

PPO

Group Health Cooperative of South Central Wisconsin 2024 Member Reference Guide

WI Youth Company



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 **Group Health
Cooperative**

of South Central Wisconsin

ghcscw.com

The GHC-SCW PPO Network

Welcome to GHC-SCW! You have chosen a plan within our GHC-SCW PPO Network.



➔ At GHC-SCW, we partner with HealthEOS and Private Healthcare Systems (PHCS) to provide you with a selection of providers and hospitals throughout the United States.

HealthEOS is a health care cost management company with over 18,000 health care providers throughout Wisconsin and over 450,000 plan participants nationwide. HealthEOS is the primary network if you live in Wisconsin.

PHCS is the parent company of HealthEOS and is one of the largest preferred provider networks in the country. PHCS is the primary network if you reside outside of Wisconsin.

Choose a Provider

Visit ghcscw.com and select “Health Insurance” at the top of the page, then “Provider Directories” from the menu. Then select, “PPO Provider Directory.” This will take you to the PPO Provider Portal on the MultiPlan website where you can view and choose from available providers. For step-by-step instructions, see pages 3–4.

Specialty Care

If you need specialty care, you may visit any in-network preferred Specialty Care Provider. To verify that the specialist is an in-network preferred Specialty Care Provider, use the PPO Provider Portal to search by name or location.

Emergency Care

In the event of a life-threatening emergency, visit one of the hospital emergency rooms participating in the Preferred Provider Network. If that is not possible, proceed immediately to the nearest hospital emergency room. In both situations, contact the GHC-SCW Care Management Department at (608) 257-5294 or toll-free at (800) 605-4327, and request Care Management within 48 hours of receiving emergency services or as soon thereafter as reasonably possible.

Prior Authorization

Check your Benefits Summary and Member Certificate to see if you need prior authorization for upcoming services.

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Group Health Cooperative of South Central Wisconsin (GHC-SCW)
MK18-106-0(9.18)FL

 **Group Health
Cooperative**

of South Central Wisconsin

FOR QUESTIONS ABOUT WHAT IS COVERED UNDER YOUR PPO PLAN INSURANCE BENEFIT OR WHERE TO GO FOR CARE, call GHC-SCW Member Services at (608) 828-4853 or toll-free at (800) 605-4327.

PPO Frequently Asked Questions

What is a PPO network?

A PPO network includes the facilities, providers and suppliers that GHC-SCW has contracted with to provide health care services. GHC-SCW has partnered with HealthEOS and Private Healthcare Systems (PHCS) to provide you with a selection of providers and hospitals throughout the United States.

What is an in-network provider?

An in-network provider is a GHC-SCW clinic provider, a HealthEOS provider for those members who live in Wisconsin or a PHCS provider for those members who live outside of Wisconsin. Providers must be accessed appropriately depending on where you live and where you may be traveling.

Why should I choose an in-network provider?

When you use in-network providers, you may have fewer out-of-pocket costs. If you receive services from an out-of-network provider, your out-of-pocket costs will most likely be greater.

Who is a preferred Specialty Care Provider?

Examples include, but are not limited to, orthopedists, cardiologists, pulmonologists, oncologists and gynecologists.

What if I need care while traveling?

If you need medical care while traveling or you are a dependent who lives away from home, use the PPO Provider Portal to find a nearby provider. If you have questions regarding the provider networks, contact PCHS at (800) 922-4362 or HealthEOS at (800) 279-9776 to verify further or nominate the provider. Be sure to contact GHC-SCW before receiving care only if it is for a service that requires prior authorization. Please note that if the provider does not participate in the Preferred Provider Network, your out-of-pocket costs may be greater.

Am I required to pay at the time of service?

If the GHC-SCW PPO Network includes a Copayment, you may be asked to pay this amount at the time of your visit. If you choose an out-of-network provider, you may be required to pay in full at the time of service.

How do I submit claims?

When you visit an in-network provider, claims will be forwarded to the Preferred Provider Network. If you choose to see an out-of-network provider, you may be required to pay at the time of service and submit the claims to the Preferred Provider Network yourself.

FOR QUESTIONS ABOUT WHAT IS COVERED UNDER YOUR PPO PLAN INSURANCE BENEFIT OR WHERE TO GO FOR CARE, call GHC-SCW Member Services at (608) 828-4853 or toll-free at (800) 605-4327.

Your Guide to the PPO Provider Portal

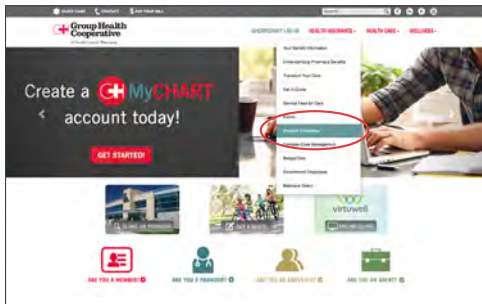


You will need to verify whether your current provider is a part of the PPO network using the **PPO Provider Portal**. Below is a guide to help you through each step of the process.

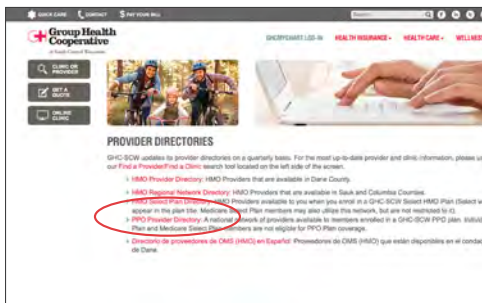
1. Visit ghscw.com.



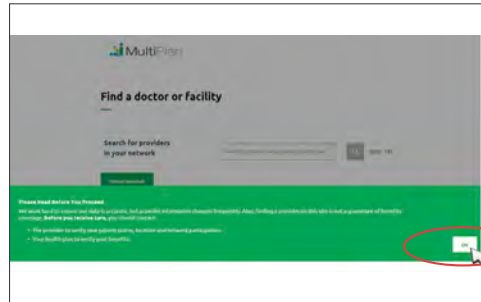
2. Click on “Health Insurance” at the top of the page, then “Provider Directories” from the menu.



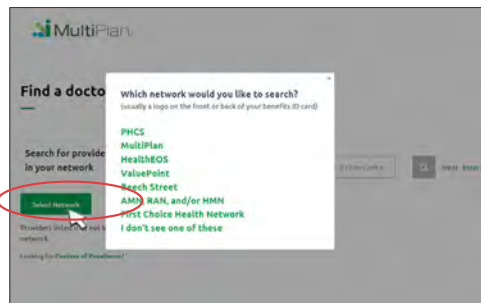
3. Click on “PPO Provider Directory.”



4. Click on “Find a Provider.” Before beginning your search, you must acknowledge that you have read the notice at the bottom of the screen.



5. Select your PPO Network and click, “Continue.” Select the network name. Based on your selection you may be prompted to answer additional questions. Once you’ve made your selection, follow the prompts on the next few screens.



You can find your PPO Network listed on the front of your member ID card. Disregard the website’s request for the logo on the back of your card.



GHC-SCW members who reside in the state of Wisconsin should select the HealthEOS Network.



GHC-SCW members who reside in the state of Wisconsin and will be traveling outside of the state should select the PHCS Network to find a list of in-network providers.

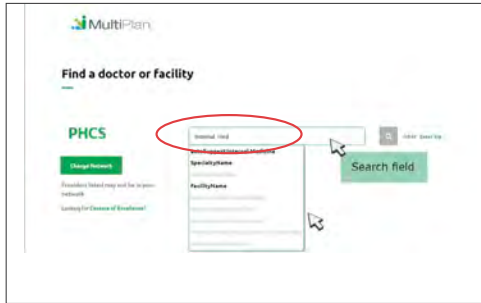


GHC-SCW members who reside outside the state of Wisconsin should select the PHCS Network.

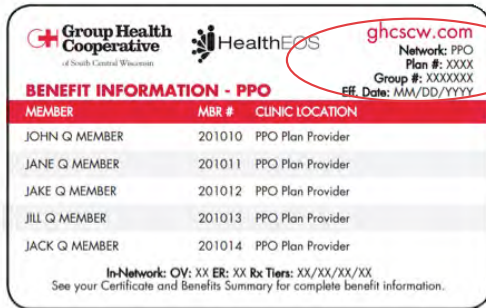
FOR QUESTIONS ABOUT WHAT IS COVERED UNDER YOUR PPO PLAN INSURANCE BENEFIT OR WHERE TO GO FOR CARE, call GHC-SCW Member Services at (608) 828-4853 or toll-free at (800) 605-4327.

Your Guide to the PPO Provider Portal

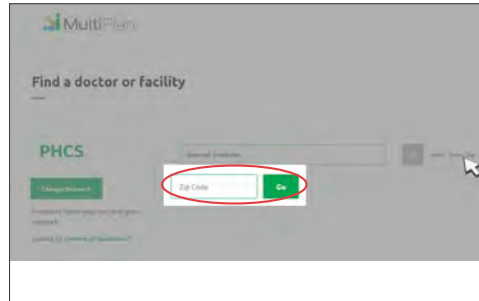
6. **Refine your search** by entering a provider specialty, provider name, facility name, type of facility or National Provider Identifier (NPI) number.



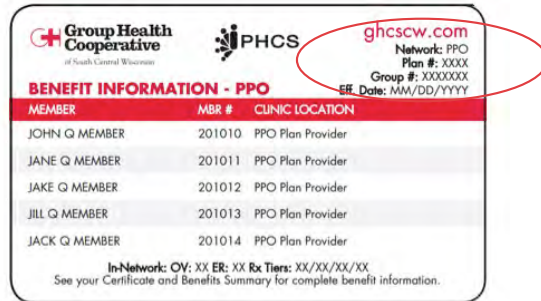
Example of the front of a HealthEOS PPO ID card



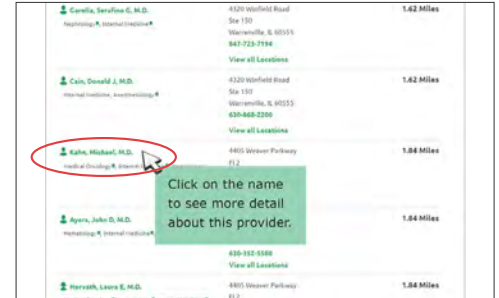
7. **Set your location** by clicking on the magnifying glass or by entering the zip code of the area you want to search. By default, the search pulls results within 20 miles of the zip code you enter.



Example of the front of a PHCS PPO ID card



8. **Acknowledge reading another notice.** After you click "OK," your search results will appear. To narrow your results, apply filters including gender, languages spoken, hospital affiliation, whether the provider is accepting new patients, and wait time for appointments.



If your provider is not listed or if you have additional questions regarding the provider networks, contact PHCS at (800) 922-4362 or HealthEOS at (800) 279-9776 to verify further or nominate the provider.

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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 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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MK17-77-4(7.23)F

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

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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.

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.

PPO Benefit Summaries



Plan Number: 2493603
Benefits Accumulate on a Plan Year.

	MEMBER	FAMILY
In-Network Deductible	\$0	\$0
Out-of-Network Deductible	\$500	\$1,000
In-Network Maximum Out-of-Pocket (MOOP)	\$500	\$1,000
Out-of-Network Maximum Out-of-Pocket (MOOP)	\$2,000	\$4,000

Policy Coinsurance

In-Network: 0%
Out-of-Network: 30%

Clinic Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Primary Care Office Visits	No	\$30	30% after Deductible	Example: Office visits with Your Primary Care Provider (PCP)
Chiropractic Office Visits	No	\$30	30% after Deductible	
Preventive Health Examinations	No	No Charge	30% after Deductible	Coverage is limited to preventive services as defined by the Affordable Care Act.
Specialist Care Office Visits	No	\$30	30% after Deductible	Example: Specialist Hearing Exams
Preventive Immunizations	No	No Charge	30% after Deductible	Coverage is limited to preventive services as defined by the Affordable Care Act.
Prenatal and Postnatal Maternity Care	No	No Charge	30% after Deductible	In-Network cost-sharing value is limited to preventive services. Cost-sharing described elsewhere in this Benefit Summary may apply depending on the maternity-related test or service.
Diagnostic X-Ray and Laboratory Tests	Yes	No Charge after Deductible	30% after Deductible	X-rays and routine lab tests ordered by Your Provider do not require Prior Authorization.
Advanced Radiology	Yes	No Charge after Deductible	30% after Deductible	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%	30% after Deductible	
Hearing Aids for Members age 18 and over	Yes	20%	30% after Deductible	Limited to one hearing aid per ear per 36 months; GHC-SCW designates specific models or other cost limitations may apply

Plan Number: 2493603
Benefits Accumulate on a Plan Year.

Policy Coinsurance

In-Network: 0%
Out-of-Network: 30%

	MEMBER	FAMILY
In-Network Deductible	\$0	\$0
Out-of-Network Deductible	\$500	\$1,000
In-Network Maximum Out-of-Pocket (MOOP)	\$500	\$1,000
Out-of-Network Maximum Out-of-Pocket (MOOP)	\$2,000	\$4,000

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%	30% after Deductible	Limited to one hearing aid per ear per 36 months
Cochlear Implants and Bone Anchored Hearing Aids	Yes	No Charge after Deductible	30% after Deductible	
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	30% after Deductible	
Outpatient Hospital Surgical/Non-Surgical Services, Facility Fees	Yes	No Charge after Deductible	30% after Deductible	Certain oral surgeries do not require Prior Authorization
Skilled Nursing Facility Services	Yes	No Charge after Deductible	30% after Deductible	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	30% after Deductible	Routine Eye Examinations must be provided by an 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	30% after Deductible	
Mental Health/Substance Use Disorder Inpatient Services	Yes	20% after Deductible	30% after Deductible	
Mental Health/Substance Use Disorder Transitional Services	Yes	No Charge after Deductible	30% after Deductible	
Dental Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Accidental Dental	No	No Charge after Deductible	30% after Deductible	Initial repair of accidental injury to sound, natural teeth
Oral Surgeries	Yes	No Charge after Deductible	30% after Deductible	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	30% after Deductible	Example: End of Life Services
Home Health Services	Yes	No Charge after Deductible	30% after Deductible	Limited to 60 visits per Member per year
Health Counseling Education	No	No Charge	30% after Deductible	
Conception Services	No	50% up to maximum	50% up to maximum	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	30% after Deductible	Includes Rehabilitation and Habilitation Therapy; Limited to 20 visits per therapy per Member per year
Outpatient Habilitation Therapy	Yes	No Charge after Deductible	30% after Deductible	Includes Physical and Occupational Therapy; Limited to 40 combined visits per Member per year; See Certificate for additional information

Plan Number: 2493603
Benefits Accumulate on a Plan Year.

Policy Coinsurance

In-Network: 0%
Out-of-Network: 30%

	MEMBER	FAMILY
In-Network Deductible	\$0	\$0
Out-of-Network Deductible	\$500	\$1,000
In-Network Maximum Out-of-Pocket (MOOP)	\$500	\$1,000
Out-of-Network Maximum Out-of-Pocket (MOOP)	\$2,000	\$4,000

Additional Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Cardiac Rehabilitation Therapy	Yes	No Charge after Deductible	30% after Deductible	Limited to 36 visits per Member per year
Outpatient Rehabilitation Therapy	Yes	No Charge after Deductible	30% after Deductible	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 for services specified in this Benefit Summary. 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 any Providers not included in the "Find a Provider" link at <https://www.ghcscw.com>. Out-of-Network coinsurance applies after the deductible has been met. For further assistance, contact Member Services at (608) 828-4853 or (800) 605-4327, ext. 4504. When applicable, Prior Authorization is still required for Out-of-Network 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 100/70 PPO 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 ?	For In-Network Providers \$0 ; For Out-of-Network Providers \$500/Individual or \$1,000/Family	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 ?	For In-Network Providers \$500/Individual or \$1,000/Family ; For Out-of-Network Providers \$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 ?	No.	You can see the specialist you choose without a referral .

*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	30% after Deductible	Example: Office visits with Your Primary Care Provider (PCP)
	Specialist visit	\$30	30% after Deductible	Example: Specialist Hearing Exams
	Preventive care/screening/immunization	No Charge	30% after Deductible	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	30% after Deductible	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	30% after Deductible	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	30% after Deductible	Prior authorization is required.
	Physician/surgeon fees	No Charge after Deductible	30% after Deductible	Prior authorization is required. Certain oral surgeries do not require Prior Authorization

*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)	
If you need immediate medical attention	Emergency room care	\$125	\$125	Limited to emergency care; Copay waived if admitted as 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	30% after Deductible	Prior authorization is required.
	Physician/surgeon fees	20% after Deductible	30% after Deductible	Prior authorization is required.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30	30% after Deductible	
	Inpatient services	20% after Deductible	30% after Deductible	Prior authorization is required.
If you are pregnant	Office visits	No Charge	30% after Deductible	In-Network cost-sharing value is limited to preventive services. Cost-sharing described elsewhere in this SBC may apply depending on the maternity-related test or service.
	Childbirth/delivery professional services	20% after Deductible	30% after Deductible	Prior authorization is required.
	Childbirth/delivery facility services	20% after Deductible	30% after Deductible	Prior authorization is required.
If you need help recovering or have other special health needs	Home health care	No Charge after Deductible	30% after Deductible	Prior authorization is required. Limited to 60 visits per Member per year
	Rehabilitation services	No Charge after Deductible	30% after Deductible	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	30% after Deductible	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
	Skilled nursing care	No Charge after Deductible	30% after Deductible	Prior authorization is required. Limited to 30 days per inpatient stay per Member

*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)	
	Durable medical equipment	20%	30% after Deductible	Prior authorization is required. See Certificate for additional Limitations and Exclusions
	Hospice services	No Charge after Deductible	30% after Deductible	Prior authorization is required. Example: End of Life Services
If your child needs dental or eye care	Children's eye exam	No Charge	30% after Deductible	Routine Eye Examinations must be provided by an 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

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

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

Plan Number: 2493651
Benefits Accumulate on a Plan Year.

Policy Coinsurance

In-Network: 20%
Out-of-Network: 40%

	MEMBER	FAMILY
In-Network Deductible	\$1,000	\$2,000
Out-of-Network Deductible	\$2,000	\$4,000
In-Network Maximum Out-of-Pocket (MOOP)	\$2,000	\$4,000
Out-of-Network Maximum Out-of-Pocket (MOOP)	\$4,000	\$8,000

Clinic Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Primary Care Office Visits	No	\$30	40% after Deductible	Example: Office visits with Your Primary Care Provider (PCP)
Chiropractic Office Visits	No	\$30	40% after Deductible	
Preventive Health Examinations	No	No Charge	40% after Deductible	Coverage is limited to preventive services as defined by the Affordable Care Act.
Specialist Care Office Visits	No	\$30	40% after Deductible	Example: Specialist Hearing Exams
Preventive Immunizations	No	No Charge	40% after Deductible	Coverage is limited to preventive services as defined by the Affordable Care Act.
Prenatal and Postnatal Maternity Care	No	No Charge	40% after Deductible	Coverage is limited to preventive services as defined by the Affordable Care Act.
Diagnostic X-Ray and Laboratory Tests	Yes	20% after Deductible	40% after Deductible	X-rays and routine lab tests ordered by Your Provider do not require Prior Authorization.
Advanced Radiology	Yes	20% after Deductible	40% after Deductible	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%	40% after Deductible	
Hearing Aids for Members age 18 and over	Yes	20%	40% after Deductible	Limited to one hearing aid per ear per 36 months; GHC-SCW designates specific models or other cost limitations may apply
Hearing Aids for children age 17 and under	Yes	20%	40% after Deductible	Limited to one hearing aid per ear per 36 months

Plan Number: 2493651
Benefits Accumulate on a Plan Year.

Policy Coinsurance

In-Network: 20%
Out-of-Network: 40%

	MEMBER	FAMILY
In-Network Deductible	\$1,000	\$2,000
Out-of-Network Deductible	\$2,000	\$4,000
In-Network Maximum Out-of-Pocket (MOOP)	\$2,000	\$4,000
Out-of-Network Maximum Out-of-Pocket (MOOP)	\$4,000	\$8,000

Supplies and Equipment	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Cochlear Implants and Bone Anchored Hearing Aids	Yes	20% after Deductible	40% after Deductible	
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	40% after Deductible	
Outpatient Hospital Surgical/Non-Surgical Services, Facility Fees	Yes	20% after Deductible	40% after Deductible	Certain oral surgeries do not require Prior Authorization
Skilled Nursing Facility Services	Yes	20% after Deductible	40% after Deductible	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	40% after Deductible	Routine Eye Examinations must be provided by an 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	40% after Deductible	
Mental Health/Substance Use Disorder Inpatient Services	Yes	20% after Deductible	40% after Deductible	
Mental Health/Substance Use Disorder Transitional Services	Yes	20% after Deductible	40% after Deductible	
Dental Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Accidental Dental	No	20% after Deductible	40% after Deductible	Initial repair of accidental injury to sound, natural teeth
Oral Surgeries	Yes	20% after Deductible	40% after Deductible	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	40% after Deductible	Example: End of Life Services
Home Health Services	Yes	20% after Deductible	40% after Deductible	Limited to 60 visits per Member per year
Health Counseling Education	No	No Charge	40% after Deductible	
Conception Services	No	50% up to maximum	50% up to maximum	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	40% after Deductible	Includes Rehabilitation and Habilitation Therapy; Limited to 20 visits per therapy per Member per year
Outpatient Habilitation Therapy	Yes	20% after Deductible	40% after Deductible	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	40% after Deductible	Limited to 36 visits per Member per year
Outpatient Rehabilitation Therapy	Yes	20% after Deductible	40% after Deductible	Includes Physical and Occupational Therapy; Limited to 40 combined visits per Member per year; See Certificate for additional information

Plan Number: 2493651
Benefits Accumulate on a Plan Year.

Policy Coinsurance

In-Network: 20%
Out-of-Network: 40%

	MEMBER	FAMILY
In-Network Deductible	\$1,000	\$2,000
Out-of-Network Deductible	\$2,000	\$4,000
In-Network Maximum Out-of-Pocket (MOOP)	\$2,000	\$4,000
Out-of-Network Maximum Out-of-Pocket (MOOP)	\$4,000	\$8,000

Benefit Summary Notes

Prior Authorizations

- Prior Authorization is required for services specified in this Benefit Summary. 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 any Providers not included in the "Find a Provider" link at <https://www.ghcscw.com>. Out-of-Network coinsurance applies after the deductible has been met. For further assistance, contact Member Services at (608) 828-4853 or (800) 605-4327, ext. 4504. When applicable, Prior Authorization is still required for Out-of-Network services.

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Questions or Concerns?

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\$30 Copayment \$1,000 Deductible 80/60 4-Tier Rx PPO Plan

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Important Questions	Answers	Why This Matters:
What is the overall deductible ?	For In-Network Providers \$1,000/Individual or \$2,000/Family ; For Out-of-Network Providers \$2,000/Individual or \$4,000/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 ?	For In-Network Providers \$2,000/Individual or \$4,000/Family ; For Out-of-Network Providers \$4,000/Individual or \$8,000/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 ?	No.	You can see the specialist you choose without a referral .

*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	40% after Deductible	Example: Office visits with Your Primary Care Provider (PCP)
	Specialist visit	\$30	40% after Deductible	Example: Specialist Hearing Exams
	Preventive care/screening/immunization	No Charge	40% after Deductible	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	40% after Deductible	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	40% after Deductible	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	40% after Deductible	Prior authorization is required.
	Physician/surgeon fees	20% after Deductible	40% after Deductible	Prior authorization is required. Certain oral surgeries do not require Prior Authorization

*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)	
If you need immediate medical attention	Emergency room care	\$125	\$125	Limited to emergency care; Copay waived if admitted as 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	40% after Deductible	Prior authorization is required.
	Physician/surgeon fees	20% after Deductible	40% after Deductible	Prior authorization is required.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30	40% after Deductible	
	Inpatient services	20% after Deductible	40% after Deductible	Prior authorization is required.
If you are pregnant	Office visits	No Charge	40% after Deductible	Coverage is limited to preventive services as defined by the Affordable Care Act.
	Childbirth/delivery professional services	20% after Deductible	40% after Deductible	Prior authorization is required.
	Childbirth/delivery facility services	20% after Deductible	40% after Deductible	Prior authorization is required.
If you need help recovering or have other special health needs	Home health care	20% after Deductible	40% after Deductible	Prior authorization is required. Limited to 60 visits per Member per year
	Rehabilitation services	20% after Deductible	40% after Deductible	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	40% after Deductible	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
	Skilled nursing care	20% after Deductible	40% after Deductible	Prior authorization is required. Limited to 30 days per inpatient stay per Member
	Durable medical equipment	20%	40% after Deductible	Prior authorization is required. See Certificate for additional Limitations and Exclusions

*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)	
	Hospice services	20% after Deductible	40% after Deductible	Prior authorization is required. Example: End of Life Services
If your child needs dental or eye care	Children's eye exam	No Charge	40% after Deductible	Routine Eye Examinations must be provided by an 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. ໂທສ 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

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