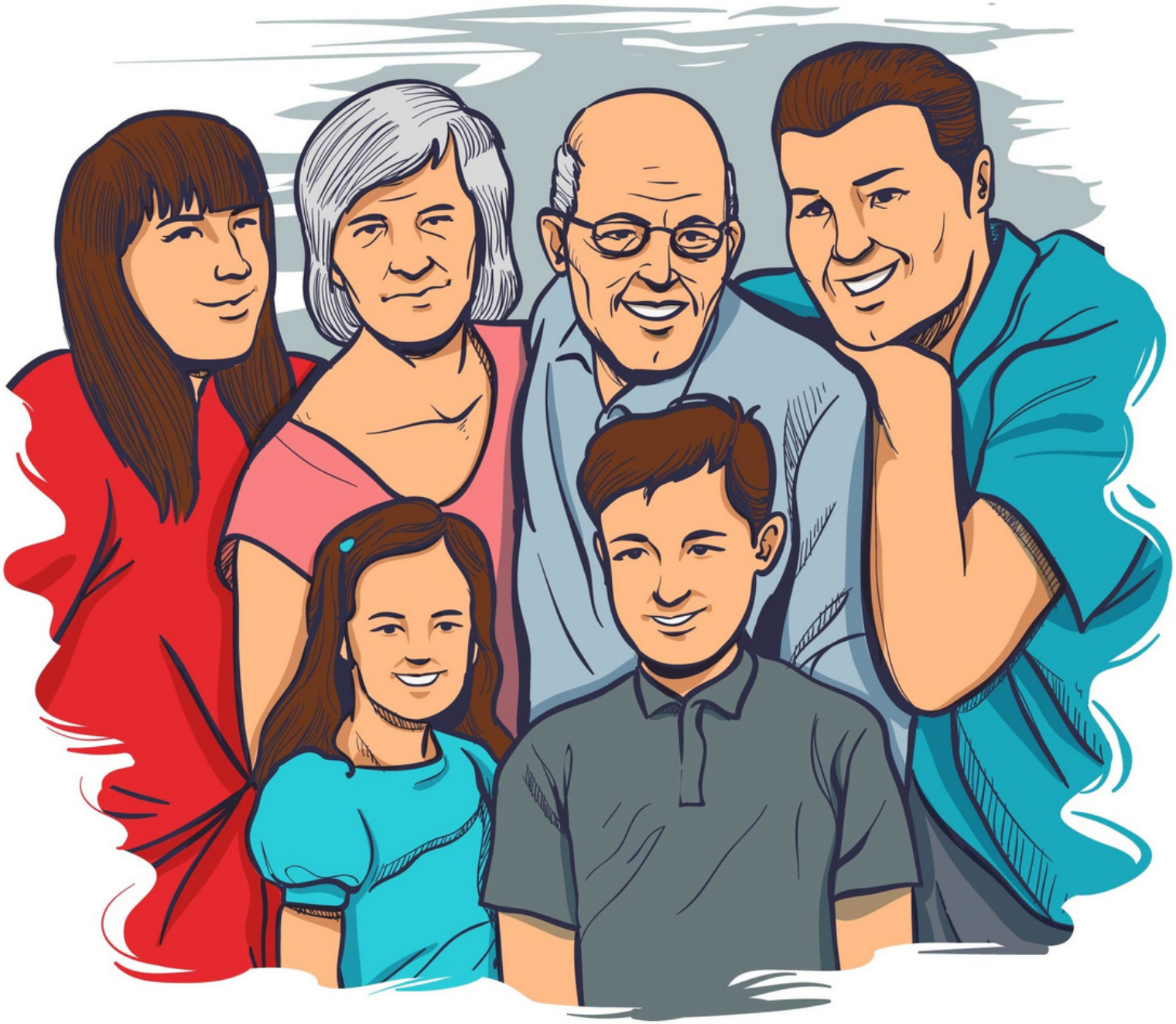
TELEHEALTH SOCIETY
A MEDICAL PROFESSIONALS COMMUNITY

Telehealth Society Blue Plan

Welcome to Blue Membership Plan



Telehealth Blue Kit

Your Member Handbook and Certificate of Coverage in one place.

Welcome to the Blue Membership Plan

Welcome to the Blue Telehealth Family Membership Plans (BTFMP)

We are glad you are with BTFMP Telehealth plan. Your BTFMP plan offers telehealth benefits Health, vision, and dental services. All with no co-pays. This BTFMP Kit will help explain how to use your new healthcare benefits.

Use this list to get started using your BTFMP health plan:

- Learn what's covered with BTFMP. This Blue Kit can help. Keep it handy! You can also visit www.telehealthsociety.com to learn about your benefits.
- Complete your annual Health Risk Screening (HRS). BTFMP will call or text you soon to complete your HRS. The HRS will help us see your health habits, any health risks, and if you need a CareCoordinator. Call Member Services at 1-848-233-3332 if you would like to complete your HRS.
- Always keep your ID card with you and show it every time you need services. Your ID card has your telehealth primary care provider (TPCP) on it. If you want to switch your TPCP call Member Services at 1-848-233-3332 or use your BTFMP account.
- Log in to your Telehealth Society Member Portal account to view instantly your health carere sources.
- Call to schedule an initial health exam with your TPCP within 30 days of joining. During the first exam, the TPCP will learn about your health care needs. To find a provider near you use the Provider Finder®.

We are here to help | Call: 1-848-233-3332

Frequently Asked Questions (FAQs)

Please refer to the table of contents for where to find further details on these subjects.

Do I have a co-pay?

No. You will never have a co-pay or deductible for approved services.

Do I have dental and/or vision services?

Yes! With BTFMP, you get dental and vision coverage. See the Dental and Vision Sections to learn more.

Where can I access a list of BTFMP in-network providers?

You can find providers and hospitals near you by using the Provider Finder® or call us 1-848-233-3332

Who do I call when I need care?

You can find provider on your card or call us 1-848-233-3332

Am I covered by BTFMP outside of my current state I live?

Yes, Your BTFMP membership card is nationwide. You can call us (848) 233-3332 to find your provider.

Can I get help from a Care Coordinator?

Yes. A Care Coordinator is a health care “coach.” They can help you reach your health goals. Completing your Health Risk Screening (HRS) helps us decide if you will need a Care Coordinator. You can ask for a Care Coordinator at any time by calling Member Services at (848) 233-3332

How do I access my Member ID Card?

Log in to your Telehealth society account on your desktop or using the mobile. There you can access a temporary ID Card or order a new one. You can also call Member Services to send a new ID Card. Make sure BTFMP has your current address.

What’s Inside Your Blue Telehealth Family Membership Kit

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Blue Telehealth Family Membership Plan

Member Handbook

www.telehealthsociety.com
1-848-233-3332
member@telehealthsociety.com

Important Phone Numbers

24/7 Helpline 24-hour-a-day help line	**1-848-233-3332**
Emergency Care*	**911**
Member Services We are available 24 hours a day, seven (7) days a week. A live agent can be reached from 8 a.m. to 5 p.m. Central Time, Monday through Friday Self-service, text or a voicemail can be used 24/7, including weekends and holidays. **Website: www.telehealthsociety.com**	**1-848-233-3332**
Emergency Medical Transportation (EMS)	**911**
Behavioral Health Services	**1-848-233-3332**
Grievances and Appeals	**1-833-933-0169**
Fraud and Abuse	**1-971-999-3399**
Care Coordination	**1-833-948-2009**
Adult Protective Services	**1-833-948-2009**
Vision Plans	**1-833-933-0169**
Dental Plans	**1-833-948-2009**
Holistic Health	**1-971-999-3399**

* In an emergency, call 9-1-1 or go the nearest Emergency Department. Emergency care is covered in all of the United States.

Member Services

Our Member Service Department is ready to help you get the most from your membership health plan. You can call Telehealth Society Health Plans Member Services at (848) 233-3332. We are available 24 hours a day, seven (7) days a week. The call is toll free. A live agent can be reached from 8 a.m. to 5 p.m. Central Time, Monday through Friday. Self-service or a voicemail can be used 24/7, including weekends and holidays. Our staff is trained to help you understand everything about your health plan. We can give you details about your medical, dental and vision benefits.

We can also answer questions you may have about:

- Getting your medications/prescriptions
- What are covered/non-covered services
- Choosing/Changing your Telehealth Primary Care Provider (TPCP)
- Needing help in other languages
- Needing assistance for doctor's appointment or pharmacy
- Renewing your Medicaid benefits
- Filing a grievance or an appeal
- Your rights and responsibilities

Telephone Care Access

You can reach your TPCP (telehealth primary care doctor) 24-hours a day at the PCP phone number on your Member ID card. After regular business hours, an agent will instruct you on how to receive care after hours. If you have a medical question and cannot reach your TPCP, you can call the 24/7 helpline at (848) 233-3332. If you have an emergency, call 911 or go to the nearest Emergency Room (ER).

Blue Telehealth Family Membership Plan Online Access

Access Your HealthCare 24/7 From Wherever You May Be

It’s easier than ever to stay connected using your secure online portal – Blue Telehealth Family Membership Plan Online Access. With online access, you can manage your health coverage and find info about your services. And now, you can access your personal account with your smartphone.

If you haven’t already signed up for online account, you can access **online: www.telehealthsociety.com**

***Request, print or order an ID card *Find doctors, specialists and hospitals using the Provider Finder *Change your Telehealth Primary Care Provider (TPCP) *View your prior authorization and claims information

Member Identification (ID) Card

We sent you a Blue Telehealth Family Membership Plan ID Card when you enrolled. You should always carry your card with you. It has important phone numbers. You will need to show it when you get services. Call Member Services at (848) 233-3332, if you have not received your Member ID Card or lose your card. We will automatically send you a new card if your TPCP changes.

Information on your Member ID Card

Name

Plan Name

State Telehealth ID #

Member ID #

Group #

Enrollment Effective Date

Member Services #

TPCP (name, phone number)

24/7 Nurse Hot Line #

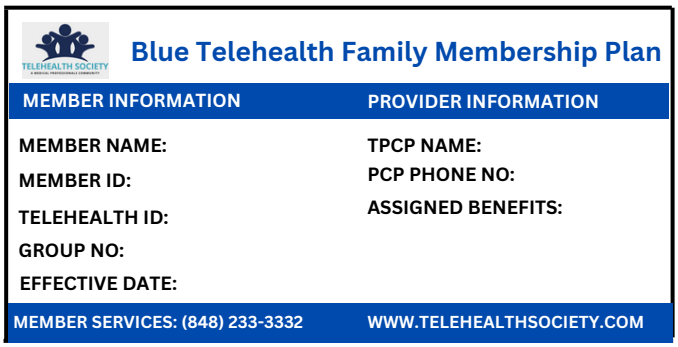
Dental #

Vision #

Holistic Line #

Mental Help Line #

RxBIN, RxPCN, RxGRP



Eligibility

You can join Telehealth Society online by visiting www.telehealthsociety.com

- After joining, you and your entire family will get coverage according to the shared details
- You can get coverage details online.
- If You are under age 21, you can discuss with our specialist for coverage guidelines.

To begin online enrollment, visit www.telehealthsociety.com. There, you can choose a health plan and pick a Telehealth Primary Care Provider (TPCP). When it is time to select a plan, Telehealth Society Client Enrollment Services will send you details.

*Request, print or order an ID card *Find doctors, specialists and hospitals using the Provider Finder *Change your Telehealth Primary Care Provider (TPCP) *View your prior authorization and claims information

Renewal of Telehealth Blue Benefits (Redetermination)

Don’t Risk Losing Your Medicaid Benefits – Complete Your Rede On Time!
Each year you complete a renewal process to keep your benefits. Renewal is sometimes called redetermination or Rede. Rede is a review of your eligibility. The TPCP must decide whether you still meet the rules to keep getting benefits. You need to renew your Medicaid coverage at least once every year.

Here’s How:

Click sign-up at www.telehealthsociety.com
Create or login to your account at www.telehealthsociety.com to manage your benefits. Online is the best way to connect

Verify and update your details:
If you are changing address or any other details, kindly keep it updated.

Find your due date (also called a redetermination date):
To find your due date (redetermination date), check your Benefit Details tab.
Do you want reminders when it's time to renew? Opt-in for text and email alerts in the Account Management tab under Manage your communications preferences

Watch your mail:
The Department of Telehealth and Family Services (THFS) will mail you a notice a month before your due date. It will tell you if you need to complete a renewal form. The notice gives steps on how to complete your redetermination.

Complete your redetermination:
Don't risk losing your Telehealth Membership Plan. You have multiple ways you can submit your renewal.

Submit your Blue Telehealth Membership plan redetermination by:

Submitting online: Signup/Login and online for renewal
Mailing or faxing your completed form and any requested verifications
Over the phone by calling (848) 233-3332

Beware of scams. Telehealth society will never ask you for direct money to apply renew in cash, we follow the entire online process. Report scams to the fraud hotline at 1-833-933-0169

Open Enrollment

Once each year, you can change health plans during a specific time called “Open Enrollment”. Client Enrollment Services (CES) will send you an open enrollment letter approximately 60 days prior to your anniversary date. Your anniversary date is one year from your health plan start date. You will have 60 days during your open enrollment to make a one plan switch by calling CES at (848) 233-3332. After the 60 days has ended, whether a plan switch was made or not, you will be locked in for 12 months. If you have questions regarding your enrollment or disenrollment, please contact the Client Enrollment Service (CES) at 1-833-933-0169.

Provider Network

Blue Telehealth Family Membership Plans partners with doctors, specialists, and hospitals to provide medical services. You should use in-network providers. If you choose to see a doctor who is not in-network, you will have to pay for the services. The plan does not cover out-of-network services. Ask the provider if they are in the BTFMP network before you get care.

You may need to get approval for some services before you are treated. This is called "prior authorization." BTFMP may not cover a service if you don't get approval. You may have to pay if you get care outside your service area.

How to find a provider, including your Telehealth Primary Care Provider (TPCP):

Provider Finder	Provider Directories	Member Services
www.telehealthsociety.com	www.telehealthsociety.com	**(848) 233-3332**
Search 24/7 online	**View or download a PDF of providers**	**Normal call rate will be applicable**

We have partnered with nationwide dentists, physicians and healthcare professionals to provide you services:

- **Dental coverage** is available through nationwide dentists.
- **Vision coverage** is available through best eye specialists
- **Pharmacy coverage** is available through best online and offline pharmacies

Telehealth Primary Care Provider (TPCP)

Your telehealth primary care provider is your personal doctor who will give you most of your care. They may also send you to other providers if you need special care. With BTFMP you can pick your TPCP. You can have one TPCP for your whole family or you can choose other TPCPs for each family member.

You can always choose the following provider types to act as your TPCP:

- **Pediatrician**
- **Family or General practitioner**
- **Obstetrician/Gynecologist (OB/GYN)**
- **Internist (Internal Medicine)**
- **Nurse Practitioner (NP) or Physician Assistant (PA) or Advanced Practice Nurse (APN)**
- **Holistic Practitioners**

If you need help in finding or changing your TPCP, contact Member Services at 1-848-233-3332. We are available 24 hours a day, seven (7) days a week. The call is toll free. You can also use the Provider Finder at www.telehealthsociety.com

Telehealth Primary Care Provider (TPCP)

You can request provider change by calling us at 1-833-933-0169

Women's Telehealth Care Practitioners (WTHCP)

As a woman with BTFMP coverage, you have the right to select a Women's Telehealth Care Practitioners (WTHCP). A WTHCP is licensed to practice medicine specializing in obstetrics, gynecology or family medicine.

Family Planning

BTFMP has a network of Family Planning practitioners where you can get family planning services.

Covered family planning services include:

- **Medical e-visits for birth control**
- **Marriage/family planning, education, counseling**
- **Lab tests at home**
- **Tests for sexually transmitted diseases (STDs)**
- **Sterilization**

Some services are not covered:

- **Surgery to reverse sterilization**
- **Fertility treatments including artificial insemination or in vitro fertilization**
- **Any Out-of-network services**

Specialty Care

A Specialist is a doctor who cares for you for a certain health condition. An example of a Specialist is Cardiology (heart health), Orthopedics (bones and joints). If your TPCP thinks you need a specialist, he or she will work with you to choose a specialist. Your TPCP will arrange your specialty care. As a member you can see an in-network specialist without a referral.

Scheduling Appointments

It is very important that you keep all appointments you make for practitioners visits, lab test, or X-rays. Please call your TPCP at least one day ahead of time if you cannot keep an appointment. If you need help in making an appointment, please contact Members Services at 1-833-948-2009.

When going to your doctor's e-appointment:

- Keep your Member ID card
- Be on time for your appointment
- Call or text the TPCP office right away if you are going to be late or need to cancel

If you are late, your PCP may not be able to see you.

Telehealth

BTFMP has made it easier to see your provider by best Telehealth options. You can get the care you need virtually. To learn more, call Member Services at 1-833-948-2009 or ask TPCP. Each doctor, if offered, has different ways of giving telehealth services. If you need help making an appointment, call Members Services at 1-833-948-2009.

Urgent Care

Urgent care is an issue that needs care right away but is not life threatening.

Some examples of urgent care are:

*Minor cuts and scrapes *Colds *Fever *Earache

Call your TPCP for urgent care or call Member Services at 1-833-948-2009. You can always call the 24/7 helpline at 1-833-933-0169.

Emergency Care

An emergency medical condition is very serious. It could even be life threatening. You could have severe pain, injury, or illness. In an emergency, call 9-1-1 or go the nearest Emergency Department. Emergency care is covered in all the United States. Prior authorization is not needed but call your TPCP and Member Services within 24 hours. They can make sure you get all the follow-up care you need.

Some examples of an emergency are:

- **Heart attack**
- **Severe bleeding**
- **Poisoning**
- **Difficulty in breathing**
- **Broken bones**

What to do in case of an emergency:

- **Go to the nearest Emergency Department; you can use any hospital or other setting to get emergency services**
- **Call 911. Call an ambulance if no 911 service is in the area**
- **No referral is needed**
- **Prior authorization is not needed, but you should call us with 24 hours of your emergency care**

Post-Stabilization Care

Post-Stabilization Services are needed services given to an Enrollee once the Enrollee is stabilized following an emergency medical condition, in order to make the Enrollee better. Some Post-Stabilization Services after an emergency are covered by BTFMP. An example of a covered service would be a follow-up office visit for counseling. Call Member Services at 1-833-948-2009 if you are eligible or a prior authorization is needed for care.

New Medical Treatments

BTFMP reviews new medical treatments. A group of TPCPs, specialists, and medical directors decides if a treatment:

- Has been approved by the government
- Has shown how it affects patients in a reliable study
- Will help patients and improve their health as much as, or more than, current treatments

The review group looks at this then decides if the treatment is medically necessary. If your doctor asks us about a new treatment not yet reviewed, our medical group will review treatment details and make a decision. They will let your doctor know if it is medically necessary and approved.

Prior Authorization

Some services may require a prior authorization or getting an OK from BTFMP. You do not need to contact us for prior authorization. You can work with your doctor to submit a prior authorization.

Both BTFMP and your TPCP (or specialist) will agree which services are medically necessary. "Medically necessary" refers to services that:

- Protect life
- Keep you from getting seriously ill or disabled
- Finding out what's wrong or treating the disease, illness, or injury
- Help you do things like eating, dressing, and bathing

We won't pay for services for out-of-network providers if prior authorization is not given. You can work with an out-of-network provider to receive prior authorization before getting services.

Some services that do not need a prior authorization are:

- Primary care
- In-network specialist
- Family planning
- WTHCP services (you must choose doctors in network)
- Emergency care
- Holistic Care

Coverage Decisions

BTFMP has strict rules about how decisions are made about your care. Our doctors and staff make decisions about your care based only on need and benefits. There are no rewards to deny or promote care. BTFMP does not encourage doctors to give less care than you need. Doctors/Practitioners are not paid to deny care.

You can talk to a BTFMP staff member about our utilization management (UM) process. UM means we look at medical records, claims, and prior authorization requests. This is to make sure services are medically necessary. We also check that services are given in the right setting and that services are consistent with the condition reported. To learn more on how decisions are made about your care, contact Member Services at 1-833-948-2009.

Getting a Second Medical Opinion

You may have questions about care your TPCP or doctor says you need.

You may want a second opinion to:

- Diagnose an illness
- Make sure your treatment plan is right for you

You should speak to your PCP if you want a second opinion.

You may want a second opinion to:

- Also works with BTFMP
- Is the same kind of doctor you saw for the first opinion

You will need a prior authorization from BCCHP to see a doctor who isn't in our network. Call Member Services at 1-833-948-2009 for help getting a second opinion. You can also call the 24/7 Nurseline at 1-833-948-2009 to learn more.

Covered Services

BTFMP will cover for all medically necessary services under the Covered Medical Services section. You may have to pay for care or services that are not listed or are not medically necessary. If they are listed and BTFMP decides they are medically necessary, BTFMP will cover the full cost of the services.
Your TPCP may send you to a specialist or other provider for medical tests. They may make the appointment for you. A referral is not required. Sometimes you will have to make the appointment yourself. This is called a self-referral. You may also call Member Services at 1-833-948-2009 for help with appointments.
BTFMP covers members who live in any part of United States. BTFMP may cover services outside the United States. If you need care while you are traveling outside of state, call Member Services at 1-833-948-2009. A prior authorization is needed for services outside of State. If a prior authorization is not received, you may have to pay for services. If you need emergency care, go to the closest hospital or 911. Emergency care is not covered in Under Telehealth Membership Plan.

Medical Services

Blue Telehealth Family Membership Plan wants to ensure you get the care you need. BTFMP pays for all medically necessary covered services. You do not have any co-pays. Call Member Services at 1-833-948-2009 if you have benefits questions. If you have health-related questions you can call our 24/7 TPCP line at 1-833-948-2009. Some services may require a prior authorization or have service limits. Your TPCP will help submit any necessary prior authorizations. For additional coverage details see the BTFMP Certificate of Coverage.

Here is a list of some of the medical services and benefits that Blue Telehealth Family Membership Plan covers:

- Advanced practice nurse services
- Adaptive Behavior Support (ABS) services for those under the age of 21
- Assistive/Augmentative communication devices
- Audiology (hearing) services
- Preventive and holistic dental services
- Family planning services
- Laboratory and x-ray services
- Mental health services
- Tele nursing care
- Optical services
- Post-Stabilization services
- Holistic Services
- Obesity
- Constipation
- Piles
- Loose Motion
- Common Cold, cough
- Non-severe injuries like minor sprain,strain, minor cuts
- Therapy for Cramps
- Neuralgia
- Sinusitis
- Gastritis
- GERD
- Hyperacidity
- Acne
- Epilepsy
- Stage 1 tumour which has not been intervened by radiotherapy, chemotherapy
- Fibrosis
- PCOD & PCOS
- UTI
- Post Pregnancy care
- Diabetes
- High Blood Pressure (not more than one stroke history)
- Low Blood Pressure
- Acute Asthma
- Stones (not in cases of recurrent pain, size not more than 6mm)
- Smoking Cessation and Counselling
- Depression
- Schizophrenia
- Anemia

Non-Covered Services

Here is a list of some of the medical services and benefits that Blue Telehealth Family Membership Plan covers:

- Services that are experimental or investigational in nature
- Services that are provided by a non-network provider and not authorized by BTFMP
- Services that are provided without a required referral or prior authorization
- Elective cosmetic surgery
- Infertility care, such as sterilization reversals and fertility treatments, such as artificial insemination or in-vitro fertilization
- Heart Attack (with 2 strokes history)
- Complete Liver failure
- Kidney Failure
- Second Stage Tumours
- Complex Fracture which includes miniplates
- Dog / Cat Bite
- Tuberculosis
- Chronic Asthma
- Trauma , Head Injury
- Diagnostic procedures including MRI, CTScan, Radiograph, Ultrasound etc.

(Limited Diagnostic Procedures are covered, discuss with TPCP)

- Biopsy
- Dialysis
- Multiple Organ Failure
- Labor and Delivery
- Intravenous Medications
- HIV
- COPD
- Stunt Placement
- endoscopies, catheterizations
- Any service that is not medically necessary
- Services provided through local education agencies
- Paralysis
- Cardiac Arrhythmias
- Valvular Heart Diseases
- Ischemic and Hemorrhagic Strokes
- Neurodegenerative Diseases
- Certain Viral Infections (e.g., COVID-19 in severe cases)
- Vaccination
- Hernia
- Hemophilia
- Thrombocytopenia
- Leukemia
- Adrenal disorders
- Pituitary disorders
- Hyperthyroidism
- Goitre
- Sexually transmitted infections (STIs)
- Systemic Lupus Erythematosus (SLE)
- Rheumatoid Arthritis (during flare-ups)
- Acute Suicidal Ideation
- Acute Psychotic Episodes
- Anaphylactic Shock
- Placental Abruption
- Eclampsia
- Neonatal Critical Illnesses
- Pediatric Trauma
- Premature Birth Complications
- Neonatal Intensive Care
- Cosmetic dentistry
- Basic and major dentistry services
- Contact lens insurance
- Non covered/ unauthorized physical visit

This is not a full list of services not covered.

For additional information on services, please contact Member Services at 1-833-948-2009.

Dental Services

This plan encompasses a range of oral health conditions, and their treatment will be administered through holistic approaches, prioritizing safety in dentistry.

Cavities (Tooth Decay)
Decay in the tooth caused by bacteria producing acid that erodes the enamel.

Gingivitis:
Inflammation of the gums, usually caused by poor oral hygiene leading to the accumulation of plaque.

Periodontitis:
Advanced gum disease characterized by inflammation and infection of the gums and surrounding tissues.

Oral Candidiasis (Thrush)
Fungal infection in the mouth caused by Candida yeast, leading to white patches on the tongue and oral mucosa.

Oral Cancer:
Uncontrolled growth of abnormal cells in the mouth, including the lips, tongue, cheeks, and throat.

Herpes Simplex Virus (HSV):
Viral infection causing cold sores (HSV-1) or genital herpes (HSV-2) which can also affect the mouth.

Oral Lichen Planus:
Chronic inflammatory condition affecting the mucous membranes inside the mouth, causing white patches and discomfort.

Bruxism:
Excessive teeth grinding or clenching, which can lead to tooth wear and other dental problems.

TMJ Disorders:
Issues affecting the temporomandibular joint, causing pain, clicking, and limited jaw movement.

Dental Erosion:
Loss of tooth enamel due to acid exposure from factors like acidic foods, drinks, or medical conditions like acid reflux.

Halitosis (Bad Breath):
Persistent foul-smelling breath, often caused by poor oral hygiene, bacteria on the tongue, or underlying health issues.

Tooth Sensitivity:
Discomfort or pain when consuming hot, cold, sweet, or acidic foods and beverages due to exposed dentin or receding gums.

Dental Services

Dental Abscess:
Pus-filled sac caused by a bacterial infection, often accompanied by severe pain and swelling.

Xerostomia (Dry Mouth):
Insufficient saliva production, which can lead to discomfort, difficulty in speaking and swallowing, and an increased risk of cavities.

Malocclusion:
Misalignment of teeth and/or incorrect bite, which can lead to chewing difficulties, speech problems, and dental issues.

Oral Ulcers:
Painful sores that can develop on the inner cheeks, lips, gums, or tongue due to various factors.

Canker Sores:
Small, shallow ulcers with a white or gray base and a red border, often causing discomfort.

Leukoplakia:
Thickened white patches on the mucous membranes, which can be precancerous and require evaluation.

Aphthous Stomatitis:
Recurrent canker sores that cause pain and discomfort.

Impacted Wisdom Teeth:
Wisdom teeth (third molars) that do not fully emerge from the gums and can cause pain, infection, or crowding.

Vision

This plan encompasses a range of vision health conditions, and their treatment will be administered through holistic approaches, prioritizing safety. Your plan may cover more services so please discuss with your TPCP with your conditions.

Myopia (Nearsightedness):
A condition where distant objects appear blurry due to the focal point being in front of the retina.

Hyperopia (Farsightedness):
Distant objects are seen more clearly than close objects due to the focal point being behind the retina.

Astigmatism:
Blurred or distorted vision caused by an irregular shape of the cornea or lens, leading to multiple focal points.

Presbyopia:
Age-related condition where the ability to focus on close objects decreases, often necessitating reading glasses.

Cataracts:
Clouding of the lens inside the eye, causing blurred vision and decreased visual acuity.

Glaucoma:
A group of eye conditions that damage the optic nerve, often due to elevated intraocular pressure, leading to vision loss if left untreated.

Macular Degeneration (AMD):
Progressive deterioration of the central portion of the retina (macula), leading to central vision loss.

Diabetic Retinopathy:
Eye damage caused by diabetes affecting blood vessels in the retina, leading to vision impairment or blindness.

Strabismus:
Misalignment of the eyes, causing them to point in different directions and potentially leading to amblyopia ("lazy eye").

Amblyopia:
Reduced vision in one eye due to the brain ignoring input from the weaker eye.

Strabismus:
Misalignment of the eyes, causing them to point in different directions and potentially leading to amblyopia ("lazy eye").

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Conjunctivitis (Pink Eye):
Inflammation of the conjunctiva (clear tissue covering the white part of the eye) caused by infection or allergies.

Blepharitis:
Inflammation of the eyelids, often causing redness, itching, and irritation.

Behavioral Health (BH) Services

Behavioral health services can help those facing mental health conditions, substance abuse, or a BH. The type of service you might need depends on your personal situation. Services may require prior authorization so call Member Services at 1-833-948-2009 to check. You do not need a referral for a provider that is in our network. Some of the behavioral health services we cover include:

Depression: Persistent feelings of sadness, loss of interest, and lack of energy, often accompanied by changes in sleep and appetite.

Anxiety Disorders: Includes conditions such as generalized anxiety disorder, panic disorder, social anxiety disorder, and specific phobias, characterized by excessive worry or fear.

Bipolar Disorder: Alternating periods of depressive episodes and manic episodes, involving elevated mood, increased energy, and impulsive behavior.

Schizophrenia: A chronic disorder characterized by distorted thinking, hallucinations, delusions, and impaired emotional responses.

Obsessive-Compulsive Disorder (OCD): Involves recurring intrusive thoughts (obsessions) and repetitive behaviors or mental acts (compulsions).

Post-Traumatic Stress Disorder (PTSD): Develops after experiencing a traumatic event, causing flashbacks, nightmares, and severe anxiety.

Attention-Deficit/Hyperactivity Disorder (ADHD): Characterized by difficulty focusing, impulsivity, and hyperactivity, often seen in childhood.

Eating Disorders: Includes anorexia nervosa, bulimia nervosa, and binge-eating disorder, involving unhealthy eating patterns and body image issues.

Borderline Personality Disorder (BPD): Marked by intense mood swings, unstable self-image, impulsive behavior, and difficulties in relationships.

Substance Use Disorders: Involves the misuse of drugs or alcohol leading to negative consequences on physical, mental, and social well-being.

Autism Spectrum Disorder (ASD): A developmental disorder characterized by difficulties in social communication and interaction, along with restricted and repetitive behaviors.

Major Depressive Disorder (MDD): A severe form of depression involving persistent feelings of hopelessness, sadness, and a lack of interest in activities.

Panic Disorder: Characterized by sudden and recurrent panic attacks, often accompanied by a fear of having additional attacks.

Schizoaffective Disorder: Combines symptoms of schizophrenia and mood disorders, involving both psychotic and mood-related symptoms.

Body Dysmorphic Disorder (BDD): Obsessive focus on perceived flaws in physical appearance, often leading to excessive grooming or seeking cosmetic procedures.

This plan encompasses a range of mental health conditions, and their treatment will be administered through holistic approaches, prioritizing safety. Your plan may cover more services so please discuss with your TPCP with your conditions.

Care Coordination

Members will complete a Health Risk Screening (HRS) at least annually. BCCHP will call or text you after enrolling to complete your HRS. This screening will help determine your health habits, if you have any health risks and if you need a Care Coordinator. Call Member Services at 1-833-948-2009 if you missed our call or text and would like to complete your HRS.

The HRS helps us determine if you will need a Care Coordinator. If you qualify and choose to stay in, a Care Coordinator will be assigned to you. This Care Coordinator will work with us to assist you in managing your care. They will be your health care "coach." They will oversee your plan of care you and your Care Team decide is right. Care Coordinators can help you reach your health goals using your benefits.

Your BCCHP Care Coordinator will:

- Plan in-person visits or phone calls with you
- Listen to your concerns
- Help you get services and find health issues before they get worse (preventive care)
- Help set up care with your doctor and other health Care Team members
- Help you, your family, and your caregiver better understand your health condition(s), medications, and treatments

Your Care Team will help you get the help and care you need to be healthy. This includes:

- Tips on how to help manage your weight, eat better, and stay fit with an exercise program
- Provide brochures with tips on how to manage a chronic condition or on-going condition
- Recovery Support Assistants that support your recovery journey from a mental health condition or addiction
- Give wellness tips about healthy behaviors and the need for routine exams and screenings
- Family planning to help teach you:
- + How to be healthy before you get pregnant
- + How to prevent pregnancy
- + How to prevent sexually transmitted diseases (STDs) such as HIV/AIDS

Care Coordinators can help you by:

- Arranging services you need, including scheduling and keeping provider appointments
- Ensuring complete coordination of services to provide safe, timely, high-quality care as you move out of the hospital
- Understanding your conditions and support your ability to care for yourself
- Providing guidance before planned admissions, such as a scheduled surgery. Also, providing guidance after discharge when you have had an unplanned admission
- Providing education related to your medication and doctor's orders

Complex Case Management

We offer a special Complex Case Management program for members with complicated illnesses. For example, kidney disease, depression or substance use disorder. If you qualify, you will get targeted outreach by a Care Coordinator to help with your condition. You will work with your Care Coordinator to develop specific goals. All aimed at improving your overall health.

Care Coordination

Your Care Coordinator supports you by:

- Scheduling medical appointments as needed
- Obtaining and understanding your medications
- Helping you understand your specific disease and how to improve your health and quality of life
- Helping you use your benefits to keep health issues from getting worse
- Offering learning tools to help you, your family, and caregivers better understand any health conditions, prescriptions, over-the-counter drugs, and treatments

Disease Management Program

You are eligible for our disease management program. Members identified get support based on their level of need. All members have access to Telehealth society tools and help. The web portal offers many resources to help you stay healthy. You can access the member web portal at www.telehealthsociety.com. Members with moderate risk are contacted by a Care Coordinator that specializes in that condition management. If you are enrolled in the program, you work with your Care Coordinator to develop specific goals. This is with the purpose of improving your overall health.

The Care Coordinator provides:

- Education and materials related to your diagnosis
- Assistance with understanding and obtaining medications
- Education regarding available benefits that would improve your health outcomes
- Referrals to community programs and resources for more education and support such as improving access to healthy foods and community exercise programs

Voluntary Service

A Care Coordinator helps you use your health benefits and community-based services. This is so you can reach your health goals. Care Coordination and Care Coordination programs are voluntary (except for waiver services). You can opt-out at any time. If you are eligible, we will automatically enroll you if we identify an opportunity to help you. To enroll in or opt-out of Care Coordination, call Member Services at 1-833-948-2009.

Health Education Programs

BTFMP has programs to help you stay healthy and manage illnesses at every stage of life. Children should have regular visits to their pediatrician or TPCP. This allows your child to get recommended immunizations to keep them healthy. The doctor/practitioners checks your child for normal growth and development. This helps prevent health problems later. The doctor/practitioners may check diet, physical activity, weight, dental, vision and behavioral health. Any needed immunizations and screenings will be given during the visit. Please review the following tables with you or your child's TPCP.

Care Coordination

Childhood Recommended PCP Visit Frequency	
Age Range	**Recommended Visit Frequency**
1 – 6 months	Every 2 months
6 – 18 months	Every 3 months
18 months – 3 years	Every 6 months
3 – 19 years	Every year

Adult Recommended Preventative Services	
If You Are	**You Need**
Age 19-20	Annual Physical Exam, Annual Flu Shot, Tetanus-Diphtheria Booster (every 10 years). Additional Immunizations as recommended by your PCP
Age 21-34	Annual Physical Exam, Annual Flu Shot, Tetanus-Diphtheria Booster (every 10 years), Pap Smear, Chlamydia Screening, HPV Vaccine (< age 26)
Age 35-49	Annual Physical Exam, Annual Flu Shot, Tetanus-Diphtheria Booster (every 10 years), Pap Smear, Cholesterol Testing (> age 44), Glaucoma Screening (> age 39), Baseline Mammogram (covered once for members aged 35-40), Annual Screening Mammogram (> age 40)
Age 50-64	Annual Physical Exam, Annual Flu Shot, COVID-19 vaccination, Shingles vaccine, Tetanus-Diphtheria Booster (every 10 years), Pap Smear, Mammogram, Cholesterol Testing, Colorectal Cancer Screening, Glaucoma Screening
Age 65+	Annual Physical Exam, Annual Flu Shot, Tetanus-Diphtheria Booster (10 years), Pneumococcal Vaccine, Mammogram (to age 74), Cholesterol Testing, Colorectal Cancer Screening (to age 75), Glaucoma Screening, Hearing Screening

Call Member Services at 1-833-948-2009 to learn more about these programs.

Special Beginnings

Special Beginnings helps pregnant moms better understand and manage their pregnancies. To help have them deliver a healthy baby without complications. If you are pregnant or have delivered a baby within the last 84 days, you are eligible for the program.

Program participants may be eligible to receive:

- Education on pregnancy, postpartum, and newborn care
- Program incentives just for going to prenatal
- visits and postpartum appointments
- Help finding a provider and assistance with issues with access to care
- A breast pump and extra benefits (Dental, Vision, Holistic medicines)

Advance Directives

An advance directive is a written decision you make about your health care in the future in case you are so sick you can't make a decision at that time. At telehealth society there are four types of advance directives:

- **Healthcare Power of Attorney** - This lets you pick someone to make your health care decisions if you are too sick to decide for yourself
- **Living Will** - This tells your doctor and other providers what type of care you want if you are ill with a chronic disease.
- **Mental health Preference** - This lets you decide if you want to receive some types of mental health treatments that might be able to help you.

You can get more information on advance directives from your health Plan or your TPCP. If you are admitted to the hospital they might ask you if you have one. You do not have to have one. You do not have to have one to get your medical care but most hospitals encourage you to have one. You can choose to have any one or more of these advance directives if you want and you can cancel or change it at any time..

Note: Hospita care/ Emergency care is not covered under this plan becasue it is not an insurance policy but Telehealth society personal asset only and applicable within network partners telehealth practitioners only.

Grievances & Appeals

We want you to be happy with services you get from BCCHP and our providers. If you are not happy, you can file a grievance or appeal.

Grievances

A grievance is a complaint about any matter other than a denied, reduced or terminated service or item. BTFMP takes member grievances very seriously. We want to know what is wrong so we can make our services better. If you have a grievance about a provider or about the quality of care or services you have received, you should let us know right away. BTFMP has special procedures in place to help members who file grievances. We will do our best to answer your questions or help to resolve your concern. Filing a grievance will not affect your health care services or your benefits coverage.
If the grievant is a customer of the Vocational Rehabilitation (VR) program, the grievant may have the right to the assistance of the DHS-ORS Client Assistance Program (CAP) in the preparation, presentation and representation of the matters to be heard.

Advance Directives

These are examples of when you might want to file a grievance.

- Your provider or a BTFMP staff member did not respect your rights.
- You had trouble getting an appointment with your provider in an appropriate amount of time.
- You were unhappy with the quality of care or treatment you received
- Your provider or a BTFMP staff member was rude to you
- Your provider or a BTFMP staff member was insensitive to your cultural needs or other special needs you may have

You can file your grievance on the phone by calling Member Services at 1-833-948-2009. You can also file your grievance online in writing.

In the grievance letter, give us as much information as you can. For example, include the date and place the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your member ID number. You can ask us to help you file your grievance by calling Member Services at 1-833-948-2009

If you do not speak English, we can provide an interpreter at no cost to you. Please include this request when you file your grievance. If you are hearing impaired, call the Member Services 1-833-948-2009.

At any time during the grievance process, you can have someone you know represent you or act on your behalf. This person will be “your representative.” If you decide to have someone represent you or act for you, inform BTFMP in writing the name of your representative and his or her contact information.

We will try to resolve your grievance right away. If we cannot, we may contact you for more information.

Appeals

An appeal is a way for you to ask for a review of our actions. If we decide that a requested service or item cannot be approved, or if a service is reduced or stopped, you will get an “Adverse Benefit Determination” letter from us.

This letter will tell you the following:

• What action was taken and the reason for it
• Your right to file an appeal and how to do it
• Your right to ask for a State Fair Hearing and how to do it
• Your right in some circumstances to ask for an expedited appeal and how to do it
• Your right to ask to have benefits continue during your appeal, how to do it and when you may have to pay for the services.

You may not agree with a decision or an action made by BTFMP about your services or an item you requested. An appeal is a way for you to ask for a review of our actions. You may appeal within sixty (60) calendar days of the date on our Adverse Benefit Determination letter. If you want your services to stay the same while you appeal, you must say so when you appeal, and you must file your appeal no later than ten (10) calendar days from the date on our Adverse Benefit Determination letter.

This letter will tell you the following:

- Not approving or paying for a service or item your provider asks for
- Stopping a service that was approved before

- Not giving you the service or items in a timely manner • Not advising you of your right to freedom of choice of providers
- Not approving a service for you because it was not in our network

How to file an appeal

Call Member Services at 1-833-948-2009

If you do not speak English, we can provide an interpreter at no cost to you. Please include this request when you file your appeal. If you are hearing impaired, call the Member Services at 1-833-948-2009.

Can someone help you with the appeal process?

You have several options for assistance.
You may:

- Ask someone you know to assist in representing you. This could be your Primary Care Physician or a family member, for example.
- Choose to be represented by a legal professional.
- To appoint someone to represent you, either: 1) send us a letter informing us that you want someone else to represent you and include in the letter his or her contact information or, 2) fill out the Authorized Representative Appeals form. You may find this form at www.telehealthsociety.com

How to file an appeal

We will send you an acknowledgement letter within three (3) business days saying we received your appeal. We will tell you if we need more information and how to give us such information in person or in writing.
A provider with the same or similar specialty as your treating provider will review your appeal. It will not be the same provider who made the original decision to deny, reduce or stop the medical service.
BTFMP will send our decision in writing to you within fifteen (15) business days of the date we received your appeal request. BTFMP may request an extension up to fourteen (14) more calendar days to make a decision on your case if we need to get more information before we make a decision. You can also ask us for an extension if you need more time to obtain additional documents to support your appeal.
We will call you to tell you our decision and send you and your authorized representative the Decision Notice. The Decision Notice will tell you what we will do and why.
If BTFMP's decision agrees with the Adverse Benefit Determination, you may have to pay for the cost of the services you got during the appeal review. If BTFMP's decision does not agree with the Adverse Benefit Determination, we will approve the services to start right away.

Important Points

Things to keep in mind during the appeal process:

- At any time, you can provide us with more information about your appeal, if needed.
- You have the option to see your appeal file.
- You have the option to be there when BTFMP reviews your appeal.

Rights & Responsibilities

Your Rights

- Be treated with respect and dignity at all times.
- Have your personal health information and medical records kept private except where allowed by law.
- Be protected from discrimination.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Receive information from Blue Telehealth Family Membership Plans in other languages or formats such as with an interpreter or Braille.
- Receive information on available treatment options and alternatives, regardless of cost or benefit coverage. A right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Receive information necessary to be involved in making decisions about your healthcare treatment and choices. A right to participate with practitioners in making decisions about their health care.
- Refuse treatment and be told what may happen to your health if you do.
- Receive a copy of your medical records and in some cases request that they be amended or corrected.
- Choose your own primary care provider (TPCP) from the Blue Telehealth Family Membership Plans. You can change your TPCP at any time.
- File a complaint (sometimes called a grievance), or appeal without fear of mistreatment or backlash of any kind.
- To make recommendations regarding the organization's member rights and responsibility policy.
- Request and receive in a reasonable amount of time, information about your Membership Plan, its providers and polices.

Your Responsibilities

- Treat your doctor and the office staff with courtesy and respect.
- Carry your Blue Telehealth Family Membership Plans ID card with you when you go to your doctor appointments and to the pharmacy to pick up your prescriptions.
- Keep your appointments and be on time for them.
- If you cannot keep your appointments cancel them in advance.
- Follow the instructions and treatment plan you get from your doctor and agree with goals to provide better care for your health.
- Tell your health plan and your caseworker if your address or phone number or any other information changes to provide care efficiently.
- Understand your health status and participate in developing mutually agreed-upon treatment goals to the degree possible.
- Read your member handbook so you know what services are covered and if there are any special rules.
- A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.

Fraud, Abuse and Neglect

Fraud, Abuse and Neglect are all incidents that need to be reported.

Fraud occurs when someone receives benefits or payments they are not entitled to. Examples of fraud:

- To use someone else's ID card or let them use yours.
- A provider billing for services that you did not receive.

Abuse is when someone causes physical or mental harm or injury. Here are some examples of abuse:

- Physical abuse is when you are harmed such asslapped, punched, pushed, or threatened with aweapon.
- Mental abuse is when someone uses threateningwords at you, tries to control your social activity,or keep you isolated.
- Financial abuse is when someone uses yourmoney, personal checks, or credit cards withoutyour permission.
- Sexual abuse is when someone is touching youinappropriately and without your permission.

Neglect occurs when someone decides to hold the basic necessities of life such as food, clothing, shelter or medical care.

If you believe you are a victim, you should report this right away. You can call Member Services at 1-833-948-2009.

If You Suspect Abuse, Report It

If you believe you are a victim, you should report this right away. You can call Member Services at 1-833-948-2009.

Privacy Policy

We have the right to get information from anyone giving you care. We use this information so we can pay for and manage your health care. We keep this information private between you, your health care practitioners, and us, except as the law allows. Refer to the Notice of Privacy Practices to read about your right to privacy. If you would like a copy of the notice, please call Member Services at 1-833-948-2009. Blue Telehealth Family Membership is working with the nationwide pratitioners to stop new diseases and chronic cases.

Disclaimers

The following disclaimer outlines important information and terms related to the Telehealth Society Blue Telehealth Family Membership Plan ("the Plan"). By enrolling in or utilizing the Plan, you acknowledge your understanding and agreement with the terms stated below:

Disclaimers

Telehealth Services: The Telehealth Society Blue Telehealth Family Membership Plan provides access to telehealth services, which allow members to remotely consult with healthcare professionals via video calls, phone calls, or online messaging. The services offered under the Plan are not a substitute for emergency medical care. If you are experiencing a medical emergency, please contact your local emergency services immediately.

Healthcare Practitioners: The healthcare professionals available through the Plan are licensed and qualified to provide telehealth services within their respective jurisdictions. However, the Plan cannot guarantee the availability of specific healthcare providers at all times. You may be matched with an available provider based on your needs and their availability.

Medical Advice: The telehealth services provided under the Plan are intended for general medical advice, non-urgent medical concerns, and health consultations. The healthcare providers may offer recommendations, prescriptions, and referrals, but it is your responsibility to discuss any treatment options with your primary care physician or a specialist before proceeding.

Privacy and Security: The Plan takes privacy and security seriously. All interactions and communications with healthcare providers are treated as confidential medical records and are subject to applicable privacy laws. However, no data transmission over the internet can be guaranteed as 100% secure. It is recommended that you access the telehealth services in a secure and private environment.

Technical Requirements: To access telehealth services, you must have a compatible device with internet connectivity and the necessary software. The Plan is not responsible for any technical issues, including but not limited to internet connectivity problems, device compatibility, or software compatibility.

Membership Fees: The Plan's family membership comes with associated fees. Membership fees are subject to change without prior notice. Please refer to the most recent documentation or contact customer support for the current fee structure.

Cancellation and Refunds: Membership cancellation policies and refund procedures may vary. Please review the specific terms related to membership cancellations and refunds in the Plan's official documentation or contact customer support for more information.

Not an Insurance Plan: The Telehealth Society Blue Telehealth Family Membership Plan is not an insurance plan. It does not cover medical treatments, procedures, or medications. Consultation fees may apply for each telehealth session.

Legal Jurisdiction: This disclaimer and your use of the Telehealth Society Blue Telehealth Family Membership Plan are subject to the laws and regulations of the jurisdiction in which you reside.

Changes to Terms: The terms of the Telehealth Society Blue Telehealth Family Membership Plan, including this disclaimer, are subject to change at the discretion of the Plan's administrators. It is your responsibility to stay informed about any updates to the terms.

Thanks for choosing Blue Telehealth Family Membership Plan

1-833-948-2009

memeber@telehealthsociety.com

http:// www.telehealthsociety.com

TELEHEALTH SOCIETY
A MEDICAL PROFESSIONALS COMMUNITY