Call Customer Service with your order. The items of your choice will be mailed right to your home.

Call toll-free 1-866-334-7927 (TTY/TDD: 1-877-247-6272). Need more information? See the *How to Get Other Staywell Services* section of this handbook.

6 Call Staywell Customer Service for assistance. You can also visit our Web site.

Call Customer Service with any questions you may have. Or visit our Web site at www.wellcare.com. Then click on the Staywell page.

Please note—for help in person, call Customer Service.

Do you speak a language other than English? If so, we offer interpreters for free. You can get information in different formats too. This includes large print, Braille and audio tapes. Just call. A representative can help you weekdays, 7am to 7pm Eastern. Call 1-866-334-7927 (TTY/TDD: 1-877-247-6272).

You may also call Customer Service or visit our Web site to:

- Request ID cards
- Change your PCP
- Request your OTC items
- Get a list of doctors in the health plan
- Get a list of pharmacies in the health plan

7 Members have rights and responsibilities.

The law says your health care providers must recognize your rights. It also says you must respect their rights. This handbook lists your rights and responsibilities. You will also see them posted in your doctor's office.

8 Want to know how to use your health benefits? This handbook can tell you.

You are now ready to begin using all of the health benefits you get with Staywell. We look forward to serving you.



MEMBER INFORMATION

ENROLLMENT IN STAYWELL

Staywell serves people who qualify for the Medicaid program in Florida. This is a state and federal program. It gives health coverage to people with low incomes.

Three basic groups can get Medicaid:

- People in the Supplemental Security Income (SSI) program
- Children and families
- Aged, blinded or disabled people, including people needing institutional care (also known as “SSI-related” Medicaid)

A person must qualify to get Medicaid. The Social Security Administration sets rules for who can be in the SSI program. The Florida Department of Children and Families (DCF) decides who can be in the other programs. Need to know if you qualify? Call 1-888-367-6554 (TTY/TDD: 1-800-653-9803). Ask to speak with a Medicaid Options representative. (This is a helpline that is sponsored by the state. It helps you join the health plan of your choice.)

The MediKids Program

MediKids is a state insurance program. It is for children under age 5. Is your child in this program? If so, he or she is eligible for all of the Staywell services mentioned in this handbook. The same guidelines apply to them too.

? How does MediKids differ from Medicaid?

- There is a small monthly premium.
- The child must not be a dependent of a state employee.
- The child must not be over the age of 5.
- Those in the program may not have a Medicaid Fair Hearing.

- Children must join during an open enrollment period.
- The program is subject to available funds.
- There is no co-payment for services we provide for a child in MediKids.

Interested in this program? Call MediKids at 1-877-506-0578.

It's Your Choice

Most people with Medicaid must get their services through managed care. You will get information about managed care plans in your area. This will happen after you are approved for Medicaid. You must choose your plan within 30 days. The state will choose a plan for you if you do not.

Staywell offers all the same benefits as Medicaid plus:

- Additional adult dental benefits like unlimited fillings (silver—up to three surfaces), periodontic deep cleanings, X-rays, annual exam and two cleanings per year
- Up to \$25 per month for selected OTC items for every household
- Circumcision up to 1 year of age

YOUR IDENTIFICATION (ID) CARD

Every member of our health plan will get a Staywell ID card. Show this ID card and your Medicaid Gold Card to doctors when you want to get health care. Show it to hospitals and pharmacies too. This card proves you are a member of our plan. Keep it with you at all times. Do not let anyone else use your card. If you do, you may lose your benefits.

? What do I do if I lose my ID card?

Call Staywell Customer Service toll-free at 1-866-334-7927 (TTY/TDD: 1-877-247-6272). A new card will be mailed to you right away. Need a new Medicaid card? Call your caseworker at the Department of Children and Families.

YOUR DOCTOR

Your primary care physician (PCP) is the doctor who will care for you. Your PCP's name, address and phone number are on your ID card. When you need care, call your PCP. Your PCP's office will make an appointment for you.

Remember—you must see your PCP within 90 days of becoming a Staywell member. If you are a new member and pregnant, you must see your PCP within 30 days. You can find your membership start date on your ID card.

Your PCP can take care of most of your health care needs. There may be times you will need care from other kinds of doctors. Staywell offers services from many different kinds of doctors who provide other medically necessary care. These doctors are called specialists. They are trained in special areas of medicine. Specialists include:

- Allergists (focus on treating allergies)
- Cardiologists (focus on treating heart problems)
- Dermatologists (focus on treating skin conditions)
- Podiatrists (focus on treating foot problems)

Your PCP will refer you to a specialist in the network. He or she will do this if they cannot give you the care that you need. In most cases, you need to have a referral from your PCP to see another doctor.

Staywell makes sure our providers are qualified to see you. We check their education and training. We also look at their experience. If you have questions about this, call Customer Service.

Some of our providers may not have malpractice insurance. They must have a notice in their office saying so. Ask your doctor if you are not sure.

Some doctors may not perform certain services based on their religious or moral beliefs.



HOW TO GET COVERED SERVICES

Changing Your Primary Care Physician (PCP)

You can change your PCP at any time. To do so, check your provider directory. You should have received one with your welcome kit. You can also visit our Web site to use our online provider directory.

We often do make changes to the directory. To get the most current list of providers, check our Web site. Go to www.wellcare.com.

When you have made your choice, call Customer Service. The toll-free number is 1-866-334-7927 (TTY/TDD: 1-877-247-6272). You can also change your PCP on our Web site. Visit www.wellcare.com and click on the Staywell page.

Women can choose a doctor trained in obstetrics/gynecology (OB/GYN) as their PCP.

If you have family members enrolled with Staywell, they can each choose a different PCP. Or they can all use the same one. It depends on their needs.

Informed Consent

Your permission is needed for all care. The exception is when your life is in danger. Sometimes your written consent is needed. You have a right to understand any procedure. You have a right to know the reasons why it is needed. If you do not want to have a procedure done, talk to your PCP. Your PCP will tell you about your choices. You make the final decision.

Staywell contracts with providers. These providers give care to our members. A plan doctor or Staywell must approve all of your care.

There is no co-payment for any service given by Staywell. Staywell will pay for the cost of approved care. You may have to pay for care that is not approved by the plan.

MEDICAID-COVERED HEALTH SERVICES

Some Medicaid care may not be covered by Staywell. There may be cost-sharing with these Medicaid services too. Call Customer Service for help with this.

HOW TO GET AUTHORIZED SERVICES

Call your PCP when you need routine care. He or she will provide this for you. Your doctor will arrange for you to have tests if you need them. Your PCP may also refer you to a Staywell specialist. Staywell will pay for this care. This is care that is "medically necessary." Medically necessary means health care services that are:

- Reasonable and needed to stop sickness or medical conditions, or provide early screening and/or treatments for conditions that cause suffering or pain, cause a deformity or could limit a function, threaten to cause a handicap or make one worse, or cause sickness or put a member's life in danger
- Given at proper places and at the proper levels of care for the treatment of a member's health problems
- Following health care practice guidelines and standards that are approved by professionally known health care organizations or governmental agencies
- In line with the diagnoses of the conditions
- Not interfering anymore than needed to give a proper balance of safety, while being effective and efficient
- Not part of an experiment or investigation

- Not mainly for the ease of the member or provider

You will have to pay for care that is not approved.

Call your PCP for help when you need care from a non-plan doctor.

For some care and services, Staywell must give approval before you can get them. Your PCP will work with Staywell to get the approvals.

In some cases, you or your doctor may ask Staywell for a faster decision before you get services. This is called an “expedited” decision. Ask for this when waiting for a standard decision could place your life, health or daily functions in danger. You or your PCP can ask for a faster decision by contacting Customer Service. Call **1-866-334-7927** (TTY/TDD: **1-877-247-6272**) Monday–Friday, 7am to 7pm Eastern (except for holidays). Or fax the request to **1-813-262-2907**. Be sure to ask for a fast or expedited review.

Remember—be sure your PCP gives you approval if you need to see a specialist.

SERVICES AVAILABLE WITHOUT AUTHORIZATION

You do not need approval from your PCP or Staywell to get these services from plan providers:

- Behavioral health
- Chiropractic
- Dermatology
- Expanded adult dental
- Family planning (any participating Medicaid provider)
- Podiatry
- Psychiatry
- Routine eye care

Also, female members can visit a plan OB/GYN once a year without getting approval from the plan.

Again, you don’t need approval from the plan to get these services. But you do need to choose one of these specialists from the Staywell provider directory. You should have received a provider directory with this handbook. If not, call Customer Service to ask for one.

Call to make an appointment. Tell them you are a Staywell member. Show them your ID card.

SECOND MEDICAL OPINION

What if you want a second medical opinion about your health care? Call your PCP and request one. You may choose a Staywell doctor for the second opinion. Or you may pick a doctor that is in your service area who is not with the plan. Staywell will pay for the second opinion when you choose a plan doctor. You may have to pay part of the bill when you choose a non-plan doctor.

Please note—tests for a second opinion must be done by a plan doctor.

Your PCP will review your second opinion. He or she will decide on a treatment plan that is best for you.

HOW TO GET AFTER-HOURS MEDICAL CARE

If you get sick or hurt when your PCP’s office is closed, and it is not an emergency, call your PCP. The number is on your ID card. Your PCP’s office will have a doctor on call. That doctor will call you back and tell you what to do. If you can’t reach your doctor, you can go to an urgent care center.

You can also call the Personal Health Advisor at **1-800-919-8807**. (See the *Personal Health Advisor* section on page 12.)

WHAT TO DO IN AN EMERGENCY

A medical emergency is when you think that your health is in serious danger. Some examples of emergencies are:

- Broken bones
- Cuts requiring stitches
- Heavy blood loss
- Heart attack
- Loss of breath or consciousness
- Poisoning
- Severe chest pains

An emergency is when the condition could cause:

- Body injury
- Damage to a body part
- Harm to yourself or others due to alcohol or drug abuse
- Harm to your health (this includes a mom-to-be and her unborn baby)
- Injury to yourself or others
- Organ damage

For moms-to-be, it may be an emergency:

- If you think there is no time to go to your doctor's regular hospital
- If you think that going to another hospital may cause harm to you and your baby
- If you think that you are in labor

In the case of an emergency, call 911. If you do not have 911 service in your area, call an ambulance. Or go to the nearest hospital emergency room (ER) right away. The choice is yours. If you're not sure it is an emergency, call your doctor. Or you can call the Personal Health Advisor line at **1-800-919-8807**. You do not need to get prior approval for emergency services.

You will need to show your Staywell and Medicaid ID cards at the ER. Ask the staff to call Staywell. Also let your PCP know as soon as you can when you are in the hospital. Let him or her know if you received care in the ER.

The ER doctor will decide if your visit is an emergency. If it is not, you will be given the choice to stay or leave the hospital. If you choose to stay, you will have to pay for your care.

The plan will cover follow-up care that your doctor says you need. You do not need to get prior approval for care after you have been stabilized. This is true whether you get this care in or out of the Staywell network.

OUT-OF-AREA EMERGENCY CARE

It is important to get care when you are sick or hurt. If you get sick while traveling, call Customer Service. If you have an emergency while traveling, go to a hospital. It doesn't matter if you are not in the plan's service area. Show your ID card. Call your PCP as soon as you can. Ask the hospital staff to call Staywell.

If you have to pay for these services when you get them, write to our Claims Department. They will need copies of your medical reports. Send copies of bills. Be sure to include proof of payment.

PREGNANCY AND NEWBORN CARE

If you have a baby while a plan member, your baby will be covered by the plan from birth.

When you find out you are pregnant, see your PCP right away. You will need to set a time for a prenatal visit with the doctor. If you need help with this, call Customer Service.

You will also need to choose a doctor for your baby. You must do this by the time your baby is born. If you do not, Staywell will assign a doctor.

Call your caseworker from the Department of Children and Families (DCF). They will assign your baby a Medicaid number. Please call Staywell with this number.

When your baby is born, tell Staywell and DCF. If DCF does not place your new baby with Staywell, call Medicaid Options. The toll-free number is **1-888-367-6554** (TTY/TDD: **1-800-653-9803**). Ask them to enroll your baby with Staywell.



ACCESS TO COVERED SERVICES

Staywell has a medical team to get our members quick service.

Travel time to medical services:

LOCATION	TIME
PCPs	Within 30 minutes
Hospitals	Within 30 minutes
Specialists	Within 1 hour

Timely care:

- Emergency care right away (both in and out of the plan's service area)
- Urgent care within 24 hours (urgent care is a problem that is not life-threatening, but it could cause sickness or harm with no care)
- Routine sick care within a week of the request
- Physical examinations within a month of the request
- Follow-up care as needed



HOW TO GET OTHER STAYWELL COVERED SERVICES

DENTAL SERVICES

Kids who need dental care get their care through Medicaid. Do you have questions about what care is covered? If so, call your local Medicaid office. The phone numbers for local Medicaid offices can be found in the back of this handbook.

Staywell offers dental care for adults. This includes:

- Annual exam
- Intraoral X-rays, once per year
- Periodontic deep cleanings, one per year
- Periodontic scaling and root planing, two per year
- Two cleanings per year
- Unlimited fillings (silver—up to three surfaces)

For a list of dentists in your area, you can look in our provider directory. Or you can visit our Web

site at www.wellcare.com. Need help choosing a dentist? Customer Service can help. Call toll-free 1-866-334-7927 (TTY/TDD: 1-877-247-6272).

VISION SERVICES

Staywell offers vision care for members. Some of these services include:

- Glasses and eyeglass repairs for members under 21 years of age (for eyeglasses that are medically necessary)
- Up to 2 pairs of eyeglasses per year for members under 21 years of age
- Unlimited eye exams and glasses for adults (as medically necessary)

Here are two ways to find vision providers in your area. You can look in our provider directory. Or you can visit our Web site at www.wellcare.com. Need more help? Just call our Customer Service team.

HEARING SERVICES

The plan covers hearing for members less than 21 years old. Covered care includes:

- Cochlear implants
- Diagnostic testing
- Hearing aids and/or hearing aid fitting and dispensing
- Hearing aid repairs and accessories
- Newborn hearing screening

Staywell covers hearing for adults as well. Adults can get one hearing aid every three years. It must be medically necessary.

Need to find a hearing provider in your area? Check our provider directory. Or, visit our Web site. Go to www.wellcare.com. If you need more help, call Customer Service.

CIRCUMCISION

Florida Medicaid covers circumcisions. But only when they are medically necessary. Staywell has an extra benefit. Our plan covers circumcisions for children up to 1 year of age.

PRESCRIPTIONS

Prescriptions must be written or approved by a Staywell doctor. They must be picked up at a pharmacy that is part of the plan network. A list of pharmacies you can go to is in your provider directory. You can also find them on the Web at www.wellcare.com.

There is no cost to you for prescriptions. Show your Staywell ID card and your Medicaid Gold Card when you get your prescription.

A prescription from a non-plan doctor must be approved by your doctor. You must pick it up at a plan pharmacy. There is no cost to you. Questions? Call Customer Service at 1-866-334-7927 (TTY/TDD: 1-877-247-6272).

OVER-THE-COUNTER (OTC) ITEMS

You and your family can get up to \$25 in approved over-the-counter (OTC) items each month. Items like vitamins, medicines and health supplies. The list you can choose from follows. Make your selection. Then place your order. Call 1-866-334-7927 (TTY/TDD: 1-877-247-6272). Your order will be mailed to your home.

Please note:

- \$25 amount is for each head of household, not each family member
- If you do not use your \$25 in a month, it does not carry over to the next month
- Items, quantities and prices may change depending on availability
- Brand items may be supplied in place of generic items

ITEM	BRAND DESCRIPTION	GENERIC COMPARABLE	QTY./SIZE	PRICE
ALLERGY PREVENTION AND TREATMENT				
1	Claritin®	Loratadine 10mg Tablets	10	\$5.00
2	Zyrtec®	Allergy All Day 10mg	14	\$10.00
ANALGESICS/ANTIPYRETICS				
3	Bayer® Aspirin	Aspirin 325mg Tablets	100	\$3.00
4	Bayer® EC Aspirin (Adult Regimen)	Aspirin EC 81mg Tablets	120	\$5.00
5	Bengay®	Muscle Rub	3oz	\$4.00
6	Ecotrin® Maximum Strength Tablets	EC Aspirin Maximum Strength Tablets	60	\$5.00
7	Tylenol® Extra Strength Caplets	Acetaminophen Extra Strength Caplets	60	\$5.00
ANTACIDS AND ACID REDUCERS				
8	Mylanta® Gas 80mg	Anti-Gas 80mg	100	\$6.00
9	Prilosec®	Omeprazole 20mg	14	\$11.00
10	Tums® Tablets	Antacid Chewable Tablets	150	\$4.00
11	Zantac® Tablets	Ranitidine HCL 75mg Tablets	30	\$7.00

ITEM	BRAND DESCRIPTION	GENERIC COMPARABLE	QTY./SIZE	PRICE
ANTI-ARTHRITICS				
12	Glucosamine/ Chondroitin	Glucosamine/Chondroitin 1,000mg Tablets	60	\$16.00
ANTIBIOTICS (TOPICAL)				
13	Neosporin® Ointment	Triple Antibiotic Ointment	1oz	\$5.00
ANTICANDIALS (YEAST)				
14	Gyne-Lotrimin® Cream	Clotrimazole Vaginal 1% Cream— 1 Application	45gm	\$8.00
ANTIDIARRHEALS AND LAXATIVES				
15	Colace® Softgels	Dos 100mg SG Caplets	100	\$6.00
16	Dulcolax® Suppositories	Reliable Gentle Laxative Suppositories	12	\$6.00
17	Dulcolax® Tablets	Reliable Gentle Laxative Tablets	25	\$5.00
18	Imodium® Caplets	Anti-Diarrheal 2mg Caplets	12	\$4.00
19	Pepto-Bismol® Liquid	Pink Bismuth Liquid	8oz	\$3.00
ANTIFUNGALS				
20	Tinactin® Cream	Tolnaftate 1% Cream	1oz	\$6.00
ANTIHISTAMINES				
21	Benadryl® Elixir	Diphenhydramine Liquid—Alcohol Free	4oz	\$4.00
22	Benadryl® Tablets	Diphenhydramine 25mg Caplets	24	\$4.00
23	Sudafed® PE	Phenylephrine HCL 10mg Tablets	18	\$4.00
ANTI-ITCH LOTIONS AND CREAMS				
24	Calamine Lotion	Calamine Lotion	6oz	\$3.00
CALCIUM				
25	Caltrate® 600	Calcium 600 + D Tablets	90	\$5.00
COLD, FLU, DECONGESTANT AND SINUS REMEDIES				
26	Afrin® Nasal Spray	Nasal Decongestant Spray	30ml	\$5.00
27	Chloraseptic®	Throat Lozenges—Cherry	18	\$3.00
28	Robitussin® Syrup	Guiatuss Syrup	4oz	\$4.00
29	Vicks VapoRub®	Vicks VapoRub®	1.76oz	\$5.00
DENTAL/DENTURE CARE				
30	Anbesol®	Anbesol®	0.33oz	\$9.00
EAR CARE				
31	Ear Syringe	Ear Syringe	3oz	\$4.00
32	Ear Wax Removal	Ear Wax Removal Drops	0.5oz	\$4.00

ITEM	BRAND DESCRIPTION	GENERIC COMPARABLE	QTY./SIZE	PRICE
EYE CARE				
33	Dry Eye Drops	Artificial Tears	0.5oz	\$3.00
34	Visine® Drops	Sterile Eye Drops Irritation Relief	0.5oz	\$4.00
FIBER SUPPLEMENTS				
35	Metamucil®	Fiber Capsules	90	\$9.00
FIRST AID/MEDICAL SUPPLIES				
36	Ace® Bandage	Athletic Bandage	1	\$3.00
37	Adhesive Tape	Adhesive Tape 1 Inch x 5 Yards	1	\$2.00
38	Alcohol Swabs	Alcohol Swabs	100	\$2.00
39	Band-Aids®	Band-Aids®, Assorted	50	\$2.00
40	Butterfly® Closures	Butterfly® Closures	10	\$2.00
41	Cotton Balls	Cotton Balls	100	\$2.00
42	Cotton Swabs	Cotton Swabs	170	\$2.00
43	Ice Bag	Ice Bag	1	\$5.00
44	Johnson & Johnson Gauze	Stretch Gauze Bandage 2 Inches x 5 Yards	1	\$2.00
45	Oral Thermometer	Oral Thermometer	1	\$4.00
HEALING OINTMENTS				
46	Aquaphor Skin Healing Ointment	Aquaphor Skin Healing Ointment	1.75oz	\$7.00
HEMORRHOIDAL PREPARATIONS				
47	Anusol® Ointment	Anusert HC-1 Ointment	0.7oz	\$7.00
48	Preparation H® Ointment	Prompt Relief Hemorrhoid Ointment	2oz	\$6.00
LACTOSE INTOLERANCE				
49	Lactaid®	Dairy Relief Capsule	120	\$10.00
MIGRAINE RELIEF				
50	Excedrin® Migraine	Pain Relief Extra Strength Headache Tablets	100	\$8.00
NSAIDS				
51	Advil® Tablets	Ibuprofen 200mg FC Tablets	50	\$5.00
52	Aleve® Caplets	Naproxen Sodium 220mg Caplets	50	\$5.00
PEDICULICIDES				
53	RID® Extra Strength Shampoo	Lice Treatment Maximum Strength Shampoo	4oz	\$9.00
SLEEPING AIDS				
54	Nytol®	Sleep Aid Nighttime	24	\$4.00

ITEM	BRAND DESCRIPTION	GENERIC COMPARABLE	QTY./SIZE	PRICE
TOPICAL STEROIDS				
55	Cortaid® Cream	Hydrocortisone 1% Maximum Strength Cream	1oz	\$4.00
CHILDREN'S PRODUCTS				
56	Orajel® Baby	Orajel® Baby	0.33oz	\$7.00
57	Balmex® Ointment	Diaper Rash Ointment	1oz	\$3.00
58	Mylicon® Drops	Gas Relief Drops	30ml	\$9.00
59	Poly-Vi-Sol® Drops	Baby Vitamin Drops	50ml	\$7.00
60	Motrin® Suspension for Children	Ibuprofen Suspension Children	4oz	\$5.00
61	Tylenol® Children's Grape Elixir	Acetaminophen Child's Grape Elixir	4oz	\$5.00
62	Tylenol® Child's Chew Grape Tablets	Acetaminophen Chewable Grape Tablets	24	\$4.00
63	Tylenol® Infant Drops	Acetaminophen Child's Grape Elixir	0.5oz	\$4.00
64	Glycerin Suppositories-Children	Glycerin Child's Suppositories	25	\$2.00
VITAMINS AND MINERALS				
65	B-Complex with B-12 Tablets	B-Complex/B-12 Tablets	100	\$5.00
66	Centrum® Tablets	Certagen Tablets	100	\$9.00
67	Flintstones®	Fruity Chewable Tablets (NF)	100	\$6.00
68	Stuart® Prenatal Tablets	Prenatal-S Tablets	100	\$6.00
69	Vitamin C Tablets	C Chewable 500mg Tablets	100	\$3.00
70	Vitamin E Softgels	E DL Alpha 400 IU SG Caplets	100	\$6.00
71	Vitamin A 10,000 IU	Vitamin A 10,000 IU	100	\$4.00
HERBALS				
72	CoQ-10	CoQ-10	30	\$11.00
73	Ginkgo Biloba	Ginkgo Biloba	90	\$13.00
OTHER ITEMS				
74	Pill Box	Pill Box	1	\$2.00
75	Toothbrush	Toothbrush	1	\$2.00
76	Toothpaste	Toothpaste	6.4oz	\$2.00
77	Waxed Dental Floss	Waxed Dental Floss	100yd	\$1.00

The brand names of the OTC items listed above are trademarks of their respective owners.

 **PERSONAL HEALTH ADVISOR (24-HOUR NURSE HELPLINE)**

Personal Health Advisor is Staywell’s 24-hour nurse advice line. You can call seven days a week, every day of the year. There is no charge for this service. Call the Personal Health Advisor at **1-800-919-8807**.

When you call, a nurse will ask you some questions about your problem. Give as many details as you can. Tell the nurse where it hurts, what it looks like and what it feels like. The nurse can help you decide if you need to:

- Go to the doctor
- Care for yourself at home
- Go to the hospital

You can get help with problems like:

- Back pain
- Burns

- Colds, flu
- Coughing
- Crying baby
- Cuts
- Dizziness
- Feeling sick

Remember—a nurse is always there to help. Call before you call a doctor or go to the hospital. But if you think it is a real emergency, call 911 or your local emergency services first.

 **TRANSPORTATION SERVICES**

Staywell offers free transportation service. It will take you to and from your medical visits. Call these numbers to schedule a ride.



COUNTY	VENDOR	PHONE
Brevard	TMS of Brevard, Inc.	1-866-867-0729
Broward	TMS of Brevard, Inc.	1-866-867-0729
Duval	MV Contract Transportation, Inc.	1-904-265-8935
Hernando	MidFlorida Community Services, Inc.	1-352-799-1510 ext. 15
Hillsborough	MMG Transportation, Inc.	1-813-253-8871 ext. 328
Manatee	TMS of Brevard, Inc.	1-866-867-0729
Miami-Dade	LogistiCare Solutions, LLC	1-866-726-1457 (Reservations) 1-866-726-1458 (Ride Assistance)
Orange, Osceola, Seminole	LYNX/Central Florida Regional Transportation Authority	1-407-254-6092
Palm Beach	MV Contract Transportation, Inc.	1-904-265-8935
Pasco	Pasco County Public Transportation	1-727-834-3200
Pinellas	Pinellas County MPO	1-727-464-8200
Polk	Polk County Transit Services	1-863-534-5500
St. Lucie	St. Lucie County Board of County Commissioners	1-772-462-2092
Sarasota	TMS of Brevard, Inc.	1-866-867-0729
Sumter	Sumter County Board of County Commissioners	1-352-568-6683

This is not for emergencies. Call 911 in an emergency. An ambulance will take you to the hospital. You will have to pay for the ride if it is not an emergency.



GETTING BEHAVIORAL HEALTH SERVICES

HOW TO GET BEHAVIORAL HEALTH SERVICES

Need help finding a behavioral health provider in your area? Call 1-877-712-5340 (TTY/TDD: 1-877-247-6272). You can also look in our provider directory. Or you can look on our Web site at www.wellcare.com.

You will be given the names of several providers. Pick one. Then call him or her to set up a time to visit. This includes hospital care and psychiatric doctor care.

If you want to change to a different provider:

- Check your provider directory
- Visit the Web at www.wellcare.com
- Call 1-877-712-5340 (TTY/TDD: 1-877-247-6272)

You can also get case management services if they are needed for your care. You can get these services in the community. Or in your home and in schools. Other types of care you may get include:

- Day treatment for adults and children
- Evaluations
- Individual and family assessments
- Individual, family, marital and group therapy
- Psychosocial rehabilitation
- Targeted and intensive case management
- Therapeutic behavioral on-site services for children and adolescents
- Treatment planning

To learn more, call 1-877-712-5340 (TTY/TDD: 1-877-247-6272).

WHAT TO DO IF YOU NEED HELP

Are you having any of the feelings or problems listed below? If so, call 1-877-712-5340 (TTY/TDD: 1-877-247-6272).

- Always feeling sad
- Constant pain like headaches, stomach or back aches
- Feeling hopeless and/or helpless
- Feelings of guilt or worthlessness
- Problems paying attention
- Problems sleeping
- Being upset
- Loss of interest
- Poor appetite
- Weight loss

You do not need approval from your PCP to see a Staywell behavioral health provider. If you want to see a provider not with Staywell, then you must get approval. If you don't get approval, you will have to pay for the care.

WHAT TO DO IN AN EMERGENCY OR IF YOU ARE OUT OF THE STAYWELL SERVICE AREA

Is it a real behavioral health emergency? Do you feel you are a danger to yourself or others? If you do, call 911. Or go to the nearest emergency room (ER). Do this even if you are out of the plan's service area. Call Staywell. Contact your doctor too, if you can. Follow up with your PCP within 24 to 48 hours.

What if you are getting care when you are out of the area? Plans will be made so you can go to a facility in the network when you are well enough.

FOLLOW-UP CARE

Did you go to the hospital for a mental health emergency? If so, you need to make sure you get care after you leave. This may help to keep you from having another mental health emergency.

You do not need prior approval for care after you have been stabilized. Even if you get this care in or out of the Staywell network.

You should set a visit to see a behavioral health provider for follow-up care. Do this before you leave the hospital. If you need help making an appointment, call Customer Service. They can also help with setting up a ride if you need it.

PREVENTION PROGRAMS

There are programs available to members that help prevent mental illness. They work to find early signs of mental illness. If signs are found early, the plan can help members get the services they need to treat the illness. Getting care early may reduce the rate or severity of the illness.

You can learn more about these programs. Call 1-877-712-5340 (TTY/TDD: 1-877-247-6272).

BEHAVIORAL HEALTH LIMITATIONS AND EXCLUSIONS

With Medicaid, adults can get:

- Up to 45 inpatient days a year
- Unlimited outpatient behavioral health services
- Substance abuse treatment not covered with Medicaid



OTHER PROGRAMS

PRENATAL REWARDS PROGRAM

Staywell has a Prenatal Rewards Program for women who are pregnant.

We want to help you and your baby stay healthy. It is important that you see your OB doctor as

soon as you find out you are pregnant. When your doctor tells us you are pregnant, we will enroll you in the program. As a part of the program, you will get educational brochures.

Complete at least six prenatal visits. Then complete a visit between the 3rd and 7th week after you have your baby. If you do, you can get a free baby stroller. It is a reward for you for taking care of yourself and your baby.

Your OB doctor must fill out a Prenatal Reward Form. You can either mail it or fax it to us. We will then send you a new stroller.

Staywell also has a High Risk Pregnancy Program. It is for women with high-risk factors.

CASE MANAGEMENT

Staywell has case management programs to help with chronic diseases such as asthma, diabetes and HIV/AIDS. Plan nurses help with your health care needs. You may be contacted by Staywell Case Management if:

- You ask for case management.
- You qualify for the programs.
- Your doctor asks for a program for you.

Call your doctor or Customer Service to learn more.

COMMUNITY-BASED PROGRAMS

There are other services Staywell members can get besides the ones listed in this handbook. You can get many of these in your community. The services include:

- Children's programs
- Domestic violence programs
- Drug and alcohol abuse programs
- Pregnancy prevention programs
- Prenatal/Postpartum programs
- Stop-smoking programs

Ask your PCP to find out more about these services. Or call Staywell Customer Service.



PREVENTIVE HEALTH CARE GUIDELINES

Preventive health care guidelines are in this book for your use. They tell you when you and your family are due for checkups. They also let you know when you or members of your family are due for tests or shots.

You can use them to help you remember to see your PCP. We will send you a note every year on your birthday to let you know if you have missed any tests. Call your PCP if you or a family member has missed an appointment.

These guidelines are only a general guide. They do not replace your PCP's judgment. Always talk with your PCP to be sure you are getting the right care.

Remember to see your PCP within 90 days of joining the plan.



ADULT PREVENTIVE HEALTH GUIDELINES

FREQUENCY OF PHYSICAL EXAMINATION

All new members should get a baseline physical exam in the first 90 days of enrollment. Pregnant members should be seen in the first 30 days. The Cleveland Clinic's recommendations for periodic health exam visits for asymptomatic adults are:

Age 19 to 39—every 1 to 3 years. (Women should get an annual Pap smear. If 3 normal smears in a row, then 1 every 3 years.)

Age 40 to 64—every 1 to 2 years based on risk factors.

Age 65 and older—every year.

AGE	SCREENING	FREQUENCY
18 years of age and older	Blood pressure, height, body mass index (BMI), alcohol use	Each year from age 18 to 21. Then, every 1 to 2 years or at PCP's recommendation.
Men 35 to 65 years of age	Cholesterol (non-fasting TC/HDL)	Every 5 years (more often if elevated)
Women 45 to 65 years of age	Cholesterol (non-fasting TC/HDL)	Every 5 years (more often if elevated)
High-risk men and women 20 years of age and older	Cholesterol (non-fasting TC/HDL)	Every 5 years (more often if elevated)
Women 18 to 25 years of age who are sexually active (consider at age 12 if sexually active)	Chlamydia	Each year and at PCP's recommendation
Women 18 to 65 years of age (or 3 years after onset of sexual activity, whichever comes first)	Pap smear	Every 1 to 3 years
Women 40 years of age and older	Mammography	Every 1 to 2 years
50 years of age and older	Colorectal	Periodically depending upon test

AGE	SCREENING	FREQUENCY
Women 65 years of age and older (60 and older if at risk for fractures)	Osteoporosis	Routinely
65 years of age and older	Vision, hearing	Periodically

IMMUNIZATION

Tetanus-Diphtheria and acellular pertussis (Td/Tdap)	Td—every 10 years, 19 years and older Tdap—substitute 1 dose of Tdap for Td (one-time administration)
Varicella (VZV)	Susceptible adults only, 18 years of age and older—2 doses
Measles, Mumps, Rubella (MMR)	Adults 19–49 years of age who do not show evidence of immunity—1–2 doses
Pneumococcal	65 years of age and older—1 dose
Influenza	50 years of age and older—every year
Hepatitis B vaccine	Adults at risk, 18 years of age and older—3 doses
Meningococcal conjugate vaccine	College freshmen living in dormitories and others at risk, 18 years of age and older—1 dose
Human-papillomavirus (HPV)	* All previously unvaccinated women through 26 years of age—3 doses

* Subject to individual state coverage

PREVENTION

Talk about aspirin to prevent cardiovascular events	Men—40 years of age and older periodically Women—50 years of age and older periodically
Talk about breast cancer (for women at high risk)	
Talk about prostate-specific antigen (PSA) test and rectal exam (for men after 40 years of age per PCP's discretion)	

COUNSELING

Calcium—1,000mg a day for women 18 to 50 years of age; 1,200 to 1,500mg a day for women 50 years of age and older

Folic acid—0.4mg a day for women of childbearing age; 4mg a day for women who have had children with Neural Tube Defects (NTDs)

Breastfeeding—women after giving birth

Quitting tobacco; drug and alcohol use; STDs and HIV; nutrition; physical activity; sun exposure; oral health; injury prevention; polypharmacy

References:

- Guide to Clinical Preventive Services, 2007: Recommendations of the U.S. Preventive Services Task Force, 2007.
- Press Release CDC's Advisory Committee Recommends Human Papillomavirus Virus Vaccination June 29, 2006.
- Recommended Adult Immunization Schedule—United States, 2009.
- Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) May 2001.
- Bone Health and Osteoporosis: A Report of the Surgeon General (2004).
- Cleveland Clinic www.cchs.net/health/health-info Periodic Health Exams and Cancer Screening.



PEDIATRIC PREVENTIVE HEALTH GUIDELINES— NEWBORN UP TO 21 YEARS OLD

These guidelines for pediatric preventive health are recommendations only. Additional services may be considered necessary based on individual circumstances.

AGE	WELL-BABY CHECKUPS AND SHOT GUIDE
Newborn	Well-baby checkup ¹ at birth Hearing test Newborn screening blood tests and Hepatitis B (HepB) shot
3–5 days	Well-baby checkup ¹ if discharged less than 48 hours after delivery Newborn screening blood tests Immunizations ² : HepB if not done at birth
1 month	Well-baby checkup ¹ Newborn screening blood test if not already completed Immunizations ² : HepB
2 months	Well-baby checkup ¹ Immunizations ² : Rota, DTaP, Hib, PCV, IPV
4 months	Well-baby checkup ¹ Immunizations ² : Rota, DTaP, Hib, PCV, IPV
6 months	Well-baby checkup ¹ Immunizations ² : Rota, DTaP, Hib, PCV, IPV, HepB (HepB and IPV Age Range—6 to 18 months), annual Influenza
9 months	Well-baby checkup ¹ Lab testing: lead screening, hemoglobin or hematocrit
12 months	Well-baby checkup ¹ Lab testing (if not done at 9 months of age): lead screening, hemoglobin or hematocrit Immunizations ² : Hib, MMR, HepA, Varicella, PCV Dental visit as need identified
15 months	Well-baby checkup ¹ Lab testing: urine test and blood lead if not done at 9 months or 12 months Immunizations ² : DTaP, Hib
18 months	Well-baby checkup ¹ Immunizations ² : second HepA (6 months after the first dose)
24 months	Well-baby checkup ¹ Lab testing: blood lead test
30 months	Well-baby checkup ¹ , Immunization catch-up, vision, hearing screening

AGE	WELL-CHILD AND WELL-ADOLESCENT CHECKUPS AND SHOT GUIDE
Flu shots	Each year for kids age 6 months or older who have certain high-risk diseases like asthma and diabetes
3 years	Well-child checkup ¹ Eye screening Annual dental visit ³
4–5 years	Well-child checkup ¹ each year Eye screening Lab testing: urine test at age 5 years Immunizations ² : MMR, DTaP, IPV sometime between ages 4 and 6 and second Varicella Annual dental visit
6–10 years	Well-child checkup ¹ every year Lab testing: urine test at age 6 years if not done at age 5 years Annual dental visit
11 to 12 years	Well-child checkup ¹ every year Immunizations ² : MCV4, Tdap, HPV ⁴ Annual dental visit
13 to 21 years	Well-adolescent checkup ¹ each year Females should have a pelvic exam and Pap smear between 18 and 21 years Lab testing: hemoglobin or hematocrit by age 14, urine test by age 16 Annual dental visit

NOTES:

¹ Well-baby, -child and -adolescent checkups/physical exam with infant totally undressed or older child undressed and suitably covered, health history, developmental and behavioral assessment, health education (sleep position counseling from 0–6 months, injury/violence prevention and nutrition counseling), height, weight, test for obesity (BMI), vision and hearing screening, head circumference at 0–24 months and blood pressure at least every year beginning at age 3.

² Consult your primary care provider for specific immunization recommendations.

³ Dental visits may be recommended beginning at 1 year of age.

⁴ Subject to specific state coverage.

The following services are provided as needed:

- Hemoglobin or hematocrit between ages 15 months through 6 years and between ages 11 years through 21 years old

- Urine testing from age 11 years to 21 years old
- Lead risk assessments and/or testing from 3 to 6 years old
- Tuberculosis risk assessments and/or testing from age 12 months through 21 years old
- Cardiovascular disease risk assessments and cholesterol screening from age 2 years through 21 years old
- Sexually transmitted disease testing from age 11 years through 21 years old
- “Catch up” on any shots that have been missed at an earlier age

References:

- Recommendations for Preventive Pediatric Health Care, American Academy of Pediatrics. 2008.
- Recommended Immunization Schedule for Persons Aged 0–6 years—United States. 2008. CDC.
- Catch-up Immunization Schedule for Persons Aged 4 Months–18 Years Who Start Late or Who Are More Than 1 Month Behind. 2008. CDC.
- Recommended Immunization Schedule for Persons Aged 7–18 Years—United States. 2008. CDC.

Revised 2/26/08



ADVANCE DIRECTIVES

YOUR MEDICAL CARE IS YOUR DECISION

The law says you can refuse care. This includes care that keeps you alive.

Congress passed the Patient Self Determination Act. It states that we must tell you about your right to advance directives.

ADVANCE DIRECTIVES—MAKING YOUR DECISION KNOWN

An advance directive is a legal paper. It tells others what your wishes are. It says what type of care you want to get or not get if you are not able to tell a doctor yourself.

There are three types of advance directives:

- A living will
- A health care surrogate for health care decisions
- An anatomical donation

What is a living will? It states the type of care you want if you are not awake and will not wake up. It can be used if you have a condition that will lead to death. It tells your doctor when to continue or stop care to keep you alive.

What is a health care surrogate for health care decisions? This is when you name the person you want to make physical and/or mental health decisions for you. It will be used if you are not able to make choices for yourself. It will also be used if you can't tell your doctor about the care you want. You can also name an alternate surrogate.

What is an anatomical donation? This states that you wish to donate all or part of your body at death. This can be an organ donation to persons in need. Or it can be a donation of your body for training of health care workers. You can show your choice to be an organ donor by saying so on your driver's license or state ID card. You can include it in a living will. You can also sign a uniform donor form.

You can have an advance directive for your physical health. You can have a separate one for your mental health.

Make sure you tell your doctor and family that you have an advance directive. You can change or cancel your advance directive at any time. If you do, make sure to tell your doctor and family about the change.

? Do my care givers have to follow my advance directives?

Yes. As long as your advance directives follow state law. A care giver may not follow your wishes if they go against his or her conscience. If so, he or she will help you find someone else who will follow your wishes.

Other than for conscience reasons, your wishes should be followed. If they are not, complaints can be made to the Consumer Complaint Hotline. Call 1-888-419-3456.

? How can I get an advance directive?

You can contact any of the below to get help with advance directives:

- An attorney
- Staywell Customer Service
- The Advocacy Center
(www.advocacycenter.org/AdvanceDirectives/advancedirectives.htm)
- The Florida Medical Association
- Your local Legal Aid office
- Your PCP

Remember, your health care is your choice.



IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT STAYWELL

ENROLLMENT

If you are a mandatory enrollee required to enroll in a plan, once you are enrolled in Staywell or the state enrolls you in a health plan, you will have 90 days from the date of your first enrollment to try the plan. During the first 90 days, you can change health plans for any reason. After the 90 days, if you are still eligible for Medicaid, you will be enrolled in the plan for the next 9 months. This is called “lock-in.”

Open Enrollment

If you are a mandatory enrollee, the state will send you a letter 60 days before the end of your enrollment year telling you that you can change plans if you want to. This is called “open enrollment.” You do not have to change plans. If you choose to change plans during open enrollment, you will begin in the new plan at the end of your current enrollment year. Whether you pick a new plan or stay in the same plan, you will be locked into that plan for the next 12 months. Every year you can change health plans during your 60-day open enrollment period.

Reinstatement

If you lose your Medicaid eligibility and get it back within 60 days, the state will put you back into Staywell. We will send you a letter within 10 days after you become a member again. You will be assigned to your original PCP. Or you can pick a different one.

Moving Out of the Staywell Service Area

Staywell is available in many Florida counties. Call Customer Service if you move. You will want to choose a doctor near your new home. You must call the Medicaid Options Helpline if you move out of the Staywell service area. The number is 1-888-367-6554. TTY/TDD users can call 1-800-653-9803.

You will keep seeing Staywell doctors until you leave the plan.

Disenrollment

If you are a mandatory enrollee and you want to change plans after the initial 90-day period ends or after your open enrollment period ends, you must have a state-approved good cause reason to change plans. The following are state-approved cause reasons to change health plans:

- The enrollee moves out of the county, or the enrollee’s address is incorrect, and the enrollee does not live in the county where the plan is authorized to provide services.
- The provider is no longer with the health plan.
- The enrollee is excluded from enrollment.
- A substantiated marketing or community outreach violation has occurred.
- The enrollee is prevented from participating in the development of his/her treatment plan.
- The enrollee has an active relationship with a provider who is not on the health plan’s panel, but is on the panel of another health plan.
- The enrollee is in the wrong health plan as determined by the Agency.
- The health plan no longer participates in the county.
- The state has imposed intermediate sanctions upon the health plan, as specified in 42 CFR 438.702(a)(3).
- The enrollee needs related services to be performed concurrently, but not all related services are available within the health plan network. Or the enrollee’s PCP has determined that receiving the services separately would subject the enrollee to unnecessary risk.
- The health plan does not, because of moral or religious objections, cover the service the enrollee seeks.
- The enrollee missed open enrollment due to a temporary loss of eligibility, defined as 60 days or less for non-Reform populations and 180 days or less for Reform populations.
- Other reasons per 42 CFR 438.56(d)(2), including, but not limited to: poor quality of care; lack of access to services covered under the contract;

inordinate or inappropriate changes of PCPs; service access impairments due to significant changes in the geographic location of services; lack of access to providers experienced in dealing with the enrollee's health care needs; or fraudulent enrollment.

Some Medicaid recipients can change health plans whenever they choose, for any reason. For example, people who are eligible for both Medicaid and Medicare benefits and children who receive SSI benefits can change plans at any time for any reason. To find out if you can change plans, call the "Enrollment Broker" at 1-888-367-6554.

Involuntary Disenrollment

You may lose your Staywell membership if you:

- Allow someone else to use your Staywell ID card
- Miss three doctor appointments in a row within six months
- Lose your Medicaid eligibility

The plan cannot disenroll you for the following reasons:

- Pre-existing medical conditions
- Changes in your health status
- Periodically missed appointments

FRAUD AND ABUSE

Fraud occurs when your health care plan gets billed for a service that costs more than the service received. Fraud also happens when your health care plan pays for a service that someone never used. If you know that fraud occurred, tell us. Call our 24-hour hotline at 1-866-678-8355.

To learn more, call Customer Service at 1-866-334-7927 (TTY/TDD: 1-877-247-6272).

To report suspected fraud and/or abuse in Florida Medicaid, call the Consumer Complaint Hotline toll-free at 1-888-419-3456. Or complete a Medicaid Fraud and Abuse Complaint Form, which is available online at https://ahcaxnet.fdhc.state.fl.us/InspectorGeneral/fraud_complaintform.aspx.

CONFIDENTIALITY

Staywell respects your right to privacy. You must give us permission to give out any of your medical information. It is released only to those involved in your care. We make an exception if we are required to do so by law. Our reports do not identify members.

HOW DOCTORS ARE PAID

Staywell works hard to give you the health care you need. This means we work with many doctors. You may ask how they are paid. You may ask if how they are paid will affect your doctor's use of referrals. You may also ask if it will affect other services you need. Call Customer Service for more details.

UTILIZATION MANAGEMENT PROGRAM

Staywell has a utilization management (UM) program. This program looks at the care and services you need. We look at services that need prior authorization. Then we check to see if this is the right care for you before it starts. We complete checks called:

- Prospective reviews—before you get care we check to see if you need it
- Concurrent reviews—we look at care while you are getting it and see if you need to keep getting it
- Retrospective reviews—we check to see if you needed the care you got, after you received it

We do these reviews to measure the health care and services that our members receive. We measure this based on your health plan coverage. We check to see if the care and services are right. Then we determine how much coverage we can provide. And we decide on how to pay those who provide the care.

There may be times when we say we can't cover services or care your provider asks for. These decisions may be made by our staff. Or they may be made by a doctor or other reviewer. When this happens, we do not give a reward to anyone who makes these decisions. If there are

any financial rewards, they are not based on using fewer services. Would you like to know more? Call Customer Service at 1-866-334-7927 (TTY/TDD: 1-877-247-6272).

QUALITY IMPROVEMENT AND MEMBER SATISFACTION INFORMATION

We are always looking at ways to improve care and service for our members. Each year we select certain things to review for quality. We check to see how we are doing in those areas. We may also check to see how our providers are doing. We want to know if our members are happy with the care and service they get.

Want to know about our quality ratings? Just call Customer Service. You can ask about how satisfied members are with the plan.

You can also provide comments or suggestions about:

- How we are doing
- How we can improve on our services

EVALUATION OF NEW TECHNOLOGY

We look at new technology every year. We also look at the ways we use the technology we have. The findings are reviewed to:

- Determine how new advancements can be included in the benefits that members receive
- Make sure that members have fair access to safe and effective care
- Make sure we are aware of changes in the industry

The review of new technology is done in the following areas:

- Behavioral health procedures
- Medical devices
- Medical procedures
- Pharmaceuticals

To learn more, call Customer Service.

PUBLIC INFORMATION ABOUT STAYWELL

The Florida Agency for Health Care Administration has information about Staywell. It tells about how we perform and our finances. You can find this at www.floridahealthfinder.gov.



MEMBER APPEALS AND GRIEVANCES PROCEDURES

Let us know right away about problems with your health care services. Call us with any questions you may have. Call Customer Service at 1-866-334-7927 (TTY/TDD: 1-877-247-6272). Call Monday through Friday, 7am to 7pm Eastern, except on holidays. Or you can write to:

Staywell	Staywell
Attn: Appeals	Attn: Grievance
Department	Department
P.O. Box 31368	P.O. Box 31384
Tampa, FL 33631-3368	Tampa, FL 33631-3384

You can also send a fax to 1-866-388-1769.

Let us know if you need an interpreter.

This section gives the rules for making complaints. State law says you can make complaints about any part of your medical care as a Staywell member. The state has helped set the rules about what you need to do to make a complaint. The state also has rules about what we must do when we get a complaint. We must be fair in handling complaints. You cannot be dropped from the plan for making a complaint. We will not penalize you for making a complaint.

? What are appeals and grievances?

You have the right to make a complaint about your coverage or care. There are two types of complaints. They are called “appeals” and “grievances.”

File an appeal when you want us to change a decision about what we will cover or pay for. Let's say we will not cover or pay for services you think we should cover. Then you would file an appeal. You can appeal if the plan or a provider will not give you a service you feel should be covered. You can appeal if the plan or a provider cuts back services you have been getting. You can also appeal when you feel we are stopping services too soon.

An estate representative can do this for a member who has died.

A grievance is a different type of complaint. It is about something other than a coverage decision. File a grievance for issues such as:

- Not being able to get information
- The condition of your doctor's office
- The quality of your care
- The way your doctors or others behave
- Waiting times

MAKING AN APPEAL

This section tells you what to do about problems getting health care you think we should provide. We use the word "provide" to include such things as:

- Arranging for someone to give you care
- Authorizing care
- Continuing to provide a treatment you have been getting
- Paying for care

Problems might include:

- You are not getting the care you want. You feel that this care is covered by Staywell.
- We will not authorize the medical treatment your doctor wants to give you. You believe that this treatment is covered by the plan.
- You are told that coverage for a treatment you get will be reduced or stopped. You feel that this could harm your health.
- You got care that you believe was covered by Staywell. We have refused to pay.

Steps for Asking for Care or Payment from Staywell

There are steps to ask for care or payment for care when you have a problem getting them. Your request is considered at each step. Then a decision is made. There may be another step to take if you are not happy with the decision.

Step 1—The Initial Decision by Staywell

First, we make an "initial decision" about care or payment for care. This is also called a "service authorization decision" or "action." We will say how we feel the benefits we cover apply in your case. You can ask for a "fast initial decision." This is for a decision that needs to be made quickly. You or someone you appoint can see your case file. This has medical records. It may also have other related items. You can ask for the written guidelines we use to make the decision. You can also ask to see our written policies and procedures about appeals.

Step 2—Appealing the Initial Decision by Staywell

You can ask us to review our initial decision. This is called an "appeal" or a "request for reconsideration." You can ask for a "fast appeal." This is for health care requests that need quick decisions. We will review your appeal. Then we will decide to stay with our initial decision or change it.

❓ How do you file your appeal of the initial decision?

You, someone you appoint or your doctor may file this appeal. First, you must give them written consent. You must let us know someone else is doing this for you. You can do this by writing us a letter. Or you can fill out an Appointment of Representation form. You may get this from Customer Service.

A representative may file for the estate of a member who has died. He or she must have proper documents. You may file an oral or written appeal. An oral appeal must come with a written appeal request that is signed. (This is not needed with a fast appeal.)

We will send you a letter within 10 calendar days after we get your appeal. It will let you know we got your appeal. We will not send one if it is a request for a fast appeal. You will get a decision letter if we are able to resolve the appeal within 10 calendar days.

? How soon must I file my appeal?

Appeal within 30 calendar days of the date of our notice to you. We may not have sent a notice. Then you have 365 days to appeal.

? How do I keep getting benefits while waiting for an appeal decision? What other rights do I have?

See the *Medicaid Fair Hearing* section later in this handbook.

? What if I want a fast or expedited appeal?

You can ask for a fast appeal instead of a standard one. A doctor or representative can do this for you. Call Customer Service for help. Or you can send an appeal to:

Staywell
P.O. Box 31368
Tampa, FL 33631-3368

You can also fax it to **1-866-201-0657**. Be sure to ask for a fast review.

We will give you a fast appeal if your doctor says waiting could seriously harm your health.

You may ask for a fast appeal without a doctor's help. We will decide if you need a fast decision. We will try to call you if we decide your health does not require it. We will also send you a letter within two days. It will say you can get a fast review with a doctor's support. The letter will also tell you how to file a grievance if you disagree and feel you need a fast review. We will give you a standard review if you decide not to do a fast review. This usually takes 30 calendar days.

? How soon must we decide on your appeal?

For a decision about payment for care you have received:

- 30 calendar days after we get your appeal

For a standard decision about your medical care:

- 30 calendar days after we get your appeal. We will make it sooner if your health requires. You can get 14 days more time if you ask or if we find information that will help you. You can ask for this extra time by writing to us or calling Customer Service. We will send you a letter if we take extra time. The letter will say why. We will also let you know the date we expect to make a decision.

For a fast decision about medical care:

- Up to 72 hours after we get your appeal. Sooner if your health requires it. You can get 14 days more time if you ask or if we find information that will help you. You can ask for this extra time by writing to us or calling Customer Service. We will send you a letter if we take extra time. The letter will say why. We will also let you know the date we expect to make a decision.

We will mail you a letter in each case. It will tell you about your appeal rights if the decision is not in your favor. We will also try to call you about standard decisions.

? How can I present evidence and/or allegations of fact or law?

You may do this in your written request or in person. To do this in person, please contact Customer Service. Tell them of your request. Someone will contact you to set up a time.

? Can I review my case file?

You or someone you appoint may see the case file. You can see it before and during the appeal process. It can include medical records and other documents. Just call Customer Service if you want to see your case file.

Step 3—Appealing the First-Level Appeal Decision

Not happy with the first-level decision? You can appeal to the plan's Appeals Committee. You do not have to do this. But if you do, you must do it within 30 calendar days of the first-level decision. A second-level appeal will lessen the time you have to file an appeal to the state.

Step 4—Appealing to the Subscriber Assistance Program (SAP)

You can also file with the SAP. You can do this if you are not happy with the first decision and do not want to file a second-level appeal. You can also contact the SAP during the process. You must ask for a hearing within one year. The SAP will only hear your case if it involves:

- Availability of health care services
- Benefit action or denial made by us
- Coverage of benefits
- How we handle or pay claims

You may not request a SAP review if you also ask for a Medicaid Fair Hearing.

FILING A GRIEVANCE

We want to know if you have any grievances. They must be submitted within one year after the issue occurred. Call Customer Service. We will try to fix the issue over the phone. You may also write to us.

As a Staywell member, you can file a grievance about problems such as:

- Doctor behavior
- Facilities
- If you do not agree with our decision to take a 14-day extension on a request for service, appeal or grievance
- If you feel we should process your request for an appeal in the expedited 72 hours rather than the standard 30 calendar days
- If you feel we should process your request for a service in the expedited 72 hours rather than the standard 14 calendar days
- Involuntary disenrollment
- Office waiting times
- Quality of services

We will try to fix any problem you might have. We can solve many issues over the phone. These may be about:

- A lack of information
- A misunderstanding
- Bad information

You have rights outside the plan's process. They are included in the *Medicaid Fair Hearing* section of this handbook.

Grievances that are not settled right away will go to a Customer Service Grievance Coordinator (CSGC). We will send you a letter within 10 days. It will let you know we got your complaint. Or you will get a decision letter if the issue is settled.

A doctor will look at cases that involve medical issues. Once we get your grievance, the process will take 30 calendar days or less. It may take longer if more details must be gathered.

Up to 14 calendar days can be added to the process if we need more information. We will let you know if this happens. You may also ask for extra time. To do so, ask your case representative. We will send you a letter if we need extra time. The letter will let you know when we expect to make a decision. It will also tell you what to do if you do not agree with the extra time.

We will send you a letter telling you the outcome of the case. It will also tell you that you can ask for a second-level grievance. You do not have to do this. If you do ask for one, you must send your request in writing. You must do this within 30 calendar days after you get our decision. Send it to the Grievance Committee (GC). You will have less time to file an appeal to the state if you file a second-level grievance.

You may also present your case to the GC in person or by phone. To do this, please include this in your request. Our GC meets every Thursday from 9am to 10am Eastern. We will contact you to set up a meeting date.

You will have 10 minutes to present your side of the case to the GC. GC members may then ask questions. You will be sent a decision letter within five business days of the GC meeting.

The second-level process takes 30 calendar days or less in most cases.

What happens if you do not agree with the second-level findings? You can ask the Subscriber

Assistance Program (SAP) to hear your case. You must finish the process before they will hear your case. Be sure to ask for a hearing within one year after the event in question occurred.

Here are some other agencies you can contact during or after the appeals or grievance process:

Agency for Health Care Administration
Subscriber Assistance Program
Building 1, MS #26
2727 Mahan Drive
Tallahassee, FL 32308
1-850-921-5458 | (toll-free) 1-888 419-3456

Department of Financial Services
Consumer Affairs
200 East Gaines Street
Tallahassee, FL 32399
1-800-342-2762

In order for the SAP to hear your grievance, the following must be met:

- Your grievance was filed in writing
- You submitted your request within one year of when the issue you are grieving about occurred
- Your issue concerns the quality of health care services you have received or your issue involves the contractual relationship between you and us

We keep track of all appeals and grievances. We report this information to the state. This also helps us give members better service.

MEDICAID FAIR HEARING

You can ask for a Medicaid Fair Hearing. Just contact the Department of Children and Family Services at:

Office of Public Assistance Appeals Hearings
1317 Winewood Boulevard
Building 5, Room 203
Tallahassee, FL 32399-0700
1-850-488-1429

There is a deadline to ask for this. It must be within 90 days of the notice of action or initial decision.

Please note—you can't have a SAP review *and* a Medicaid Fair Hearing.

? How can I keep my benefits during the Medicaid Fair Hearing process?

In order for this to occur:

- The appeal must involve the end, stopping or reduction of treatment that had been previously approved
- The authorization period cannot have expired
- The services must have been ordered by an authorized provider
- You must file your appeal within 10 calendar days of the date of the notice of action if filing orally; or if filing in writing and submitting via US mail, within 15 calendar days, or prior to the intended effective date of our proposed action
- You must request an extension of benefits

If we continue your benefits during the hearing process, the benefits will continue until one of the following occurs:

- 10 calendar days pass from an oral request or 15 calendar days pass from a written (mailed) request from the date of the plan's adverse decision; and you have not requested a "Medicaid Fair Hearing with continuation of benefits until a Medicaid Fair Hearing decision is reached"
- A Medicaid Fair Hearing decision is made that is not in your favor
- The authorization expires or the authorized service limits are met
- You withdraw the appeal

You may have to pay for all costs that collect during the review if you lose the hearing. The plan may recover the cost of the services given you during this process.

? What happens if the Medicaid Fair Hearing rules in my favor?

We will approve and pay for services as quickly as possible. The plan will pay for services that were in dispute. We will do this:

- According to state policy and rules
- If the services were given while the hearing was ongoing
- If the final decision reverses our decision

EXHAUSTION OF GRIEVANCE PROCEDURES

You must finish the appeals and grievances steps before taking legal action.

Call the Consumer Call Center at **1-888-419-3456**. It is there to help people with Medicaid. They can answer questions about quality of medical care.



MEMBER RIGHTS

As a Staywell member, you have the right:

- To get details about what the plan covers, how to use its services and plan providers.
- To be treated with dignity and respect.
- To have your privacy protected.
- To know the names and titles of doctors and others who treat you.
- To understand your medical state and health status, advice for treatment, alternatives and risks.
- To talk openly about care needed for your health, no matter the cost or benefit coverage. To freely talk about care options and risks involved. To have this information shared in a way you understand.
- To make decisions about your care.
- To be free from any form of restraint or seclusion as a means of force, discipline, convenience or revenge.

- To know what to do for your health after you leave the hospital or office.
- To refuse care.
- To refuse to take part in research.
- To get a proper reply to your complaints.
- To see your medical records and keep them private.
- To create an advance directive.
- To suggest ways the plan can improve.
- To appeal health care decisions using the proper steps.
- To have a say in the plan's member rights.
- To have all these rights apply to the person who can legally make health care decisions for you.
- To have all health plan staff members observe your rights.
- To use these rights no matter what your sex, age, race, ethnic, economic, educational or religious background.



MEMBER RESPONSIBILITIES

As a Staywell member, you have the responsibility:

- To know how Staywell works by reading this handbook.
- To carry your Staywell ID card and Medicaid Gold Card with you at all times. And to present them when you get health care services.
- To get non-emergency care from a primary doctor, to get referrals for specialty care, and to work with those giving you care.
- To be on time for appointments.
- To cancel or set a new time for appointments ahead of time.
- To report unexpected changes to your provider.
- To respect doctors, staff and other patients.
- To help set treatment goals that you and your doctor agree to.

- To follow the treatment plan you and your provider agree on.
- To understand medical advice. Ask questions if you do not.
- To know about the medicine you take, what it is for, and how to take it.
- To provide information needed to treat you.
- To make sure your doctor has your previous medical records.
- To tell Staywell within 48 hours, or as soon as you can, if you are in a hospital or go to an emergency room.



NOTICE OF PRIVACY PRACTICES

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

1. Why WellCare Provides This Notice

WellCare is required by law to maintain the privacy of Protected Health Information (“PHI”) and to provide individuals with oral, written or electronic notice of WellCare’s legal duties and privacy practices with respect to PHI. PHI includes information that can be used to identify you and has been created or received about your past, present or future health or condition, the provision of health care to you, or the payment for this health care.

This notice explains our privacy practices that are applicable to you, a valued member of WellCare. We appreciate the confidence and trust that you have bestowed upon us. Your privacy is very important to us, and we take this duty seriously.

WellCare is required to follow the privacy practices that are described in this notice. However, we reserve the right to change the terms of this notice and our privacy practices at any time. Any changes to our policies and

procedures will apply to the PHI we already have in our possession. If we make material change to our policies and procedures about your PHI, we will update this notice, post a new notice on our Web site at www.wellcare.com, and, to the extent required by applicable law, promptly mail a notice of the changes to you.

2. WellCare Needs Information to Provide Services

The types of PHI we collect on each of our members will include, but not necessarily be limited to: (i) the information that you provide to us or that we receive from regulatory authorities, your employer or benefits plan sponsor on an application or any other form, in person or in writing, electronically or by telephone (such as your name, address, Social Security number, date of birth, dependent information, marital status, health or medical history, employment information and other insurance carrier history); and (ii) your contact and affiliation in any form with any of our agents, business partners or any other party (such as medical records, health care claims, premium payments, verification of your eligibility, appeal and grievance information, information to process requests for health care authorizations, and enrollment applications).

3. Treatment, Payment and Health Care Operations

We use and disclose your PHI primarily for your treatment, payment and our health care operations. The following list describes the most common uses and disclosures that WellCare and its business partners may make that are permitted by law.

- To a doctor, a hospital or other health care provider in order to provide your medical care.
- To pay claims for covered services provided to you by doctors, hospitals or other health care providers.
- For the daily operations of WellCare, including but not limited to, processing your enrollment, responding to your inquiries and requests for services, coordinating your care, resolving

disputes, conducting medical management, improving quality, reviewing the competence of health care professionals, and determining premiums.

- To your plan sponsor to permit them to perform plan administration functions.
- To contact you with information about health-related benefits and services, appointment reminders or about treatment alternatives that may be of interest to you.

4. Other Uses and Disclosures of PHI

WellCare may use or disclose information about you:

- To your family and friends if you are unavailable to communicate, such as in a medical or other emergency.
- When disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement officials. For example, we make disclosures to regulatory agencies when a law requires that we report information. We may also disclose PHI pursuant to subpoena as part of a judicial or administrative proceeding.
- To government agencies for public health activities or health oversight activities, such as disclosures to agencies that regulate Medicare and Medicaid services.
- To appropriate authorities regarding abuse, neglect or domestic violence.
- To military authorities.
- For research purposes in limited circumstances.
- For procurement, banking or transplantation of organs, eyes or tissue.
- To a coroner, medical examiner or funeral director.

5. Uses and Disclosure Requiring Authorization

In other situations, WellCare will require a specific authorization before we use or disclose your PHI. For example, WellCare will seek your authorization before using or disclosing your PHI if we seek to offer unsolicited marketing resources to you for a purpose that is not related to your health benefits or health condition. You have the right to revoke such an authorization at any time by notifying us in writing.

6. Your Individual Rights

Access—You have the right to review and obtain a copy of your information that may be used to make decisions about you, such as claims and medical management records. You also may receive a summary of this health information. If you request copies, we may charge you a fee for each page and per hour for staff time to locate and copy your information and postage.

Confidential Communications—You have the right to receive confidential communications of information in a different manner or at a different place to avoid a life-threatening situation. We will accommodate your request if it is reasonable.

Amendment—You have the right to request an amendment of information we maintain about you if you believe that it is wrong or incomplete. We may deny your request if we did not create the information, we do not maintain the information, or the information is correct and complete. If we deny your request, we will provide you a written explanation of the denial.

Accounting—You have the right to receive a list of instances in which we or our business associates have disclosed your information for purposes other than treatment, payment or health care operations and certain other activities. If you request this information more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Notice—All WellCare members and prospective members have the right to receive a written copy of this notice upon request at any time.

Restrictions—You have the right to ask to restrict uses or disclosures of your information. We are not required to agree to these restrictions, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted restriction.

Contact—All of your applicable privacy rights can be exercised by contacting WellCare. If you wish to write to us, please write to the Chief Privacy Officer. If you call us, please call the toll-free phone number on your membership card and a Customer Service associate will assist you. You may also call the number below.

WellCare Health Plans, Inc.
Attention: Chief Privacy Officer
8735 Henderson Road, Ren. 2
Tampa, FL 33634
Phone: 1-813-290-6200

7. Complaints

If you believe this policy has been violated with respect to information about you or your covered dependents and you wish to file a complaint with us, it may be done either verbally or in writing. You may also file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights (OCR). We will not retaliate against you for filing a complaint.

Effective Date: October 1, 2006

This Notice of Privacy Practices is applicable to the following subsidiaries of WellCare Health Plans, Inc.: WellCare of Florida, Inc.; HealthEase of Florida, Inc.; WellCare of New York, Inc.; WellCare of Connecticut, Inc.; WellCare of Louisiana, Inc.; WellCare of Georgia, Inc.; WellCare of Ohio, Inc.; Harmony Behavioral Health, Inc.; Harmony Behavioral Health of Florida, Inc.; Harmony Health Plan of Illinois, Inc.; WellCare Prescription Insurance, Inc.; WellCare Health Insurance of Arizona, Inc.; WellCare Health Insurance of Illinois, Inc.; WellCare Health Insurance of New York, Inc.



IMPORTANT PHONE NUMBERS

Your PCP:

Staywell Customer Service	1-866-334-7927
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TTY/TDD	1-877-247-6272
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Personal Health Advisor	1-800-919-8807
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Staywell Fraud and Abuse Hotline	1-866-678-8355
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Office of Administrative Hearings (Fair Hearings)	1-850-488-1429
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AREA MEDICAID OFFICES:

Area 3b – Hernando and Sumter Counties	1-877-724-2358
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Area 5 – Pasco and Pinellas Counties	1-800-299-4844
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Area 6 – Hillsborough, Manatee and Polk Counties	1-800-226-2316
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Area 7 – Brevard, Orange, Osceola and Seminole Counties	1-877-254-1055
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Area 8 – Lee and Sarasota Counties	1-800-226-6735
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Area 9 – Palm Beach and St. Lucie Counties	1-800-226-5082
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Area 10 – Broward County	1-866-875-9131
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Area 11 – Dade County	1-800-953-0555
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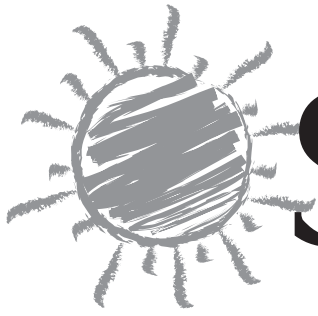
OTHER NUMBERS:

Local Plan Pharmacy:

Other Health Provider:

Other Health Provider:

Other Health Provider:



StaywellSM

HEALTH PLAN OF FLORIDA

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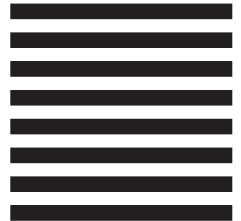
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UNITED STATES

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FIRST-CLASS MAIL PERMIT NO 9074 TAMPA FL

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WELLCARE HEALTH PLANS
PO BOX 31378
TAMPA FL 33633-1529



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Thank you for taking the time to give us your information.
Please fold this page so that the address panel and the Staywell
logo panel are on the outside, then mail it to us.

MEMBER INFORMATION UPDATE FORM

Please confirm the following information by filling out this form (please print clearly). Then please sign the statement at the bottom of the form, giving your health plan permission to give your medical information to government agencies who may need it.

Please always remember to tell us if your address changes.
Call Customer Service at 1-866-334-7927.

PLEASE CORRECT MY ADDRESS TO THE FOLLOWING:

Member Name: _____
First Name Middle Name Last Name

Home Address: _____
Street City Zip Code

Mailing Address (if different than Home Address): _____
Street

City Zip Code

Phone Number: _____

County Where You Live: _____

I give permission to Staywell to release medical information to the Federal and State governments or their duly appointed agents as necessary.

Member Signature (or signature of parent or guardian if member is not at least 21 years old)

Date Signed

Please fold this page so that the address panel and the Staywell logo panel are on the outside. Tape it closed, then mail it to us. You do not need a stamp. Thank you.



1-866-334-7927 (TTY/TDD: 1-877-247-6272)
www.wellcare.com