TOTAL HEALTH CARE USA

HMO
Member Handbook

Welcome to Total Health Care USA

We are pleased to have you as a member and we look forward to serving your health care needs. Total Health Care USA will provide you and your family with the comprehensive quality health care benefits that you expect and deserve.

Your Member Handbook will serve as a quick and easy guide to help you understand your benefits. Please use the handbook as a reference; it does not modify or take the place of your Certificate of Coverage and/or applicable rider(s). Refer to your Certificate of Coverage and applicable rider(s) for a complete description of the specific benefits available.

If you have any questions about your plan or benefits, please contact the Member Services Department Monday-Friday, 8:30 a.m.-5:00 p.m.

Sincerely,
Total Health Care, USA

Register today at www.totalhealthcareonline.com to monitor claim status, request an ID card and to review your Explanation of Benefits.

Customer Service

Total Health Care is available to help you over the phone, mail or internet.

TELEPHONE-The Member Services Department is available to help you Monday-Friday 8:30 a.m. to 5:00 p.m. at (313) 871-2000 or (800) 826-2862. During holidays, weekends and after business hours, emergency medical technicians are available to answer your calls.

INTERNET-You can access our web page at www.totalhealthcareonline.com. On the web you can:

- Email your questions or concerns
- Order a replacement identification card
- Review the status of a medical claim
- Search for a provider
- Order a refill for an existing mail order prescription

MAIL-To correspond by mail, the address is:

Total Health Care USA
3011 W. Grand Blvd., Suite 1600
Detroit, MI 48202

IMPORTANT TELEPHONE NUMBERS

Total Health Care	(313) 871-2000 or (800) 826-2862
Case Management	(313) 871-6409 or (800) 826-2862 ext 855
Coordinator of Benefits	(313) 871-5262 or (800) 826-2862 ext 262
Grievance Coordinator	(313) 871-7889 or (800) 826-2862 ext 889
Health Education and Wellness	(313) 871-7873 or (800) 826-2862 ext 873
Hearing Impaired	TDD/TTY (800) 649-3777
Language Needs	(313) 871-2000 or (800) 826-2862 #2
Member Services	(313) 871-2000 or (800) 826-2862 #2
Vision Care Services	(877) 799-0220

Member Tips

As a New Member:

Review your Total Health Care USA ID card(s) to verify that all of the information is correct. Please verify that an ID card has been received for every covered family member.

What To Do If Your Family Size Changes

Contact your employer's benefits office, as well as Total Health Care's Member Services Department, if you have had a change in the size of your family including marriage, birth, adoption, divorce or the death of a covered member. Changes must be submitted with 30 days of the event.

What To Do If You Have Other Insurance Coverage

Total Health Care USA coordinates benefits with other carriers including healthcare, auto, workers' compensation and other payers. The priority of responsibility is determined by Act No. 64 of the Public Acts of 1984.

If you have coverage through another payer, please contact the Coordination of Benefits Department at (313) 871-5262 or (800) 826-2862 ext 262.

How To Get Help and Information

For information regarding covered services, refer to your Certificate of Coverage and applicable rider(s) or contact the Member Services Department weekdays from 8:30 a.m.-5:00 p.m.

What To Do If You Get a Bill

To reduce the possibility of receiving a bill, always show your ID card to your healthcare providers. However, if you do receive a bill for a covered service, send us a copy. A Total Health Care representative will follow up with you after resolution. Remember to include your identification number and phone number on the bill. Mail the bill to:

Total Health Care, USA
Attn: Claims Department
3011 W. Grand Blvd., Suite 1600
Detroit, MI 48202

Getting Questions Answered About Your Total Health Care Doctor

Before a doctor is accepted into the Total Health Care network, strict credentialing requirements must be met.

The Member Services Department is available to answer questions about a Total Health Care doctor, including:

- The credentials of our doctors.
- The payment arrangements between our doctors and Total Health Care USA.
- General information, including doctors who are not accepting new members.

Incentives and Your Doctor

Total Health Care USA does not pay doctors or encourage them in any way to withhold or deny medical care or services. Decisions about your care are based on your health care benefits and medical needs. If you have questions regarding this, contact the Member Services Department.

Explanation of Benefits

An explanation of benefits (EOB) is available to you when a claim is processed that has an amount due from the member. The EOB includes the billed amount, allowed amount, plan payment and the co-payment, deductible and/or co-insurance due from the member.

You must register at www.totalhealthcareonline.com to review your Explanation of Benefits (EOB).

Overview

Total Health Care USA offers benefit plans with varying out of pocket costs. Depending on your benefit plan, you may be responsible for an annual deductible, co-insurance and/or co-payments. Refer to your Certificate of Coverage, Rider(s) and benefit summary to determine the out of pocket cost for covered benefits and services. The Member Services Department is also available to answer questions regarding your benefit plan.

Deductible: A set amount that you pay each year before Total Health Care USA makes a payment.

- The deductible applies to the out of pocket maximum.

Co-insurance: A percentage that you pay for certain covered benefits.

- Co-insurance amounts apply to the out of pocket maximum.

Co-payment: The amount a member must pay per visit or service for certain covered benefits.

- Co-payments do not apply to the out of pocket maximum.

Out of Pocket Maximum: The maximum amount of co-insurance and deductible that a member and/or family will have to pay during a calendar year. Once the out of pocket maximum is reached, Total Health Care will pay all eligible expenses for covered services for the remainder of the calendar year.

Choosing a Primary Care Physician

When you join Total Health Care USA, you must select a Primary Care Physician for each covered member of your family. You may want to choose your Primary Care Physician based on location, hospital system, sex or language spoken. Your Primary Care Physician will help coordinate all of your medical needs. To find a Primary Care Physician, refer to your Provider Directory or go online to www.totalhealthcareonline.com.

The type of Primary Physician you choose may be:

- **Family Practice:** A doctor who cares for adults and children
- **Internal Medicine:** A doctor who cares for adults
- **General Practice:** A doctor who cares for adults and children
- **Pediatrician:** A doctor who cares for children

Changing Your Primary Care Physician

If for any reason you decide your Primary Care Physician is not right for you, you can change to another physician. To change your Primary Care Physician, contact the Member Services Department.

Changes made prior to the 25th of the month, will be effective the 1st day of the next month.

Medically Necessary Care

Covered benefits and services are for medically necessary care. Procedures intended to change the appearance of the body or body part, may not be covered. For more information on medically necessary or cosmetic care, contact the Member Services Department.

Referrals for Specialty Care and Non Emergent Services

If you need a referral to a specialist or other non-emergency services, you must contact your Primary Care Physician.

Your Primary Care Physician may want to examine you before deciding what treatment is needed. If you need a specialist, diagnostic work-up or outpatient procedure your Primary Care Physician will issue a written referral to the provider.

Remember, your Primary Care Physician must arrange for this care or Total Health Care USA will not pay for it.

In certain cases of chronic health conditions, it may be better for the specialty doctor to be in charge of all your health care needs. Contact the Case Management Department, if you think you need a specialist as your Primary Care Physician.

Benefits, Services and Other Programs

Your plan covers a wide range of benefits and services. A description of some of the benefits are listed below. Refer to your Certificate of Coverage and Rider(s) for detailed benefits, limitations and exclusions.

ADULT IMMUNIZATIONS/VACCINATIONS

Coverage for adult immunizations is limited to select vaccinations. Refer to the adult immunization schedule at www.totalhealthcareonline.com or contact the Member Services Department for more information. Vaccinations for travel are not covered.

AFTER HOURS/URGENT CARE

After hours care centers are able to treat minor injuries and illnesses when your doctor's office is closed.

Examples of conditions in which urgent care treatment is appropriate:

- sore throat
- back pain
- headache
- cold
- minor injury
- flu
- earache
- cuts and minor wounds
- frequent urination
- minor burns

AMBULANCE SERVICES

Ambulance services are provided when medically necessary.

BEHAVIORAL/MENTAL HEALTH

Total Health Care USA covers mental health counseling, diagnosis and outpatient treatment up to twenty (20) visits within a year.

Your Total Health Care USA benefits may include coverage for inpatient psychiatric care; refer to your Certificate of Coverage and Rider for applicable coverage.

CHILDHOOD IMMUNIZATIONS AND WELL-CHILD CHECKUPS

To help keep your child healthy, it is important to get all recommended immunizations, routine health screenings and growth and developmental guidance. Well child care provides an opportunity for health professionals to promote healthy lifestyle choices, monitor children for physical and behavioral health and provide age appropriate guidance.

DIABETIC SERVICES

If you have diabetes, Total Health Care USA has diabetic services available for you. Our nurses will help you get the supplies, medications and educational classes you may need. If you or a covered family member has diabetes, please call the Health Education and Wellness Helpline at (313) 871-7873.

DURABLE MEDICAL EQUIPMENT

Your Total Health Care USA covered benefits may include durable medical equipment, prosthetics, and orthotics; refer to your Certificate of Coverage and riders for applicable coverage. For assistance in locating an authorized provider, contact the Member Services Department.

EMERGENCY SERVICES

You are always covered in case of a medical emergency; services are available 24 hours, 7 days a week.

- Call 9-1-1 or go to the nearest emergency room.
- If you are admitted to a hospital, you or someone on your behalf must notify Total Health Care as soon as possible.

A medical emergency is defined as acute symptoms of sufficient severity that may result in death, serious jeopardy to the health of a person including a pregnant woman or fetus, or serious impairment, disfigurement or dysfunction to bodily functions.

Examples of life threatening emergencies are:

- **a serious accident**
- **poisoning**
- **uncontrolled bleeding**
- **pregnancy with vaginal bleeding**
- **loss of consciousness**
- **heart attack**
- **chest pain**
- **severe shortness of breath**
- **serious burn**
- **drug overdose**
- **head trauma**
- **stab wound**

FOREIGN LANGUAGE SERVICES

If you do not speak English, Total Health Care USA can arrange for an interpreter for health services and/or provide written materials in your language. For assistance, contact the Member Services Department.

HEARING AIDS

Your Total Health Care USA benefits may include hearing aid evaluations and aids; refer to your Certificate of Coverage and rider for applicable coverage. Hearing aid evaluations and services can be provided at any contracted hearing aid provider. For assistance in locating an authorized provider, contact the Member Services Department.

HEARING IMPAIRED SERVICES

If you have a hearing loss, Total Health Care USA can arrange for a sign language interpreter during health care services. For assistance, contact the Member Services Department or the TDD/TTY line at (800) 649-3777.

HOME HEALTH SERVICES

Home health services provide nursing services such as wound care, care after discharge and diabetic teaching by nursing personnel. If you think you would benefit from home health care services, contact the Member Services Department.

HOSPICE SERVICES

Hospice services address the physical, psychological, social and spiritual needs of the terminally ill in a home or hospice facility. It is also designed to meet the related needs of the terminally ill member's family through the periods of illness and bereavement. To obtain hospice benefits, call our Member Services Department.

INPATIENT HOSPITAL SERVICE

If you are admitted to a hospital, the hospital must call Total Health Care within twenty-four (24) hours or the next business day. If the admission is to a non-participating hospital, Total Health Care will evaluate the admission for a transfer to a participating hospital.

MAMMOGRAMS

Total Health Care USA encourages its female members to have mammograms for the screening and early detection of breast cancer. Mammogram coverage includes:

- Annual mammogram for women 40 years and older
- One (1) mammogram during a five (5) year period for women between ages 35-40 years
- All other medically indicated mammogram are covered

Mammograms for breast cancer screening do not require a referral.

NEW TECHNOLOGY

New treatments and new use for old treatments occur all the time. A committee at Total Health Care, staffed by doctors, reviews the information from the government, trials and writings by other doctors to see if members could benefit from the use of the new technology. If it is determined that it is helpful for all members or certain cases, it will be added to the benefits.

OFFICE VISIT-PRIMARY CARE PHYSICIAN

Services covered in the primary care office include, but are not limited to:

- annual physical exam
- evaluation and treatment
- pediatric immunizations
- adult immunizations-limited coverage
- therapeutic and diagnostic lab, pathology, radiology and special diagnostic services
- treatment
- vision and hearing screening (dependents 18 years old and under)
- formulary drugs administered in the office

OFFICE VISIT-SPECIALIST

Specialty office visits require a referral from your Primary Care Physician. The referral must specify the services being authorized. Services not approved by the Primary Care Physician will not be reimbursed by Total Health Care USA. Services covered in a specialist office include, but are not limited to:

- evaluation and treatment
- therapeutic and diagnostic lab, pathology, radiology and special diagnostic services
- formulary drugs administered in the office

OUT OF SERVICE AREA CARE

When you have a medical emergency or accidental injury outside of the service area, go to the nearest hospital or medical facility or call 9-1-1.

Out of service area coverage is limited to outpatient and inpatient care for medical emergencies and accidental injuries.

Members receiving emergency services out of the service area, must notify Total Health Care USA of the service within twenty-four (24) hours or as soon as reasonably possible.

Refer to your Certificate of Coverage and rider(s) for applicable co-payments, deductibles and co-insurance.

OUTPATIENT DIAGNOSTIC AND SURGICAL CARE

With today's advanced healthcare technology, many diagnostic tests, procedures and treatments are performed in an outpatient setting. Outpatient services require a referral from your Primary Care Physician.

PEDIATRIC SERVICES

Total Health Care USA has many pediatric physicians as part of its network. You may choose a pediatrician for your child as his/her Primary Care Physician or you may take your child for routine services to a pediatric physician in the Total Health Care network without a referral.

PRENATAL SERVICES

Prenatal care is an important part of a healthy pregnancy. Preparations begin early in pregnancy and continue well after the baby is born. Physician visits for prenatal care and diagnostic services are encouraged and covered for expectant mothers. Routine prenatal and postnatal services do not require a referral.

PRESCRIPTION DRUGS

Your Total Health Care USA covered benefits may include prescription drug coverage. This benefit provides prescription drugs covered on the Plan's formulary. The Plan has an authorization process for consideration of for non-formulary drugs. A formulary is a list of covered drugs. The Total Health Care USA formulary utilizes many of the generic drugs that are available. These generic drugs are of the same quality as brand-name medications, but often at a lower cost. Generic drugs contain identical active ingredients as brand name medications and must meet the same Food and Drug Administration (FDA) standards. Your physician will work with you to prescribe the right drug for you.

Your prescriptions may be filled at pharmacies within the Total Health Care USA network. Consult the Provider Directory for a listing of participating pharmacies. You must present your ID card for service. Please check your Pharmacy Rider or ID card for co-payment details.

Total Health Care USA offers a ninety (90) day supply on certain maintenance medications through our mail-order program. A maintenance drug is used to treat long-term conditions such as:

- High Blood Pressure
- Arthritis
- Gastric Reflux
- Depression
- Diabetes
- High Cholesterol
- Thyroid Conditions
- Seasonal Allergies

Home delivery order forms are available on the web site at www.totalhealthcareonline.com by selecting the Pharmacy link or by calling the Member Services Department.

Quick links to pharmacy benefit and drug information is also available on the website at www.totalhealthcareonline.com by selecting the Pharmacy link; quick links. Online services include:

- Pharmacy co-payment information
- Ordering a refill for an existing mail order prescription
- Locating a participating pharmacy
- Information on drug-drug interactions
- Information on common side effects and risks of a drug
- Information on generic alternatives

RECONSTRUCTIVE BREAST SURGERY FOLLOWING MASTECTOMY

Total Health Care USA covers mastectomy, reconstructive breast surgery and post mastectomy related services. Benefits include:

1. reconstruction of the breast on which the mastectomy has been performed;
2. surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. prostheses; and
4. treatment of physical complications, all stages of mastectomy, including lymphedemas; in a manner determined in consultation with the attending physician and the patient.

REHABILIATIVE SERVICES

Up to forty-five (45) combined visits for physical, occupational and speech therapy services are covered a calendar year, when it is expected to improve a condition within a two (2) month period.

SKILLED NURSING FACILITY

Your Total Health Care USA covered benefits may include skilled nursing care in a nursing home or extended care facility; refer to your Certificate of Coverage and rider for applicable coverage. This benefit provides skilled nursing care services in an Affiliated facility certified to provide skilled nursing care.

SUBSTANCE ABUSE SERVICES

Substance abuse is a serious problem. It involves the excessive consumption or misuse of alcohol or drugs for non-therapeutic effects on the mind or body, especially drugs or alcohol. The toll of substance abuse can be dramatically reduced with prevention, early intervention and treatment. If you think you or a covered dependent are at risk or need help with a substance abuse problem, contact the Member Services Department.

TRANSPLANT SERVICES

Total Health Care USA's Case Management Department is available to help you coordinate the care needed for transplant services. For assistance with transplant related care, contact the Case Management Department at (313) 871-6409 or (800) 826-2862 ext 855.

VISION CARE SERVICES

Your Total Health Care USA covered benefits may include vision care coverage. Vision care services can be provided at any of the vision providers in the Directory or on the website at www.totalhealthcareonline.com. Refer to your Certificate of Coverage and rider for the specifics of the benefit. Vision care does not require authorization from your PCP. For an Eyecare Provider in your area or questions, please call (877) 799-0220.

WELL WOMEN SERVICES

Total Health Care USA encourages its female members to have a well-woman examination every year. A well woman exam includes but is not limited to, preventive health screening such as, breast examination and Pap testing. These services may detect breast and cervical cancer. Well women exams do not require a referral.

WELLNESS PROGRAMS

Total Health Care USA has wellness services to help improve your health. For information about health and wellness programs, call the Health Education and Wellness Helpline at (313) 871-7873. Health and wellness programs include:

- Healthy Children
- Project Women
- Smoking Cessation
- Weight Management
- Asthma Disease Management
- Diabetes Disease Management
- Heart Disease Management
- Chronic Obstructive Pulmonary Disease (COPD) Management
- High Blood Pressure Disease Management

Refer to your Certificate of Coverage and Riders for a complete listing of covered benefits and services.

Members Rights and Responsibilities

You have the right.....

- To get information about Total Health Care, its services, its providers and member rights and responsibilities.
- To make recommendations regarding Total Health Care's member rights and responsibilities policy.
- To receive quality health care.
- To be treated with respect and dignity by others.
- To have privacy while you receive care.
- To have your personal and health care records kept confidential.
- To take part with your doctors in decision-making about your health care.
- To talk openly about your treatment options regardless of cost or benefit coverage. You have a right to get these explained to you in words that you understand.
- To tell Total Health Care in advance how you wish to be treated if you ever become too ill to decide for yourself. This is your legal right.
- To request information about how Total Health Care pays your doctor, call Total Health Care's Member Services Department.
- To voice your complaints or grievance/appeals about Total Health Care or the care provided. To voice your concerns about the service or care you receive, call the Member Services Department at (313) 871-2000 or toll-free at (800) 826-2862 and tell us. The office is open Monday through Friday 8:30 a.m.-5 p.m.

*Total Health Care's staff and providers will comply with all regulations concerning your rights.

You have the responsibility.....

- To get all your health care services through Total Health Care.
- To know how the plan works and how to follow the rules.
- To make appointments for routine care, keep appointments and be on time. Call before the appointment if you need to cancel.
- To provide Total Health Care and its providers with the information needed to care for you.
- To tell the truth about any changes in your health.
- To listen and follow your doctor's advice.
- To help your doctor decide what treatment will work best for you.
- To follow the plans and instructions for care that you have agreed to with your doctor.
- To know the names of your medicines. To know what they are for and how to use them.
- To always carry your Total Health Care ID card to receive services.
- To respect the rights of other patients, doctors and staff of Total Health Care.
- To tell Total Health Care if you move or change telephone numbers.
- To tell Total Health Care about any changes that will change your health benefits (like marriage, divorce, childbirth, change of address, or death).
- To understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.

Member Complaint Process

Your satisfaction is our priority. If you have a problem or complaint, our Member Service Department is available to help resolve the issue. The department is available Monday-Friday, 8:30 am-5:00 pm at (313)871-2000 or toll-free at (800) 826-2862.

Member Services will make every effort to resolve your issue immediately. If we are unable to solve the problem within twenty-four (24) hours, you have the right to file a complaint. If at anytime you do not agree with the resolution, you have the right to file a grievance.

The Member Service representative will explain your rights and how to file a complaint. If you need help filing the complaint, the department will assist you.

When filing a complaint another person can act as your authorized representative. The person may be a family member, friend, or a physician. If you decide to use an authorized representative, you must send written notification to Total Health Care authorizing the person to act on your behalf.

We will contact you by mail within three (3) business days to tell you that the Grievance Coordinator has received your complaint. The Grievance Coordinator will send you a resolution within thirty-five (35) calendar days. If you do not agree with the resolution, you or your authorized representative may file a grievance by mail, email or fax. You can also call (313) 871-2000 or toll free at (800) 826-2862 to file a grievance. The grievance information is included with your resolution letter.

Member Grievance and Appeal Process

A grievance may be due to a denial of payment or an adverse determination. An adverse determination means your health care services have been reviewed and denied, reduced or terminated. An untimely response to a request becomes an adverse determination. You or your authorized representative has one hundred and eighty days (180) days from the date of the adverse determination letter to file a grievance.

You have the right to have your benefits continue pending resolution of the grievance. There may be conditions under which you will be required to pay for services provided while your benefits are continued. You also have the right to authorize someone to act as

your authorized representative in the grievance. An authorized representative must have your written permission to represent you. You have the right to send additional documentation with the grievance.

As part of your grievance rights, you can request Total Health Care USA to arrange a meeting with the Appeals Review Committee. You can discuss your grievance with the committee. You or your authorized representative may attend the meeting in person or by telephone. A person not involved in the first decision will review your grievance. No one who reports to the person involved in the initial decision can review your grievance. The person who reviews your grievance will be of similar specialty.

Your medical grievance will be completed within thirty (30) calendar days after it is received. Your administrative or denial of payment grievance will be completed within thirty-five (35) calendar days after it is received. You will be notified in writing of the final decision. If the decision upholds the denial, an external appeal can be filed. The final letter tells you of your external appeal rights and how to file the appeal.

Expedited Grievance

In some urgent cases, a time delay may increase the risk of harm to your health or life. A grievance is considered expedited (quick), when a physician notifies us verbally or in writing that waiting the 30 days would cause you to have severe pain or put your life at risk. The physician must be able to support the attestation. Total Health Care will not punish a provider who requests or supports an expedited grievance on your behalf.

The grievance must be received within ten (10) days of your denial. If we deny your request for an expedited grievance it is changed to a thirty (30) day grievance. You can request an extension of the decision time. Your extension request moves the grievance to a thirty (30) day grievance.

A decision about an expedited grievance is made no later than seventy-two (72) hours after it is received. Total Health Care will notify you of the decision by phone. We will also mail the decision to you within two (2) business days.

After filing an expedited internal grievance with Total Health Care, you may file an appeal and request an expedited external review with the Office of Financial and Insurance Regulation (OFIR).

If the decision upholds the denial, you will receive the specific reasons for the final denial. The notification letter will include the benefit provision, guideline, protocol or other criteria used. Upon request, you will be provided access to and copies of all papers related to your grievance.

External Appeal Rights

You or your authorized representative has the right to request an external review from OFIR. The request should be made after Total Health Care notifies you of the final decision. Notification of the final decision completes the Total Health Care internal appeal process.

You or your representative must file the OFIR Health Care Request for External Review Form to be given an external review. A copy of the Health Care Request for External Review Form will be included with the final decision letter. You may also call OFIR at (877) 999-6442 to have a form sent to you. The form should be filed no later than one hundred and eighty (180) days after you receive the final decision letter.

When appropriate, OFIR obtains the recommendation of an independent review organization, as designated by the Patients Right to an Independent Review Act. The independent review organization is not a part of Total Health Care.

To ask questions about the external review process, contact the Total Health Care Grievance Coordinator at (313) 871-7889 or toll free at (800) 826-2862 ext 889.

To request an independent review, write or fax:

Office of Financial Insurance Regulation
Health Plan Division
P.O. Box 30220
Lansing, Michigan 48909-7720
Fax (517) 241-4168

Fraud and Abuse

If you have any information about fraud and abuse or think that someone may have used your I.D. card to receive benefits, please contact the Fraud and Abuse Monitoring Unit. You can report fraud and abuse anonymously by writing or calling:

Total Health Care Fraud and Abuse
3011 W. Grand Blvd., Suite 1600
Detroit, MI 48202

Phone: (313) 871-7889 or toll free (800) 826-2862 ext 889
Fax: (313) 871-0196
Email: results@thc-online.com

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.

Total Health Care USA provides your health care benefits. We are required by law to maintain the privacy of your health information and to give you this notice of our legal duty and how we protect the privacy of your written, spoken and electronic health information. We will follow the requirements of this notice while it is in effect. This notice is effective April 14, 2003, and will remain in effect until we change it. Total Health Care USA's business office is located at 3011 W. Grand Blvd, Ste. 1600, Detroit, MI 48202.

How We May Use and Release Your Health Information Without Your Permission

Only people who have both a need and a legal right may see your health information. Unless you give us written permission, we will only use and release your health information for the following purposes:

To You or Your Personal Representative: We may release your health information to you or your personal representative (someone who has a legal right to act for you).

For Treatment: We may use and release your health information to help you get health care. For example, we may notify your doctor about care you get in an emergency room.

For Payment: We may use and release your health information to correctly pay your health care claims. For example, we may ask an emergency room for details about your health care before we pay the bill.

For Healthcare Operations: We may use and release your health information for our business operations. For example, we may use your information to review the quality of care you get or to talk to you about your health benefits.

To Others Involved in Your Care: Unless you tell us not to, we may release your health information to a member of your family, a friend, or any other person you request, if they are involved in your health care or payment of your health care.

To Business Associates: We may release your health information to the companies we hire to help us in our business. Before the companies can get your information, they must agree in writing that they will follow our privacy rules.

To Group Health Plans and Plan Sponsors: If you participate in an employee benefit plan that we insure, we may share health information with the employer that sponsors the plan under certain conditions required by law.

Other Permitted Uses and Releases of Your Information: Although certain rules apply, we may use or release your health information as **required by law**; for **public health activities**; to a **health oversight agency** for activities authorized by law, such as inspections of our offices by the government; to a governmental authority if we reasonably believe that you have been a **victim of abuse, neglect or domestic violence**; as required by the **Food and Drug Administration**; in the course of **judicial or administrative proceedings** (for example, in response to an order of a court); in response to certain **law enforcement requests**; for **organ, eye, or tissue donation** purposes; for **workers' compensation** purposes; for **national security and intelligence activities**; and to avert a **serious and immediate threat** to the health or safety of a person or the public. We may disclose your health information to researchers in limited circumstances, if the researchers use privacy protections required by law. We must also release your health information when required by the Department of Health and Human Services to investigate our compliance with the privacy laws.

Written Permission: We may use your information for other purposes if you give us permission in writing. You have the right to change your mind and revoke your written permission. You must revoke your written permission in writing. We cannot take back any uses or releases made before you revoke your permission.

Generally, federal privacy laws regulate how we may use and release your health information. In some circumstances, state law also regulates how we may use and release your health information. In such situations, we will comply with the law that is most protective of your health information and/or gives you additional rights.

Your Rights

Right to Inspect and Copy: In most cases, you have the right to review or receive copies of your records upon written request. You may be charged a fee for the cost of copying your records. If we deny your request, you may ask to have our decision reviewed.

Right to Amend: Upon written request, you may ask us to change your records if you feel that the record is incorrect or incomplete. We may deny your request for certain reasons, but we must give you a written reason for our denial.

Right to a List of Releases: Upon written request, you have the right to receive a list of releases of your health information made by us for any period after April 14, 2003. This list will not include information that was released for treatment, payment, or health care

operations. This list will not include information provided directly to you or your family, or information that was released based upon your written permission.

Right to Request Restrictions on Our Use or Releases of Your Information: Upon written request, you have the right to ask for limits on how your health information is used or released. We are not required to agree to such requests.

Right to Request Confidential Communications: You have the right to ask that we share information with you in a certain way or in a certain place. Your request must be in writing. For example, you may ask us to send information to your work address instead of your home address.

How to Use Your Rights Under This Notice: If you want to use your rights under this notice, you may write to us at the address listed on the first page of this notice. If needed, we will help you prepare your written request.

Changes To This Notice

We reserve the right to change this notice. A revised notice will be effective for health information we already have about you as well as any health information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. If the changes are important, the new notice will be mailed to you before it takes effect.

Complaints

Complaints to the Federal Government: If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to: Office of Civil Rights, Department of Health and Human Services, 200 Independence Avenue, S.W., Washington DC, 20201, Phone: (866) 627-7748, TTY: (866) 788-4989, or Email: ocrprivacy@hhs.gov

You will not be penalized for filing a complaint with the federal government.

Complaints and Communications to Total Health Care USA: If you want to exercise your rights under this notice, communicate with us about privacy issues, or if you wish to file a complaint about us, you can call or write to us at 3011 W. Grand Blvd., Suite 1600, Detroit, MI 48202 or call (800) 826-2862.

You will not be penalized for filing a complaint.

Copies Of This Notice

You have the right to receive an additional copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Please call or write us at Total Health Care USA, 3011 W. Grand Blvd., Suite 1600, Detroit, MI 48202 or call (800) 826-2862 to request a copy.

TOTAL HEALTH CARE USA

TOTALLY THERE FOR YOU.

3011 West Grand Blvd.
Suite 1600
Detroit, MI 48202
313-871-2000
www.totalhealthcareonline.com

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