The Health Plan

THP Annual Member Overview 2025

At The Health Plan, we want you to understand your health insurance. This document is a short description about your health benefits and how to use the health care services offered to you.

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Communicating With Us Is Easy

If you have a question about your insurance plan or have a health problem, you can reach out to us by calling, emailing, finding your answer on our website or in the secure member portal. Language assistance and TDD/TTY (Telecommunications Device for the Deaf/Teletype) is also available.

Please **CALL** if you need help with any of the following concerns:

- Checking the status of a claim
- Questions about your benefits or effective dates
- Getting a referral or prior authorization
- Replacing a lost member ID card
- Signing up for My Plan the secure member portal (***myplan.healthplan.org***) or getting help logging in
- Choosing a new Primary Care Provider (PCP) or changing to a different PCP
- Using a Telehealth provider
- Finding specialty care or hospital services
- Finding a pharmacy near you
- Reviewing your pharmacy formulary (list of covered drugs)
- Filing a complaint or appealing a decision
- Understanding your member rights & responsibilities

Our customer service representatives, nurses, and pharmacists will be happy to help you at one of the phone numbers listed to the right. Please have your member ID number ready when you call for faster service. Your ID number is located on the front of your insurance card and starts with the letter H.

Important Member Support Numbers

Medicare (SecureCare HMO, SecureChoice PPO, SecureCare SNP)	1.877.847.7907
Mountain Health Trust (WV Medicaid and WVCHIP)	1.888.613.8385
Commercial (HMO, POS, PPO, or PEIA)	1.888.847.7902
Behavioral Health Services	1.877.221.9295
Pharmacy Services	1.800.624.6961, ext. 7914
Nurse Information Line	1.866.NURSEHP (1.866.687.7347)

General Numbers

THP Main Office	1.800.624.6961
TDD/TTY (Hearing Impaired Access)	711
Fraud Hotline	1.877.296.7283

You can **EMAIL** us at ***information@healthplan.org*** if you have non-emergency questions or need general information. You will get an answer within 24 hours during normal business hours, Monday – Friday 8 a.m. to 5 p.m. EST. Please allow at least 24 hours during the week for someone to read your messages and answer your questions.

Our **WEBSITE** has information to help you understand your health insurance coverage, our privacy practices, your rights and responsibilities, finding doctors, hospitals and pharmacies, how to sign up for free health programs and more. Just visit ***healthplan.org*** to find answers and help with your questions.

From our website, you may also log into MyPlan, the **SECURE MEMBER PORTAL**, at ***myplan.healthplan.org***, to see information about your co-pays, deductibles, and payments on your office visits. You can even print a new ID card, search to find a new doctor or change your primary care provider (PCP.)

All of these actions can also be performed on the MyPlan **Mobile App** – The Health Plan, available on iPhone and Android devices.

Download on the App Store

GET IT ON Google Play

What To Do In An Emergency?

Emergency services are provided by a hospital and include emergency transportation. Emergency services are offered 24 hours a day, 7 days a week both in and out of network. Emergency services are used to assess and treat urgent medical conditions. True emergency services are covered without prior authorization.

If you have general health concerns, The Health Plan has a registered nurse on call to answer your health-related questions 24 hours a day, 7 days a week at **1.866.NURSEHP** (**1.866.687.7347**).

*If you are experiencing a true emergency, **CALL 911** immediately or go to the nearest emergency room.*

How to Find Specialty Care and Hospital Services

Go to our Find a Provider webpage ***findadoc.healthplan.org*** to find in-network specialists, other providers, labs, and hospital locations.

How to Select a Primary Care Provider (PCP)

A primary care provider (PCP) takes care of your routine health care needs. Each member of The Health Plan chooses a PCP from the provider directory. Customer Service can help you select a provider to fit your needs. If you do not pick a PCP for yourself, we may choose one for you. If you have a chronic illness, you may be able to select a specialist as your PCP. Your PCP's name and address may be printed on your member ID card if it is required for your benefit plan.

You can change your PCP for any reason, at any time. If your PCP leaves our network, we will make a good faith effort to let you know by mail within 30 days. We can assign you a new PCP, or you can pick a new one yourself within 30 days of receiving the notice.

Medicare and Commercial members with a PPO plan are not required to select a PCP and can see the health care provider of their choice. If you choose an in-network provider, more of your health care costs will be covered than if you choose an out-of-network provider.

How to Get Information About Providers Who Participate in Our Network

In-network doctors, specialists, or hospitals are listed in our provider directory. For results, search by your insurance type. You can look up providers at ***findadoc.healthplan.org*** by:

- Name
- Specialty
- Medical group affiliations
- Languages spoken
- Gender
- Hospital affiliations
- Accepting new patients
- Office location

You can also compare hospitals to see their location and phone number, accreditation status, and quality data. Questions about a provider's education or training may be answered by our Customer Service team by calling **1.800.624.6961**.

How to Get Language Assistance

If you don't speak English, language assistance services are available to you, free of charge.

- Medicare members please call **1.877.847.7907** (**TDD/TTY: 711**)
- Mountain Health Trust (Medicaid/WVCHIP) members please call **1.888.613.8385** (**TDD/TTY: 711**)
- Commercial members please call **1.888.847.7902** (**TDD/TTY: 711**)

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

- Miembros de Medicare por favor llame al **1.877.847.7907** (**TDD/TTY: 711**)
- Miembros de Medicaid/WVCHIP por favor llame al **1.888.613.8385** (**TDD/TTY: 711**)
- Miembros de Commercial por favor llame al **1.888.847.7902** (**TDD/TTY: 711**)

We can provide documents in other languages, and other formats, including large print, at no cost to you. Call us toll-free at **1.800.624.6961** (**TDD/TTY: 711**) to request a special copy.

We Want to Serve You Well!

Please call us so we can keep your personal information and life changes up to date, such as:

- You have new contact information or changes in your name, address, phone number or email
- You are pregnant or have given birth
- You have changes in other health insurance coverage
- You have been admitted to a nursing home
- You have any liability claims in process, such as claims from an automobile accident
- You received care at an out-of-area or out-of-network hospital or emergency room
- You have a caregiver or other representative who needs to speak on your behalf
- WV Medicaid and WVCHIP members, you must also update your information with the WV Department of Human Services (formerly WV DHHR). WV Department of Human Services will send you important information in the mail about your benefits that you must complete on a regular basis.

How to Quit Using Tobacco

One of the most important actions you can take to keep yourself healthy is to quit using tobacco. All tobacco users are encouraged to quit. If you need help quitting and are interested in tobacco cessation agents, you will need to see your physician for a prescription. The Health Plan offers members tobacco cessation classes to help you stop smoking, rubbing, or chewing. Coverage for tobacco cessation classes is free for most members. Contact the THP Tobacco Cessation Coaches at **1.888.450.6023** to learn more about the Tobacco Cessation program.

How to Sign Up for Free Clinical Programs

The Health Plan has many free clinical programs led by professional staff to help you reach your health goals.

We offer **Health, Wellness and Prevention Programs** to give you education, tools, and support if you need help with improving what you eat, reaching a healthy weight, getting more physical activity, managing stress, recognizing and taking care of depressive symptoms, or with tobacco cessation. We can also help you with things such as finding shelter, food or transportation. If you would like to fill out a health risk assessment to see if you are eligible for a program, or if you already know you have a need in any of these areas, you can sign up without a doctor referral by calling the THP Health Coaches at **1.877.903.7504** from 8 a.m. to 5 p.m. EST, Monday through Friday.

Pregnancy Care Programs are open to both high and low risk members, as well as to members who may want to talk about family planning or birth control options. All pregnant members are eligible for Pregnancy Care Programs and any member needing help with family planning may sign up for this free program by filling out a form at ***healthplan.org/pregnancy-enrollment-form*** or by calling Clinical Services at **1.877.236.2288** from 8 a.m. to 5 p.m. EST, Monday through Friday and saying you are interested in joining the pregnancy care program.

Chronic Disease Management Programs are available to help educate you and support provider treatment plans for members learning to live with and manage diabetes, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease, and asthma. If you need help with any of these conditions, you may be eligible for this free program.

Members may sign up by filling out a form online at ***healthplan.org/for-you-and-family/get-care/clinical-programs-and-enrollment*** or by calling Clinical Services at **1.800.776.4771** from 8 a.m. to 5 p.m. EST Monday through Friday and saying you are interested in joining a chronic disease management program.

Medical or Behavioral Health Case Management Programs are here to fill in the gaps between moderate to high-risk members and providers. The program goals include helping you understand your disease or condition, managing your symptoms, helping you follow medication routines, providing you resources or community service to support your care, and helping you control and reach the best possible level of health. Members are able to join case management programs based on their needs and risk levels. You can sign up without a doctor's referral by filling out a form online at ***healthplan.org/for-you-and-family/forms/member-case-management*** or by calling Clinical Services at **1.800.624.6961, ext. 7644** from 8 a.m. to 5 p.m. EST Monday through Friday, and saying you are interested in joining a case management program.

How to Talk to a Nurse

The nurse information line gives you access to a nurse, 24 hours a day, 7 days a week. To speak with a nurse, you can call **1.866.NURSEHP (1.866.687.7347)**. Our nurses can help you access services or with getting emergency care out of the area.

You can also fill out the form on our website at ***healthplan.org/for-you-and-family/get-care/talk-nurse*** to have a nurse contact you. It can take up to 24 hours before you get a response if you submit the online form.

Please Note: The nurse information line is not meant to replace any services offered by your health care providers.

How to Use a Telehealth Provider

The Health Plan provides telehealth services to our members. Telehealth services are available 24 hours a day, 7 days a week. There may be times when you are traveling, when your provider's office is closed, or when you are not able to get transportation to a provider's office. In these types of situations, you can use your telehealth benefits. You will need to use the appropriate link for your insurance plan in the table to the right to set up an account. A provider will be able to see you by video conferencing or talk to you on the phone, at no cost to you. If you need help, you can call the phone number listed to the right for your plan.

Medicare, Medicaid & WVCHIP
TelaDoc
teladoc.com/thehealthplanofwv
1.800.TELADOC (1.800.835.2362) (TDD/TTY 711)
Commercial
HealthiestYou
healthiestyou.com
1.866.703.1259 (TDD/TTY 711)

How to File an Appeal, a Grievance, or a Complaint

Filing An Appeal

If you think an incorrect decision was made in your health care coverage or that your benefits were unfairly denied, reduced, delayed, or stopped, you have the right to file an appeal (second review) with The Health Plan. This appeal can be requested by you, an authorized person acting on your behalf, or your provider.

You can file an appeal by phone, fax, email or in writing to The Health Plan's Customer Service Department. To make the process easier, you can fill out and submit the Member Complaint and Appeals form located at ***healthplan.org/application/files/7816/5782/4797/Complaint__Appeal_Form78.pdf***. You may also send us any additional documents, records, or information that are important to your appeal.

Requirements and deadlines for filing an appeal will vary depending on your benefit plan. Please note the following timeframes that may affect your appeal:

	Medicare (SecureCare/SecureChoice)	**Mountain Health Trust** (Medicaid/WVCHIP)	**Commercial** (HMO, PPO, POS or PEIA)
Filing Period	File within 60 days from the date of the decision	File within 60 days from the date of the decision	File within 180 days from the date of the decision
Address	1110 Main Street Wheeling, WV 26003	1110 Main Street Wheeling, WV 26003	1110 Main Street Wheeling, WV 26003
Phone	1.877.847.7907	1.888.613.8385	1.888.847.7902
Fax	740.699.6163	740.699.6163	740.699.6163
Email	*information@healthplan.org*	*information@healthplan.org*	*information@healthplan.org*

Filing a Grievance or Complaint

You can file a grievance any time, verbally or in writing, if you are not happy with The Health Plan, a provider, or if you don't agree with our decision about an appeal. If you have questions about the appeals or grievance process, please call the Customer Service number listed above for your plan.

You can make a complaint any time, verbally or in writing, about anything that does not involve coverage or payment disputes, such as the quality of the care you received. If your problem is about the plan's coverage or payment, please refer to the appeal process above.

To file a complaint or a grievance, please call us using one of the customer service numbers listed for your insurance plan. You can also write to us by mail or fax using the address or fax number above. To make the process easier, you can fill out and submit the Member Complaint and Appeals form found on our website at ***healthplan.org/application/files/7816/5782/4797/Complaint__Appeal_Form78.pdf***.

How to Transition to Other Care if Your Benefits Run Out

If your covered benefits run out (are exhausted) and you still need care, The Health Plan will help you find alternative options and other resources for continuing your care and how to obtain it. Contact Clinical Services at **1.800.624.6961, ext. 7644** from 8 a.m. to 5 p.m. EST, Monday through Friday and ask to enroll in a transitional care program.

How to Understand and Complete an Advance Directive

Advance directives allow you to make decisions about your care in case you ever become unable to speak for yourself. A living will and health care power of attorney are the two most common forms of advance directives.

A living will describes your wishes for medical care. A health care power of attorney names a person who can make medical decisions for you if you are unable.

These documents allow you to state your choices for health care. You can say "yes" to the treatment you want and "no" to the treatment you do not want.

You should be asked if you have an advance directive:

- When talking with your doctor about end-of-life care
- When you enter a hospital or nursing facility
- When you receive home health or hospice care from a provider
- When you enroll in an insurance plan

You should give your doctor and your power of attorney (if you have one) a copy of the form.

For basic information about advanced directives, download our Understanding Advance Directives flyer at ***healthplan.org/for-you-and-family/planning-ahead/understanding-advance-directives*** or call the THP Health Coaches at **1.877.903.7504 (TDD/TTY: 711)** to request an Advance Directives packet be mailed to you.

How to Receive Care Through Utilization Management

Utilization management makes sure you get high quality, cost-effective care and tries to avoid hospital stays and medical tests that are not needed. Led by our team of medical directors, our nurses do a complete review of your medical history and work together with the whole health care team. By understanding your needs, our nurses can work for improved quality of care and avoid patient problems during a hospital stay. We want to get you home sooner when the timing is right, and to make sure your care needs are handled after you get home. Simply call us at the number listed below for your plan, to talk with a representative who can look over your situation and offer help.

If you don't speak English, language assistance and TDD/TTY are available to you to talk about utilization management concerns, free of charge.

- **Medicare** members please call **1.877.847.7907 (TDD/TTY: 711)**
- **Mountain Health Trust (Medicaid/WVCHIP)** members please call **1.888.613.8385 (TDD/TTY: 711)**
- **Commercial** members please call **1.888.847.7902 (TDD/TTY: 711)**

How to Get Help with Drug Costs

As a member, you have access to our Pharmacy Services team who can work with you to lower your prescription costs. They can help you apply for any benefit assistance from outside resources that you may be qualified to get. These resources may include: a drug manufacturer, community foundations, and Medicare support. They may also make sure you are taking full advantage of your pharmacy benefit to save money on your prescriptions. Please call our Pharmacy Services Department at **1.800.624.6961, ext. 7914** Monday – Friday, 8 a.m. - 5 p.m. EST.

How to Get a Prior Authorization for a Non-Formulary Medication

You or your doctor may ask for an exception to order a drug that is not on our formulary list if the drug is medically necessary.

A faster decision can be requested if you have a condition that may seriously risk your life, health, ability to get back to your normal function, or you are undergoing a current course of treatment using a non-formulary drug. The Health Plan will make these decisions based on the timeframes listed below:

Request Type	Medicare	Medicaid	Commercial
Medical Drug Standard	72 hours	7 calendar days	7 calendar days
Medical Drug Urgent	24 hours	2 business days	72 hours
Pharmacy Drug Standard	72 hours	Not Applicable	7 calendar days
Pharmacy Drug Urgent	24 hours	Not Applicable	72 hours

** A medical drug is obtained at the provider's office or hospital. A pharmacy drug is obtained at a pharmacy.

** WV Medicaid members standards will change effective July 1, 2024.

The exception process can be started by you or your doctor by calling the Pharmacy Services Department at **1.800.624.6961, ext. 7914** or emailing ***pharmacyservices@healthplan.org*** or by filling out the online Formulary Exception Request form at ***healthplan.org/formulary-exception-request-form***.

How to Have Your Medication Reviewed

We want you to get the most out of your medications. You can have one of our clinical pharmacists review your recently filled medications, free of charge, and check for:

- Potential serious drug interactions
- Correct dosing
- Possible cost-saving opportunities

To have your medications reviewed, enter your name and member ID in the Medication Review form located at ***healthplan.org/for-you-and-family/pharmacy/medication-review***, or call the Pharmacy Services team at **1.800.624.6961, ext. 7914**

Within 7 days, you will get a letter with the results of your medication review, as well as any suggestions made by our clinical pharmacists. Please note this is a limited medication review based only on the prescriptions filled recently using your ID card from The Health Plan. If you would like a more complete review, which would include all your prescription medications, over-the-counter drugs, vitamins and supplements, please contact The Health Plan Pharmacy Services at **1.800.624.6961, ext. 7914**.

*For Mountain Health Trust (Medicaid and WVCHIP) members: The Health Plan does not cover your pharmacy medicines. If you have any questions about these types of medications or your benefits, please call the Member Services number below for your plan:

- Gainwell (Medicaid): **1.888.483.0801**
- Express Scripts (WVCHIP): **1.855.230.7778**

How to View a List of Covered Medications

The Health Plan offers many benefits that cover generic, brand name, and non-formulary medicine choices. Our formularies are created to meet your needs in a clinical cost-effective manner.

You can view your plan's list of covered medications (formulary) as an online tool. This tool shows each medicine's formulary status and pricing details. Go to our website and choose Online Pharmacy in the secure member portal at ***myplan.healthplan.org***. Please keep in mind that some drugs may be subject to coverage rules.

NOTE: We may add or remove drugs from our formulary during the year. To ask questions about a drug on the list of covered medications, please contact our Pharmacy Services Department at **1.800.624.6961, ext. 7914**, 24 hours a day, 7 days a week. We may also update policies throughout the year. The most up-to-date policies are located on the secure portal located at ***myplan.healthplan.org*** - search under "Policies."

Opting Out of Programs

We understand and respect your desire for privacy. Any member not wishing to participate in The Health Plan's clinical or behavioral health programs may choose to opt out of the programs without penalty or interruption of your benefit plan. Also, if you do not want to be contacted by THP for other Plan Business (for example, to hear about other plans offered by THP) or from our vendor partners, please call Customer Service at **1.800.624.6961** and explain that you would like to opt out of a specific program or contact list. Our Customer Service Representatives or Member Advocates will be happy to help remove your name.

You Spoke, We Listened!

Thank you to our members that completed the surveys you received on behalf of The Health Plan! Your feedback helped us identify 3 main areas where we can make improvements, and we want you to know what we are doing to address them.

1. ***How Well Your Doctors Communicate***
   - Extra educational emails are being sent to our providers on a regular basis to improve your member experience.
   - Member complaints about your providers are being reviewed to look for patterns so we can address issues in real time.
   - As areas for improvement are found, we are working to communicate them directly to your providers.
2. ***Rating of Your Specialist***
   - Reminders about our member experience level of care are being sent to your specialists.
   - You may receive a survey after a visit with your provider. The Health Plan reviews your anonymous responses and uses that information to make improvements.
   - Member complaints about your specialists are being reviewed to look for patterns so we can address issues in real time.
3. ***Rating of Your Health Care***
   - The Health Plan has a team dedicated to member experience that meets monthly to improve our services based on the answers you provide.
   - We are performing extra customer service trainings to improve your contact with The Health Plan.
   - Employees and members will get education on how long it should take to get an appointment with a provider.

The Health Plan truly appreciates you, our members. We value your feedback and want you to know we are always working to improve your experiences.

Your Experiences and Health Outcomes

Quality Improvement

The Health Plan and our Quality Improvement Department are always looking for ways to help our members improve their health care quality and their experiences. We want to give you the highest quality level of health care by working with your doctors and other health care professionals. You can ask for a copy of our quality improvement program report by calling **1.800.624.6961 (TDD/TTY: 711)** to learn how we are improving care and services for you. You can also see the progress we are making to reach our quality improvement goals.

NCQA®: Your satisfaction and wellbeing are our main focus. We work together to identify areas to monitor and measure clinical quality and overall quality of care and service. This information is used to develop plans to improve the safety and quality of your care. We follow the National Committee for Quality Assurance (NCQA®) standards to make sure we meet the industry standards for quality in every area of our organization.

Surveys: Member and provider experience surveys are reviewed to help us understand the quality of your experiences with The Health Plan and your health care professionals. We have several different member experience surveys that may be sent to you during the year. Some surveys may come to you from our partner, Press Ganey. We value your opinion on the performance of your health care providers and The Health Plan. Completing these surveys with your honest opinion allows us to make improvements for you.

We also monitor and evaluate the timeliness of your care needs by checking how long it takes you to get appointments with your PCP and specialists. We regularly check to make sure your doctors have plans in place for you to contact them after normal office hours, if necessary.

HEDIS®: The Health Plan collects information and clinical data for Health care Effectiveness Data and Information Set (HEDIS®). The results are used to develop new programs, plans, and goals to improve your health outcomes and experiences.

To learn more about health plan accreditation or HEDIS, visit ***NCQA.org***.

Information We Collect About You

The Health Plan is required to collect specific information about you. We use this data to help coordinate your treatment and care, to properly pay your claims, for quality improvement in your health care services and programs, and to understand how we can serve you better. Rest assured, your information is confidential and safe.

The Health Plan's Privacy Practices

The privacy and security of your health information is very important to The Health Plan. We have policies and procedures in place to ensure that your information is well protected.

The Health Plan's Notice of Privacy Practices (Notice) describes how your medical information may be used and disclosed and how you can get access to this information. The Notice also describes your rights under HIPAA. Because we have recently updated our Notice, we have included a copy for your review. You can also access the Notice on our website by clicking the "HIPAA Notice of Privacy Practices" link at the bottom of the web page.

To help you exercise your rights, the following forms are available on our website:

- Request to Amend Protected Health Information:
  https://healthplan.org/application/files/9216/5530/2876/Request_to_Amend_PHI_V062022.pdf
- Request for an Accounting of Disclosures:
  healthplan.org/application/files/2516/5530/2907/Request_for_Accounting_Form_V062022.pdf
- Privacy Complaint:
  healthplan.org/application/files/8016/3914/8221/Privacy_Complaint_Form.pdf
- Individual Request for Access to Protected Health Information:
  healthplan.org/application/files/7616/5530/2173/Request_for_Access_V062022.pdf
- Authorization to Disclose Protected Health Information:
  healthplan.org/application/files/7316/5530/4534/Authorization_V06202022.pdf
- Request for Restriction on Uses/Disclosures of PHI:
  healthplan.org/application/files/6716/5530/3207/Request_for_Restriction_V062022.pdf
- Confidential Communications for Protected Health Information:
  healthplan.org/application/files/9716/5530/3207/Confidential_Communications_V062022.pdf

Our Customer Service Department is also available to assist you with any questions or concerns. You can call them at **1.800.624.6961** (**TDD/TTY: 711**).

Members Rights and Responsibilities

To learn about your rights and responsibilities as a member, visit our website or log into ***myplan.healthplan.org***, the secure member portal, to locate your Member Handbook in the Group Documents under the Library section. You can also call Customer Service at **1.800.624.6961** to ask for a printed copy.

Health Information Networks

The Health Plan participates in one or more state health information networks including the West Virginia Health Information Network (WVHIN) and the Ohio Health Information Partnership (through CliniSync.) We may access and/or share your information with these state information networks to better coordinate your care. For more information on the WVHIN including how to opt out, go to ***wvhin.org/patients/*** or visit the WVHIN website at ***wvhin.org***. For more information on the Ohio Health Information Partnership including how to opt out, go to ***clinisync.org/member-resources/policies-documents/*** or visit the CliniSync website at ***clinisync.org***.

Reporting Health Care Fraud

Health care fraud affects everyone. It impacts the quality of all health care and results in higher costs to the consumer, employer, and taxpayer. Losses due to health care fraud cost our country billions of dollars a year. Health care fraud also harms people individually when services are recommended that are inappropriate or provided by someone who is not certified to provide such services.

The most common types of health care fraud include:

- Services Not Rendered: Claims submitted for services that were never received or performed.
- Medically Unnecessary Services: Performing services that the patient does not need, in order to increase payments.
- Duplicate Billing: Submitting the same claim more than once for the same service.
- Drug Diversion: The illegal distribution of prescription drugs.
- Upcoding: Billing for more costly services or items than what was actually delivered to the patient.

The Affordable Care Act of 2010 improved health care anti-fraud enforcement. Among other things, this law made it easier for the government to get back money obtained by fraudulent practices, made obstruction of a fraud investigation a crime, and increased penalties for health care fraud offenses.

You may report a provider or entity that you feel may be involved in potentially fraudulent activity with the Health care Fraud Form at ***healthplan.org/report-healthcare-fraud***.

You do not have to include your contact information if you wish to remain anonymous. You can also call The Health Plan's Fraud, Waste and Abuse/Compliance Hotline at **1.877.296.7283** or email ***siu@healthplan.org***.

THP Wellness Exhibition

This year's 3rd Annual THP Wellness Exhibition was a huge success with more than 500 people in attendance! Everyone was excited to take part in the many different health screenings and wellness services being offered. It showed just how interested our community is in staying healthy and preventing illness. Attendees were able to get their blood pressure checked, be screened for colorectal cancer risks, monitor their blood sugar, and even learn about mental health. These services were provided by healthcare professionals from local clinics and organizations.

In addition to the screenings, attendees had the chance to speak with experts about nutrition, fitness, stress management, and ways to prevent diseases. Many people shared positive feedback and were thankful for the resources available. It's clear that our community values the chance to take charge of their health, and we are excited to keep supporting these efforts.

We're already looking forward to this year's event which is being planned for November 2025. We hope to have additional healthcare partners and offer more services to make the event even better. Thanks to everyone who made this year's event such a success!.

Email Notifications

Do you want to waste less paper and save more trees, but do not want to miss out on important information from The Health Plan? Simply call ***1.800.624.6961*** and ask to speak with one of the Customer Service Representatives for your individual plan. Give them your email address and sign up to use the member portal where you can find information about your plan, explanation of benefits, provider directories and much more. You can choose to get most of your information electronically and keep it at your fingertips for when you need to see it. Adding an email address can save you time and put you in control of overseeing your health insurance plan.

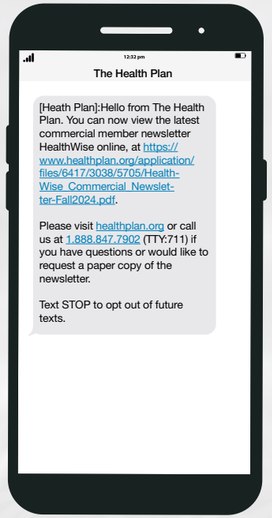
Moving?

Are you moving or have you recently moved? Please make sure to update your address with The Health Plan. Simply call ***1.800.624.6961*** and ask to speak with one of the Customer Service Representatives for your individual plan. We will make the change right away and you won't miss out on any important information about your health insurance.

Text Messaging

From time to time, you may receive a text message from *681.312.3409* about wellness and preventive screenings listed below:

- Flu Clinic invite - lets them know flu clinic date/time specifics
- Flu shot reminder - reminder to get flu shot during flu season
- Dental benefit reminder- reminder of recent dental benefit change
- Well child visits - reminder to get annual visit
- Health Fair invite - lets them know date/time specifics of health fair
- Pharmacy term/OON- notify of pharmacy OON from recent prescription fill. Resources to find in-network pharmacy
- Newsletter - alerts when quarterly newsletter is posted to website



Medicaid coverage Text Messages from *681.312.3409*

- Lost coverage - this goes out at the beginning of the month to (termed) members to either renew coverage or help find new
- Redetermination - reminder to complete renewal process to keep coverage
- Last Chance - sent about 1 week prior to coverage termination to remind to complete renewal process to keep coverage

Post Visit Survey Communications

You may receive a survey after visiting your provider. This survey will ask you about your experience and give you the opportunity to provide feedback.

The Health Plan is always working to improve member experience. The answers you provide will help THP provide you and your family excellent health care.

These surveys will be sent by our vendor, Press Ganey. Surveys will be sent to members by email, text message, or mail. If you receive a survey by email it will come from ***noreply@patients.pgsurveying.com***. If you receive a survey by text it will come from ***91994***.

These are legitimate correspondence from The Health Plan and are not spam messages, and we encourage you to respond or interact as we strive to improve your health experiences.

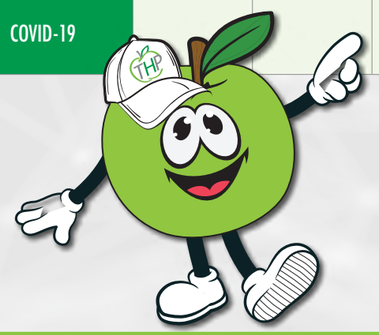
Spam Call

The Health Plan's phone number beginning with area code "740" could show up as "suspected spam" on your cell phone due to your phone carrier's system identifying the incoming number as likely to be a spam call.

Steps to prevent THP phone number from showing up as suspected spam would be to add the specific number into your contacts and the next time that number will display as The Health Plan on your incoming call phone screen.

Recommended Child/Adolescent Immunization Schedule

Vaccine	Birth	2 Months	4 Months	6 Months	12–18 Months	4–6 Years	11–12 Years	16 Years
Hepatitis B (Hep B)	Dose 1	Dose 2		Dose 3				
Rotavirus (RV)		Dose 1	Dose 2					
Diptheria, Tetanus & Pertussis (DTap/Tdap)		DTap Dose 1	DTap Dose 2	DTap Dose 3	DTap Dose 4	DTap Dose 5	DTap Booster	
Haemophilus Influenzae (Hib)		Dose 1	Dose 1	Dose 3 & 4				
Pneumococcal (PCV13)		Dose 1	Dose 2	Dose 3	Dose 4			
Poliovirus (IPV)		Dose 1	Dose 2		Dose 3	Dose 4		
Measles, Mumps, Rubella (MMR)					Dose 1	Dose 2		
Chicken Pax (Varicella)					Dose 1	Dose 2		
Hepatitis A (Hep A)					Dose 1 & 2			
Meningococcal							Dose 1	Dose 2
Human Papillomavirus (HPV)							Ask Dr.	
Influenza (Flu)				Ask Dr.	Yearly			
COVID-19				Ask Dr.				



Based on the most recent CDC guidelines. Depending on your child's needs, their doctor might recommend an alternative vaccine schedule or dosage. Please consult your child's doctor for specific advice about your child's immunization schedule. This is not an official immunization record. Ask your child's doctor for a record of the vaccines your child has received.

*You should always speak with your child's pediatrician regarding the vaccines that are recommended for your child.

The Health Plan

Medicaid Member Services:

1.888.613.8385 (TTY:711)

Calls to this number are free.

Hours of Operations

8:00 am to 5:00 pm,
Monday through Friday.

Medicare Member Services:

1.877.847.7907 (TTY:711)

Calls to this number are free.

Hours of Operations

October 1 to March 31,
8:00 am to 8:00 pm,
7 days a week,

April 1 to September 30,
8:00 am to 8:00 pm,
Monday through Friday.

Commercial Member Services:

1.888.847.7902 (TTY:711)

Calls to this number are free.

Hours of Operations

8:00 am to 5:00 pm,
Monday through Friday.

Member Services also has free language interpreter services available for non-English speakers.