



Member Handbook

May 2018

Welcome to Bay Health Plan

Plan B



Bay Health Plan (BHP) is a community-sponsored program for eligible residents in Bay County. This is not insurance. Bay Health Plan provides limited coverage for doctor visits, prescriptions, lab tests and x-rays. Bay Health Plan does not pay for hospital or other inpatient services. If you receive services that are not covered through BHP, you will be responsible for payment.

This booklet will help you learn how to make the most of your enrollment in BHP. Please take the time to read it.

If you have questions, please call (855) 832-1948 and ask for BHP. This is a toll-free number. We will be happy to assist you.

Eligibility

You may qualify for Bay Health Plan as follows:

Must be a Bay County resident, not eligible for or enrolled in health insurance coverage, including Medicaid and Medicare, and meet age and income requirements. You may have Medicaid Spend Down and still be eligible to enroll. You must complete an eligibility form at the Bay Health Plan, located in the Bay County Health Department. Please call BHP at (989) 895- 4008 to enroll.

Health plan identification card

You will receive a health plan identification card within ten business days. If you do not receive a card, please call us at (855) 832-1948. You will need to show photo identification when you use your health plan identification card to receive health care services. A Michigan Identification Card (ID) or driver's license will do.

Only the person listed on the card may use it to receive services. Keep the card with you always.

When you receive your card, you will note that your coverage will end in three years. It is your responsibility to contact the Bay Health Plan at (989) 895-4008 to make sure your coverage isn't interrupted.

Choosing a Doctor

You must see a primary care physician contracted with Bay Health Plan to provide your health services. You may change your doctor once per year. However, we will be happy to work with you to find a doctor if there are special issues or concerns.

Your doctor will arrange for your care, including referrals to a specialist, x- rays, or prescriptions.

If you need to see your doctor, call for an appointment. The number is on your health plan identification card. Describe why you need to see the doctor. The doctor's assistant may give you an appointment; he or she may also suggest that you try something at home or go to a specialist.

Be ready for your appointment with the doctor:

- Write down how you are feeling
- Write down any questions you want to ask

- Write down the names of any medications you are taking
- Ask questions about your doctor's instructions

If you need to change or cancel an appointment, please call your doctor the day before. This allows your doctor to see someone else who may need services.

If you have a life-threatening emergency, you should go directly to an emergency room or call 911.

Covered Services

A Bay Health Plan contracted provider must provide all covered services. If you seek services from a non-contracted provider, you will be responsible for payment.

The covered services listed in the chart on the next page are a summary. This does not mean that all related services will be paid for by Bay Health Plan. Covered services are subject to change.

Mental Health and Substance Abuse Services

Maximum 20 Outpatient Mental Health visits per 12-month rolling enrollment period. BHP members may self-refer for Mental Health Services to any Mental Health provider on the In-Network Provider Director for the first 10 visits. Mental Health providers must contact BHP Mental Health Coordinator at (810) 232-7740 to request reauthorization for any additional visits beyond the initial 10 visits.

Bay Health Plan does not cover inpatient, crisis mental health or substance abuse services. If you need inpatient, crisis mental health or substance abuse services, please contact Bay Arenac Behavioral Health at (989) 895-2300.

Medications for Mental Health Conditions

Bay Health Plan does not cover all drugs for mental health conditions (psychotropic drugs). Bay Health Plan may be able to help you apply for special programs to cover these medications. Please call Bay Health Plan at (989) 895-4008 to find out if you qualify.

Outpatient Prescription Drugs

If a non-formulary, brand name drug is pre-authorized, you pay the brand copay of \$10.

If a non-formulary brand name drug is not pre-authorized, but if you feel you need the brand name drug, you pay the generic copay of \$5 plus the difference in cost between the brand name drug and the formulary generic.

Prescription Assistance

The Bay Health Plan has Prescription Assistance Coordinators who may be able to help you with non-covered brand prescriptions. Please call Bay Health Plan at (989) 895-4008 to schedule an appointment and find out how to apply for special programs for these drugs.

If you apply for other health coverage programs (such as Medicaid) and are denied, you will be required to bring a copy of the denial letter. You may also visit our website at www.bayhealthplan.org.

Not Covered

The following services are not covered through Bay Health Plan and payment will not be made for:

- Inpatient hospital services
- Outpatient hospital services
- Services needed because of a motor vehicle accident
- Services for illness that are covered under no fault law, worker's compensation, Occupational Disease Law, or other legislation
- Custodial or nursing home care
- Chiropractic services
- Infertility or sterilization services
- Experimental procedures, treatments, or drugs
- Comfort or convenience items
- Durable medical equipment, prosthetics and orthotics, corrective shoes or wigs

- Speech, Physical, or Occupational Therapy
- Hearing aid services or materials
- Weight reduction services or programs
- Services considered to be cosmetic
- Home health services
- Hospice care
- Services or supplies related to sex or gender change
- Vision exams, eyeglasses, or contact lenses (exams by referral related to chronic illness are covered)
- Dialysis services
- Podiatry services (exams by referral due to chronic illness are covered)
- Outpatient services for TB screening or treatment
- Dental services including oral surgery
- Substance abuse screening and treatment
- Organ transplants
- Maternity or obstetrical services**
- Medical services to anyone incarcerated
- Diagnosis or treatment of an injury or illness which occurs from an act of war, commission of a felony, or illegal business
- Contraceptive methods or fertility drugs
- Any condition for which an enrollee is eligible to receive health care services or benefits through a public or private benefit, program, or insurance
- Lodging expenses
- Emergency transportation by air
- Office visits, exams, treatments, or tests related to documentation of health for employment, insurance, marriage license, school, sports physicals, citizenship or any legal proceeding or court-mandated activity
- Services received before the effective date of enrollment
- Over-the-counter medicines or supplies, such as first aid materials or vitamins

- Services not approved by your assigned Bay Health Plan doctor listed on your health plan identification card or a specialist you are referred to
- Services that are not medically necessary
- Emergency Room and ER-related services

**If you become pregnant while a member of Bay Health Plan, you should contact the Bay Health Plan or the Bay County Department of Health and Human Services (DHHS) office and ask about Medicaid eligibility, as soon as possible. Remember to avoid drugs and alcohol if you suspect you may be pregnant.

Family Planning

Family Planning services are not covered through BHP. Call or visit the Bay County Health Department at (989) 895-4015 for family planning services. These services are provided on a sliding fee scale based on your household income.

You can also receive screening services, including PAP tests, pelvic exams, and clinical breast exams through community programs, as well as through your BHP doctor.

Coverage for Bay Health Plan B

Service	Coverage	Copay
Ambulance	Not covered	N/A
Breast and Cervical Cancer Navigation Program (BCCNP) Referral	Program for women aged 40-64. Contact Bay Health Plan at (989) 895-4008. You will need to meet eligibility criteria to be referred for these services.	\$0 copay
Chiropractor	Not covered	N/A
Dental	BHP offers dental services through Delta Dental PPO. Please call 989-895-4008 for more details on this program.	See Delta Dental Program
Diabetic Education	Covered if ordered by an MD, DO, NP.	\$0 copay
Diabetic Prevention Program	Contact Bay Health Plan at (989) 895-4008. You will need to meet eligibility criteria to receive these services.	\$0 copay
Emergency Department	Not covered	N/A
Eyeglasses	Not covered	N/A
Family Planning	Not covered. Services may be provided at the Bay County Health Department at (989) 895-4009. Please refer to page 2 of this handbook under "Family Planning"	N/A
Health Navigator Services	BHP Health Navigators help you receive the care, education and support you need to manage your disease and lead healthy lifestyles. Health Navigators may be able to help link you to other resources in the community for needed services that are not a covered benefit.	\$0 copay
Hearing Services	Covered: for evaluation only, when authorized by the enrollee's Primary Care Provider (PCP) and when referred to a network provider. Hearing Aids and materials are not a covered service.	\$5 copay
Home Health	Not covered	N/A
Home Help (personal care)	Not covered	N/A
Hospice	Not covered	N/A
Immunizations	Covered in PCP office, if available. Immunizations services may be provided at the Bay County Health Department—call BHP for details. Shingles vaccine (Zostavax) for members aged 60 HPV vaccine for members aged 19-26 Hepatitis A&B Meningitis Tetanus Influenza Pneumonia Tdap MMR Polio Varicella Travel immunizations/vaccines are not covered. Some immunizations may require a prior authorization.	\$3 copay
Inpatient Hospital	Not covered	N/A
Laboratory	Covered if ordered by an MD, DO, NP in a freestanding facility. Lab services only provided by JVHL or Quest are covered Lab services performed in a physician's office are limited to Key Benefit Administrator's (KBA) approved office-based labs. Go to Local Health Department for TB, STD, or HIV-related services.	\$5 copay

Medical Supplies/Durable Medical Equipment (DME)	Limited coverage. Medical supplies are covered except for the following: Gradient surgical garments, formulas and feeding supplies and supplies related to any not covered DME item.	\$5 copay
Mental Health Services	Maximum 20 Outpatient Mental Health visits per 12-month rolling enrollment period. BHP members may self-refer for Mental Health Services to any Mental Health provider on the In-Network Provider Directory for the first 10 visits. Mental Health providers must contact BHP Mental Health Coordinator at (810) 232-7740 to request authorization for any additional visits beyond the initial 10 visits. BHP does not cover inpatient, crisis mental health or substance abuse services.	\$3 copay
Nursing Facility	Not covered	N/A
Ophthalmologist Services	Covered for diabetic eye exams only when provided by ophthalmologists when authorized by the enrollee's PCP and referred to a network provider. Routine vision services are not covered.	\$5 copay
Optometrist	Not covered	N/A
Outpatient Hospital Services (Not Emergency Department)	Coverage limited to: Basic X-rays Diabetic Education (no co-pay) PT, OT, ST evaluations	\$5 copay
Pharmacy	Covered if ordered by an MD, DO, or NP. Please refer to page 2 of this handbook for brand and generic drugs rules, including our Prescription Assistance Program.	\$5 generic copay \$10 brand copay • \$0 copay for diabetic drugs or supplies • \$40 out of pocket maximum copay
Preventative Services	Annual physical exams, (including pelvic and breast exam, and PAP test). <i>Women who qualify for screening/services under Breast and Cervical Cancer Programs may be referred to that program for services, as appropriate.</i> Not covered: sterilization and infertility services.	\$5 copay
Podiatrist	Limited coverage: When referred by a primary care physician for foot care related to diabetes. When referred by a primary care physician for foot care related to vascular insufficiency.	\$5 copay
Prosthetics/Orthotics	Not covered	N/A
Private Duty Nursing	Not covered	N/A
Radiology	Covered if ordered by a MD, DO, or NP at outpatient hospital/freestanding facility • Nuclear Radiology not covered in any setting (includes PET and radioisotope-related procedures)	\$5 copay
Substance Abuse	Not covered. Members encourage to seek services through local Mental Health/Substance Abuse programs; must qualify through these agencies.	N/A
Therapies	Occupational, Physical and Speech Therapy evaluations are covered when provided by physicians in a free-standing facility. Therapy services are not covered in any setting.	\$5 copay, evaluation only
Transportation (Not ambulance)	Not covered	N/A
Urgent Care Clinic	Two visits during a 12-month enrollment period.	\$10 copay
WISEWOMAN	Provides chronic disease risk factor screening and healthy lifestyle behavior support for women aged 40-64 and enrolled in BCCNP. Contact Bay Health Plan at (989) 895-4008.	\$0 copay

Emergency Services

Emergency room services are not covered.

Hospital

Inpatient hospital services are not covered through Bay Health Plan. If you need inpatient care, the hospital will help you find a way to pay your hospital bill. The hospital will decide if you are eligible for a payment plan for your care.

You may be asked to apply for Medicaid. If eligible, Medicaid may pay for your inpatient care. If you are eligible for Medicaid, you will no longer be eligible for BHP.

Diabetes Prevention Program (DPP)

Contact BHP at (989) 895-4008. You will need to meet eligibility criteria to receive these services.

Breast and Cervical Cancer Screening

Screening services, including PAP tests, pelvic exams, and clinical breast exams are a covered benefit to all women enrolled in Bay Health Plan.

Breast and Cervical Cancer Navigation Program (BCCNP)

Program for women aged 40-64. Contact BHP at (989) 895-4008. You will need to meet eligibility criteria to be referred for these services.

WISEWOMAN

Provides chronic disease risk factor screening and healthy lifestyle behavior support for women aged 40-64 enrolled in BCCNP. Contact BHP at (989) 895-4008.

Bills

You should show your Bay Health Plan card to receive covered services. You should not be billed for any services approved by your doctor and provided

by a provider contracted with Bay Health Plan. If you receive a bill, do not throw it away. Call us at (855) 832-1948, if you have questions.

You will be responsible for payment in the following cases:

- You receive services that the Bay Health Plan doctor on your health plan identification card has not authorized
- You receive services that are not covered through Bay Health Plan
- You choose to receive services that are not medically necessary

Take Care of Yourself

Stay healthy – there are lots of things that you can do to stay healthy and lower your chances of becoming ill. Eat right, get plenty of exercise, and control your stress. If you smoke, stop. Say no to drugs and alcohol and practice safety.

Substance abuse – you may have a drug or alcohol problem if you:

- Drink or take drugs every day
- Lie about drinking and using drugs
- Have money problems because of drugs and drinking
- Hurt yourself or others when drinking or using drugs
- Drink or take drugs to “feel better”

If this sounds like you, you can talk to your doctor or local substance abuse agency about your concerns.

Disenrollment from Bay Health Plan

Other Insurance

If you become eligible for any kind of insurance, you will not be eligible for enrollment in BHP. Please notify Bay Health Plan at (855) 832-1948. This is a toll-free call.

Moving to New Location

You must live in Bay County. If you move, call BHP at (855) 832-1948.

Change of Income

Please notify the Bay Health Plan at (989) 895-4008 of any change in income or circumstances.

Fraud

If you commit a fraudulent act against Bay Health Plan, you may lose your eligibility and be subject to legal action.

Grievance Process

If you have a question or concern about Bay Health Plan, please call us at (855) 832-1948. We will try our best to answer your questions and resolve any issues. However, if you are not satisfied with the response, you have a right to make a formal grievance. You may file a grievance by:

1. Calling (855) 832-1948 or writing to Key Benefit Administrators, Inc., Attention: Grievance and Appeals, P.O. Box 3252, Milwaukee, WI 53201-3252
2. We will respond to your grievance within 15 days of receiving your call or letter. You will receive a written response stating the decision.
3. If you are not satisfied with the decision, you may request and appeal. This decision will be final.

Rights and Responsibilities

As an enrollee, you will:

- Be treated with respect and dignity
- Receive quick and friendly service
- Be able to help make decisions about your healthcare
- Be able to discuss treatment options without regard to cost or coverage

- Have the right to refuse treatment and be told of the possible impact of doing so
- Be able to review your medical record with your doctor
- Have confidential health records except when disclosure is allowed by law or approved in writing by you
- Be able to complain about BHP or the services you receive and to get a receive and to get a response to your complaint

**BAY HEALTH PLAN
1200 WASHINGTON AVE
BAY CITY, MICHIGAN 48708**

**PRIVACY OFFICER: (810) 232-7740
SECURITY OFFICER: (810) 232-7740**

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.

We respect our legal obligation to keep health information that identifies you private. Law obligates us to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reasons why we use or disclose your health information is for treatment, payment, or health care operations.

Examples of how we use or disclose your health information for treatment purposes are:

For case management (e.g. to manage the care that you receive from providers), for disease specific wellness programs (e.g. special diabetes education and management programs); or other general wellness promotions (e.g. smoking cessation, weight management promotions).

Examples of how we use your health information for pay purposes are: enrollment, underwriting, eligibility confirmation, claims analysis and payment, and coordination of benefits.

“Health care operations” mean those administrative and managerial functions that we must do to run our office. Examples of how we use or disclose your health information for

health care operations are: credentialing health care providers and practitioners who serve our plan enrollees; participating in financial or billing audits; internal quality assurance; personnel decisions; defense of legal matters; business planning; and outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we usually will not ask you for special written permission.

However, because of special Michigan laws, we will ask for special written permission to disclose your health information for treatment, payment, or health care operations if your health information includes HIV or AIDS, mental health treatment, genetic testing, or substance abuse treatment.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our Plan at all. Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for public health purposes, such as contagious disease reporting, investigation, or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect, or domestic violence;

You have the responsibility:

- To treat Bay Health Plan providers and staff with respect
- To choose a doctor and keep appointments
- To be honest when providing information to providers
- To follow the advice of the provider and to consider the impact if you refuse to listen
- To express your complaints to BHP or your doctor

Confidentiality and Release of Information

As a BHP enrollee, you give your routine consent to release personal data including the following: name, address, plan identification number, claims and referrals. This information may be used to:

- Enroll you in the plan
- Arrange for your health care
- Pay claims

Questions or Concerns

Bay Health Plan has asked Key Benefit Administrators, Inc. to act as administrator for this program, including: paying claims at the direction of BHP, changing doctors, answering your questions, and other administrative work for this program.

Call us: (855) 832-1948
(This is a toll- free number.)

Write us:
Key Benefit Administrators, Inc.
PO Box 3252
Milwaukee, WI 53201-3252

- uses and disclosures for health oversight activities, such as for the licensing of facilities; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our facility; or to report a crime that happened somewhere else;
- disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses or disclosures for health-related research;
- uses and disclosures to prevent a serious threat to your or someone else's health or safety;
- uses or disclosures for specialized government functions, such as for the protection of the president or high-ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- disclosures of de-identified information (e.g. health information from which all individual identifiers have been removed);
- disclosures relating to worker's compensation programs;
- disclosures of a "limited dataset" for research, public health, or health care operations;
- incidental disclosures that are an unavoidable consequence of

permitted uses or disclosures;

- disclosures to "business associates" who perform health care functions for us and who commit to respect the privacy of your health information;
- disclosures to the Secretary of the U.S. Department of Health and Human Services when requested so DHHS can determine our compliance with HIPAA privacy and security rules.

Unless you object, we will also share relevant information about your care with your family or friends who are involved in your care.

PROHIBITED USES OR

DISCLOSURE: To the extent that we use or disclose protected health information for underwriting purposes, we are prohibited from using or disclosing protected health information that is genetic information of an individual for such purposes.

OTHER USES AND DISCLOSURES WITH AUTHORIZATION

Most uses and disclosures of psychotherapy notes, and of your health information for marketing purposes and for the sale of your health information require your written authorization. We will not make any other uses or disclosures of your health information that are not mentioned in this Notice unless you sign a written authorization form.

The content of an "authorization form" is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea.

Sometimes, you may initiate the process if it's your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed

authorization form, or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. We will not prevent you from enrolling in our Plan or refuse to pay your claims just because you do not sign an authorization. If you do sign one, you may revoke it at any time unless we have already made uses or disclosures in reliance upon it. We cannot take back disclosures that we have already made based upon your authorization before you revoked it. Revocations must be in writing. Send them to the Privacy Officer named at the beginning of this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the Privacy Officer at the address, fax or e-mail shown at the beginning of this Notice.
- ask us to communicate with you in a confidential way, such as by phoning you only on your cell phone, mailing health information to a different address, or by using email to your personal email address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for this kind of confidential communications, send a written request to the Privacy Officer at the address, fax or e-mail shown at the beginning of this Notice.

- ask to see or to get photocopies or electronic copies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us. You may have to pay for photocopies or electronic copies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30-day extension of the time for us to give you access, electronic copies, or photocopies if we send you a written notice of the extension. If you want to review or get photocopies or electronic copies of your health information, send a written request to the Privacy Officer at the address, fax or e-mail shown at the beginning of this Notice.
- ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information,

send a written request, including your reasons for the amendment, to the Privacy Officer at the address, fax or e-mail shown at the beginning of this Notice.

- get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment, or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures, unless we have made disclosures from an electronic health record. You are entitled to one such list per year without charge. If you want more frequent lists, you must pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30-day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the Privacy Officer at the address, fax or e-mail shown at the beginning of this Notice.
- get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the Privacy Officer at the address, fax or e-mail shown at the beginning of this Notice.
- be notified in accordance with law if there is ever a data breach that involves your health information.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any

time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice on our web site and send you a copy within sixty (60) days of the change.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights.

We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the Privacy Officer at the address shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the Privacy Officer at the address or phone number shown at the beginning of this Notice.



GLOSSARY OF TERMS

PCP: Primary Care Physician. Applies to internists, family physicians and general practitioners.

Provider: Refers to anyone providing medical services. It usually means a doctor.

Covered Services: Medical and supply services provided and paid for by the Bay Health Plan.

Copay: The part of a medical expense that you must pay for.

Emergency: A medical condition with acute symptoms. Any condition that could cause serious injury if you do not get immediate medical attention.

Eligibility: When you qualify for coverage under the Bay Health Plan.

Enrollment: To be covered under the Bay County Health Plan. You will receive a health plan identification card after you are enrolled in the plan. This means your medical and pharmacy bills will be paid by the Bay Health Plan.

Enrollee: A person who is a member of the Bay Health Plan.

Health plan identification card (ID Card): A card that you receive when you are enrolled in the Bay Health Plan. The cards let providers know you belong in the County Health Plan.

Medical Emergency: See emergency.

Prior Authorization: A medical service that requires approval by BHP before the enrollee may receive it.

Referral: Permission from your Primary Care Physician to see another provider in the health plan network.

Specialist: A physician (not your Primary Care Physician) who provides certain services that your PCP does not provide. Some examples of a specialist are dermatologist (skin doctor), cardiologist (heart doctor) or ophthalmologist (eye doctor).