

HMO

Group Health Cooperative of South Central Wisconsin
2024 Member Reference Guide

WI Youth Company



BETTER TOGETHERSM

 **Group Health
Cooperative**

of South Central Wisconsin

ghcsw.com

WELCOME

to Group Health Cooperative of South Central Wisconsin (GHC-SCW)!

Thank you for choosing GHC-SCW as your health care provider.



Get Started!

To get the best care possible, we encourage you to take these quick steps!

1. Activate your online GHCMYChartSM account

Schedule appointments, refill your prescriptions, view select test results and more! Visit ghcscw.com/ghcmymychart to get started.

2. Transition your care.

If you're coming to us from a different health care organization, we want to help make your transition as seamless as possible. Visit ghcscw.com/for-members/transition-your-care. You'll want to complete a Transition of Care form and transfer existing:

- Medical records so we can better understand your medical history.
- Specialty care treatment so we can help provide continuity of your care.
- Medications so we can help you avoid gaps in your medication regimen.

3. Choose your Primary Care Provider (PCP).

To view our PCPs, visit ghcscw.com and select, "Find a Provider."

LGBTQ+ Primary Care Services

GHC-SCW understands and values the importance of care in an environment that is both safe and welcoming. We are committed to providing patient-centered primary care to our LGBTQ+ members. Learn more at ghcscw.com/lgbtqia-members.



Connect With Us

As a GHC-SCW member-owner, you play an active role in your health care, so it's important that you stay up-to-date on what's happening in your Cooperative. And as a non-profit, we're focused on green initiatives that better our community which means connecting and communicating with you online. **Stay connected and help us go paperless!**

- Sign-up today at ghcscw.com/ghcmymychart to receive our member newsletter, HouseCall, and our regular electronic member communications.
- Follow us on Facebook, LinkedIn and X to get the most up-to-date information as it happens!
- Visit our website at ghcscw.com for more information about the services and care we offer.



QUESTIONS? Call Member Services at (608) 828-4853 or toll-free at (800) 605-4327.

Group Health Cooperative of South Central Wisconsin (GHC-SCW)

YOUR LOCAL, NON-PROFIT, MEMBER-OWNED,
HEALTH CARE COOPERATIVE



GHC-SCW isn't your standard health care company. We exist to serve our members, and we value our cooperative spirit. We pioneered the HMO movement as Dane County's first HMO, and today we are a nationally-recognized leader in health care with a history of many other trailblazing firsts. We provide the entire spectrum of managed health care services, including insurance, primary care and select specialty care, in five Madison-area clinics. From our commitment to a non-profit, member-owned cooperative care model to the investments made in the benefits and the well-being of our employees, we believe in the culture of exceptional care.

Our Mission

We partner with members and the communities we serve to maximize health and well-being.

Our Vision

As a local, not-for-profit, member-owned Cooperative, we are the most trusted resource for lifelong health and well-being in the communities we serve.

Our Values

Our Values are a set of beliefs which we hold dear that help us identify priorities for the Cooperative and as well as a guide for how we conduct our business.

- We are a not-for-profit Cooperative
- We are member-centered
- We are equitable and inclusive
- We are quality-driven
- We are innovative
- We are community involved

Our Commitment to Excellence

GHC-SCW gives you the power to decide if your experience was worth what you paid. The **GHC Experience GuaranteeSM** is a promise that every patient and member gets the best experience every time. If you have an experience that fails to meet your expectations, GHC-SCW will refund some or all of your out-of-pocket costs associated with the visit. For more information, visit ghcscw.com/experience-guarantee.



Learn more at ghcscw.com

BETTER TOGETHERSM

 **Group Health Cooperative**

of South Central Wisconsin



Our Beliefs

In the ever-changing health care landscape we are committed to diversity, inclusion and equity.

- We believe health care is a human right.
- We believe in treating all people with dignity and respect.
- We believe there is strength in diversity.
- We believe equity celebrates our humanity.

Get Care!



Your Primary Care Clinic

Your primary care clinic is your first point of contact for all your health care needs. Anytime you need medical care (except for emergencies), call your primary care clinic for an appointment or to speak with your PCP's nursing staff.

Members who arrive more than 10 minutes late to their appointment may need to reschedule. No show appointments may result in a fee.

See pages 5 to 6 for a complete listing of all primary care clinic locations.

GHC-SCW Primary Care Clinics

- Capitol Clinic: (608) 257-9700
- East Clinic: (608) 257-9700
- Hatchery Hill Clinic: (608) 257-9700
- Madison College Community Clinic: (608) 441-3220
- Sauk Trails Clinic: (608) 257-9700

Additional GHC-SCW Clinics

- Capitol Regent Behavioral Health: (608) 257-9700
- Princeton Club West PT/OT Clinic: (608) 662-5060



GHC-SCW Urgent Care Clinic

Urgent care is for non-life-threatening conditions that need to be treated that same day or after business hours. These conditions typically cause unusual discomfort.

Physical therapy is available for some injuries at the GHC-SCW Urgent Care Clinic at Capitol Clinic.

Contact the GHC-SCW Urgent Care Clinic at Capitol Clinic at (608) 442-8100 to schedule an appointment. Appointments are made to better serve your same-day access needs are required for Urgent Care. Walk-in appointments are not available.

Examples Include:

- Back Pain
- Ear Pain
- Colds and Flu
- Cuts, Scrapes or Bruises
- Eye Irritation
- Fever
- Migraine Headaches
- Sore Throats
- Simple Bone Fractures (not through skin)
- Sprains
- Skin Rashes
- Urinary Burning

For information on Urgent Care Locations in your area, see pages 8 to 13.



Emergency Care

Emergency care is for life-threatening medical conditions (including severe symptoms) that can cause serious danger to your health.

If it is not possible to go to your designated hospital, go to the nearest hospital emergency room or call 911.

Locations are listed on pages 8 to 13.

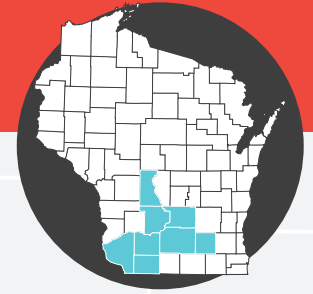
Examples Include:

- Alcohol or Drug Overdose
- Amputations or Severe Lacerations
- Complex Bone Fractures (through skin)
- Complications during Pregnancy
- Facial or Eye Trauma
- Heart Attack/Chest Pain
- Knife/Gunshot Wounds
- Loss of Consciousness
- Poisoning
- Respiratory Problems
- Severe Burns
- Stroke





QUESTIONS? Call Member Services at (608) 828-4853 or toll-free at (800) 605-4327.

HMO FIND A PROVIDER MAP



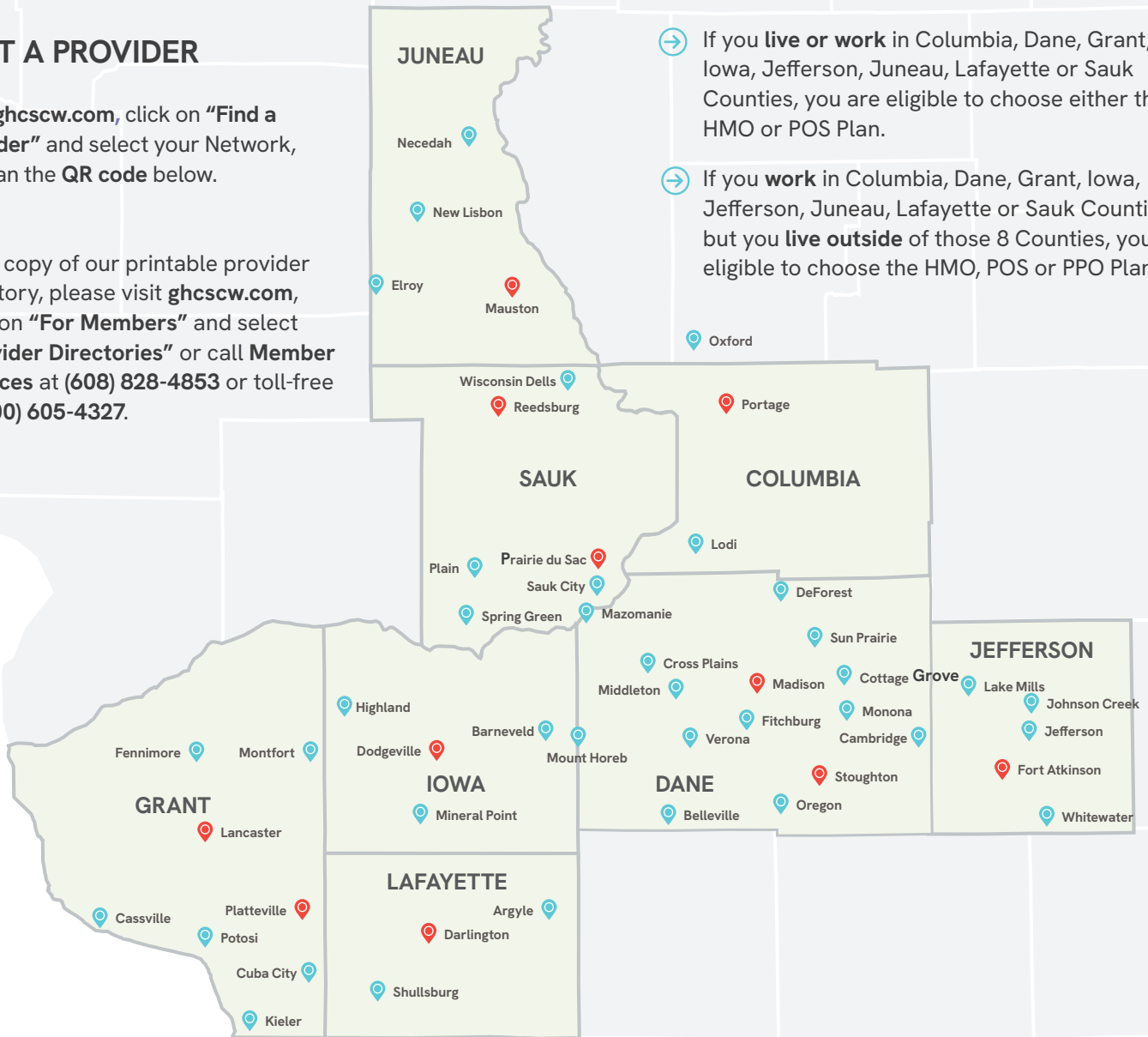
LEGEND

-  Hospital and Primary Care Clinic Locations
-  Primary Care Clinic Locations Only

SELECT A PROVIDER

- ◆ Visit ghcscw.com, click on “Find a Provider” and select your Network, or scan the QR code below.
- ◆ For a copy of our printable provider directory, please visit ghcscw.com, click on “For Members” and select “Provider Directories” or call Member Services at (608) 828-4853 or toll-free at (800) 605-4327.

- ➔ If you **live or work** in Columbia, Dane, Grant, Iowa, Jefferson, Juneau, Lafayette or Sauk Counties, you are eligible to choose either the HMO or POS Plan.
- ➔ If you **work** in Columbia, Dane, Grant, Iowa, Jefferson, Juneau, Lafayette or Sauk Counties but you **live outside** of those 8 Counties, you are eligible to choose the HMO, POS or PPO Plan.



BETTER TOGETHERSM

Group Health Cooperative of South Central Wisconsin (GHC-SCW)
MK20-107-6(8.23)FL

 **Group Health Cooperative**

of South Central Wisconsin

ghcscw.com

PRIMARY CARE CLINICS

COLUMBIA COUNTY

Lodi

- Lodi Clinic – Sauk Prairie Healthcare

Portage

- Portage Clinic – Aspirus Health
- UW Health – Portage Clinic

DANE COUNTY

Belleville

- UW Health – Belleville Family Medicine Clinic

Cottage Grove

- UW Health – Cottage Grove Clinic

Cross Plains

- UW Health – Cross Plains Clinic

DeForest

- UnityPoint Health – Meriter DeForest – Windsor Clinic
- UW Health – DeForest Windsor Clinic

Fitchburg

- GHC-SCW Hatchery Hill Clinic
- UnityPoint Health – Meriter – Fitchburg Clinic
- UW Health – Fitchburg Clinic

Madison

- GHC-SCW Capitol Clinic
- GHC-SCW East Clinic
- GHC-SCW Madison College Community Clinic
- GHC-SCW Sauk Trails Clinic
- Joyce and Marshall Erdman Clinic – Access Community Health Centers
- UnityPoint Health – Meriter – McKee Clinic
- UnityPoint Health – Meriter – West Washington Clinic
- UW Health – 1102 S. Park St Clinic
- UW Health – 20 S. Park St Clinic
- UW Health – E. Terrace Dr Medical Center
- UW Health – Junction Rd Medical Center

- UW Health – Northport Dr Clinic
- UW Health – Odana Rd Clinic
- UW Health – Union Corners Clinic
- William T. Evjue Clinic – Access Community Health Centers
- Wingra Family Medical Center – Access Community Health Centers

Middleton

- UnityPoint Health – Meriter – Middleton Clinic

Monona

- UnityPoint Health – Meriter – Monona Clinic
- UW Health – Yahara Clinic

Mount Horeb

- UW Health – Mount Horeb Clinic

Oregon

- UW Health – Oregon Clinic

Stoughton

- UnityPoint Health – Meriter – Stoughton Clinic
- UW Health – Stoughton Clinic

Sun Prairie

- UW Health – Sun Prairie Clinic

Verona

- UW Health – Verona Clinic

GRANT COUNTY

Cassville

- Grant Regional Health Center – Community Clinic Cassville

Cuba City

- Southwest Health – Cuba City

Fennimore

- High Point Family Medicine – Fennimore

Kieler

- Southwest Health – Kieler

Lancaster

- Grant Regional Health Center – Community Clinic Lancaster
- High Point Family Medicine Lancaster
- Family Medical Center

Montfort

- UHH Montfort Clinic

Platteville

- Southwest Health – Platteville

Potosi

- Grant Regional Health Center – Potosi-Tennyson Medical Clinic

IOWA COUNTY

Barneveld

- UHH Barneveld Clinic

Dodgeville

- Dodgeville Medical Center of UHH

Highland

- UHH Highland Clinic

Mineral Point

- Mineral Point Medical Center of UHH

Mount Horeb

- UHH Mount Horeb Clinic

JEFFERSON COUNTY

Cambridge

- Cambridge Family Practice – Fort HealthCare

Fort Atkinson

- Integrated Family Care Clinic – Fort HealthCare
- Internal Medicine & Pediatrics – Fort HealthCare
- UW Health – Fort Atkinson Clinic

Jefferson

- Jefferson Clinic – Fort HealthCare

Johnson Creek

- Johnson Creek Clinic – Fort HealthCare
- Three Oaks Health

Lake Mills

- Lake Mills Clinic – Fort HealthCare

Whitewater

- Whitewater Clinic – Fort HealthCare

JUNEAU COUNTY

Elroy

- Elroy Family Medical Clinic – Mile Bluff Medical Center

Mauston

- Mile Bluff Clinic – Mile Bluff Medical Center

Necedah

- Necedah Family Medical Clinic – Mile Bluff Medical Center

New Lisbon

- New Lisbon Family Medical Clinic – Mile Bluff Medical Center

LAFAYETTE COUNTY

Argyle

- Memorial Hospital of Lafayette County Primary Care – Argyle

Darlington

- Memorial Hospital of Lafayette County Primary Care – Darlington

Shullsburg

- Memorial Hospital of Lafayette County Primary Care – Shullsburg

MARQUETTE COUNTY

Oxford

- Oxford Clinic – Aspirus Health

SAUK COUNTY

Mazomanie

- Wisconsin Heights Clinic – Sauk Prairie Healthcare

Plain

- Plain Clinic – Sauk Prairie Healthcare

Reedsburg

- Reedsburg Area Medical Center Physicians Group

Sauk City

- Prairie Clinic

Spring Green

- River Valley Clinic – Sauk Prairie Healthcare
- UHH Spring Green Clinic

Wisconsin Dells

- Delton Family Medical Center – Mile Bluff Medical Center

HOSPITALS & SURGERY

COLUMBIA COUNTY

Portage

- Aspirus Divine Savior Hospital

DANE COUNTY

Madison

- Madison Surgery Center
- UnityPoint Health – Meriter Hospital
- UW Health American Family Children's Hospital
- UW Health – East Madison Hospital
- UW Health Rehabilitation Hospital

- UW Health Transformations
- UW Health University Hospital

Stoughton

- Stoughton Hospital

GRANT COUNTY

Lancaster

- Grant Regional Health Center

Platteville

- Southwest Health Hospital

IOWA COUNTY

Dodgeville

- Upland Hills Health Hospital

JEFFERSON COUNTY

Fort Atkinson

- Fort Memorial Hospital

JUNEAU COUNTY

Mauston

- Mile Bluff Medical Center

LAFAYETTE COUNTY

Darlington

- Memorial Hospital of Lafayette County

SAUK COUNTY

Reedsburg

- Reedsburg Area Medical Center

Prairie du Sac

- Sauk Prairie Hospital

Understanding Prior Authorization

Prior Authorization is when GHC-SCW gives members prior written approval for coverage. Authorization could be for specified services, treatment, durable medical equipment (DME) or supplies. Prior authorization will determine and authorize payment of:


- The specific type and extent of care, DME or supply that is medically necessary.
- The number of visits or the period of time when you can get the care.
- The name of the provider giving you the service.

Prior Authorization IS NOT:

- A guarantee the service or supply will be covered. Coverage is determined by the member's benefit plan and is subject to Usual and Customary Reimbursement determinations.
- Unlimited, prior authorizations approvals may be limited by visits and/or time span.

Members Responsibilities:

- If you're using a non-participating provider, you are responsible for working with the provider to get all necessary prior authorizations.
- You should log into **GHCMyChartSM** before your visit to verify that GHC-SCW has approved the request for prior authorization. If you don't have access to **GHCMyChartSM**, you can create an account. Go to ghcscw.com/ghcmychart or call Member Services at (608) 828-4853 or toll-free at (800) 605-4327.
- If you're an HMO member using an Out-of-Network provider and you don't get prior authorization, and the requested service or supply is denied, you will be billed.
- If you're an HMO member and a participating provider does not get prior authorization and the requested service or supply is denied, you cannot be billed.

 **GHC-SCW no longer requires prior authorization or referrals for new and in-network outpatient Behavioral Health Services. This includes individual therapy, psychiatry and substance use disorder outpatient services. Other Behavioral Health Services may require prior authorization.**

A list of services requiring prior authorization can be found on our website at ghcscw.com, search "prior authorization."



QUESTIONS? Call Member Services at (608) 828-4853 or toll-free at (800) 605-4327.



GHC-SCW HMO Network

Find Your Primary Care Clinic

Specialty and Ancillary Services at GHC-SCW

Follow the colored line from your primary care clinic to see where to go for health services.

GHC-SCW Clinics (GHC)

Capitol Clinic, East Clinic, Hatchery Hill Clinic, Madison College Community Clinic, Sauk Trails Clinic

Access Community Health Center & Clinics (ACHC)

Joyce and Marshall Erdman Clinic
William T. Evjue Clinic
Wingra Family Medical Center

UW Health Clinics

1102 S. Park St Clinic, 20 S. Park Clinic, Belleville Clinic, Cottage Grove Clinic, Cross Plains Clinic, Deforest-Windsor Clinic, E. Terrace Dr Medical Center, Fitchburg Clinic, Junction Rd Medical Center, Mt. Horeb Clinic, Northport Dr Clinic, Odana Rd Clinic, Oregon Clinic, Sun Prairie Clinic, Union Corners Clinic, Verona Clinic, Yahara Clinic

UnityPoint-Meriter Clinics

Deforest-Windsor Clinic, Fitchburg Clinic, McKee Clinic, Middleton Clinic, Monona Clinic, Stoughton Clinic, West Washington Clinic

UW Health Stoughton Clinic (UWS)

The following specialty and ancillary services should be received at GHC-SCW-owned clinics regardless of your primary care clinic location: chiropractic, dermatology, genetic counseling, eye care, physical and occupational therapy, advanced imaging - ultrasound, CT scans, Mammograms (3D with tomosynthesis). Services vary by clinic location and not all services are offered at each location.

GHC-SCW Capitol Clinic

(608) 257-9700

675 W. Washington Ave., Madison, WI 53703

Capitol Regent Behavioral Health Clinic

(608) 257-9700

700 Regent St., Suite 302, Madison, WI 53703

GHC-SCW East Clinic

(608) 257-9700

5249 E. Terrace Dr., Madison, WI 53718

GHC-SCW Hatchery Hill Clinic

(608) 257-9700

3051 Cahill Main, Fitchburg, WI 53711

GHC-SCW Madison College Community Clinic

(608) 441-3220

Madison College Health Education Center - Truax Campus
1705 Hoffman St., Madison, WI 53704

Princeton Club West PT/OT Clinic

(608) 662-5060

Princeton Club West
8054 Watts Rd., Madison, WI 53719

GHC-SCW Sauk Trails Clinic

(608) 257-9700

8202 Excelsior Dr., Madison, WI 53717

Visit ghcscw.com and select the "Find a Provider" button for a complete and current listing of providers.

Specialty Care Outside of GHC-SCW

Urgent Care

Emergency Care & Inpatient Care

Inpatient labor and delivery care must be received at UnityPoint Health - Meriter Hospital.

Specialty care outside of GHC-SCW Clinics must be provided by a contracted provider. To view a list of our contracted specialty providers, please visit ghcscw.com and select "Find a provider".

GHC-SCW Urgent Care Clinic
(608) 257-9700
675 W. Washington Ave.
Madison, WI 53703

GHC-SCW Urgent Care Clinic
(608) 257-9700
675 W. Washington Ave.
Madison, WI 53703

Stoughton Health - Urgent Care
(608) 873-6611
900 Ridge St.
Stoughton, WI 53589

Stoughton Health - Urgent Care
(608) 835-5373
900 Janesville St.
Oregon, WI 53575

Stoughton Health - Urgent Care
(608) 838-8242
5614 US HWY 51
McFarland, WI 53558

University Hospital and Clinics
(608) 263-6400
600 Highland Ave.
Madison, WI 53792

UW Health - East Madison Hospital
(608) 440-6400
4602 Eastpark Blvd.
Madison, WI 53718

UnityPoint Health - Meriter Hospital
(608) 417-6000
202 S. Park St.
Madison, WI 53715

**UnityPoint Health - Meriter Hospital
Inpatient Labor & Delivery**
(608) 417-6000
202 S. Park St.
Madison, WI 53715

Stoughton Hospital
(608) 873-6611
900 Ridge St.
Stoughton, WI 53589

University Hospital and Clinics
(608) 263-6400
600 Highland Ave.
Madison, WI 53792

UW Health - East Madison Hospital
(608) 440-6400
4602 Eastpark Blvd.
Madison, WI 53718

UnityPoint Health - Meriter Hospital
(608) 417-6000
202 S. Park St.
Madison, WI 53715



GHC-SCW HMO Regional Network

FIND YOUR PRIMARY CARE CLINIC

Follow the colored line from your primary care clinic to see where to go for health services.

Sauk Prairie Healthcare

- Lodi Clinic ▪ (608) 592-3296 ▪ Lodi, WI
- Plain Clinic ▪ (608) 546-4211 ▪ Plain, WI
- Prairie Clinic ▪ (608) 643-3351 ▪ Sauk City, WI
- River Valley Clinic ▪ (608) 588-2502 ▪ Spring Green, WI
- Wisconsin Heights Clinic ▪ (608) 795-4110 ▪ Mazomanie, WI

Reedsburg Area Medical Center Physicians Group

(608) 524-8611 ▪ Reedsburg, WI

Aspirus Health

- Oxford Clinic ▪ (608) 589-5333 ▪ Oxford, WI
- Portage Clinic ▪ (608) 745-4598 ▪ Portage, WI

UW Health

Family Medicine Clinic - Portage ▪ (608) 742-3004 ▪ Portage, WI

Fort HealthCare

- Cambridge Clinic ▪ (608) 423-1100 ▪ Cambridge, WI
- Integrated Family Care ▪ (920) 563-5500 ▪ Fort Atkinson, WI
- Internal Medicine & Pediatrics ▪ (920) 563-5571 ▪ Fort Atkinson, WI
- Jefferson Clinic ▪ (920) 674-6000 ▪ Jefferson, WI
- Johnson Creek Clinic ▪ (920) 699-4000 ▪ Johnson Creek, WI
- Lake Mills Clinic ▪ (920) 648-8393 ▪ Lake Mills, WI
- Whitewater Clinic ▪ (262) 473-5888 ▪ Whitewater, WI

UW Health

Fort Atkinson Clinic ▪ (920) 563-5544 ▪ Fort Atkinson, WI

Three Oaks Health

(920) 542-3010 ▪ Johnson Creek, WI

Specialty Care

Sauk Prairie Hospital

(608) 643-3311
Prairie du Sac, WI

Reedsburg Area Medical Center

(608) 768-3900
Reedsburg, WI

UW Health Hospitals & Specialists

Dane County, WI

UnityPoint Health - Meriter

Hospital & Specialists
Dane County, WI

Aspirus Divine Savior Hospital

(608) 742-4131
Portage, WI

UW Health Hospitals & Specialists

Dane County, WI

UnityPoint Health - Meriter

Hospital & Specialists
Dane County, WI

Fort HealthCare

Specialty Clinic

(920) 568-5334
Fort Atkinson, WI

UW Health Specialty Clinic

(920) 568-6567
Fort Atkinson, WI

UW Health Hospitals & Specialists

Dane County, WI

UnityPoint Health - Meriter

Hospital & Specialists
Dane County, WI

Visit ghcscw.com and select the "Find a Provider" button for a complete and current listing of providers.

Urgent Care

Emergency Care

Hospitals & Surgery

Sauk Prairie Hospital
(608) 643-3311

Prairie Clinic Express Clinic
(608) 643-3351

Aspirus Divine Savior Hospital
(608) 742-4131

Reedsburg Area Medical Center
(608) 524-6487

GHC-SCW Capitol Clinic
(608) 257-9700

Upland Hills Health
(608) 930-8000

Mile Bluff Medical Center
(608) 847-6161

**Fort Memorial Hospital
Urgent Care**
(920) 568-5330

Southwest Health
(608) 348-2331

Grant Regional Health Center
(608) 723-2143

**Memorial Hospital of
Lafayette County**
(608) 776-4466

Sauk Prairie Hospital
(608) 643-3311

Reedsburg Area Medical Center
(608) 524-6487

Aspirus Divine Savior Hospital
(608) 742-4131

UW Health University Hospital
(608) 263-6400

**UW Health - East Madison
Hospital**
(608) 440-6400

**UnityPoint Health - Meriter
Hospital**
(608) 417-6000

Upland Hills Health
(608) 930-8000

Mile Bluff Medical Center
(608) 847-6161

Fort Memorial Hospital
(920) 568-5000

Southwest Health
(608) 348-2331

Grant Regional Health Center
(608) 723-2143

**Memorial Hospital of
Lafayette County**
(608) 776-4466

Sauk Prairie Hospital
(608) 643-3311
Prairie du Sac, WI

Reedsburg Area Medical Center
(608) 768-3900
Reedsburg, WI

UW Health Hospitals & Specialists
Dane County, WI

**UnityPoint Health - Meriter
Hospital & Specialists**
Dane County, WI

Aspirus Divine Savior Hospital
(608) 742-4131
Portage, WI

UW Health Hospitals & Specialists
Dane County, WI

**UnityPoint Health - Meriter
Hospital & Specialists**
Dane County, WI

Fort Memorial Hospital
(920) 568-5000
Fort Atkinson, WI

UW Health Hospitals & Specialists
Dane County, WI

**UnityPoint Health - Meriter
Hospital & Specialists**
Dane County, WI



GHC-SCW HMO Regional Network

FIND YOUR PRIMARY CARE CLINIC

Follow the colored line from your primary care clinic to see where to go for health services.

Mile Bluff Medical Center

Mile Bluff Clinic ▪ (608) 847-5000 ▪ Mauston, WI
Necedah Family Medical Clinic ▪ (608) 565-2000 ▪ Necedah, WI
New Lisbon Family Medical Clinic ▪ (608) 562-3111 ▪ New Lisbon, WI
Elroy Family Medical Clinic ▪ (608) 462-8466 ▪ Elroy, WI
Delton Family Medical Clinic ▪ (608) 254-5888 ▪ Wisconsin Dells, WI

Upland Hills Health

UHH Clinic - Highland ▪ (608) 929-4518 ▪ Highland, WI
UHH Clinic - Montfort ▪ (608) 943-6308 ▪ Montfort, WI
UHH Clinic - Mount Horeb ▪ (608) 437-8033 ▪ Mount Horeb, WI
UHH Clinic - Spring Green ▪ (608) 588-2600 ▪ Spring Green, WI
Mineral Point Medical Center of UHH ▪ (608) 987-2346 ▪ Mineral Point, WI
Dodgeville Medical Center of UHH ▪ (608) 935-2308 ▪ Dodgeville, WI
UHH Clinic - Barneveld ▪ (608) 924-1108 ▪ Barneveld, WI

Southwest Health

Platteville Clinic ▪ (608) 348-4330 ▪ Platteville, WI
Cuba City Clinic ▪ (608) 744-2767 ▪ Cuba City, WI
Kieler Clinic ▪ (608) 568-3107 ▪ Kieler, WI

Grant Regional Health Center

Grant Regional Community Clinic Cassville ▪ (608) 723-2131 ▪ Cassville, WI
Grant Regional Community Clinic Lancaster ▪ (608) 723-2131 ▪ Lancaster, WI
Potosi-Tennyson Medical Clinic ▪ (608) 723-5351 ▪ Potosi, WI

High Point Family Medicine

Lancaster Clinic ▪ (608) 723-3100 ▪ Lancaster, WI
Fennimore Clinic ▪ (608) 822-3363 ▪ Fennimore, WI

Family Medical Center ▪ (608) 723-4300 ▪ Lancaster, WI

Memorial Hospital of Lafayette County (MHLC)

MHLC Primary Care - Argyle ▪ (608) 543-3392 ▪ Argyle, WI
MHLC Primary Care - Darlington ▪ (608) 776-4497 ▪ Darlington, WI
MHLC Primary Care - Shullsburg ▪ (608) 965-4475 ▪ Shullsburg, WI

Specialty Care

Mile Bluff Medical Center
(608) 847-6161
Mauston, WI

UW Health Hospitals & Specialists
Dane County, WI

UnityPoint Health - Meriter
Hospital & Specialists
Dane County, WI

Upland Hills Health
(608) 930-7115
Dodgeville, WI

UW Health Hospitals & Specialists
Dane County, WI

UnityPoint Health - Meriter
Hospital & Specialists
Dane County, WI

Southwest Health -
The Specialist Clinics
(608) 342-5060
Platteville, WI

Grant Regional Health Center
(608) 723-3249
Lancaster, WI

UW Health Hospitals & Specialists
Dane County, WI

UnityPoint Health - Meriter
Hospital & Specialists
Dane County, WI

MHLC - Specialty Clinic
(608) 776-5748
Darlington, WI

UW Health Hospitals & Specialists
Dane County, WI

UnityPoint Health - Meriter
Hospital & Specialists
Dane County, WI

Visit ghcsw.com and select the "Find a Provider" button for a complete and current listing of providers.

Urgent Care

Emergency Care

Hospitals & Surgery

Sauk Prairie Healthcare
(608) 643-3311

Prairie Clinic Express Clinic
(608) 643-3351

Aspirus Divine Savior Hospital
(608) 742-4131

Reedsburg Area Medical Center
(608) 524-6487

GHC-SCW Capitol Clinic
(608) 257-9700

Upland Hills Health
(608) 930-8000

Mile Bluff Medical Center
(608) 847-6161

Fort Memorial Hospital Urgent Care
(920) 568-5330

Southwest Health
(608) 348-2331

Grant Regional Health Center
(608) 723-2143

Memorial Hospital of Lafayette County
(608) 776-4466

Sauk Prairie Hospital
(608) 643-3311

Reedsburg Area Medical Center
(608) 524-6487

Aspirus Divine Savior Hospital
(608) 742-4131

UW Health University Hospital
(608) 263-6400

UW Health - East Madison Hospital
(608) 440-6400

UnityPoint Health - Meriter Hospital
(608) 417-6000

Upland Hills Health
(608) 930-8000

Mile Bluff Medical Center
(608) 847-6161

Fort Memorial Hospital
(920) 568-5000

Southwest Health
(608) 348-2331

Grant Regional Health Center
(608) 723-2143

Memorial Hospital of Lafayette County
(608) 776-4466

Mile Bluff Medical Center
(608) 847-6161
1050 Division St.
Mauston, WI 53948

Upland Hills Health
(608) 930-8000
Dodgeville, WI

UW Health Hospitals & Specialists
Dane County, WI

UnityPoint Health - Meriter Hospital & Specialists
Dane County, WI

Southwest Health
(608) 342-5060
Platteville, WI

Grant Regional Health Center
(608) 723-3249
Lanscaster, WI

UW Health Hospitals & Specialists
Dane County, WI

UnityPoint Health - Meriter Hospital & Specialists
Dane County, WI

MHLC
(608) 776-4466
Darlington, WI

UW Health Hospitals & Specialists
Dane County, WI

UnityPoint Health - Meriter Hospital & Specialists
Dane County, WI

Quick Guide for GHC-SCW HMO Members



of South Central Wisconsin

For Members In Dane County

Members who have a Primary Care Provider (PCP) within Dane County at GHC-SCW, UW Health, or Unity Point Meriter are to come to GHC-SCW for the specialty services listed below. If a specialty service is available at GHC-SCW, members are required to obtain the specialty service from GHC-SCW, otherwise a Prior Authorization (PA) from a referring provider is required. UW Health and UnityPoint Health – Meriter clinics will not allow scheduling of these services without a prior authorization in place. To schedule an appointment at GHC-SCW members should call 608-257-9700.

- **Optometry:** No prior authorization or referral is needed. Members may use GHC Eye Center or Isthmus Eye Care.
- **Podiatry:** No prior authorization or referral is needed. Members may use Associated Podiatrists or University Podiatry Associates.
- **Chiropractor:** No prior authorization or referral is needed.
- **Dermatology:** Referring provider should fax orders to 608-661-7201.
- **Prenatal Genetic Counseling:** Referring provider should fax orders to 608-661-7205.
- **Laboratory:** All genetic lab work needs to be completed at a GHC-SCW laboratory. Routine lab work is completed at your primary care office
- **Sports Medicine:** Members who have a GHC PCP are seen at GHC Sports Medicine. Members who have a UW or UnityPoint - Meriter PCP are seen at UW Health Sports Medicine.
- **Advanced Imaging – Ultrasound, CT scans, Mammograms (3D with Tomosynthesis):** Referring provider should fax imaging orders to GHC Radiology at: 608-661-7205.
- **Physical Therapy (PT):** No prior authorization or referral needed. Orders can be faxed to 608-662-5061. GHC does not perform neuro/stroke, cardiac, pulmonary, or Schroth method therapy, nor do we see children under the age of 6.
- **Occupational Therapy (OT):** Referring provider should fax OT orders to 608-662-5061.

Regional Network: Outside of Dane County

Members who have a PCP outside of Dane County are part of the GHC-SCW Regional Network. Specialty services should be obtained within the regional network and do not require prior authorization. Specialty services unavailable within the regional network should be referred to UW Health or UnityPoint Health – Meriter Specialists and require a prior authorization. Consults will be approved without review.

- Prior authorization forms can be completed by the referring provider's office and submitted online at ghcscw.com. Click **For Partners** in the top menu and select **Forms to Submit Prior Authorization Request**.
- All genetic testing must be completed at a GHC-SCW clinic, and orders should be faxed to (608) 661-7205.

In-Network Hospitals

Dane County PCP members should use UW Hospital and UnityPoint Health – Meriter Hospital.

Regional Network PCP members should use any in-network regional hospital; or UW Hospital or UnityPoint Health – Meriter Hospital if a regional hospital is unavailable.

Only members using a Stoughton Health PCP should use Stoughton Hospital.

With life-threatening emergencies, members should call 911 or go to the nearest hospital or emergency room.

All network information is available on our website. Visit ghcscw.com and click **Find a Provider** on the top menu.

Contact information for GHC-SCW, UW Health, UnityPoint Health – Meriter and regional clinics is available on our website. Visit ghcscw.com and click **Contact** on the top menu.

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of South Central Wisconsin

Specialty & Ancillary Services



Eye Care

GHC-SCW optometry schedules are open at least 12 months in advance, so contact them early to get a time that fits your schedule. **Make an appointment through GHCMYChartSM or call (608) 257-7328.**



Physical and Occupational Therapy (PT/OT)

Our PT and OT staff work directly with your PCP to make sure that you are receiving comprehensive treatment for your injury or condition. **Call (608) 662-5060 to schedule a standard PT/OT appointment. Call (608) 442-8100 to schedule an Urgent Care PT/OT appointment.**



Dermatology

Dermatologists provide full-spectrum care including diagnosis, treatment, skin biopsies and light therapy in addition to treating conditions of the hair, nails and scalp. **Call your primary care clinic or (608) 661-7200 to schedule an appointment.**



Sports Medicine

Sports medicine providers care for active people, athletes, and individuals with non-operative musculoskeletal conditions, as well as ongoing care of acute and overuse injuries. Treatment includes medical and injection therapies as well as collaboration with PT/OT. **Call your primary care clinic or (608) 661-7200 to schedule an appointment.**



Behavioral Health

We offer a full range of behavioral health and addiction services for children, adolescents, and adults. Members have access to both GHC-SCW behavioral health providers and contracted providers in our community. Members can schedule with GHC-SCW outpatient behavioral health providers directly, without a referral, by contacting our behavioral health call center at **(608) 441-3290**. You can also visit our behavioral health page on ghcscw.com for a comprehensive search engine of behavioral health providers within GHC-SCW clinics

and within our contracted network of providers in the community. GHC-SCW also contracts with several substance use providers within the community, including UW Health Behavioral Health and Recovery - **(608) 282-8270**. Please use the search engine for a complete list of substance use providers.

Some PCPs prescribe medications for substance use disorders. Please contact your Primary Care clinic for more information.

For Urgent and Emergency Behavioral Health Crisis

- **Behavioral Health 24/7 Crisis Line:** For immediate help with an urgent mental health crisis, 24-hour crisis intervention services are available for GHC-SCW members.
- **Monday - Friday Business Hours:** If you are experiencing a behavioral health emergency including thoughts of suicide, **call GHC-SCW at (608) 441-3290 from 8 a.m. - 5 p.m., Monday - Friday.**
- **Nights and Weekends:** For crisis intervention services outside of business hours, call **(608) 257-9700**. You will be assisted by a nurse or an on-call crisis counselor who will help you to address your behavioral health emergency and any safety concerns.
- **PLEASE NOTE:** After-hours behavioral health crisis **DOES NOT** prescribe medications, cancel, or make appointments, send messages to your BH provider, or connect you to your BH provider after-hours. For these services, please call during business hours Monday - Friday.

If your situation is immediately life-threatening, please call 911 or safely get yourself to the nearest hospital emergency room.



Chiropractic

GHC-SCW has a team of chiropractors who can work to adjust or realign your spine and help reduce pain and discomfort. You might use chiropractic care if you have back or neck pain, get headaches or even if you have pain in your arms or legs. Talk to your primary care provider to see if chiropractic care is the right choice for you.



QUESTIONS? Call Member Services at **(608) 828-4853** or toll-free at **(800) 605-4327**.

GHC-SCW Pharmacy and Benefits



Capitol Clinic Pharmacy

675 West Washington Ave
Madison, WI 53703

(608) 257-9732

Monday – Friday: 8 a.m. – 6 p.m.
Saturday: 9 a.m. – 5 p.m.
Sunday: 9 a.m. – 1 p.m.

Hatchery Hill Clinic Pharmacy

3051 Cahill Main
Fitchburg, WI 53711

(608) 661-7242

Monday – Friday: 9 a.m. – 5:30 p.m.

Sauk Trails Clinic Pharmacy

8202 Excelsior Drive
Madison, WI 53719

(608) 257-4869

Monday – Friday: 8 a.m. – 6 p.m.

➔ Call Sauk Trails Clinic Pharmacy for information on Free Mail Prescription Mail Delivery

Navitus Health Solutions administers the pharmacy benefit for participants covered under the GHC-SCW prescription plan. GHC-SCW clinic pharmacies are approved Navitus providers and may be used for your prescription needs.

➔ Check your GHC-SCW Benefits Summary to see if prescription drugs are a covered benefit under your health insurance plan.

The GHC-SCW pharmacy network includes non-GHC-SCW retail locations.

For a list of other pharmacies in the GHC-SCW network, check out “Understanding Pharmacy Benefits” under the “For Members” section on ghcscw.com. The network includes Costco, Hy-Vee, Walmart and Walgreens locations. CVS pharmacies are not a part of the GHC-SCW network.

Why Use a GHC-SCW Pharmacy?

- **Saving you money.** Our pharmacies are non-profit, meaning competitive pricing and lower costs for our members overall.
- **Understanding your whole care.** Our pharmacy staff are a part of your care team and work closely with your Primary Care Provider. Refill authorizations are returned quickly to our pharmacies.
- **Being available to you.** Our pharmacy staff are readily accessible and take the time to answer your questions.

Using GHCMYChartSM

Refills are just one click away! Order any time, day or night and avoid extra trips to the pharmacy.

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Group Health Cooperative of South Central Wisconsin (GHC-SCW)
MK22-87-1(7.23)FL

 **Group Health Cooperative**

of South Central Wisconsin

ghcscw.com

GHC-SCW Pharmacy and Benefits



Other Benefits (Continued)



Prescriptions by Mail

GHC-SCW Pharmacies offer free mail delivery of your prescriptions.

- Conveniently order and pay online via your GHCMYChartSM account for delivery in Wisconsin.
- Prescriptions will arrive on your doorstep in 3-7 business days depending on U.S. Postal Service volume.
- Certain medications cannot be shipped. This includes refrigerated items, Schedule II medications, injectables and some liquids.



Request mailed prescriptions through your GHCMYChartSM account!



MedsOnCue

GHC-SCW pharmacies are going paperless with MedsOnCue! This new service uses QR code technology to offer patient-friendly, prescription-specific medication education on demand. You'll get written medication information and educational videos explaining usage, benefits and potential side effects. The program ensures you'll understand how to take your medications safely and reduce avoidable reactions. It also helps GHC-SCW take steps to go green.

Other Important Details

Drug Formulary

GHC-SCW maintains a list of drugs and certain medical devices covered under the pharmacy benefit. This is known as the Formulary and is updated regularly. Visit ghcscw.com for a complete list.

Prior Authorizations

Medications listed on the Formulary as "PA" (Prior Authorization) and those not listed on the Formulary require submission of additional health information for consideration of coverage.

Transfer an Existing Prescription

To transfer an existing prescription, please contact your GHC-SCW pharmacy of choice and our pharmacy staff will connect with your previous pharmacy to obtain all necessary information to transfer your prescription.

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Group Health Cooperative of South Central Wisconsin (GHC-SCW)
MK22-87-1(7.23)FL

 **Group Health
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of South Central Wisconsin

ghcscw.com

What is the GHC Experience GuaranteeSM?

The GHC Experience GuaranteeSM is a promise that every patient and member gets the best experience every time. If you have an experience at a GHC-SCW clinic that fails to meet your expectations in any way, you can visit ghcscw.com to submit a GHC Experience GuaranteeSM online form. Using the form, you can tell us about your experience and at your request, we will refund some or all of your out-of-pocket costs associated with the visit.

Why has GHC-SCW decided to offer the GHC Experience GuaranteeSM?

For nearly three decades, GHC-SCW has earned an "Excellent" accreditation status from the National Committee for Quality Assurance (NCQA). GHC-SCW is continuously among the highest-rated health insurance plans in the nation. We're confident that we're providing the very best care in Wisconsin - so confident that we're willing to stand behind it with a money-back guarantee. We think our members deserve that. After all, in every other industry, customers have the opportunity to get a refund when they're unsatisfied - we are proud to set the standard for customer service in health care.

How does the GHC Experience GuaranteeSM Online Form work?

If you have an experience at a GHC-SCW clinic that fails to meet your expectations, visit ghcscw.com, click Experience Guarantee at the top and select the **"tell us about your experience"** button. Using the online form, you can request a refund for some or all of your out-of-pocket costs (up to \$2,000). You trusted us with your care, so we will trust you to tell us what your experience was actually worth. The form is compatible with all devices and the form takes just moments to complete.

What does the GHC Experience GuaranteeSM cover and when am I eligible?

The GHC Experience GuaranteeSM only covers visits to GHC-SCW clinics or providers. Your refund request must be made no more than six months after your date of service. Our terms and conditions can be found at ghcscw.com, select "Experience Guarantee" at the top of the homepage.

What can I expect once I submit my feedback through the GHC Experience GuaranteeSM Online Form?

If you have requested to talk to us or have requested a refund, you will receive a call from our Member Services Team within three business days. They will speak with you on the phone and help process your refund if needed. If you requested to have some or all of your out-of-pocket costs refunded (up to \$2,000), the Member Services Team will work with you to be sure it is returned to you through your original method of payment within five business days.

What is not covered through the GHC Experience GuaranteeSM?

- Visits to any non-GHC-SCW clinics including UW Health, University Hospital or Regional Network Providers.
- Disagreements with your provider's medical opinion, medical decision-making or refusal to provide or prescribe a particular medication.
- Disputes with your insurance carrier are not covered.

If I use the GHC Experience GuaranteeSM Online Form, will my private health information be safe?

Yes, HIPAA-compliant security protocol is in place to safeguard your privacy and personally identifiable information. We will never share your personally identifiable information and/or health information with any outside organizations.

What will you do with the information collected in the GHC Experience GuaranteeSM Online Form?

We're always looking for ways to learn from and engage with our members. All feedback – positive and negative – collected through the GHC Experience GuaranteeSM online form will be reviewed and analyzed to help us improve our Cooperative. Your feedback will not be connected to your medical record.

What should I do if I have additional questions about the GHC Experience GuaranteeSM?

Our Member Services Team can answer your questions and guide you through the GHC Experience GuaranteeSM online form, if needed. To speak with our Member Services Team, call (608) 257-9700 or toll free at (800) 605-4327.



GHC-SCW offers many ways for our members to receive care. We believe health care should be easy to use and there when you need it.



GHC NurseConnect

GHC NurseConnect is staffed 24/7/365 to answer your questions and help you plan your next steps.

- Get general care advice for a cough, cold, fever, flu, sore throat and more.
- Address your health-related concerns with a registered nurse (RN).
- Get out-of-area care for temporary illnesses or injuries.

Call **(608) 661-7350** or toll-free at **(855) 661-7350** to speak with a nurse today!



GHCMyChartSM Video Visits with your GHC-SCW Care Team

With GHCMyChartSM Video Visits, members can safely visit with health care providers and receive the same exceptional care experienced at a GHC-SCW clinic.*

- Visits are set up using GHCMyChartSM.
- Schedule an appointment with a GHC-SCW provider for routine and select specialty care (Dermatology, Behavioral Health, PT/OT).
- Available for preventive and wellness visits.

Call your clinic or log in to **GHCMyChartSM** to schedule!



24/7 Virtual Urgent Care *powered by KeyCare*

Virtual Urgent Care powered by KeyCare is your 24/7, 365 virtual access to licensed providers.

- Access a provider from your home, office or on the go.
- Visit by secure video to help treat any non-emergency medical condition.
- Most members receive unlimited, free visits.**

Visit ghccareondemand.com/keycare for more information or log in to **GHCMyChartSM** to schedule!



24/7 Virtual Therapy *powered by MDLIVE[®]*

Virtual Therapy powered by MDLIVE is your 24/7, 365 virtual access to licensed therapists and board-certified psychiatrists.

- Access a therapist from your home, office or on the go.
- Visit either by phone or secure video to help treat any non-emergency mental health condition.
- Most members receive unlimited, free visits.*

Visit ghccareondemand.com/mdlive for more information or log in to **GHCMyChartSM** to schedule!

* For GHCMyChartSM Video Visits, members must be physically located within the state of Wisconsin during the entirety of the visit.

**Virtual care visits powered by KeyCare and MDLIVE[®] are not available for Medicare Select, BadgerCarePlus or MMSD-Quartz patients. Plan conditions apply for members with HSA benefit plans.

Smart. Secure. Simple. GHCMYChartSM



When you and your provider collaborate on your health care, you are **BETTER TOGETHERSM**. At GHC-SCW, we believe that collaboration requires open communication. With an online **GHCMYChartSM** account, you have access to smart, secure and simple tools that allow you and your provider to better manage your health, together.

GHCMYChartSM Features



Message your provider.



View select test results, immunization records and health summaries.



Schedule appointments



Refill medications.*



View and pay your bill.



Connect to your children's medical and insurance information with GHCFamilyChartSM.



Access multiple MyChart accounts with other providers.



View and print your Member ID Card.



And much more!



Get Started!

1. Visit ghcscw.com/ghcmymychart and select **"Sign Up Now."**
2. Enter your **Activation Code** – or if you don't have one, select **"Request a Code Now"** to receive an activation code via email.
3. Complete the form and follow the prompts.

Access Care OnDemand Video Visits!

Get virtual access to GHC-SCW providers, licensed therapists and board-certified doctors from home or on the go.

- **Virtual Therapy powered by MDLIVE®:** Treat mental health conditions by phone or secure video.
- **Virtual Urgent Care powered by KeyCare:** Get medical attention for non-emergency conditions via secure video.
- **GHCMYChartSM Video Visits:** Connect with GHC-SCW providers for routine, specialty, preventive and wellness care.

Better health is just
a click away with



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Group Health Cooperative of South Central Wisconsin (GHC-SCW)
MK17-77-4(7.23)F

*Medication refills via GHCMYChartSM are only available for GHC-SCW pharmacies.

 **Group Health
Cooperative**

of South Central Wisconsin

ghcscw.com

ManageWell®

ManageWell.® Be Well.

Healthy Lifestyle.
Healthy Rewards.

GHC-SCW WELLNESS REWARDS PROGRAM*

GHC-SCW is committed to whole person care for our members. That means **HEALTH** and **WELLNESS**. We have teamed up with ManageWell® to give members access to an exciting platform to manage wellness.

- Earn points. Earn rewards.
- Free app and fully online.
- Fun, engaging activities and challenges.
- Customizable to you and your health goals.
- Access to Mayo Clinic's health information library.
- Points refreshed every quarter.



Learn more at ghcscw.com/managewell.

Please check your member materials or call Member Services at (608) 828-4853 or (800) 605-4327 to verify eligibility.

*The reward program is not available to all members. ManageWell® is not available to those included in the State of Wisconsin Group Health Insurance Program and Federal (FEHB) members. Reward restrictions apply to BadgerCare Plus members.



QUESTIONS? Call Member Services at (608) 828-4853 or toll-free at (800) 605-4327.



ManageWell®

Earn Points. Earn Rewards.

- Fitness
- Nutrition
- Activity Trackers
- Stress Reduction
- Weight Management
- Healthy Living
- Challenges

ManageWell® Points

ACTIVITY	POINTS
ACCESS	
Health Assessment	20/one time per year
PHYSICAL HEALTH	
Exercise Tracker - 150 minutes per week	5/max 65 per quarter
Exercise Tracker - 180 minutes per week	1/max 13 per quarter
Exercise Tracker - 210 minutes per week	1/max 13 per quarter
Annual Physical/Medicare Physical/ Postpartum Visit	50/one time per year
Flu Shot	20/one time per year
Dental Cleaning	25/one time per year
CHALLENGES	
Stress Less	20/one time per year
Mini Challenges	5 per challenge/max 15 per quarter
Bingo	5 per completion/max 15 per quarter
CONNECT	
Register for GHCMYChart SM	5/once indefinitely
WEIGHT MANAGEMENT	
Weight Watchers (WW)	5 per month/max 15 per quarter
Noom	5 per month/max 15 per quarter
HEALTHY HABITS	
8,000 steps per day	1/max 91 per quarter
10,000 steps per day	1/max 91 per quarter
12,000 steps per day	1/max 91 per quarter
Create a S.M.A.R.T. goal	5/once per quarter
Complete a S.M.A.R.T. goal	10/once per quarter
Community Supported Agriculture (CSA)	100/one time per year
Sleep Tracker - 7 sleep hours/5 days a week	1/max 13 per quarter
HEALTH EDUCATION	
Health Education Visit	10 per visit/max 30 per quarter
News You Can Use	5 per activity/max 15 per quarter
TOBACCO FREE	
Be Tobacco Free Program	25/one time per year triggered by health assessment



Access ManageWell® by desktop, phone or tablet.



Points Earned/Quarter	Reward Tier	Payout/Quarter
100-199 points	Tier 1 payout	\$25 mailed check
200+ points	Tier 2 payout	\$50 mailed check



Download the ManageWell® 2.0 app and start earning rewards. **Bring wellness wherever you go.**



QUESTIONS? Call Member Services at (608) 828-4853 or toll-free at (800) 605-4327.



Frequently Asked Questions

GETTING STARTED

Am I eligible to participate?

The GHC-SCW insurance policy holder plus one spouse, life partner or significant other also on the plan may participate in the ManageWell® wellness program.

The reward program is not available to all members. ManageWell® is not available for participants in the State of Wisconsin Group Health Insurance Program and Federal (FEHB) members. The reward program is not available to dependents. Also, reward restrictions apply to BadgerCare Plus members.

How do I get started?

Register for a ManageWell® account via the ManageWell® website at managewell.com or via the mobile app for either Android or Apple. The ManageWell® 2.0 app is available in the Google Play or Apple App Store.

Your ID will be the letters "GHC" followed by your six-digit member number, for example: **GHC123456**.



Are other languages besides English available in the ManageWell® platform?

Yes. ManageWell® has a "Translate" link in the upper right corner of the site where you can access over 40 languages.

POINTS AND REWARDS

How do I earn points?

Points can be earned by completing wellness activities and tracking them through the ManageWell® platform.

How many points do I need to earn a reward?

Each quarter you will need to reach tier one or tier two to earn a reward.

Points Earned/Quarter	Reward	Payout
100-199 points	Tier 1 Payout	\$25 mailed check
200+ points	Tier 2 Payout	\$50 mailed check

Do points expire?

Yes. Points expire and refresh at the end of each quarter.

What is the payout schedule?

Members will be mailed a check soon after the 90 days following the close of each quarter. See payout schedule below:

Quarter	Dates	Reward Payout Schedule
1	January 1 - March 31	Mid-July
2	April 1 - June 30	Mid-October
3	July 1 - September 30	Mid-January
4	October 1 - December 31	Mid-April

Why is there a delay in the rewards payouts?

Some of the activities in the program are automatically sent to ManageWell® such as claims data. The activities and claims can take time to process which delays the reward payout.

Are these earnings taxable?

Yes. The reward payouts are considered taxable income during the year the payouts are received. The employer that provides GHC-SCW insurance to you may deduct taxes out of your paycheck for you and your insured spouse, life partner or significant other's rewards.

ACTIVITIES

What types of activities are included in the ManageWell® program?

There are a variety of activities included in the ManageWell® program with the hope that participants can find several activities that resonate with them. The platform offers educational activities and challenges. There are preventive activities such as an annual physical and dental cleaning. There is even a way to earn points by tracking exercise, sleep, and steps.

Do I need to submit anything manually to earn points?

Yes. There are three activities that will need documentation to be uploaded in the ManageWell® platform to earn points:

- Participating in a weight management program; Noom or Weight Watchers (WW).
- Purchasing a vegetable Community Supported Agriculture (CSA) share.
- Receiving a flu shot out of the GHC-SCW network.

Continued...

ManageWell®

Frequently Asked Questions *Continued*

Online submissions of these activities do not automatically earn points. A GHC-SCW employee will need to approve the submitted materials. If the materials do not meet the requirements, no points will be given. A message in the activity will let the participant know why the points for the activity were not approved.

Which activities are automatically submitted?

There are several activities that will automatically be submitted to the ManageWell® platform:

- Completion of an annual physical, Medicare Annual Wellness visit or a postpartum visit (only one visit will earn points one time per year)
- Billed in-network health education visits (asthma, diabetes and nutrition)
- In-network flu shots

Please note that these activities do not go into the platform right after they are completed. There is a delay in earning points because of claims processing.

Will my gym membership or gym visits count toward points?

Gym memberships and visits do not count toward points. You may accumulate points while at the gym by connecting or linking a qualifying fitness tracker and syncing your minutes and/or steps to the ManageWell® platform.

How do I get points for the “Be Tobacco Free” program?

After completing the Health Assessment, found in the Assess activity tab, if you indicated you use tobacco, in ManageWell you will see an activity tab labeled “Tobacco Free”. Within that category will be an activity called “Be Tobacco Free”, which has four modules to guide you through making a successful quit attempt.

TRACKER INFORMATION

How do I connect my fitness devices to ManageWell®?

Once you have your fitness devices set up per the manufacturer’s directions, connecting them to your ManageWell® account is simple.

Please note: You must link your chosen device (i.e., Garmin) to each individual activity tracker (exercise, sleep and/or steps) to earn points for each activity.

Which fitness devices sync (exercise, sleep, steps) with ManageWell®?

Please see the chart on the top of the page to see which devices sync with ManageWell®.

Fitness Device	Exercise	Sleep	Steps
Apple Health	✓	✓	✓
Fitbit	✓	✓	✓
Garmin	✓	✓	✓
Google Fit	✓	✓	✓
Misfit		✓	✓
Oura Ring	✓	✓	✓
Polar			✓
Strava	✓		
Under Armour MapMyFitness	✓		
Withings/Nokia	✓	✓	✓

For Apple Health and Google Fit...

1. Login to the ManageWell® app.
2. Tap on the settings icon in the upper right.
3. Choose “Data Sharing” then turn on any data items you wish to track in ManageWell®.

For all other devices...

1. Login to ManageWell® via www.managewell.com or the ManageWell® app.
2. Click on the menu item labeled “Trackers.” This will appear on the top menu of the website or on the bottom menu of the app.
3. Choose the brand of fitness device that you have, and then follow the directions that appear next.

How do I avoid gaps in my ManageWell® tracker data?

The ManageWell® qualified fitness device must be registered and synced through ManageWell®. Once the device(s) is connected, the device provider sends ManageWell® data numerous times every day. Every time this occurs, ManageWell® receives the last 10 days of the data.

Synchronization issues may occur and therefore participants are asked to login to ManageWell® at least once every 10 days in case a tracker needs to be reconnected and to avoid any gaps in data.

CONTACT

Who do I contact if I am experiencing technical difficulties with the ManageWell® platform?

Click on “Contact Us” in the footer of the ManageWell® app or webpage to access help.

Who do I contact if I have questions about the ManageWell® wellness program?

Call: Member Services at (608) 828-4853 or (800) 605-4327
Email: Wellness@ghcscw.com

PREVENTIVE PHYSICAL vs. OFFICE VISIT

At first glance, a physical and an office visit may seem like the same thing...

BUT, there is definitely a difference. It is important to understand the differences between the two, because it may affect your costs.

➔ Preventive Physical

- A thorough review of your general health and well-being.
- Your provider will complete a physical exam and make recommendations regarding your general health that usually focus around diet, exercise or disease screenings and well-being.
- Typically GHC covers preventative physicals at no charge, but any labs or other tests ordered at your physical may incur a charge.
- Refer to your Benefit Summary for exact benefits coverage.

➔ Office Visit

- An appointment to discuss specific, new or existing health problems.
- Your provider may then prescribe medication, order additional tests like lab work or X-rays, refer you to a specialist or discuss other treatment options.
- Depending on your benefits, an office visit usually results in additional costs to you.

Can one appointment be considered both a physical and an office visit?

On occasion, one appointment can meet the requirements for both types of visits. If this is the case, your provider will submit a charge for both a preventive physical and office visit. If your preventive physical includes consultation or treatment for a specific condition, your provider is legally required to report additional medical services on your bill.

How does this affect you?

While combining a preventive physical and an office visit will save you time by eliminating an extra appointment, it may also affect your costs. Providers must bill your visit based on both the reason you initially scheduled the appointment and what is done during the appointment. For this reason, it's important to remember that when you see your provider for a physical, something more than a general evaluation could cost extra.

Questions?

For more complete information on available services, please visit [HealthCare.gov](https://www.healthcare.gov) or call GHC-SCW Member Services at **(608) 828-4853** or toll free at **(800) 605-4327**.

Important Contact Information

GHC-SCW Member Services

Our Member Services team can help you with questions or concerns about your medical care and insurance coverage. Call (608) 828-4853 or toll-free at (800) 605-4327 and request Member Services.

- **Email:** member_services@ghcscw.com
- **En Español:** (855) 243-8454
- **Interpreter Services:** (608) 661-7215

Care Management

Questions regarding prior authorizations, care coordination, continuation of care and case management services should be directed to the GHC-SCW Care Management Department. The GHC-SCW Care Management department should also be contacted within 48 hours of emergency services. Call the **GHC-SCW Care Management department** at (608) 257-5294.

Claims

Claims or unpaid bills should be directed to the GHC-SCW Claims department. Bills for services provided can be mailed to the GHC-SCW Administrative Office. Please include your member number. Call the **GHC-SCW Claims department** at (608) 251-4526.

Enrollment

Questions about the status of a submitted application or requests for an identification card should be directed to the GHC-SCW Enrollment department. Call the **GHC-SCW Enrollment department** at (608) 260-3170.

Patient Financial Coordinator

The Patient Financial Coordinator can help you estimate out-of-pocket costs for services rendered at GHC-SCW clinics based on your individual insurance plan. Email pfc@ghcscw.com or call (608) 662-4990.

Privacy

We promise you that GHC-SCW staff is committed to protecting the privacy and security of your health information. For questions related to privacy, call the **Ethics and Fraud Reporting Hotline** at (844) 480-0055.

Administrative Offices

1265 John Q. Hammons Drive
Madison, WI 53717-1962
Phone: (608) 251-4156

Medical Billing

Questions about medical bills or unpaid bills for services rendered at one of our GHC-SCW Clinics, questions about subrogation claims and questions about workers compensation claims should be directed to our medical billing department. Bills for services provided can be mailed to the GHC-SCW Administrative Office. Please include your member number. Call **GHC-SCW Medical Billing** at (608) 251-4138.

Premium Billing

For premium billing questions for individual or group plans, call (608) 251-4156 x4587.



QUESTIONS? Call Member Services at (608) 828-4853 or toll-free at (800) 605-4327.

HMO Benefit Summaries



\$30 Copayment Plan

Plan Number: 2491602
Benefits Accumulate on a Plan Year.

Policy Coinsurance

In-Network: 0%
Out-of-Network: Not Covered

	MEMBER	FAMILY
In-Network Deductible	\$0	\$0
Out-of-Network Deductible	Not Covered	Not Covered
In-Network Maximum Out-of-Pocket (MOOP)	\$500	\$1,000
Out-of-Network Maximum Out-of-Pocket (MOOP)	Not Covered	Not Covered

Clinic Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Primary Care Office Visits	No	\$30	Not Covered	Example: Office visits with Your Primary Care Provider (PCP)
Chiropractic Office Visits	No	\$30	Not Covered	
Preventive Health Examinations	No	No Charge	Not Covered	Coverage is limited to preventive services as defined by the Affordable Care Act.
Specialist Care Office Visits	Yes	\$30	Not Covered	Examples: Specialist Hearing Exams, Autism Spectrum Specialist Office Visit; Most Specialists do not require Prior Authorization
Preventive Immunizations	No	No Charge	Not Covered	Coverage is limited to preventive services as defined by the Affordable Care Act.
Prenatal and Postnatal Maternity Care	No	No Charge	Not Covered	Coverage is limited to preventive services as defined by the Affordable Care Act.
Diagnostic X-Ray and Laboratory Tests	Yes	No Charge after Deductible	Not Covered	X-rays and routine lab tests ordered by Your Provider do not require Prior Authorization.
Advanced Radiology	Yes	No Charge after Deductible	Not Covered	Examples: CT, PET Scans, MRIs

Emergency and Urgent Care	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Urgent Care Visits	No	\$30	\$30	
Emergency Ambulance Service (air/ground)	No	No Charge after Deductible	No Charge after Deductible	Coverage is limited to emergency care
Emergency Room Visits	No	\$125	\$125	Coverage is limited to emergency care; Copayment waived if admitted as a hospital inpatient

Prescription Drugs	Tier	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Outpatient Prescription Drugs on GHC-SCW Formulary Prior Authorizations, quantity limits, step therapy, age restrictions and other limits may apply	Tier 1	\$10	Not Covered	Covers up to a 30-day supply; 31-90 day supply available for multiple Copays - subject to a maximum cost limit; Some brand names and many generics; Drugs in Tier 1 are the greatest value
	Tier 2	\$30	Not Covered	Covers up to a 30-day supply; 31-90 day supply available for multiple Copays - subject to a maximum cost limit; Many brand names and some generics
	Tier 3	\$50	Not Covered	Covers up to a 30-day supply; 31-90 day supply not available; There are often similar or equivalent drugs in either Tier 1 or Tier 2
	Tier 4 (Specialty)	\$100	Not Covered	Covers up to a 30-day supply; 31-90 day supply not available; May require the use of a specialty-designated pharmacy

The Prescription Drugs Benefit is administered by GHC-SCW Clinic pharmacies and Navitus. Prescription Drugs are NOT COVERED outside of the GHC-SCW network of providers. For a list of formulary drugs, tier (\$) placement, prior authorization requirements and other limitations that may apply, see <https://www.ghcscw.com>.

Supplies and Equipment	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Diabetic Disposable Supplies	No	20% up to maximum	Not Covered	Member pays Coinsurance up to \$500 maximum
Durable Medical Equipment	Yes	20%	Not Covered	
Hearing Aids for Members age 18 and over	Yes	20%	Not Covered	Limited to one hearing aid per ear per 36 months; GHC-SCW designates specific models or other cost limitations may apply

\$30 Copayment Plan

Plan Number: 2491602
Benefits Accumulate on a Plan Year.

Policy Coinsurance

In-Network: 0%
Out-of-Network: Not Covered

	MEMBER	FAMILY
In-Network Deductible	\$0	\$0
Out-of-Network Deductible	Not Covered	Not Covered
In-Network Maximum Out-of-Pocket (MOOP)	\$500	\$1,000
Out-of-Network Maximum Out-of-Pocket (MOOP)	Not Covered	Not Covered

Supplies and Equipment	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Hearing Aids for children age 17 and under	Yes	20%	Not Covered	Limited to one hearing aid per ear per 36 months
Cochlear Implants and Bone Anchored Hearing Aids	Yes	No Charge after Deductible	Not Covered	
Hospital Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Inpatient Hospital Services: Physician Services, Surgery, Facility Fees	Yes	20% after Deductible	Not Covered	
Outpatient Hospital Surgical/Non-Surgical Services, Facility Fees	Yes	No Charge after Deductible	Not Covered	Certain oral surgeries do not require Prior Authorization
Skilled Nursing Facility Services	Yes	No Charge after Deductible	Not Covered	Limited to 30 days per inpatient stay per Member
Vision Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Vision Examinations	No	No Charge	Not Covered	Routine Eye Examinations must be provided by an In-Network Optometrist (OD); Limited to one eye exam per Member per year
Mental Health & Substance Use Disorder	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Mental Health/Substance Use Disorder Outpatient Services	No	\$30	Not Covered	Prior Authorization is required for Health Psychology, Diagnostic Testing, ECT, and TMS. All services may be subject to ongoing review for medical necessity.
Mental Health/Substance Use Disorder Inpatient Services	Yes	20% after Deductible	Not Covered	
Mental Health/Substance Use Disorder Transitional Services	Yes	No Charge after Deductible	Not Covered	
Dental Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Preventive Dental for children	No	No Charge	Not Covered	Limited to two (2) cleanings and fluoride treatments per Child under 12 per year
Accidental Dental	No	No Charge after Deductible	Not Covered	Initial repair of accidental injury to sound, natural teeth
Oral Surgeries	Yes	No Charge after Deductible	Not Covered	Certain oral surgeries do not require Prior Authorization
Additional Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Hospice	Yes	No Charge after Deductible	Not Covered	Example: End of Life Services
Home Health Services	Yes	No Charge after Deductible	Not Covered	Limited to 60 visits per Member per year
Health Counseling Education	No	No Charge	Not Covered	
Conception Services	No	50% up to maximum	Not Covered	Lifetime Benefit maximum payment of \$2,000 by GHC-SCW, which is accrued by GHC-SCW paying 50% Coinsurance of the first \$4,000 of Conception Services
Speech Therapy	Yes	No Charge after Deductible	Not Covered	Includes Rehabilitation and Habilitation Therapy; Limited to 20 visits per therapy per Member per year

Plan Number: 2491602
Benefits Accumulate on a Plan Year.

Policy Coinsurance

In-Network: 0%
Out-of-Network: Not Covered

	MEMBER	FAMILY
In-Network Deductible	\$0	\$0
Out-of-Network Deductible	Not Covered	Not Covered
In-Network Maximum Out-of-Pocket (MOOP)	\$500	\$1,000
Out-of-Network Maximum Out-of-Pocket (MOOP)	Not Covered	Not Covered

Additional Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Outpatient Habilitation Therapy	Yes	No Charge after Deductible	Not Covered	Includes Physical and Occupational Therapy; Limited to 40 combined visits per Member per year; See Certificate for additional information
Cardiac Rehabilitation Therapy	Yes	No Charge after Deductible	Not Covered	Limited to 36 visits per Member per year
Outpatient Rehabilitation Therapy	Yes	No Charge after Deductible	Not Covered	Includes Physical and Occupational Therapy; Limited to 40 combined visits per Member per year; See Certificate for additional information

Benefit Summary Notes

Prior Authorizations

- Prior Authorization is required when services are not provided in a primary care setting by an In-Network Provider. Prior Authorization does not guarantee that services will be fully covered. Coverage is determined by the terms and conditions of the Certificate. Please refer to your Member Certificate for Benefits that require Prior Authorization. In addition, services and items requiring Prior Authorization are listed on GHC-SCW's website at <https://www.ghcscw.com>.
- It is the Member's responsibility to ensure a Prior Authorization has been obtained when required. Failure to obtain Prior Authorization when required may result in the Member receiving a reduction in or no Benefit. To obtain Prior Authorization, call (608) 257-5294.

Provider Information

- For Providers see the "Find a Provider" link at <https://www.ghcscw.com> or contact Member Services at (608) 828-4853 or (800) 605-4327, ext. 4504.
- In-Network Providers: For a list of In-Network Providers, see the "Find a Provider" link at <https://www.ghcscw.com> or contact Member Services at (608) 828-4853 or (800) 605-4327, ext. 4504.
- Out-of-Network Providers: Out-of-Network Providers are not covered under an HMO plan, unless Prior Authorization has been acquired for such services.

GHC-SCW Notices to Members

- Qualified Maximum Dependent Age: Dependents are covered until the end of the month at age 26.
- This is only a summary. You are responsible for knowing the full Benefits and provisions of your policy. Please read all documents carefully including your *Member Certificate, Formulary, Benefit Summary and Summary of Benefits and Coverage (SBC)*. To find these documents, visit <https://www.ghcscw.com> or contact Member Services at (608) 828-4853 or (800) 605-4327, ext. 4504.

Questions or Concerns?

- For any questions or concerns regarding your benefits, please visit <https://www.ghcscw.com>, or contact Member Services at (608) 828-4853 or (800) 605-4327, ext. 4504.



\$30 Copayment Plan

The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services.

NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.



This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, please call 1-800-605-4327. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-800-605-4327 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible ?	Yes. Preventive Care, Certain Office Visits, and Pharmacy Drugs are covered before the deductible is met.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$500/Individual or \$1,000/Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members on this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , balance-billing charges , Conception Services, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.ghcscw.com or call 1-800-605-4327 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance-billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	Yes.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist .

*For more information about limitations and exceptions, see the plan or policy document at <http://planfinder.ghcscw.com>



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30	Not Covered	Example: Office visits with Your Primary Care Provider (PCP)
	Specialist visit	\$30	Not Covered	Prior authorization is required. Examples: Specialist Hearing Exams, Autism Spectrum Specialist Office Visit; Most Specialists do not require Prior Authorization
	Preventive care/screening /immunization	No Charge	Not Covered	Coverage is limited to preventive services as defined by the Affordable Care Act.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge after Deductible	Not Covered	Prior authorization is required. X-rays and routine lab tests ordered by Your Provider do not require Prior Authorization.
	Imaging (CT/PET scans, MRIs)	No Charge after Deductible	Not Covered	Prior authorization is required. Examples: CT, PET Scans, MRIs
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at http://planfinder.ghcscw.com/	Generic drugs (Tier 1)	\$10	Not Covered	Covers up to a 30-day supply; 31-90 day supply available for multiple Copays - subject to a maximum cost limit; Some brand names and many generics; Drugs in Tier 1 are the greatest value
	Preferred brand drugs (Tier 2)	\$30	Not Covered	Covers up to a 30-day supply; 31-90 day supply available for multiple Copays - subject to a maximum cost limit; Many brand names and some generics
	Non-preferred brand drugs (Tier 3)	\$50	Not Covered	Covers up to a 30-day supply; 31-90 day supply not available; There are often similar or equivalent drugs in either Tier 1 or Tier 2
	Specialty drugs (Tier 4)	\$100	Not Covered	Covers up to a 30-day supply; 31-90 day supply not available; May require the use of a specialty-designated pharmacy
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge after Deductible	Not Covered	Prior authorization is required.

*For more information about limitations and exceptions, see the plan or policy document at <http://planfinder.ghcscw.com>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Physician/surgeon fees	No Charge after Deductible	Not Covered	Prior authorization is required. Certain oral surgeries do not require Prior Authorization
If you need immediate medical attention	Emergency room care	\$125	\$125	Coverage is limited to emergency care; Copayment waived if admitted as a hospital inpatient
	Emergency medical transportation	No Charge after Deductible	No Charge after Deductible	Coverage is limited to emergency care
	Urgent care	\$30	\$30	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% after Deductible	Not Covered	Prior authorization is required.
	Physician/surgeon fees	20% after Deductible	Not Covered	Prior authorization is required.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30	Not Covered	Prior Authorization is required for Health Psychology, Diagnostic Testing, ECT, and TMS. All services may be subject to ongoing review for medical necessity.
	Inpatient services	20% after Deductible	Not Covered	Prior authorization is required.
If you are pregnant	Office visits	No Charge	Not Covered	Coverage is limited to preventive services as defined by the Affordable Care Act.
	Childbirth/delivery professional services	20% after Deductible	Not Covered	Prior authorization is required.
	Childbirth/delivery facility services	20% after Deductible	Not Covered	Prior authorization is required.
If you need help recovering or have other special health needs	Home health care	No Charge after Deductible	Not Covered	Prior authorization is required. Limited to 60 visits per Member per year
	Rehabilitation services	No Charge after Deductible	Not Covered	Prior authorization is required. Limited to 40 combined visits per Member per year for Occupational and Physical; Limited to 20 visits per Member per year for Speech; Limited to 36 visits per Member per year for Cardiac
	Habilitation services	No Charge after Deductible	Not Covered	Prior authorization is required. Limited to 40 combined visits per Member per year for Occupational and Physical; Limited to 20 visits per Member per year for Speech

*For more information about limitations and exceptions, see the plan or policy document at <http://planfinder.ghcscw.com>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Skilled nursing care	No Charge after Deductible	Not Covered	Prior authorization is required. Limited to 30 days per inpatient stay per Member
	Durable medical equipment	20%	Not Covered	Prior authorization is required. See Certificate for additional Limitations and Exclusions
	Hospice services	No Charge after Deductible	Not Covered	Prior authorization is required. Example: End of Life Services
If your child needs dental or eye care	Children's eye exam	No Charge	Not Covered	Routine Eye Examinations must be provided by an In-Network Optometrist (OD); Limited to one eye exam per Member per year
	Children's glasses	Not Covered	Not Covered	Not Covered
	Children's dental check-up	No Charge	Not Covered	Limited to two (2) cleanings and fluoride treatments per Child under 12 per year

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Abortion (except in cases of rape, incest, or when the life of the mother is endangered)
- Dental Care (Adult)
- Non-emergency care when traveling outside the U.S.
- Routine Foot Care
- Acupuncture
- Cosmetic surgery
- Drug Screening
- Personal Comfort Items
- Weight Loss programs
- Bariatric surgery
- Custodial Care
- Long-term care
- Private-Duty Nursing

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Chiropractic Care
- Routine Eye Care (Adult)
- Hearing Aids
- Infertility Treatment (specific procedures only)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Office of the Commissioner of Insurance, Complaints Department, PO Box 7873, Madison, WI 53707-7873, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: GHC-SCW Member Services at 1-800-605-4327 or 608-828-4853. You may also contact Wisconsin's Office of the Commissioner of Insurance at 1-800-236-8517 or 608-266-0103. In addition, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is having a baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) -- \$0
- [Specialist \[cost sharing\]](#) -- \$30
- Hospital (facility) [\[cost sharing\]](#) -- 20% after Deductible
- Other [\[cost sharing\]](#) -- 0%

This EXAMPLE event includes services like:

[Specialist](#) office visits (prenatal care)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (ultrasounds and blood work)
[Specialist](#) visit (anesthesia)

Total Example Cost -- \$12,700.00

In this example, Peg would pay:

	<i>Cost sharing</i>
Deductibles	\$0
Copayments	\$0
Coinsurance	\$500.00

What isn't covered

Limits or exclusions -- \$50.00

The total Peg would pay is -- \$550.00

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) -- \$0
- [Specialist \[cost sharing\]](#) -- \$30
- Hospital (facility) [\[cost sharing\]](#) -- 20% after Deductible
- Other [\[cost sharing\]](#) -- 0%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (including disease education)
[Diagnostic tests](#) (blood work)
[Prescription drugs](#)
[Durable medical equipment](#) (glucose meter)

Total Example Cost -- \$5,600.00

In this example, Joe would pay:

	<i>Cost sharing</i>
Deductibles	\$0
Copayments	\$190.00
Coinsurance	\$310.00

What isn't covered

Limits or exclusions -- \$20.00

The total Joe would pay is -- \$520.00

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) -- \$0
- [Specialist \[cost sharing\]](#) -- \$30
- Hospital (facility) [\[cost sharing\]](#) -- 20% after Deductible
- Other [\[cost sharing\]](#) -- 0%

This EXAMPLE event includes services like:

[Emergency room care](#) (including medical supplies)
[Diagnostic test](#) (x-ray)
[Durable medical equipment](#) (crutches)
[Rehabilitation services](#) (physical therapy)

Total Example Cost -- \$2,800.00

In this example, Mia would pay:

	<i>Cost sharing</i>
Deductibles	\$0
Copayments	\$160.00
Coinsurance	\$80.00

What isn't covered

Limits or exclusions -- \$10.00

The total Mia would pay is -- \$250.00

\$30 Copayment \$1,000 Deductible 20% Coinsurance 4-Tier Rx HMO Plan

Plan Number: 2491651
Benefits Accumulate on a Plan Year.

Policy Coinsurance

In-Network: 20%
Out-of-Network: Not Covered

	MEMBER	FAMILY
In-Network Deductible	\$1,000	\$2,000
Out-of-Network Deductible	Not Covered	Not Covered
In-Network Maximum Out-of-Pocket (MOOP)	\$2,000	\$4,000
Out-of-Network Maximum Out-of-Pocket (MOOP)	Not Covered	Not Covered

Clinic Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Primary Care Office Visits	No	\$30	Not Covered	Example: Office visits with Your Primary Care Provider (PCP)
Chiropractic Office Visits	No	\$30	Not Covered	
Preventive Health Examinations	No	No Charge	Not Covered	Coverage is limited to preventive services as defined by the Affordable Care Act.
Specialist Care Office Visits	Yes	\$30	Not Covered	Examples: Specialist Hearing Exams, Autism Spectrum Specialist Office Visit; Most Specialists do not require Prior Authorization
Preventive Immunizations	No	No Charge	Not Covered	Coverage is limited to preventive services as defined by the Affordable Care Act.
Prenatal and Postnatal Maternity Care	No	No Charge	Not Covered	Coverage is limited to preventive services as defined by the Affordable Care Act.
Diagnostic X-Ray and Laboratory Tests	Yes	20% after Deductible	Not Covered	X-rays and routine lab tests ordered by Your Provider do not require Prior Authorization.
Advanced Radiology	Yes	20% after Deductible	Not Covered	Examples: CT, PET Scans, MRIs

Emergency and Urgent Care	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Urgent Care Visits	No	\$30	\$30	
Emergency Ambulance Service (air/ground)	No	20% after Deductible	20% after Deductible	Coverage is limited to emergency care
Emergency Room Visits	No	\$125	\$125	Coverage is limited to emergency care; Copayment waived if admitted as a hospital inpatient

Prescription Drugs	Tier	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Outpatient Prescription Drugs on GHC-SCW Formulary Prior Authorizations, quantity limits, step therapy, age restrictions and other limits may apply	Tier 1	\$10	Not Covered	Covers up to a 30-day supply; 31-90 day supply available for multiple Copays - subject to a maximum cost limit; Some brand names and many generics; Drugs in Tier 1 are the greatest value
	Tier 2	\$30	Not Covered	Covers up to a 30-day supply; 31-90 day supply available for multiple Copays - subject to a maximum cost limit; Many brand names and some generics
	Tier 3	\$50	Not Covered	Covers up to a 30-day supply; 31-90 day supply not available; There are often similar or equivalent drugs in either Tier 1 or Tier 2
	Tier 4 (Specialty)	\$100	Not Covered	Covers up to a 30-day supply; 31-90 day supply not available; May require the use of a specialty-designated pharmacy

The Prescription Drugs Benefit is administered by GHC-SCW Clinic pharmacies and Navitus. Prescription Drugs are NOT COVERED outside of the GHC-SCW network of providers. For a list of formulary drugs, tier (\$) placement, prior authorization requirements and other limitations that may apply, see <https://www.ghcscw.com>.

Supplies and Equipment	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Diabetic Disposable Supplies	No	20% up to maximum	Not Covered	Member pays Coinsurance up to \$500 maximum
Durable Medical Equipment	Yes	20%	Not Covered	
Hearing Aids for Members age 18 and over	Yes	20%	Not Covered	Limited to one hearing aid per ear per 36 months; GHC-SCW designates specific models or other cost limitations may apply

Plan Number: 2491651
Benefits Accumulate on a Plan Year.

Policy Coinsurance

In-Network: 20%
Out-of-Network: Not Covered

	MEMBER	FAMILY
In-Network Deductible	\$1,000	\$2,000
Out-of-Network Deductible	Not Covered	Not Covered
In-Network Maximum Out-of-Pocket (MOOP)	\$2,000	\$4,000
Out-of-Network Maximum Out-of-Pocket (MOOP)	Not Covered	Not Covered

Supplies and Equipment	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Hearing Aids for children age 17 and under	Yes	20%	Not Covered	Limited to one hearing aid per ear per 36 months
Cochlear Implants and Bone Anchored Hearing Aids	Yes	20% after Deductible	Not Covered	
Hospital Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Inpatient Hospital Services: Physician Services, Surgery, Facility Fees	Yes	20% after Deductible	Not Covered	
Outpatient Hospital Surgical/Non-Surgical Services, Facility Fees	Yes	20% after Deductible	Not Covered	Certain oral surgeries do not require Prior Authorization
Skilled Nursing Facility Services	Yes	20% after Deductible	Not Covered	Limited to 30 days per inpatient stay per Member
Vision Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Vision Examinations	No	No Charge	Not Covered	Routine Eye Examinations must be provided by an In-Network Optometrist (OD); Limited to one eye exam per Member per year
Mental Health & Substance Use Disorder	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Mental Health/Substance Use Disorder Outpatient Services	No	\$30	Not Covered	Prior Authorization is required for Health Psychology, Diagnostic Testing, ECT, and TMS. All services may be subject to ongoing review for medical necessity.
Mental Health/Substance Use Disorder Inpatient Services	Yes	20% after Deductible	Not Covered	
Mental Health/Substance Use Disorder Transitional Services	Yes	20% after Deductible	Not Covered	
Dental Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Accidental Dental	No	20% after Deductible	Not Covered	Initial repair of accidental injury to sound, natural teeth
Oral Surgeries	Yes	20% after Deductible	Not Covered	Certain oral surgeries do not require Prior Authorization
Additional Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Hospice	Yes	20% after Deductible	Not Covered	Example: End of Life Services
Home Health Services	Yes	20% after Deductible	Not Covered	Limited to 60 visits per Member per year
Health Counseling Education	No	No Charge	Not Covered	
Conception Services	No	50% up to maximum	Not Covered	Lifetime Benefit maximum payment of \$2,000 by GHC-SCW, which is accrued by GHC-SCW paying 50% Coinsurance of the first \$4,000 of Conception Services
Speech Therapy	Yes	20% after Deductible	Not Covered	Includes Rehabilitation and Habilitation Therapy; Limited to 20 visits per therapy per Member per year
Outpatient Habilitation Therapy	Yes	20% after Deductible	Not Covered	Includes Physical and Occupational Therapy; Limited to 40 combined visits per Member per year; See Certificate for additional information
Cardiac Rehabilitation Therapy	Yes	20% after Deductible	Not Covered	Limited to 36 visits per Member per year

Plan Number: 2491651
Benefits Accumulate on a Plan Year.

Policy Coinsurance

In-Network: 20%
Out-of-Network: Not Covered

	MEMBER	FAMILY
In-Network Deductible	\$1,000	\$2,000
Out-of-Network Deductible	Not Covered	Not Covered
In-Network Maximum Out-of-Pocket (MOOP)	\$2,000	\$4,000
Out-of-Network Maximum Out-of-Pocket (MOOP)	Not Covered	Not Covered

Additional Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Outpatient Rehabilitation Therapy	Yes	20% after Deductible	Not Covered	Includes Physical and Occupational Therapy; Limited to 40 combined visits per Member per year; See Certificate for additional information

Benefit Summary Notes

Prior Authorizations

- Prior Authorization is required when services are not provided in a primary care setting by an In-Network Provider. Prior Authorization does not guarantee that services will be fully covered. Coverage is determined by the terms and conditions of the Certificate. Please refer to your Member Certificate for Benefits that require Prior Authorization. In addition, services and items requiring Prior Authorization are listed on GHC-SCW's website at <https://www.ghcscw.com>.
- It is the Member's responsibility to ensure a Prior Authorization has been obtained when required. Failure to obtain Prior Authorization when required may result in the Member receiving a reduction in or no Benefit. To obtain Prior Authorization, call (608) 257-5294.

Provider Information

- For Providers see the "Find a Provider" link at <https://www.ghcscw.com> or contact Member Services at (608) 828-4853 or (800) 605-4327, ext. 4504.
- In-Network Providers: For a list of In-Network Providers, see the "Find a Provider" link at <https://www.ghcscw.com> or contact Member Services at (608) 828-4853 or (800) 605-4327, ext. 4504.
- Out-of-Network Providers: Out-of-Network Providers are not covered under an HMO plan, unless Prior Authorization has been acquired for such services.

GHC-SCW Notices to Members

- Qualified Maximum Dependent Age: Dependents are covered until the end of the month at age 26.
- This is only a summary. You are responsible for knowing the full Benefits and provisions of your policy. Please read all documents carefully including your *Member Certificate, Formulary, Benefit Summary and Summary of Benefits and Coverage (SBC)*. To find these documents, visit <https://www.ghcscw.com> or contact Member Services at (608) 828-4853 or (800) 605-4327, ext. 4504.

Questions or Concerns?

- For any questions or concerns regarding your benefits, please visit <https://www.ghcscw.com>, or contact Member Services at (608) 828-4853 or (800) 605-4327, ext. 4504.



\$30 Copayment \$1,000 Deductible 20% Coinsurance 4-Tier Rx HMO Plan

The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services.

NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.



This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, please call 1-800-605-4327. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-800-605-4327 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$1,000/Individual or \$2,000/Family	If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Preventive Care, Certain Office Visits, and Pharmacy Drugs are covered before the deductible is met.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$2,000/Individual or \$4,000/Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members on this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , balance-billing charges , Conception Services, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.ghcscw.com or call 1-800-605-4327 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance-billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	Yes.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist .

*For more information about limitations and exceptions, see the plan or policy document at <http://planfinder.ghcscw.com>



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30	Not Covered	Example: Office visits with Your Primary Care Provider (PCP)
	Specialist visit	\$30	Not Covered	Prior authorization is required. Examples: Specialist Hearing Exams, Autism Spectrum Specialist Office Visit; Most Specialists do not require Prior Authorization
	Preventive care/screening /immunization	No Charge	Not Covered	Coverage is limited to preventive services as defined by the Affordable Care Act.
If you have a test	Diagnostic test (x-ray, blood work)	20% after Deductible	Not Covered	Prior authorization is required. X-rays and routine lab tests ordered by Your Provider do not require Prior Authorization.
	Imaging (CT/PET scans, MRIs)	20% after Deductible	Not Covered	Prior authorization is required. Examples: CT, PET Scans, MRIs
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at http://planfinder.ghcscw.com/	Generic drugs (Tier 1)	\$10	Not Covered	Covers up to a 30-day supply; 31-90 day supply available for multiple Copays - subject to a maximum cost limit; Some brand names and many generics; Drugs in Tier 1 are the greatest value
	Preferred brand drugs (Tier 2)	\$30	Not Covered	Covers up to a 30-day supply; 31-90 day supply available for multiple Copays - subject to a maximum cost limit; Many brand names and some generics
	Non-preferred brand drugs (Tier 3)	\$50	Not Covered	Covers up to a 30-day supply; 31-90 day supply not available; There are often similar or equivalent drugs in either Tier 1 or Tier 2
	Specialty drugs (Tier 4)	\$100	Not Covered	Covers up to a 30-day supply; 31-90 day supply not available; May require the use of a specialty-designated pharmacy
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% after Deductible	Not Covered	Prior authorization is required.

*For more information about limitations and exceptions, see the plan or policy document at <http://planfinder.ghcscw.com>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Physician/surgeon fees	20% after Deductible	Not Covered	Prior authorization is required. Certain oral surgeries do not require Prior Authorization
If you need immediate medical attention	Emergency room care	\$125	\$125	Coverage is limited to emergency care; Copayment waived if admitted as a hospital inpatient
	Emergency medical transportation	20% after Deductible	20% after Deductible	Coverage is limited to emergency care
	Urgent care	\$30	\$30	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% after Deductible	Not Covered	Prior authorization is required.
	Physician/surgeon fees	20% after Deductible	Not Covered	Prior authorization is required.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30	Not Covered	Prior Authorization is required for Health Psychology, Diagnostic Testing, ECT, and TMS. All services may be subject to ongoing review for medical necessity.
	Inpatient services	20% after Deductible	Not Covered	Prior authorization is required.
If you are pregnant	Office visits	No Charge	Not Covered	Coverage is limited to preventive services as defined by the Affordable Care Act.
	Childbirth/delivery professional services	20% after Deductible	Not Covered	Prior authorization is required.
	Childbirth/delivery facility services	20% after Deductible	Not Covered	Prior authorization is required.
If you need help recovering or have other special health needs	Home health care	20% after Deductible	Not Covered	Prior authorization is required. Limited to 60 visits per Member per year
	Rehabilitation services	20% after Deductible	Not Covered	Prior authorization is required. Limited to 40 combined visits per Member per year for Occupational and Physical; Limited to 20 visits per Member per year for Speech; Limited to 36 visits per Member per year for Cardiac
	Habilitation services	20% after Deductible	Not Covered	Prior authorization is required. Limited to 40 combined visits per Member per year for Occupational and Physical; Limited to 20 visits per Member per year for Speech

*For more information about limitations and exceptions, see the plan or policy document at <http://planfinder.ghcscw.com>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Skilled nursing care	20% after Deductible	Not Covered	Prior authorization is required. Limited to 30 days per inpatient stay per Member
	Durable medical equipment	20%	Not Covered	Prior authorization is required. See Certificate for additional Limitations and Exclusions
	Hospice services	20% after Deductible	Not Covered	Prior authorization is required. Example: End of Life Services
If your child needs dental or eye care	Children's eye exam	No Charge	Not Covered	Routine Eye Examinations must be provided by an In-Network Optometrist (OD); Limited to one eye exam per Member per year
	Children's glasses	Not Covered	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered	Not Covered

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Abortion (except in cases of rape, incest, or when the life of the mother is endangered)
- Dental Care (Adult)
- Non-emergency care when traveling outside the U.S.
- Routine Foot Care
- Acupuncture
- Cosmetic surgery
- Drug Screening
- Personal Comfort Items
- Weight Loss programs
- Bariatric surgery
- Custodial Care
- Long-term care
- Private-Duty Nursing

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Chiropractic Care
- Routine Eye Care (Adult)
- Hearing Aids
- Infertility Treatment (specific procedures only)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Office of the Commissioner of Insurance, Complaints Department, PO Box 7873, Madison, WI 53707-7873, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: GHC-SCW Member Services at 1-800-605-4327 or 608-828-4853. You may also contact Wisconsin's Office of the Commissioner of Insurance at 1-800-236-8517 or 608-266-0103. In addition, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is having a baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) -- \$1,000
- [Specialist \[cost sharing\]](#) -- \$30
- Hospital (facility) [\[cost sharing\]](#) -- 20% after Deductible
- Other [\[cost sharing\]](#) -- 20%

This EXAMPLE event includes services like:

[Specialist](#) office visits (prenatal care)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (ultrasounds and blood work)
[Specialist](#) visit (anesthesia)

Total Example Cost -- \$12,700.00

In this example, Peg would pay:

	<i>Cost sharing</i>
Deductibles	\$1000.00
Copayments	\$0
Coinsurance	\$1000.00

What isn't covered

Limits or exclusions -- \$50.00

The total Peg would pay is -- \$2050.00

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) -- \$1,000
- [Specialist \[cost sharing\]](#) -- \$30
- Hospital (facility) [\[cost sharing\]](#) -- 20% after Deductible
- Other [\[cost sharing\]](#) -- 20%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (including disease education)
[Diagnostic tests](#) (blood work)
[Prescription drugs](#)
[Durable medical equipment](#) (glucose meter)

Total Example Cost -- \$5,600.00

In this example, Joe would pay:

	<i>Cost sharing</i>
Deductibles	\$110.00
Copayments	\$450.00
Coinsurance	\$500.00

What isn't covered

Limits or exclusions -- \$20.00

The total Joe would pay is -- \$1080.00

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) -- \$1,000
- [Specialist \[cost sharing\]](#) -- \$30
- Hospital (facility) [\[cost sharing\]](#) -- 20% after Deductible
- Other [\[cost sharing\]](#) -- 20%

This EXAMPLE event includes services like:

[Emergency room care](#) (including medical supplies)
[Diagnostic test](#) (x-ray)
[Durable medical equipment](#) (crutches)
[Rehabilitation services](#) (physical therapy)

Total Example Cost -- \$2,800.00

In this example, Mia would pay:

	<i>Cost sharing</i>
Deductibles	\$1000.00
Copayments	\$160.00
Coinsurance	\$150.00

What isn't covered

Limits or exclusions -- \$10.00

The total Mia would pay is -- \$1320.00



of South Central Wisconsin

Notice of Privacy Practices

Group Health Cooperative of South Central Wisconsin (GHC-SCW) Provider and Health Plan

Privacy Officer
1265 John Q. Hammons Drive, Madison, WI 53717
(800) 605-4327 or (608) 662-4899

ghcscw.com

Effective Date: November 2019

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. Group Health Cooperative of South Central Wisconsin (GHC-SCW) understands that medical and insurance information about you is personal, and that protecting this information is important. In order to provide you with quality care, customer service, and to comply with certain legal requirements, we create records pertaining to your health, enrollment, and claims. This notice tells you the ways in which we use and disclose your Protected Health Information (PHI) and our obligations to keep your information private. This notice also describes your privacy rights.

Who will follow this notice:

This notice applies to GHC-SCW employees and other persons or organizations under our direct control, including services or activities performed through contracts with outside persons or organizations, such as auditing, actuarial services, business associates, contractors, students, employees, temporary staff, and interns. It may be necessary for GHC-SCW to provide your health information to these outside persons or organizations. In such cases, GHC-SCW requires these persons or organizations to appropriately safeguard the privacy of your health information.

What is protected health information (PHI):

Protected Health Information is information which:

- Identifies you (or can reasonably be used to identify you); and
Relates to your physical or mental health or condition, the provision of health care to you, or the payment for that care.

PHI includes information about your diagnosis, medications, insurance status and policy number, medical claims history, and your address, email address, and phone number. PHI includes all oral, written, and electronic information across the organization.

How does GHC-SCW obtain my protected health information:

Upon enrollment, you provide us with demographic, employment, and insurance information which is used to create your electronic health record. If you have received care and services before becoming a GHC-SCW member, we may engage in routine activities that result in our being given PHI from sources other than you. For example, health care providers, such as physicians or hospitals, may provide us with PHI you received prior to coming to GHC-SCW which may be important to ensuring high quality continuing care. As you begin to receive care and services, information is added to your GHC-SCW electronic health record. This includes, but is not limited to, provider's visit notes, lab tests, appointment information, billing, referrals, and insurance claims.



Your Information. Your Rights. Our Responsibilities.

Your Rights:

- Right to Access, Inspect, and Copy PHI: Get a copy of your medical, billing, and insurance records.
Right to Amend PHI: Ask us to correct your medical, billing, and insurance records if you think there is a mistake.
Right to Request Confidential Communication: Request a preferred method of contact.
Right to Receive a Paper Copy of the Notice of Privacy Practices: Get a copy of this privacy notice.
Right to Request Restrictions on Use and Disclosure of PHI: Ask us to limit the information we share.
Right to Receive an Accounting of Disclosures: Get a list of certain health information shared for reasons other than treatment, billing, or health care operations with other persons or organizations.
Right to File a Complaint: File a complaint if you feel your privacy rights have been violated.
Right to Receive Notice If Your PHI Has Been Breached

See What are my health information rights to learn about these rights and how to exercise them.

GHC-SCW's Uses and Disclosures:

- Treatment
Payment
Health Care Operations

The law also allows GHC-SCW to use and share health information without your permission for other limited reasons, including:

- Public Health Activities, Including Health and Safety
Some Research Activities
Health Oversight Activities
Organ and Tissue Donation Requests
Legal Proceedings, Law Enforcement, and Specialized Government Functions
Deceased Individuals
Workers' Compensation Requests
Incidental Uses and Disclosures
Marketing

See How may GHC-SCW use and disclose my protected health information for more information about uses and disclosures.

What are my health information rights:

When it comes to your health information, you have certain rights:

Right to Access, Inspect, and Copy PHI

- You may see or obtain much of the health information we maintain about you, with some exceptions. We will provide the information to you in the format you request, assuming it is readily producible. We may charge a cost-based fee for providing copies. If you direct us to transmit your health information to another person, we will do so with your signed, written direction. If you are a health plan member, you may ask to see or obtain a copy of your health and claims records and other information we have about you.

Right to Amend PHI

- You may request that we amend health information in your records that you believe is incorrect or incomplete. We may require you to provide a reason to support your request.
If you are a health plan member, you may request that we amend your health and claims records if you believe they are incorrect or incomplete.
GHC-SCW may deny your request, but we will provide you with a written explanation of the reasons.

Right to Request Confidential Communications

- You have the right to ask GHC-SCW to contact you in a specific way (for example, home or office phone) or send your mail to a different address. We are required to honor your request for confidential communications if you tell us it would put you in danger if we do not comply.

Right to Receive Notice of Privacy Practices

- You may request a paper copy of this notice at any time, even if you have previously agreed to receive the notice electronically. At your request, GHC-SCW will promptly provide you with a copy.
GHC-SCW may provide electronic copies of the notice to you by MyChart, email, or another electronic manner.
This notice is also posted in GHC-SCW clinics and available on our website at ghcscw.com.

Right to Request Restrictions on Use and Disclosure of PHI

- You may request GHC-SCW not to use or share your PHI for treatment, payment, or health care operations.
GHC-SCW is not required to agree with your request for restrictions, and we may deny your request if it would impede your care.
If we do agree with your request for restrictions, then we must comply with the agreed restrictions, except for purposes of treating you in a medical emergency.
If you are a health plan member, you have the right to demand that GHC-SCW does not disclose your PHI for payment or health care operations if (1) you make a Request to Restriction Disclosure, (2) the disclosure is not required by law, and (3) the PHI pertains solely to health care for which you, or someone on your behalf, has paid for in full, out of pocket.

Right to Receive an Accounting of Disclosures of PHI

- You may ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as those you previously asked us to make). We'll provide one accounting per year for free, but we will charge a

reasonable cost-based fee if you ask for another accounting within 12 months.

Right to Receive Notice If Your PHI Has Been Breached

- You have the right to receive notice if your health information has been used in a way that is not permitted by HIPAA (i.e. a "breach"). GHC-SCW will provide such notice to you within 60 days after we discover the breach, in accordance with the Breach Notification Rule.

Right to File a Complaint If You Feel Your Privacy Rights Have Been Violated

- If you have concerns about any of our privacy practices or if you believe your privacy rights have been violated, you may file a complaint with the GHC-SCW Privacy Officer or by contacting the GHC-SCW Compliance Hotline at (844) 480-0055, reports@lighthouse-services.com, or online at lighthouse-services.com/ghcscw.
You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting hhs.gov/hipaa/filing-a-complaint/index.html, calling 1-877-696-6775, emailing OCRComplaint@hhs.gov, or sending a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
No retaliatory action will be taken or will be allowed against anyone who reports a potential issue in good faith.

How to Exercise These Rights

- All requests to exercise these rights must be in writing. We will consider all reasonable requests. We will respond to your requests in accordance with our policies and as required by law. We will notify you of your rights and our decision or actions in response to your request.

How may GHC-SCW use and disclose my protected health information:

We are committed to ensuring that your health information is used responsibly by our organization. We collect health information about you and store it in electronic files. We may use and disclose health care information for the following purposes:

Treatment

We will use and disclose your health information with other professionals involved in your health care. We will also disclose your health information to other practitioners for their use in treating you in the future.

For example, we will share your diagnostic and treatment plan to arrange additional services for you.

Payment

We will use and disclose your health information for payment purposes.

For example, we will use your health information to prepare your bill and work with your health insurance plan for service payment. We will also disclose personal and financial information to financial institutions which perform services for us, such as electronic funds transfer for payment of premiums.

Health Care Operations

We may use and disclose your information for our health care operations.

For example, members of our workforce may review your health information to manage your treatment and services provided and the performance of our staff in caring for you.

Administer Your Plan (for health plan members only)

We may disclose your health information to your health plan sponsor for plan administration.

As a health plan, GHC-SCW maintains contracts to provide your company with certain statistics to explain the premiums we charge.

How else may we use or share your PHI? We are allowed or required to share your health information in other ways—usually in ways that contribute to the public good, such as public health and research. We must meet conditions in the law before we can share your information.

For more information see: hhs.gov/guidance/document/consumers-your-medical-records.

Public Health Activities, Including Health and Safety

We can share health information about you for certain

situations such as:

- To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability;
- To FDA-regulated entities for the purpose of monitoring or reporting the quality, safety, or effectiveness of FDA-regulated products;
- Reporting to appropriate authorities authorized to receive reports of suspected child or dependent adult abuse, neglect, or domestic violence.

We may notify the appropriate government authority if we believe an individual has been the victim of abuse, neglect, or domestic violence.

Research

Under certain circumstances, we may use or disclose your health information for research, subject to certain safeguards.

For example, we may disclose information to researchers when established privacy protocols have been confirmed.

Health Oversight Activities

We may disclose your health information to a health oversight agency for activities authorized by law.

For example, this may include audits, investigations, inspections, and licensure.

Organ and Tissue Donation Requests

We may release health information to organ procurement organizations as necessary to facilitate donation and transplantation.

Legal Proceedings, Law Enforcement, and Specialized Government Functions

We may disclose certain health information to law enforcement authorities or in response to a lawful process, such as:

- As required by law, including certain wounds and physical injuries.
- In response to a court order, subpoena, warrant, summons, or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- To alert authorities of a death we believe may be the result of a criminal conduct.
- To alert authorities of information we believe is evident of criminal conduct occurring on our premises.
- In emergency circumstances to report a crime.
- For national security and intelligence activities such as military and presidential protection services.

We must comply with federal and state laws in making disclosures for law enforcement purposes.

Deceased Individuals

Following your death, we may disclose health information to a coroner or medical examiner as necessary for them to carry out their duties as authorized by law.

We may use or disclose your information without your authorization 50 years after the date of your death.

Workers' Compensation

We may release health information as authorized by law for workers' compensation benefits for work-related injury or illness.

Incidental Uses and Disclosures

There are certain incidental uses or disclosures of health information that may occur during daily operations.

For example, a provider may need to use your first name to identify you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit incidental uses and disclosures.

Marketing

- We may use your health information to give you information about treatments or other health-related benefits and services we provide and that may be of interest to you (i.e. wellness reminders). If you wish to opt-out, contact GHC-SCW Member Services at (608) 828-4853.
- GHC-SCW will never market or sell your health information.

Plan Sponsor (health plan members only)

- We may disclose your information to a Plan Sponsor to permit the performance of plan functions on behalf of GHC-SCW;
- We may disclose "Summary Health Information" to the Plan Sponsor for obtaining bids or the purpose of amending or terminating the Plan;
- "Summary Health Information" includes claims history,

claims expenses, and types of claims by individuals

- without including any personally identifying information;
- We may disclose to the Plan Sponsor any information whether you are a participant; and
- Consideration of disclosure of any other information without authorization is screened to prevent the Plan Sponsor from making employment decisions about you or otherwise revealing information which they have no authority to receive.

Genetic Information

GHC-SCW will not use or disclose your genetic information in any way that would make it vulnerable to discrimination related to health coverage and employment.

Business Associates

Some of our treatment, payment, or health care operations are performed through contracts (business associate agreements) with outside vendors known as business associates. We will disclose your health information to our business associates and allow them to use or disclose your health information to perform their services for us. We require business associates to appropriately safeguard the privacy of your information.

Family, Friends, or Others

We may disclose your general condition to a family member, your personal representative, or another person identified by you. We will only release information if you agree, are given the opportunity to object, or if in our professional judgment it would be in your best interest to allow the person to receive information or act on your behalf. For example, we may allow a family member to pick up your prescriptions. If you are unavailable, incapacitated, or in an emergency we may disclose information if we believe it is in your best interest. We may also disclose health information for disaster relief efforts.

HEALTH INFORMATION EXCHANGE (HIE) GHC-SCW

participates in health information exchanges (HIEs), which allow providers to coordinate care and provide faster access to health information for treatment, payment, and health care operations. HIEs assist providers and public health officials in making more informed decisions, avoiding duplicate care (such as tests), and reducing the likelihood of medical errors. By participating in an HIE, GHC-SCW may share your health information with other providers and participants as permitted by law. If you do not want your health information shared in the HIE, you can make this request in writing by completing the Request for Record Restriction Form, available on our website at ghcscw.com or by contacting the Privacy Officer at (608) 662-4899. Such a request may be denied if it would impede your care.

What are GHC-SCW's responsibilities regarding my information:

- **Follow the Law**
We are required by law to maintain the privacy and security of your protected health information.
- **Report Breaches**
We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- **Follow This Notice**
We will follow the duties and privacy practices described in this notice and give you a copy of it.
- **Not Share Information Not Included In This Notice**
We will obtain your written authorization for any additional uses and disclosures of your health information. You may revoke your authorization at any time.

How does GHC-SCW protect my Protected Health Information:

GHC-SCW employs stringent privacy and security measures to protect your information in all aspects of our business practices. GHC-SCW has a robust security infrastructure in accordance with applicable laws and regulations. Role-based access provides users with access to the minimum necessary information they need to conduct their daily work and nothing more. Access is audited regularly. Employees and other users receive ongoing compliance training.

Questions:

If you have questions or concerns about this Notice of Privacy Practices, including instructions about how to obtain forms or additional information referenced throughout the document, please contact:

GHC-SCW Privacy Officer
1265 John Q. Hammons Dr.
Madison, WI 53717
(608) 662-4899 or (800) 605-4327
privacy@ghcscw.com

Changes to the Notice of Privacy Practices:

GHC-SCW may change this Notice of Privacy Practices and notify you if we make any material changes. Until such time, GHC-SCW is required by law to comply with the current version of this Notice.

Acknowledgment of Notice of Privacy Practices:

The HIPAA Privacy Rule requires that GHC-SCW make a good faith effort to obtain written acknowledgment of receipt of this Notice of Privacy Practices to those who receive care and treatment at GHC-SCW. Additional information about this requirement is noted below:

- **Health Plan Only Members:** For individuals who are members of the health plan only (i.e. insured members who do not receive care and treatment at a GHC-SCW location):
 - o Written acknowledgment is not required at GHC-SCW.
 - o GHC-SCW satisfies the provisions of the HIPAA Privacy Rule for distribution of the Notice of Privacy Practices if it is provided to the named insured of a policy under which coverage is provided to the named insured and one or more dependents.
 - o No less frequently than once every three years, GHC-SCW must notify then covered individuals of the availability of the Notice of Privacy Practices and how to obtain a copy.
- **Patients Receiving Care at GHC-SCW:** For individuals who receive care and treatment at a GHC-SCW location (i.e. patients), our good faith effort to obtain your written Acknowledgment of Receipt of Notice of Privacy Practices is met in one or more of the following ways:
 - o If you choose not to sign and return the Acknowledgment of Receipt of Notice of Privacy Practices, our confirmation of receipt or refusal is met by the fact that you have received this document.
 - o If you choose to return the Acknowledgment of Receipt of Notice of Privacy Practices prior to coming in for care and treatment, you may select one of the following options:
 1. Mail to GHC-SCW, Health Information Department, 1265 John Q Hammons Dr. Madison WI 53717;
 2. Fax to (608) 441-3499;
 3. Scan as a PDF and email the attachment to GHCROI@ghcscw.com;
 4. Bring to your next clinic visit;
 5. Drop off at the GHC-SCW location of your choice at any time.
 - o If we have not received written acknowledgment before your first visit to GHC-SCW, then you will be provided with the Notice of Privacy Practices and the Acknowledgment of Receipt of Notice of Privacy Practices at the time of service. You will be asked to sign and return the Acknowledgment of Receipt of Notice of Privacy Practices.
 - o In the event that your first health care visit with GHC-SCW occurs in an emergency situation, you may not be asked to sign the Acknowledgment until the emergency situation has been resolved.

The Notice of Privacy Practices is available to you in the following ways:

- Upon request at the clinic at the time of your visit;
- Posted in a clear, prominent location in your clinic where it is reasonable for you to expect to read it;
- Upon request to the GHC-SCW Member Service Department at (608) 828-4853 or (800) 605-4327;
- Prominently posted on the GHC-SCW website, ghcscw.com and made available electronically upon request.

GHC-SCW reserves the right to distribute the Notice and obtain its Acknowledgment of Receipt of Notice of Privacy Practices using electronic or alternate formats as they become available in accordance with applicable laws and regulations governing this process. If you prefer to receive this notice via email, please contact the Health Information Department at (608) 441-3500.



Acknowledgment of Receipt of Notice of Privacy Practices:

In accordance with the HIPAA Privacy Rule, GHC-SCW is required to make a good faith effort to obtain a written acknowledgment of receipt of the Notice of Privacy Practices and, if not obtained, document our good faith effort to obtain such acknowledgment and the reason why the acknowledgment was not obtained.

You may refuse to sign this form and doing so will have no impact on the quality of care, treatment, or services you receive at GHC-SCW.

I have received a copy of the GHC-SCW Acknowledgment of Receipt of Notice of Privacy Practices.

_____	_____	_____	_____
Patient's Last Name	Patient's First Name	GHC-SCW Member	Date of Birth
_____		_____	_____
Signature of Patient or Legal Guardian		Date	Relationship to Patient (if applicable)

Return this form to GHC-SCW in one of the following ways:

- Return it to the GHC-SCW staff member who provided it to you (i.e. receptionist);
- Mail to GHC-SCW, Health Information Department, 1265 John Q Hammons Dr. Madison WI 53717;
- Fax to (608) 441-3499;
- Scan as a PDF and email the attachment to **GHCROI@ghcscw.com**;
- Bring to your next clinic visit;
- Drop off at the GHC-SCW location of your choice at any time.

If you have questions or concerns regarding the Notice of Privacy Practices, please contact the Privacy Officer at (608) 662-4899.

Office Use Only:

- Patient or personal representative refused to sign
- An emergency prevented ability to obtain signature
- Attempt(s) to deliver were unsuccessful
- Other: _____

GHC-SCW Nondiscrimination Notice

Group Health Cooperative of South Central Wisconsin (GHC-SCW) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. GHC-SCW does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

GHC-SCW:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact GHC-SCW Member Services at (608) 828-4853 or (800) 605-4327, ext. 4504 (TTY: 1-608-828-4815).

If you believe that GHC-SCW has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with GHC-SCW's Corporate Compliance Officer, 1265 John Q. Hammons Drive, Madison, WI 53717, Telephone: (608) 251-4156, TTY: (608) 828-4815, or Fax: (608) 257-3842. If you need help filing a grievance, GHC-SCW's Corporate Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509f, HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

GHC-SCW Language Assistance Services

English:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815).

Español (Spanish):

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815).

Hmoob (Hmong):

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815).

繁體中文 (Chinese):

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815)。

Deutsch (German):

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-608-828-4853, 1-800-605-4327, ext. 4504 (رقم هاتف الصم والبكم 1-608-828-4815)

Русский (Russian):

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815).

한국어 (Korean):

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815) 번으로 전화해 주십시오.

Tiếng Việt (Vietnamese):

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815).

Deitsch (Pennsylvania Dutch):

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815).

ພາສາລາວ (Lao):

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815).

Français (French):

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815).

Polski (Polish):

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815).

हिंदी (Hindi):

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815) पर कॉल करें।

Shqip (Albanian):

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815).

Tagalog (Tagalog – Filipino):

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815).



of South Central Wisconsin

1265 John Q Hammons Dr.
Madison, WI 53717-1962

ghcsw.com