



Welcome to this year's open enrollment period!

We are pleased to provide you with everything you need to get the most from your health benefits plan. This packet includes essential information including:

- **Homestead Smart Health Plans Benefits Guide**
 - How your Claim Watcher+ health plan works
 - Support When You Need It
 - Finding a Provider
 - Understanding your Explanation of Benefits (EOB)
 - Protection from Surprise Medical Bills
 - Important Terms to Know
- **Information about Preferred Partners and Value-Added Programs**
- **Important Notices related to your privacy and rights**

Your health and well-being are our top priorities.

We encourage you to review the enclosed materials carefully and take full advantage of the benefits available to you.

If you have any questions or need assistance, please don't hesitate to reach out to your concierge member services team at 1-855-897-4816, Monday – Friday from 8 AM – 6 PM ET, or visit www.woodsindex.com for more information.



Care.
Not Just Coverage.

2025

Health Benefits Guide

Legacy Treatment Services



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A Different Kind of Health Plan

Your Claim Watcher+ Plan from Homestead is designed to give you comprehensive coverage and more choice, combined with greater transparency and lower costs.

Your employer chose Homestead because it prioritizes affordable, high-quality care. Below is an overview of how your plan works. Check your plan documents, as well as the **Important Terms to Know** in this guide, for more information.

Here's how it works

1. Open Access

Your plan has no network restrictions. We help you see the provider of your choice. Before you schedule an appointment with a new provider visit [homesteadproviders.com](https://www.homesteadproviders.com) to see if your provider already accepts the plan. If your provider is listed in the directory, you're all set! You can call to make an appointment.

2. We'll Clear the Path

If you don't see your provider in the directory, it's important for us to introduce the plan to them before you make an appointment or seek care. But don't worry, we make it easy for you and most providers accept the plan after it's introduced.

Just call us at **855-897-4816** or submit the provider's information to us online at [homesteadplans.com/providerassistance](https://www.homesteadplans.com/providerassistance). We'll do the rest!

3. Visit your doctor or facility for care

- At your appointment, present your member ID card. If the provider has questions about your plan ask them to call us at the number on your ID card. We'll verify your coverage with them.
- You are only responsible for paying any applicable copays at the time of service. You may also have to pay a coinsurance amount for certain prescriptions. You will be billed by the provider if you have a deductible that applies to any of the services provided. Check your plan documents for more information.

4. Review your medical bills and Explanation of Benefits (EOBs)

Balance bills are rare, but we want you to know what to do if you get one. Review your medical bills and compare against your EOBs. If you think there's a mistake or you're being charged more than your patient responsibility, contact us immediately at **855-897-4816**!



Support When You Need It



Concierge Member Services

Health care can be complicated. When you have questions, having the right support makes all the difference. That's why you have a Concierge Member Services team. Call us at **855-897-4816**, Monday – Friday, 8 AM – 6 PM any time you have questions or need help. You can also visit our member portal 24/7 through **woodsindocs.com** (click on Access Benefits).



Finding a provider

Visit **homesteadproviders.com** to view our provider directory. If you can't find a provider or have concerns about an upcoming appointment, call us at **855-897-4816**. We'll explain your plan to the provider so you have no issues when you go. See **page 3** for more information about finding a provider.



Virtual care from anywhere

You have access to free telemedicine services through Teladoc®. Connect with a provider by video, phone or app for **non-emergency medical care 24/7** for things like colds, flu, allergies and urinary tract infections.



Protection from surprise medical bills

With Homestead, you're protected from balance billing. In the rare event you get a bill for more than what you owe based on your plan, we provide full legal defense and will manage the end-to-end process— at no cost to you.

Learn more about **Balance Bill Protection** on **page 6**.



Finding a Provider

With Homestead, we help you visit the providers you choose for your care.

We'll introduce the plan to providers before you make an appointment or visit, to confirm they will accept the plan and ensure you have convenient access and a smooth transition.

We also give you access to a growing community of providers who already accept your plan.

Before you make an appointment

Visit homesteadproviders.com to see if your provider is already listed in our directory or find a provider near you.

If your provider is listed in the directory:

You're all set! They are already actively working with our members and you can make an appointment. Providers in the directory participate in the **MultiPlan® PHCS Practitioner Only** program or our **Claim Watcher+** program. The directory indicates the program affiliation of the provider. Please mention the appropriate logo on your ID card when scheduling an appointment after your plan's effective date.

If your existing provider is not listed:

Contact us so we can introduce the plan to your provider and confirm they accept the plan.

- Scan the QR code on this page or visit homesteadplans.com/providerassistance. This will bring you directly to our Provider Assistance page. There you will be able to list providers you plan on seeing in the next 90 days so we can contact them to introduce the plan and confirm your benefits before your visit. We'll also follow up with you to confirm you're all set!

- You can also call us at **855-897-4816**
- **Do not pay full charges at time of service.** There are no additional costs to see a provider outside the MultiPlan PHCS Practitioner Only or Claim Watcher+ programs, as long as you fill out the Provider Assistance form or call Member Services prior to your appointment. We will work with your provider to ensure that you are not charged the full amount.

Support every step of the way

As long as you fill out the Provider Assistance form or call Member Services prior to your appointment, we'll help you to see the provider of your choice.

On the rare occasion when a provider is not willing to work with us, our team will find you alternate providers willing to work with the plan.





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Preferred Partners

Choose a preferred partner for added convenience when making appointments.

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



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



While you can use any lab, we recommend Quest Diagnostics' QuestSelect program. For convenient locations, check out their website at www.questselect.com



Homestead is a preferred partner with CVS MinuteClinic. Visit any location inside select CVS Pharmacy® and Target stores to receive the care you need, on your schedule, for everything from minor illnesses and injuries to physicals, screenings, chronic condition monitoring, vaccinations, and more.

Tell them you are a member of a Claim Watcher plan. To find the nearest MinuteClinic, go to www.minuteclinic.com



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Understanding the EOB

After you use your plan, you'll receive an **Explanation of Benefits (EOB)**. Look at your EOB carefully to make sure it's correct. If you owe anything, you'll receive a bill from your doctor or health care provider(s). If the amount of the bill from your doctor is more than the patient responsibility listed on the EOB, contact us immediately.

Your EOB will show:

- 1 The service(s) provided, including the date of service.
- 2 The amount charged by the provider.
- 3 What you may owe or have already paid.
You must either pay the full amount or enter into a payment plan for this amount within 30 days of the date of the provider's bill.
- 4 The amount paid by your plan.

PO BOX 46511
Cincinnati OH 45246

Forwarding Service Requested

Explanation of Benefits

*THIS IS NOT A BILL
RETAIN FOR TAX PURPOSES*

Customer Care Information

Questions? Please contact Customer Service at 844-746-1969 or visit us on the web at: hs-plans.com/

Plan Name:
Employee:
Paid Date: 08/14/2024

Employee Copy

(See reverse side when printed)

Claim #: 2

Patient: 1

Provider:

Provider #:

Patient Acct #: 4

Dates of Service	Type of Service	Billed Amount	Reduction	Provider Intangible	Allowed Amount	Reason Code	Member Non-Covered	Deductible Applied	Copy	Co-insurance	Member Portion	Plan Payment Amount
01/22-01/22/2024	97605	\$147.00	\$0.00	\$118.15	\$28.85	PH, +CW650	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$28.85
Column Totals		\$147.00	\$0.00	\$118.15	\$28.85		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$28.85

Patient's Responsibility: \$0.00

COB Savings: \$0.00

Total Payment Amount: \$28.85

Service Description

Code	Description
97605	NEG PRESS WOUND < 50 CM

Reason Code Description

Code	Description
PH	Services approved as medically necessary.
+CW650	Allowed amount per Claim Watcher audit/review

Appeal Rights

If your claim is not paid in full, you or your authorized representative may appeal the claim within 60 to 180 days (check your plan) following the receipt of determination. The appeal must include any written comments, documents, records, or other information relating to the claim that you would like to be taken into consideration. The appeal should be directed to: INDECS, A Homestead Company, P.O. Box 46511, Cincinnati, OH 45246-0511, Fax 513-772-9174. If your appeal is denied, in whole or in part, or this plan should fail to follow established appeal procedures, you will be deemed to have exhausted the administrative remedies available under the Plan and you will be entitled to bring a civil action under ERISA.

Member Liability

This claim may have been paid in an amount less than billed charges. You may owe normal out-of-pocket expenses under your plan such as copays, coinsurance, and deductibles. If you receive a balance bill for dollar amounts above the Patient Responsibility highlighted above, please contact Claim Watcher at (844) 307-6755 or email balancebills@claimwatcher.com for immediate assistance.

Access anytime

Log in to your member portal at hs-plans.com/woods to view information about your EOBs anytime.



Protection from Surprise Medical Bills

Balance bills happen. **With Homestead, you're protected.**

We've got your back!
Receiving a balance bill
is rare for our members.

In fact, less than **1.3%**
of all Homestead claims
result in a balance bill.

However, they do happen sometimes. Whether it's a billing mistake or the provider seeking to charge more than the amount allowed by your plan, you don't have to worry.

We will vigorously defend against any attempt to charge you more than your patient responsibility – at no cost to you.

What is a balance bill?

A balance bill is when you are asked to pay more than your patient responsibility.

When you receive medical care there is usually an amount you need to pay after your coverage is applied. This is called your patient responsibility and includes any copayment, coinsurance, or deductible amount as determined by your benefits plan.

Each time you receive care, you'll receive an Explanation of Benefits (EOB) from us that clearly outlines your patient responsibility ([see page 5 for more detail](#)). This is not a bill. It's a document

explaining the services billed by the provider, the amount paid by your plan, and your remaining patient responsibility (if there is any) for each claim submitted.

Review your EOBs carefully. If you've paid the patient responsibility shown on your EOB and the provider sends you a bill for an additional amount not covered by your plan, this is a balance bill.

What to do if you receive a balance bill

Contact us immediately at 855-897-4816 if you think you have received a balance bill!

We will verify the details of your claim and whether you are being charged more than your patient responsibility. If so, we will share more information with you and begin the balance bill defense process.

There is a 30-day deadline from the date of an initial bill for us to begin this process with you – so it's important for you to open your mail regularly to review any medical bills and contact us immediately if you think you have received a balance bill.

We know medical bills can be confusing. Let us help. If you receive a bill and have questions, or you're not sure about something, call us!



Have a question about a bill?

We are here to help. Call us at 855-897-4816. Monday through Friday, 8am-6pm, ET.



Important Terms to Know

Here are common terms related to health plan benefits you may see in this guide and as you use your plan throughout the year.

Open Enrollment

The period of time each year when a health benefits plan allows members to enroll in or change their plan.

Premium

The amount you pay each month in exchange for your health benefits coverage.

Provider

The broad term for physicians or physician groups, health systems, laboratory services providers, ambulatory care centers, and other parties that provide health care services and seek payment for one or more claims from a payer.

Claim

A request from a provider to be paid by a health plan for health services given. An example would be the claim your doctor sends your health plan for an office visit.

Covered Services

When a health care service is included in your plan benefits. Some services are covered before you meet your deductible, while others might be covered only after you've met your deductible. Check your plan documents for these details.

Copay

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

Coinsurance

The percentage of the bill you pay after you meet your deductible. After you have paid your deductible in full, you pay only a percentage of your health care expenses — your health plan pays the rest. For example, if the cost for an x-ray is \$1,000 and your coinsurance is 20%, your health plan would cover \$800 (80%) and you are responsible for paying the remaining \$200 (20%). Coinsurance is paid until you reach the out-of-pocket maximum of your plan.

Deductible

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

Out-Of-Pocket Maximum

The most you'll pay each year for covered medical expenses. After the maximum is reached, you are no longer responsible for paying coinsurance. The health plan pays 100% of expenses for covered services.

Explanation of Benefits (EOB)

After you receive health care services, and the doctor or facility sends the claim to your health plan for payment, you will receive an EOB. This is not a bill. It's similar to a financial statement from your health plan. It explains the details of the charges submitted, payments made by your plan, your patient responsibility, and any balance you may owe to the provider.



Your health at your fingertips.

Your member portal offers simple and convenient access to your health plan 24 hours a day.



Register today to view and manage your benefits.

Visit hs-plans.com/woods today to view and manage your benefits.

Get your ID card

Never misplace your ID card again! With Medroom, your ID card is a click away to view, download or print!



View claim status

A faster, easier way to view claims. Access claims status and EOBs in just a few swipes!



Track your spending

Knowing deductible and expense progress is important, the app shows where you are satisfying your plan year out-of-pocket spending and more!

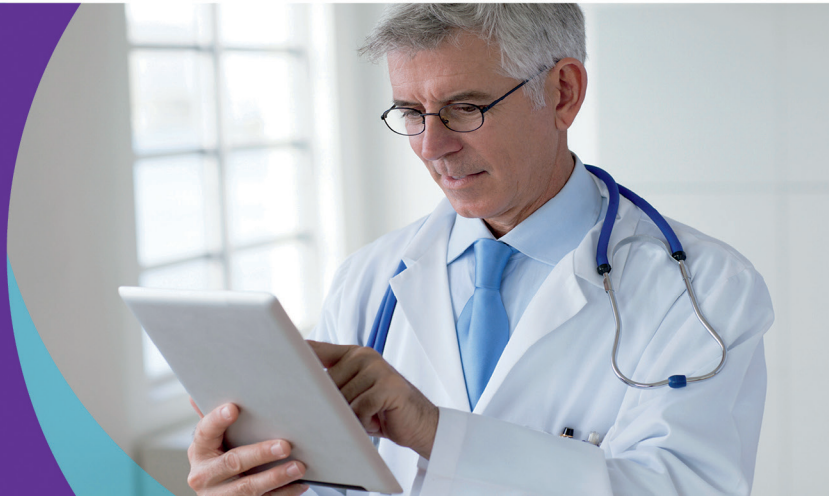


Download the app to access anytime.



Medroom is available for download from the App Store or Google play.





So many reasons to use Teladoc®

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

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

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

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

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

 Teladoc.com

 1-800-TELADOC (835-2362)





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

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

Set up your account, it's easy!

1



Create account

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

2



Request a visit

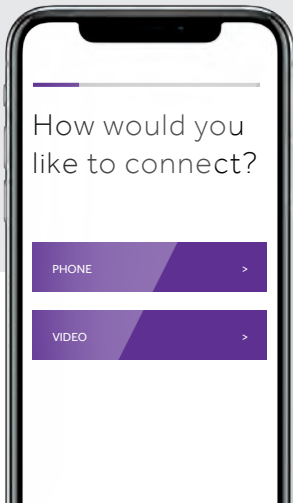
Use your device to request a visit and a Teladoc doctor will contact you at the requested time.

3



Feel better

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



Download the app and talk to a doctor for free

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



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Helping you manage major injuries, illness, and acute care needs.

Your health benefit plan has arranged case management services through Healthcare Strategies (HCS), for people who may be facing complex medical issues.

Who is HCS?

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

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

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

Pre-Certification Requirements*

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

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

**List is not comprehensive.*

Please make sure your provider contacts HCS to ensure approval of coverage.



QuestSelect™

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

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

How to Use QuestSelect

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



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



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

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

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

FOR MORE INFORMATION CALL OR VISIT
1-800-646-7788 / www.QuestSelect.com

Common Questions About QuestSelect Program

QuestSelect is a service of Quest Diagnostics

What is QuestSelect?

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

Does QuestSelect replace current healthcare benefits?

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

What tests are processed under QuestSelect?

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

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

What tests are NOT processed under QuestSelect?

QuestSelect does not cover all lab work, including:

- ✘ Lab work ordered during hospitalization.
- ✘ Lab work needed on an emergency (STAT) basis and time-sensitive, esoteric outpatient laboratory testing such as fertility testing, bone marrow studies and spinal fluid tests.
- ✘ Nonlaboratory work such as mammography, x-ray, imaging and dental work.
- ✘ Lab work performed by another laboratory or non participating Quest Diagnostics laboratory.

Is there a charge for specimen collection?

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

What if my physician doesn't collect specimens?

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

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

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

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

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

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

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

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

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

IF YOU HAVE ANY ADDITIONAL QUESTIONS ABOUT QUESTSELECT, CALL OR VISIT

1-800-646-7788 / www.QuestSelect.com

Penn Medicine Locations

PENNSYLVANIA

Multi-Specialty Sites and Services

Penn Medicine Bucks County

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

Penn Medicine Valley Forge

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

Penn Medicine Radnor

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

Penn Medicine University City

- Primary Care***
- MusculoskeletalCenter***
- Outpatient Surgery***
- Otorhinolaryngology-Ear, Nose and Throat*** ... and more

Penn Medicine Washington Square

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

Penn Medicine Southern Chester County

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

Primary Care

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

Hospitals

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

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

**A facility of Pennsylvania Hospital.

***A facility of Penn Presbyterian Medical Center

Penn Medicine Locations

NEW JERSEY

Multi-Specialty Sites and Services

Penn Medicine Cherry Hill

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

Penn Medicine Mount Laurel

- Primary Care
- Cardiology
- Ob/Gyn
- ENT
- Neurology
- Podiatry

Penn Medicine Woodbury Heights

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

Primary Care

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

Hospitals

- Princeton Medical Center

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

**A facility of Pennsylvania Hospital.

***A facility of Penn Presbyterian Medical Center

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending Physician and the patient, for:

1. All stages of reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same Deductibles and Coinsurance applicable to other medical and surgical benefits provided under this Plan. If you would like more information on WHCRA benefits, call your Plan Administrator at the member phone number on your medical benefits card.

Notice of Privacy Policy and Practices

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

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

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

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

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

How Homestead Uses and Discloses your PHI

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

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



transfer of policies or contracts from and to other health plans; and other general administrative activities, including data and information systems management, billing, and customer service.

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

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

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

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

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

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

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

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

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

Workers Compensation: We may disclose your PHI when authorized by workers' compensation laws. **Family and Friends:** We may disclose PHI about you to a relative, a friend, the subscriber of your health benefits or any other person you identify, provided the information is directly



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

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

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

Your Individual Rights

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

Right to Request Confidential Communications:

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

Right to Receive an Accounting of Disclosures:

You have the right to request that we provide a list of disclosures we have made about you. Your request must be in writing. If your request such an accounting, we may charge a reasonable fee. **Right to Receive a Privacy Breach Notice:** You have the right to receive written notification if we discover a breach of your unsecured PHI.

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

Complaints

You also have the right to file a complaint if you think your privacy rights have been violated. To do so, please file the complaint in writing to **Homestead Smart Health Plans, LLC**
Attn: Privacy Officer, 50 South 16th Street, Suite 3400, Philadelphia, PA 19102 or by email to customerservice@homesteadplans.com.

You also may write to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

Homestead's Legal Obligations

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

Other Uses of Medical Information

Except as set forth above, we will not use or disclose information about you that is private but not considered to be PHI without first obtaining your written permission. If you give us written permission to use or disclose PHI of



other private information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose the information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain in connection with claims paid on your behalf.

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

This Notice is Subject to Change

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

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