

# 2017 Plans

**Individual & Family  
Health insurance**



 **MercyCare Health Plans™**

MercyCare is a Qualified Health Plan issuer in the Health Insurance Marketplace.



## About MercyCare Health Plans

MercyCare's individual health plans are backed by a company that's been helping people like you stay healthy for over 20 years. MercyCare provides quality, affordable health insurance for health care services close to home.

MercyCare is one of the largest HMO plan providers in the area, providing over 40,000 members with:

- An open access network, meaning no referrals are needed for in-plan services
- Access to more than 750 medical professionals
- Local customer service

### **MercyCare Health Plans is now part of Mercyhealth**

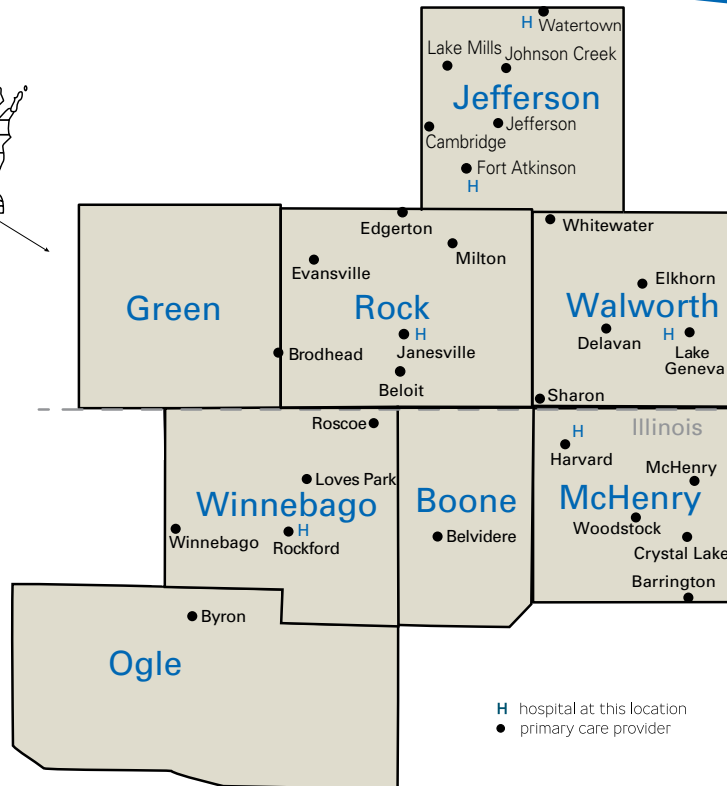
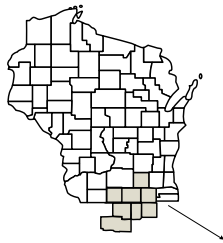
Mercy Health System and Rockford Health System have joined forces to become Mercyhealth, a regional health system with 5 hospitals and 80 facilities throughout northern Illinois and southern Wisconsin. Our new name symbolizes a commitment to being a top integrated health care provider that continuously works to make life better for the people, families and communities we serve.

Our new brand expression, "A passion for making life better," says it all. Our physicians, nurses and partners are committed to working together to make lives better for patients and their families. Touching lives invigorates, inspires and drives us to do our very best, and we continuously look for ways to make each life better with the utmost care and professionalism. This can be as complex as a cutting-edge procedure or as simple as a smile. Nothing is ever too small or taken for granted. Everything matters. And we never miss a beat.

## **MercyCare offers access to these Mercyhealth specialty services:**

- Acute care surgery
- Allergy/immunology
- Anesthesiology
- Audiology
- Brain and spine care
- Cardiology
  - Cardiothoracic surgery
  - Interventional cardiology
  - Noninvasive cardiology
  - Vascular surgery
- Chiropractic
- Critical care
- Dermatology
- da Vinci robotic-assisted surgery
- Emergency medicine
- Endocrinology
- Family medicine
- Gastroenterology, adult and pediatric
- General surgery
- Geriatrics
- Gynecology
- Hand surgery
- Hematology
- Hospitalists
- Infectious diseases
- Internal medicine
- Maternal-fetal medicine
- Medical retinology
- Mohs surgery (for skin cancer)
- Neonatal intensive care
- Nephrology
- Neurology
- Neuropsychology
- Neuroradiology
- Neurosurgery
- Obstetrics
- Occupational medicine
- Oncology
  - Medical
  - Radiation
  - Surgical
- Ophthalmology, adult and pediatric
- Optometry
- Orthopaedic surgery
- Otolaryngology (ENT)
- Pain management
- Palliative medicine
- Pathology
- Pediatrics
  - Cardiology
  - Endocrinology
  - Gastroenterology
  - Intensive Care
  - Neurology
  - Surgery
- Physical medicine and rehabilitation
- Plastic surgery
- Podiatry
- Psychiatry
  - Adolescent
  - Adult
  - Child
- Psychology
  - Counseling
  - Health and neuropsychology rehabilitation
- Pulmonology
- Radiology
- Rheumatology
- Sleep disorders
- Sports medicine
- Trauma surgery
- Travel medicine
- Urology
- Urogynecology
- Vascular surgery

# MercyCare provider area Wisconsin and Illinois



H hospital at this location  
● primary care provider



## Finding a provider

If you are looking for a provider, MercyCare Health Plans offers a complete, up-to-date listing of our physicians and clinics at [MercyCareHealthPlans.com](https://www.mercycare.com/health-plans).

To locate a participating provider, follow these simple steps:

1. Visit [MercyCareHealthPlans.com](https://www.mercycare.com/health-plans)
2. Click on the "Find a Doctor/Facility" box on the home page
3. Select your plan
4. Search by location, specialty or name

A printed copy of our provider directory is also available upon request. Please call MercyCare at (800) 895-2421 to have a copy sent to you.

# Hospitals, Emergency and Urgent Care Clinics

## Hospitals

**Mercyhealth Hospital and Trauma Center**  
1000 Mineral Point Ave.,  
Janesville  
(608) 756-6000

**Mercyhealth Rockton Avenue Hospital**  
2400 N. Rockton Ave., Rockford  
(815) 971-5000

**Mercyhealth Walworth Hospital and Medical Center**  
N2950 State Rd. 67,  
Lake Geneva  
(262) 245-2230

**Mercyhealth Harvard Hospital and Medical Center**  
901 Grant St., Harvard  
(815) 943-5431

**Fort Memorial Hospital**  
611 Sherman Ave. East,  
Fort Atkinson  
(920) 568-5000

**Watertown Memorial Hospital**  
125 Hospital Dr., Watertown  
(920) 261-4210

## Emergency

**Mercyhealth Hospital and Trauma Center**  
1000 Mineral Point Ave.,  
Janesville  
(608) 756-6000

**Mercyhealth Hospital and Trauma Center Emergency North**  
1000 Mineral Point Ave.,  
Janesville  
(608) 756-6000

**Mercyhealth Rockton Avenue Hospital**  
2400 N. Rockton Ave., Rockford  
(815) 971-5000

**Mercyhealth Walworth Hospital and Medical Center**  
N2950 State Rd. 67,  
Lake Geneva  
(262) 245-2230

**Fort Memorial Hospital**  
611 Sherman Ave. East,  
Fort Atkinson  
(920) 568-5000

**Watertown Memorial Hospital**  
125 Hospital Dr., Watertown  
(920) 261-4210

## Urgent Care Clinics

**Mercyhealth McHenry**  
3922 Mercy Dr., McHenry  
(815) 578-2020 *InQuicker*

**Mercyhealth Woodstock**  
2000 Lake Ave., Woodstock  
(815) 337-1544 *InQuicker*

**Mercyhealth East**  
3524 E. Milwaukee St.,  
Janesville  
(608) 756-8484 *InQuicker*

**Mercyhealth South**  
849 Kellogg Ave., Janesville  
(608) 755-7960

**Mercyhealth North**  
3400 Deerfield Dr., Janesville  
(608) 314-3605 *InQuicker*

**Mercyhealth Mall**  
1010 N. Washington St.,  
Janesville  
(608) 741-3800 *InQuicker*

**Mercyhealth Beloit**  
2825 Prairie Ave., Beloit  
(608) 363-5500

**Mercyhealth Walworth**  
N2950 State Rd. 67,  
Lake Geneva  
(262) 245-2230 *InQuicker*

**Mercyhealth Whitewater**  
507 W. Main St., Whitewater  
(262) 473-0401

**Fort HealthCare Lake Mills**  
200 E. Tyradena Park Rd.,  
Lake Mills  
(920) 648-3113

**Fort Memorial Hospital**  
611 Sherman Ave. East,  
Fort Atkinson  
(920) 568-5000

**Watertown Memorial Hospital**  
125 Hospital Dr., Watertown  
(920) 261-4210

**Mercyhealth Belvidere**  
1747 Henry Luckow Ln.,  
Belvidere  
(815) 971-3055 *InQuicker*

**Mercyhealth Byron**  
130 Kysor Dr., Byron  
(815) 971-3000

**Mercyhealth Cherry Valley**  
6998 Redansa Dr., Rockford  
(815) 971-2000

**Mercyhealth Rockton Avenue**  
2300 N. Rockton Ave.,  
Building 1, Rockford  
(815) 971-2572 *InQuicker*

**Mercyhealth Perryville**  
3401 N. Perryville Rd., Rockford  
(815) 971-8000 *InQuicker*

**Mercyhealth Roscoe**  
5000 Prairie Rose Dr., Roscoe  
(815) 971-3450

**Mercyhealth Winnebago**  
102 Landmark Dr., Winnebago  
(815) 971-3250



**MercyCare My Plan** – Manage your health insurance online  
With MercyCare My Plan, you can view your benefits, claims and eligibility, request additional ID cards, change your primary care provider, ask questions and so much more.

Visit [MercyCareMyPlan.com](https://www.mercycaremyplan.com) to log it.

**Mercy MyChart** – Your health record. At your convenience.  
As a MercyCare member, you have access to Mercy MyChart, your online medical record.

- Review your medical history
- Schedule appointments
- Send messages to your provider
- View test results
- Request prescription refills
- Print your child's immunization records
- And more

Get the app or visit [MyChart.MercyHealthSystem.org](https://mychart.mercyhealthsystem.org).

## Frequently asked questions

### **Why should I have health insurance?**

No one plans to get sick or hurt, but most people need medical care at some point. MercyCare's individual plans cover many of your expected and unexpected health care costs, and protect you from very high expenses. Health insurance is a contract between you and MercyCare. You buy a plan that best meets your needs, and MercyCare pays part of your medical costs when you get sick or hurt. There are other important benefits of health insurance. MercyCare's individual plans provide free preventive care, vaccinations, screenings and check-ups. We also provide prescription drug coverage.

### **Can I keep my doctor?**

If you currently see a Mercyhealth doctor, you can continue to see him/her by choosing a MercyCare plan. Please note that different plans have different networks and providers. Networks include health care providers that a plan contracts with to take care of the plan's members. Depending on the type of policy you buy, care may be covered only when you get it from a network provider. When comparing MercyCare plans in the Marketplace, you will see a link to the list of providers in each plan's network.

### **What if I have a pre-existing condition?**

Whether you need health coverage or have it already, the health care law offers new rights and protections that make coverage fairer and easier to understand. Essential health benefits for pre-existing medical conditions are covered under all Marketplace plans. No insurer can reject you, charge you more, or refuse to pay for essential health benefits for any medical condition you had before your coverage started. MercyCare plans do not contain exclusions for any pre-existing conditions.

### **What is the health insurance marketplace?**

Also called the Exchange, the Marketplace is a new way to find health coverage that fits your budget and meets your needs. With one application, you can see all your MercyCare options and enroll.



When you use the Marketplace, you'll fill out an application and find out if you can get lower costs on your monthly premiums for private MercyCare plans. You'll find out if you qualify for lower out-of-pocket costs through Medicaid or the Children's Health Insurance Program.

### **What do essential health benefits include?**

- Ambulatory patient services (outpatient care without a hospital stay)
- Emergency services
- Hospitalization
- Maternity and newborn care (care before and after your baby is born)
- Mental health and substance use disorder services, including behavioral health treatment (counseling and psychotherapy)
- Prescription drugs
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services

These benefits are minimum requirements for all MercyCare plans.

### **How do I find out if I qualify for assistance?**

When you buy health insurance coverage in the Marketplace, you may be able to get a premium tax credit that lowers what you pay in monthly premiums. This will depend on your 2017 household size and income. You can apply part or all of this tax credit each month to your premium payments. The Marketplace will send your tax credit directly to your insurance company, so you pay less for your premiums each month. The Federal Poverty Level (FPL) is the measure of income level issued annually by the Department of Health and Human Services. Federal poverty levels are used to determine your eligibility for certain programs and benefits. If your 2017 income falls within the following ranges you'll generally qualify for a premium tax credit. The lower your income is within these ranges, the bigger your credit. To see the ranges turn to page 10. Call a MercyCare sales representative at (800) 895-2421 to see if you qualify for additional premium assistance.



## Helping you understand your insurance coverage

**Premium:** A fixed amount you pay to MercyCare, usually every month. You pay this even if you don't use medical care that month.

**Deductible:** If you need medical care, a deductible is the amount you pay for care before MercyCare starts to pay its share. Once you meet your deductible, MercyCare begins to cover some costs of your care. Many plans provide preventive services, and sometimes other care, before you've met your deductible.

**Copayment:** A fixed amount you'll pay for a medical service. For example, if your visit to the doctor's office is \$150 and your copay is \$25, you pay \$25 and MercyCare pays the remaining \$125.

**Coinsurance:** Similar to a copayment, but a percentage of costs you pay. For instance, you may pay 20% of the cost of a \$100 medical bill. So you would pay \$20 and MercyCare would pay the rest.

**Cost sharing reduction:** A discount that lowers the amount you have to pay out-of-pocket for deductibles, coinsurance, and copayments. You can get this reduction if you get health insurance through the Marketplace, your income is below a certain level, and you choose a health plan from the Silver plan category. If your income is at least 100% and not more than 250% of the Federal Poverty Level, you are eligible for special plans with cost sharing reductions to lower your out-of-pocket costs, in addition to the advanced premium tax credits. Only the Marketplace can determine if you are eligible for, and how much you can receive in, cost sharing reductions.

## Understanding income levels and whether you qualify for assistance

| Household | Percent of federal poverty line |          |          |           |           |           |
|-----------|---------------------------------|----------|----------|-----------|-----------|-----------|
|           | 100%                            | 150%     | 200%     | 250%      | 300%      | 400%      |
| one       | \$11,880                        | \$17,820 | \$23,760 | \$29,700  | \$35,640  | \$47,520  |
| two       | \$16,020                        | \$24,030 | \$32,040 | \$40,050  | \$48,060  | \$64,080  |
| three     | \$20,160                        | \$30,240 | \$40,320 | \$50,400  | \$60,480  | \$80,640  |
| four      | \$24,300                        | \$36,450 | \$48,600 | \$60,750  | \$72,900  | \$97,200  |
| five      | \$28,440                        | \$42,660 | \$56,880 | \$71,100  | \$85,320  | \$113,760 |
| six       | \$32,580                        | \$48,870 | \$65,160 | \$81,450  | \$97,740  | \$130,320 |
| seven     | \$36,730                        | \$55,095 | \$73,460 | \$91,825  | \$110,190 | \$146,920 |
| eight     | \$40,890                        | \$61,335 | \$81,780 | \$102,225 | \$122,670 | \$163,560 |

### Tax credits and cost share reduction

- Individuals with a household income under 400% will receive a tax credit (subsidy) to help pay monthly premiums.
- Individuals with a household income under 250% will receive a cost share reduction which will reduce your deductible and maximum out-of-pocket.
- If you want to receive tax credit or cost share reduction, you will need to purchase your individual MercyCare plan at [MercyCareHealthPlans.com](http://MercyCareHealthPlans.com). (Follow the steps on page 11.)
- If you don't qualify or don't want to receive a tax credit, you can purchase directly from MercyCare by calling (800) 895-2421.

## Get coverage in 4 easy steps

1

- **Set up an account.**

You'll provide some basic information to get started, like your name, address and email address.

2

- **Fill out the online application.**

You'll provide information about you and your family, like income, household size, current health coverage information and more. This will help the Marketplace find options that meet your needs.

3

- **Compare your options.**

You'll be able to see all the options you qualify for, including private insurance plans and free and low-cost coverage through Medicaid and the Children's Health Insurance Program (CHIP). The Marketplace will tell you if you qualify for lower costs on your monthly premiums and out-of-pocket costs on deductibles, copayments and coinsurance. You'll see details on costs and benefits before you choose a plan.

4

- **Enroll.**

After you choose a plan, you can enroll online and decide how you pay your premiums to your insurance company. If you or a member of your family qualify for Medicaid or CHIP, a representative will contact you to enroll. If you have any questions, there's plenty of live and online help along the way.

### **How to apply for Marketplace coverage**

- You can apply for health coverage, compare all your options and enroll in a plan in one streamlined application through the Marketplace.
- You can go to the Marketplace by visiting [MercyCareHealthPlans.com](http://MercyCareHealthPlans.com) and see the health coverage options available to you. Then you can compare plans side-by-side and choose a plan that meets your needs and fits your budget.

**Ready to enroll? Call (800) 895-2421 or apply online at [MercyCareHealthPlans.com](http://MercyCareHealthPlans.com).**



## Mark your calendar

### **November 1, 2016: Open enrollment starts**

- You can compare and select from the different insurance plans that MercyCare offers.
- After reviewing your options, you can enroll in a plan that fits your needs and budget.
- You'll also learn if you can get lower costs on your health insurance before you enroll in a plan through Medicaid or the Children's Health Insurance Program (CHIP).

### **January 1, 2017: Health coverage can start**

- If you enroll in a MercyCare plan before December 15, 2016, and make your first premium payment, your new health insurance starts January 1, 2017.
- During the rest of open enrollment, if you enroll between the 1st and 15th day of the month and pay your premium, your coverage begins the first day of the next month. So, if you enroll on January 10, 2017, your coverage begins February 1, 2017.
- If you enroll between the 16th and the last day of the month and pay your premium, your effective date of coverage will be the first day of the second following month. So, if you enroll on January 16, 2017, your coverage starts on March 1, 2017.

### **January 31, 2017: Open enrollment for 2016 health insurance ends**

- Be sure to visit [MercyCareHealthPlans.com](http://MercyCareHealthPlans.com) or the Marketplace and enroll in a plan before this date.

# MercyCare has a plan for you

## Health insurance plans tailored to suit your needs

We offer nine individual plans tailored to suit your needs and those of your family. The plans are laid out in metal tiers and detailed on pages 14-19.

Individual health plans offered through the Marketplace are grouped into four metal levels (bronze, silver, gold and platinum) to help you compare plans. All health plans in the Marketplace get a metal designation based on the level of cost-sharing. Cost-sharing refers to the costs that members share when they get medical care, such as a deductible and co-insurance.

| Level    | Premiums | Out-of-pocket costs | Plan pays * |
|----------|----------|---------------------|-------------|
| Gold     | Higher   | Lower               | 80%         |
| Silver** | Moderate | Moderate            | 70%         |
| Bronze   | Lower    | Higher              | 60%         |

\*On average, the plan will pay this percentage of the total cost of the policy's benefits.

\*\*If your income level is between 100% to 250% FPL, you might qualify for cost-sharing subsidies to reduce out-of-pocket costs. You must enroll in the Silver plan for cost-sharing subsidies shown on pages 17-19.

| MercyCare Individual Gold Plans         | MercyCare HMO Gold Option A      | MercyCare HMO Gold Option B Standard | MercyCare HMO Gold Option C     |
|---|----------------------------------|--------------------------------------|---------------------------------|
| Deductible                              | \$1,500 Single/\$3,000 Family    | \$1,250 Single/\$2,500 Family        | \$2,000 Single/\$4,000 Family   |
| Coinsurance                             | 20% coinsurance                  | 20% coinsurance                      | 0% coinsurance                  |
| Primary care office visits              | \$30 copay                       | \$20 copay                           | Deductible, then 0% coinsurance |
| Specialist office visits                | \$60 copay                       | \$50 copay                           | Deductible, then 0% coinsurance |
| Maximum out-of-pocket                   | \$4,000 Single/\$8,000 Family    | \$4,750 Single/\$9,500 Family        | \$2,000 Single/\$4,000 Family   |
| Preventative services/well child care   | No charge                        | No charge                            | No charge                       |
| Diagnostic tests: x-rays, lab/radiology | Deductible, then 20% coinsurance | Deductible, then 20% coinsurance     | Deductible, then 0% coinsurance |
| Hospital inpatient services             | Deductible, then 20% coinsurance | Deductible, then 20% coinsurance     | Deductible, then 0% coinsurance |
| Hospital outpatient services            | Deductible, then 20% coinsurance | Deductible, then 20% coinsurance     | Deductible, then 0% coinsurance |
| Emergency care                          | \$200 copay                      | \$250 copay after deductible         | Deductible, then 0% coinsurance |
| Ambulance services                      | No charge                        | No charge                            | Deductible, then 0% coinsurance |
| Urgent care                             | \$60 copay                       | \$65 copay                           | Deductible, then 0% coinsurance |
| Urgent care non-Mercyhealth             | \$75 copay                       | \$80 copay                           | Deductible, then 0% coinsurance |
| Mental health inpatient                 | Deductible, then 20% coinsurance | Deductible, then 20% coinsurance     | Deductible, then 0% coinsurance |
| Mental health day treatment             | Deductible, then 20% coinsurance | Deductible, then 20% coinsurance     | Deductible, then 0% coinsurance |
| Mental health outpatient                | \$60 copay                       | \$20 copay                           | Deductible, then 0% coinsurance |
| Durable Medical Equipment (DME)         | Deductible, then 20% coinsurance | Deductible, then 20% coinsurance     | Deductible, then 0% coinsurance |
| Physical, speech, occupational therapy  | Deductible, then 20% coinsurance | Deductible, then 20% coinsurance     | Deductible, then 0% coinsurance |
| <b>Prescription Drugs</b>               |                                  |                                      |                                 |
| Tier 1- Generic                         | \$20 copay                       | \$10 copay                           | Deductible, then 0% coinsurance |
| Tier 2- Preferred brand                 | \$40 copay                       | \$30 copay                           | Deductible, then 0% coinsurance |
| Tier 3- Non-preferred brand and generic | \$60 copay                       | \$75 copay                           | Deductible, then 0% coinsurance |
| Tier 4- Specialty                       | 25% Coinsurance                  | 30% Coinsurance                      | Deductible, then 0% coinsurance |

| MercyCare Individual Silver Plans       | MercyCare HMO Silver Option A    | MercyCare HMO Silver Option B Standard | MercyCare HMO Silver Option C (HSA Eligible) |
|---|----------------------------------|--|--|
| Deductible                              | \$5,000 Single/\$10,000 Family   | \$3,500 Single/\$7,000 Family          | \$4,000 Single/\$8,000 Family                |
| Coinsurance                             | 30% coinsurance                  | 20% coinsurance                        | 0% coinsurance                               |
| Primary care office visits              | \$30 copay                       | \$30 copay                             | Deductible, then 0% coinsurance              |
| Specialist office visits                | \$60 copay                       | \$65 copay                             | Deductible, then 0% coinsurance              |
| Maximum out-of-pocket                   | \$6,850 Single/\$13,700 Family   | \$7,150 Single/\$14,300 Family         | \$4,000 Single/\$8,000 Family                |
| Preventative services/well child care   | No charge                        | No charge                              | No charge                                    |
| Diagnostic tests: x-rays, lab/radiology | Deductible, then 30% coinsurance | Deductible, then 20% coinsurance       | Deductible, then 0% coinsurance              |
| Hospital inpatient services             | Deductible, then 30% coinsurance | Deductible, then 20% coinsurance       | Deductible, then 0% coinsurance              |
| Hospital outpatient services            | Deductible, then 30% coinsurance | Deductible, then 20% coinsurance       | Deductible, then 0% coinsurance              |
| Emergency care                          | \$200 copay                      | \$400 copay after deductible           | Deductible, then 0% coinsurance              |
| Ambulance services                      | No charge                        | No charge                              | Deductible, then 0% coinsurance              |
| Urgent care                             | \$60 copay                       | \$75 copay                             | Deductible, then 0% coinsurance              |
| Urgent care non-Mercyhealth             | \$75 copay                       | \$90 copay                             | Deductible, then 0% coinsurance              |
| Mental health inpatient                 | Deductible, then 30% coinsurance | Deductible, then 20% coinsurance       | Deductible, then 0% coinsurance              |
| Mental health day treatment             | Deductible, then 30% coinsurance | Deductible, then 20% coinsurance       | Deductible, then 0% coinsurance              |
| Mental health outpatient                | \$60 copay                       | \$30 copay                             | Deductible, then 0% coinsurance              |
| Durable Medical Equipment (DME)         | Deductible, then 30% coinsurance | Deductible, then 20% coinsurance       | Deductible, then 0% coinsurance              |
| Physical, speech, occupational therapy  | Deductible, then 30% coinsurance | Deductible, then 20% coinsurance       | Deductible, then 0% coinsurance              |
| <b>Prescription Drugs</b>               |                                  |  |  |
| Tier 1- Generic                         | \$20 copay                       | \$15 copay                             | Deductible, then 0% coinsurance              |
| Tier 2- Preferred brand                 | \$40 copay                       | \$50 copay                             | Deductible, then 0% coinsurance              |
| Tier 3- Non-preferred brand and generic | \$60 copay                       | \$100 copay                            | Deductible, then 0% coinsurance              |
| Tier 4- Specialty                       | 25% coinsurance                  | 40% coinsurance                        | Deductible, then 0% coinsurance              |



| MercyCare Individual Bronze Plans       | MercyCare HMO Bronze Option A    | MercyCare HMO Bronze Option B                      | MercyCare HMO Bronze Option C (HSA Eligible) |
|---|----------------------------------|--|--|
| Deductible                              | \$5,000 Single/\$10,000 Family   | \$6,650 Single/\$13,300 Family                     | \$6,550 Single/\$13,100 Family               |
| Coinsurance                             | 30% coinsurance                  | 50% coinsurance                                    | 0% coinsurance                               |
| Primary care office visits              | Deductible, then 30% coinsurance | \$45 copay before deductible, then 50% coinsurance | Deductible, then 0% coinsurance              |
| Specialist office visits                | Deductible, then 30% coinsurance | Deductible, then 50% coinsurance                   | Deductible, then 0% coinsurance              |
| Maximum out-of-pocket                   | \$6,850 Single/\$13,700 Family   | \$7,150 Single/\$14,300 Family                     | \$6,550 Single/\$13,100 Family               |
| Preventative services/well child care   | No charge                        | No charge  | No charge                                    |
| Diagnostic tests: x-rays, lab/radiology | Deductible, then 30% coinsurance | Deductible, then 50% coinsurance                   | Deductible, then 0% coinsurance              |
| Hospital inpatient services             | Deductible, then 30% coinsurance | Deductible, then 50% coinsurance                   | Deductible, then 0% coinsurance              |
| Hospital outpatient services            | Deductible, then 30% coinsurance | Deductible, then 50% coinsurance                   | Deductible, then 0% coinsurance              |
| Emergency care                          | Deductible, then 30% coinsurance | Deductible, then 50% coinsurance                   | Deductible, then 0% coinsurance              |
| Ambulance services                      | Deductible, then 30% coinsurance | No charge  | Deductible, then 0% coinsurance              |
| Urgent care                             | Deductible, then 30% coinsurance | Deductible, then 50% coinsurance                   | Deductible, then 0% coinsurance              |
| Urgent care non-Mercyhealth             | Deductible, then 30% coinsurance | Deductible, then 50% coinsurance                   | Deductible, then 0% coinsurance              |
| Mental health inpatient                 | Deductible, then 30% coinsurance | Deductible, then 50% coinsurance                   | Deductible, then 0% coinsurance              |
| Mental health day treatment             | Deductible, then 30% coinsurance | Deductible, then 50% coinsurance                   | Deductible, then 0% coinsurance              |
| Mental health outpatient                | Deductible, then 30% coinsurance | \$45 copay   | Deductible, then 0% coinsurance              |
| Durable Medical Equipment (DME)         | Deductible, then 30% coinsurance | Deductible, then 50% coinsurance                   | Deductible, then 0% coinsurance              |
| Physical, speech, occupational therapy  | Deductible, then 30% coinsurance | Deductible, then 50% coinsurance                   | Deductible, then 0% coinsurance              |
| <b>Prescription Drugs</b>               |                                  |  |  |
| Tier 1- Generic                         | Deductible, then 30% coinsurance | \$35 copay   | Deductible, then 0% coinsurance              |
| Tier 2- Preferred brand                 | Deductible, then 30% coinsurance | Deductible, then 35% coinsurance                   | Deductible, then 0% coinsurance              |
| Tier 3- Non-preferred brand and generic | Deductible, then 30% coinsurance | Deductible, then 40% coinsurance                   | Deductible, then 0% coinsurance              |
| Tier 4- Specialty                       | Deductible, then 30% coinsurance | Deductible, then 45% coinsurance                   | Deductible, then 0% coinsurance              |

| MercyCare Individual Silver Cost Share Reduction Plans | MercyCare HMO Silver Plan - 100%-150% FPL | MercyCare HMO Silver Plan - 100%-150% FPL | MeryCare HMO Silver Plan - 100%-150% FPL |
|--|---|---|--|
| INPATIENT  | Option A                                  | Option B                                  | Option C                                 |
| Deductible   | \$0 Single/\$0 Family                     | \$250 Single/\$500 Family                 | \$450 Single/\$900 Family                |
| Coinsurance  | 0% coinsurance                            | 5% coinsurance                            | 0% coinsurance                           |
| Primary care office visits                             | \$15 copay                                | \$5 copay                                 | Deductible, then 0% coinsurance          |
| Specialist office visits                               | \$15 copay                                | \$15 copay                                | Deductible, then 0% coinsurance          |
| Maximum out-of-pocket                                  | \$750 Single/\$1,500 Family               | \$1,250 Single/\$2,500 Family             | \$450 Single/\$900 Family                |
| Preventative services/well child care                  | No charge                                 | No charge                                 | No charge                                |
| Diagnostic tests: x-rays, lab/radiology                | 0% coinsurance                            | Deductible, then 5% coinsurance           | Deductible, then 0% coinsurance          |
| Hospital inpatient services                            | 0% coinsurance                            | Deductible, then 5% coinsurance           | Deductible, then 0% coinsurance          |
| Hospital outpatient services                           | 0% coinsurance                            | Deductible, then 5% coinsurance           | Deductible, then 0% coinsurance          |
| Emergency care   | \$100 copay                               | \$100 copay after deductible              | Deductible, then 0% coinsurance          |
| Ambulance services                                     | No charge                                 | No charge                                 | Deductible, then 0% coinsurance          |
| Urgent care  | \$35 copay                                | \$25 copay                                | Deductible, then 0% coinsurance          |
| Urgent care non-Mercyhealth                            | \$50 copay                                | \$40 copay                                | Deductible, then 0% coinsurance          |
| Mental health inpatient                                | 0% coinsurance                            | Deductible, then 5% coinsurance           | Deductible, then 0% coinsurance          |
| Mental health day treatment                            | 0% coinsurance                            | Deductible, then 5% coinsurance           | Deductible, then 0% coinsurance          |
| Mental health outpatient                               | \$15 copay                                | \$5 copay                                 | Deductible, then 0% coinsurance          |
| Durable Medical Equipment (DME)                        | 0% coinsurance                            | Deductible, then 5% coinsurance           | Deductible, then 0% coinsurance          |
| Physical, speech, occupational therapy                 | 0% coinsurance                            | Deductible, then 5% coinsurance           | Deductible, then 0% coinsurance          |
| PRESCRIPTION DRUGS                                     |   |   |  |
| Tier 1- Generic  | \$20 copay                                | \$3 copay                                 | Deductible, then 0% coinsurance          |
| Tier 2- Preferred brand                                | \$40 copay                                | \$5 copay                                 | Deductible, then 0% coinsurance          |
| Tier 3- Non-preferred brand and generic                | \$60 copay                                | \$10 copay                                | Deductible, then 0% coinsurance          |
| Tier 4- Specialty                                      | 25% coinsurance                           | 25% coinsurance                           | Deductible, then 0% coinsurance          |

| MercyCare Individual Silver Cost Share Reduction Plans | MercyCare HMO Silver Plan - 151%-200% FPL | MercyCare HMO Silver Plan - 151%-200% FPL | MeryCare HMO Silver Plan - 151%-200% FPL |
|--|---|---|--|
| INPATIENT  | Option A                                  | Option B                                  | Option C                                 |
| Deductible   | \$750 Single/\$1,500 Family               | \$700 Single/\$1,400 Family               | \$1,250 Single/\$2,500 Family            |
| Coinsurance  | 20% coinsurance                           | 20% coinsurance                           | 0% coinsurance                           |
| Primary care office visits                             | \$25 copay                                | \$10 copay                                | Deductible, then 0% coinsurance          |
| Specialist office visits                               | \$25 copay                                | \$25 copay                                | Deductible, then 0% coinsurance          |
| Maximum out-of-pocket                                  | \$2,000 Single/\$4,000 Family             | \$2,000 Single/\$4,000 Family             | \$1,250 Single/\$2,500 Family            |
| Preventative services/well child care                  | No charge                                 | No charge                                 | No charge                                |
| Diagnostic tests: x-rays, lab/radiology                | Deductible, then 20% coinsurance          | Deductible, then 20% coinsurance          | Deductible, then 0% coinsurance          |
| Hospital inpatient services                            | Deductible, then 20% coinsurance          | Deductible, then 20% coinsurance          | Deductible, then 0% coinsurance          |
| Hospital outpatient services                           | Deductible, then 20% coinsurance          | Deductible, then 20% coinsurance          | Deductible, then 0% coinsurance          |
| Emergency care   | \$200 copay                               | \$150 copay after deductible              | Deductible, then 0% coinsurance          |
| Ambulance services                                     | No charge                                 | No charge                                 | Deductible, then 0% coinsurance          |
| Urgent care  | \$60 copay                                | \$40 copay                                | Deductible, then 0% coinsurance          |
| Urgent care non-Mercyhealth                            | \$75 copay                                | \$55 copay                                | Deductible, then 0% coinsurance          |
| Mental health inpatient                                | Deductible, then 20% coinsurance          | Deductible, then 20% coinsurance          | Deductible, then 0% coinsurance          |
| Mental health day treatment                            | Deductible, then 20% coinsurance          | Deductible, then 20% coinsurance          | Deductible, then 0% coinsurance          |
| Mental health outpatient                               | \$25 copay                                | \$10 copay                                | Deductible, then 0% coinsurance          |
| Durable Medical Equipment (DME)                        | Deductible, then 20% coinsurance          | Deductible, then 20% coinsurance          | Deductible, then 0% coinsurance          |
| Physical, speech, occupational therapy                 | Deductible, then 20% coinsurance          | Deductible, then 20% coinsurance          | Deductible, then 0% coinsurance          |
| PRESCRIPTION DRUGS                                     |   |   |  |
| Tier 1- Generic  | \$20 copay                                | \$5 copay                                 | Deductible, then 0% coinsurance          |
| Tier 2- Preferred brand                                | \$40 copay                                | \$25 copay                                | Deductible, then 0% coinsurance          |
| Tier 3- Non-preferred brand and generic                | \$60 copay                                | \$50 copay                                | Deductible, then 0% coinsurance          |
| Tier 4- Specialty                                      | 25% coinsurance                           | 30% coinsurance                           | Deductible, then 0% coinsurance          |

| MercyCare Individual Silver Cost Share Reduction Plans | MercyCare HMO Silver Plan - 201%-250%FPL | MercyCare HMO Silver Plan - 201%-250%FPL | MeryCare HMO Silver Plan - 201%-250%FPL |
|--|--|--|---|
| INPATIENT  | Option A                                 | Option B                                 | Option C                                |
| Deductible   | \$3,000 Single/\$6,000 Family            | \$3,000 Single/\$6,000 Family            | \$3,400 Single/\$6,800 Family           |
| Coinsurance  | 30% coinsurance                          | 20% coinsurance                          | 0% coinsurance                          |
| Primary care office visits                             | \$30 copay                               | \$30 copay                               | Deductible, then 0% coinsurance         |
| Specialist office visits                               | \$60 copay                               | \$65 copay                               | Deductible, then 0% coinsurance         |
| Maximum out-of-pocket                                  | \$5,400 Single/\$10,800 Family           | \$5,700 Single/\$11,400 Family           | \$3,400 Single/\$6,800 Family           |
| Preventative services/well child care                  | No charge                                | No charge                                | No charge                               |
| Diagnostic tests: x-rays, lab/radiology                | Deductible, then 30% coinsurance         | Deductible, then 20% coinsurance         | Deductible, then 0% coinsurance         |
| Hospital inpatient services                            | Deductible, then 30% coinsurance         | Deductible, then 20% coinsurance         | Deductible, then 0% coinsurance         |
| Hospital outpatient services                           | Deductible, then 30% coinsurance         | Deductible, then 20% coinsurance         | Deductible, then 0% coinsurance         |
| Emergency care   | \$200 copay                              | \$300 copay after deductible             | Deductible, then 0% coinsurance         |
| Ambulance services                                     | No charge                                | No charge                                | Deductible, then 0% coinsurance         |
| Urgent care  | \$60 copay                               | \$75 copay                               | Deductible, then 0% coinsurance         |
| Urgent care non-Mercyhealth                            | \$75 copay                               | \$90 copay                               | Deductible, then 0% coinsurance         |
| Mental health inpatient                                | Deductible, then 30% coinsurance         | Deductible, then 20% coinsurance         | Deductible, then 0% coinsurance         |
| Mental health day treatment                            | Deductible, then 30% coinsurance         | Deductible, then 20% coinsurance         | Deductible, then 0% coinsurance         |
| Mental health outpatient                               | \$60 copay                               | \$30 copay                               | Deductible, then 0% coinsurance         |
| Durable Medical Equipment (DME)                        | Deductible, then 30% coinsurance         | Deductible, then 20% coinsurance         | Deductible, then 0% coinsurance         |
| Physical, speech, occupational therapy                 | Deductible, then 30% coinsurance         | Deductible, then 20% coinsurance         | Deductible, then 0% coinsurance         |
| PRESCRIPTION DRUGS                                     |  |  |   |
| Tier 1- Generic  | \$20 copay                               | \$10 copay                               | Deductible, then 0% coinsurance         |
| Tier 2- Preferred brand                                | \$40 copay                               | \$50 copay                               | Deductible, then 0% coinsurance         |
| Tier 3- Non-preferred brand and generic                | \$60 copay                               | \$100 copay                              | Deductible, then 0% coinsurance         |
| Tier 4- Specialty                                      | 25% coinsurance                          | 40% coinsurance                          | Deductible, then 0% coinsurance         |

# 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.**

MercyCare is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at MercyCare, please contact the Privacy Officer at MercyCare Health Plans, PO Box 550, Janesville, WI 53547-0550, 608.752.3431.

## How MercyCare may use or disclose your health information

The following categories describe the ways that MercyCare may use and disclose your health information. For each category of uses and disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

**Payment Functions.** We may use or disclose health information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. Health information may be shared with other government programs such as Medicare, Medicaid, or private insurance to manage your benefits and payments. For example, payment functions may include reviewing the medical necessity of health care service, determining whether a particular treatment is experimental or investigational, or determining whether a treatment is covered under your plan.

**Health Care Operations.** We may use and disclose health information about you to carry out necessary insurance-related activities. For example, such activities may include underwriting, premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities; submitting claims for reinsurance and stop-loss coverage; conducting or arranging for medical review, legal services, audit services and fraud and abuse detection programs; and business planning, management and general administration.

**Treatment.** We may use or disclose your health information to a physician or other health care provider to treat you. For example, a doctor prescribing a medication may need to know if you have diabetes or heart disease and what medications you are currently taking, as this might affect what he or she can prescribe. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Required by Law.** As required by law, we may use and disclose your health information. For example, we may disclose medical information when required by a court order in a litigation proceeding.

**Public Health.** Information may be reported to a public health authority or other appropriate government authority authorized by law to collect or receive information for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

**Health Oversight Activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.

**Judicial and Administrative Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.

**Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

**Public Safety.** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

**National Security.** We may disclose your health information for military, prisoner, and national security.

**Worker's Compensation.** We may disclose your health information as necessary to comply with worker's compensation or similar laws.

**Marketing.** We may contact you to give you information about health-related benefits and services that may be of interest to you. If we receive compensation from a third party for providing you with information about other products or services (other than drug refill reminders or generic drug availability), we will obtain your authorization to share information with this third party.

**Disclosures to Plan Sponsors.** We may disclose your health information to the sponsor of your group health plan, for purposes of administering benefits under the plan. If you have a group health plan, your employer is the plan sponsor.

**Fundraising.** You have the right to opt out of receiving fundraising communications. MercyCare does not conduct fundraising activities. If MercyCare ever did disclose your health information for the purposes of fundraising, you would

receive an opt-out notice before each such communication explaining how to opt out.

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#### When MercyCare may not use or disclose your health information

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**Written Authorization.** Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

- Your authorization is necessary for most uses and disclosures of psychotherapy notes.
- Your authorization is necessary for any disclosure of health information in which the health plan receives compensation.

**Genetic Information and Underwriting Activities.** MercyCare is prohibited from using or disclosing genetic information for underwriting purposes, including determination of benefit eligibility. If we obtain any health information for underwriting purposes and the policy or contract of health insurance or health benefits is not written with us or not issued by us, we will not use or disclose that health information for any other purpose, except as required by law.

**Applicability of More Stringent State Law.** Some of the uses and disclosures described in this notice may be limited in certain cases by applicable State laws that are more stringent than Federal laws, including disclosures related to mental health and substance abuse, developmental disability, alcohol and other drug abuse (AODA), and HIV testing.

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#### Statement of Your Health Information Rights

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**Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your health information. MercyCare is not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to MercyCare Privacy Officer, PO Box 550, Janesville, WI 53547-0550. We will let you know if we can comply with the restriction or not.

**Right to Request Confidential Communications.** You have the right to receive your health information through a reasonable alternative means or at an alternative location. To request confidential communications, you must submit your request in writing to MercyCare Privacy Officer, PO Box 550, Janesville, WI 53547-0550. We are not required to agree to your request.

**Right to Inspect and Copy.** You have the right to inspect and receive an electronic or paper copy of health information about you that may be used to make decisions about your plan benefits. To inspect and copy such information, you must submit your request in writing to MercyCare Privacy Officer, PO Box 550, Janesville, WI 53547-0550. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request.

**Right to Request Amendment.** You have a right to request that MercyCare amend your health information that you believe is incorrect or incomplete. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can

disagree with the denial. To request an amendment, you must make your request in writing to MercyCare Privacy Officer, PO Box 550, Janesville, WI 53547-0550. You must also provide a reason for your request.

**Right to Accounting of Disclosures.** You have the right to receive a list of "accounting of disclosures" of your health information made by us in the past six years, except that we do not have to account for disclosures made for purposes of payment functions or health care operations, or made to you. To request this accounting of disclosures, you must submit your request in writing to MercyCare Privacy Officer, PO Box 550, Janesville, WI 53547-0550. MercyCare will provide one list per 12 month period free of charge; we may charge you for additional lists.

**Right to a Copy.** You have a right to receive an electronic or paper copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to MercyCare Customer Service Coordinator, PO Box 550, Janesville, WI 53547-0550. You may also obtain a copy of this Notice at our website, [www.mercycarehealthplans.com](http://www.mercycarehealthplans.com).

**Right to be Notified of a Breach.** You will be notified in the event of a breach of your unsecured health information. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact MercyCare Privacy Officer, PO Box 550, Janesville, WI 53547-0550, (608) 752-3431.

**Changes to this Notice and Distribution.** MercyCare reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains.

As your health plan, we will provide a copy of our notice upon your enrollment to the plan and will remind you at least every three years where to find our notice and how to obtain a copy of the notice if you would like to receive one. If we have more than one Notice of Privacy Practices, we will provide you with the Notice that pertains to you. The notice is provided to the named subscriber insured on the plan and will pertain to the insured and dependents named under this insured.

As a health plan that maintains a website describing our customer service and benefits, we also post to our website the most recent Notice of Privacy Practices which will describe how your health information may be used and disclosed as well as the rights you have to your health information. If our Notice has a material change, we will post information regarding this change to the website for you to review. In addition, following the date of the material change, we will include a description of the change that occurred and information on how to obtain a copy of the revised Notice in our annual mailing to all individuals then covered by the plan.

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#### Complaints

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Complaints about this Notice of Privacy Practices or about how we handle your health information should be directed to MercyCare Privacy Officer, PO Box 550, Janesville, WI 53547-0550.

MercyCare will not retaliate against you in any way for filing a complaint. All complaints to MercyCare must be submitted in writing. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Service at [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/) or call (800) 368-1019.



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**MercyCare Health Plans**

PO Box 550 Janesville  
(800) 895-2421

*MercyCareHealthPlans.com*