

Partners HMO

Group Health Cooperative of South Central Wisconsin
2025 Member Reference Guide

WI Youth Company



BETTER TOGETHERSM

 **Group Health
Cooperative**

of South Central Wisconsin

ghcscw.com

WELCOME

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

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



Get Started!

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

1. Activate your online GHCMYChartSM account

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

2. Transition your care.

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

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

3. Choose your Primary Care Provider (PCP).

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

LGBTQIA+ Primary Care Services

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



Connect With Us

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

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



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

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

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



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

Our Mission

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

Our Vision

As a local, non-profit, member-owned Cooperative, we are the most trusted resource for lifelong health and well-being in the communities we serve.

Our Values

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

- We are a non-profit Cooperative
- We are member-centered
- We are equitable and inclusive
- We are quality-driven
- We are innovative
- We are community involved

Our Commitment to Excellence

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




Learn more at ghcscw.com

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 **Group Health Cooperative**

of South Central Wisconsin



Our Beliefs

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



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

PARTNERS HMO: FIND A PROVIDER MAP



Primary Care Clinics and Hospitals available in our Partners HMO plan

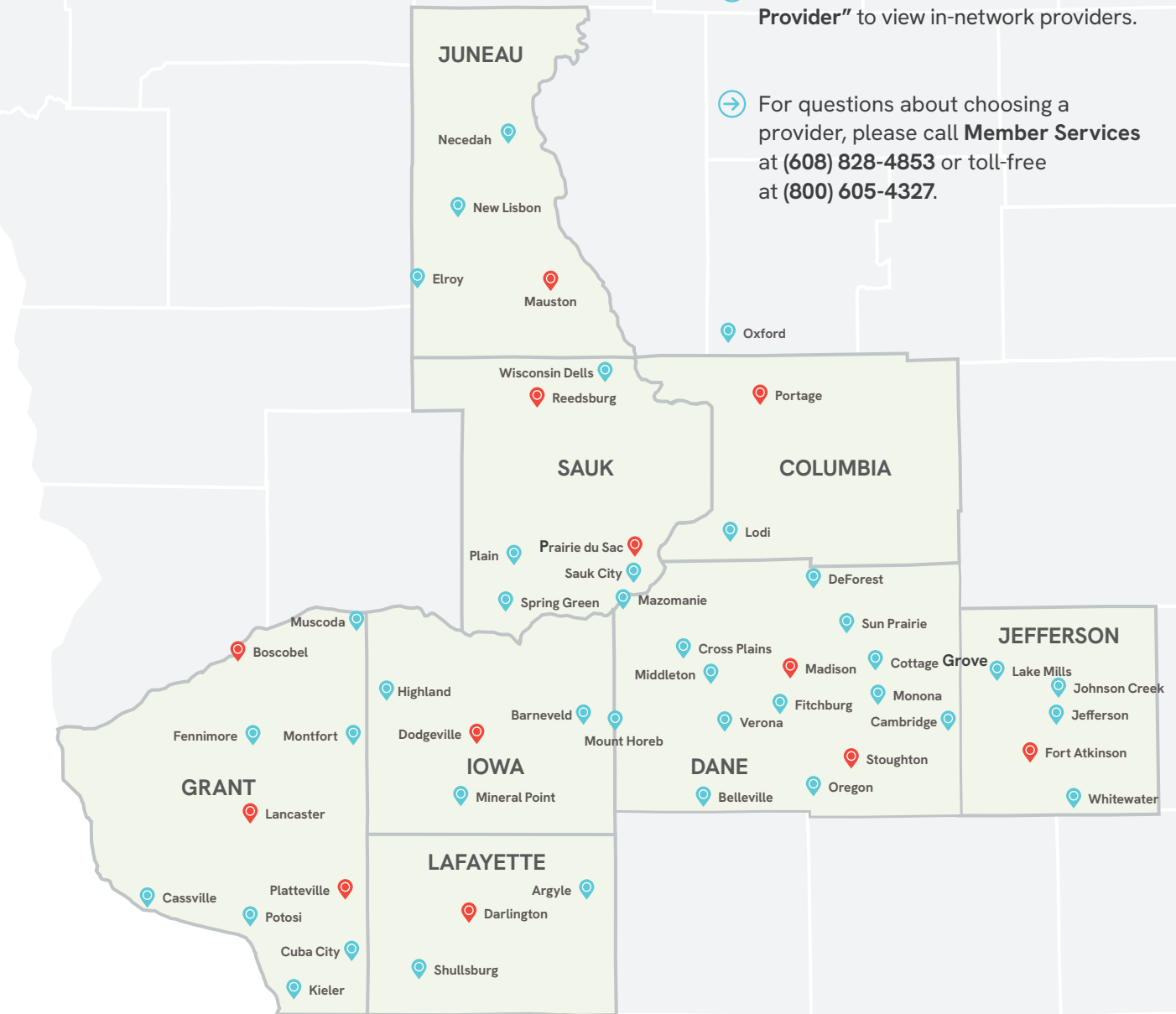


LEGEND

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

SELECT A PROVIDER

-  Visit ghcsw.com and click on "Find a Provider" to view in-network providers.
-  For questions about choosing a provider, please call **Member Services** at **(608) 828-4853** or toll-free at **(800) 605-4327**.



TOGETHER, BETTER IS POSSIBLE



of South Central Wisconsin

ghcsw.com

PRIMARY CARE CLINICS

COLUMBIA COUNTY

Lodi

- Lodi Clinic - Sauk Prairie Healthcare

Portage

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

DANE COUNTY

Belleville

- UW Health - Belleville Family Medicine Clinic

Cottage Grove

- UW Health - Cottage Grove Clinic

Cross Plains

- UW Health - Cross Plains Clinic

DeForest

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

Fitchburg

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

Madison

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

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

Mazomanie

- Wisconsin Heights Clinic - Sauk Prairie Healthcare

Middleton

- UnityPoint Health - Meriter - Middleton Clinic

Monona

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

Mount Horeb

- UHH Mount Horeb Clinic
- UW Health - Mount Horeb Clinic

Oregon

- UW Health - Oregon Clinic

Stoughton

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

Sun Prairie

- UW Health - Sun Prairie Clinic

Verona

- UW Health - Verona Clinic

GRANT COUNTY

Boscobel

- Emplify Boscobel Clinic

Cassville

- Grant Regional Health Center - Community Clinic Cassville

Cuba City

- Southwest Health - Cuba City

Fennimore

- High Point Family Medicine - Fennimore
- Emplify Fennimore Clinic

Kieler

- Southwest Health - Kieler

Lancaster

- Grant Regional Health Center - Community Clinic Lancaster

- High Point Family Medicine Lancaster

Montfort

- UHH Montfort Clinic

Muscoda

- Emplify Muscoda Clinic

Platteville

- Southwest Health - Platteville

Potosi

- Grant Regional Health Center - Potosi-Tennyson Medical Clinic

IOWA COUNTY

Barneveld

- UHH Barneveld Clinic

Dodgeville

- Dodgeville Medical Center of UHH

Highland

- UHH Highland Clinic

Mineral Point

- Mineral Point Medical Center of UHH

JEFFERSON COUNTY

Cambridge

- Cambridge Family Practice - Fort HealthCare

Fort Atkinson

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

Jefferson

- Jefferson Clinic - Fort HealthCare

Johnson Creek

- Johnson Creek Clinic - Fort HealthCare
- Three Oaks Health

Lake Mills

- Lake Mills Clinic - Fort HealthCare

Whitewater

- Whitewater Clinic - Fort HealthCare

JUNEAU COUNTY

Elroy

- Elroy Family Medical Clinic - Mile Bluff Medical Center

Mauston

- Mile Bluff Clinic - Mile Bluff Medical Center

Necedah

- Necedah Family Medical Clinic - Mile Bluff Medical Center

New Lisbon

- New Lisbon Family Medical Clinic - Mile Bluff Medical Center

LAFAYETTE COUNTY

Argyle

- Lafayette Hospital + Clinics Primary Care - Argyle

Darlington

- Lafayette Hospital + Clinics Primary Care - Darlington

Shullsburg

- Lafayette Hospital + Clinics Primary Care - Shullsburg

MARQUETTE COUNTY

Oxford

- Oxford Clinic - Aspirus Health

SAUK COUNTY

Plain

- Plain Clinic - Sauk Prairie Healthcare

Reedsburg

- Reedsburg Area Medical Center Physicians Group

Sauk City

- Prairie Clinic

Spring Green

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

Wisconsin Dells

- Delton Family Medical Center - Mile Bluff Medical Center

HOSPITALS & SURGERY CENTERS

COLUMBIA COUNTY

Portage

- Aspirus Divine Savior Hospital

DANE COUNTY

Madison

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

- UW Health Rehabilitation Hospital
- UW Health Transformations
- UW Health University Hospital

Stoughton

- Stoughton Hospital

GRANT COUNTY

Boscobel

- Emplify Boscobel Area Hospital

Lancaster

- Grant Regional Health Center

Platteville

- Southwest Health Hospital

IOWA COUNTY

Dodgeville

- Upland Hills Health Hospital

JEFFERSON COUNTY

Fort Atkinson

- Fort Memorial Hospital

JUNEAU COUNTY

Mauston

- Mile Bluff Medical Center

LAFAYETTE COUNTY

Darlington

- Lafayette Hospital + Clinics

SAUK COUNTY

Reedsburg

- Reedsburg Area Medical Center

Prairie du Sac

- Sauk Prairie Hospital

URGENT CARE

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



EXAMPLES OF URGENT CARE SYMPTOMS:

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

GHC-SCW URGENT CARE CLINIC

675 W. Washington Ave., Madison, WI 53703
(608) 257-9700
Hours: Mon. – Fri., 8 a.m. – 9 p.m.
Sat. – Sun., 9 a.m. – 9 p.m.

Appointments are made to better serve your same-day access needs and are required for GHC-SCW Urgent Care. Walk-in appointments are not available.

Contact the GHC-SCW Urgent Care Clinic at Capitol Clinic to schedule an appointment.

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

UW HEALTH – STOUGHTON URGENT CARE

GHC-SCW members who receive primary care at the the UW Health–Stoughton Network (Stoughton Clinic) can receive Urgent Care at these locations:

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

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

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

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

REGIONAL URGENT CARE

GHC-SCW members **outside** of Dane County can receive Urgent Care at these locations:

Aspirus Divine Savior Urgent Care
2817 New Pinery Rd.
Portage, WI 53901
(608) 742-4131

Fort Memorial Hospital Urgent Care
611 Sherman Ave. E.
Fort Atkinson, WI 53538
(920) 568-5330

Grant Regional Health Center
507 S. Monroe St.
Lancaster, WI 53813
(608) 723-2143

Memorial Hospital of Lafayette County
800 Clay St.
Darlington, WI 53530
(608) 776-4466

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

Prairie Clinic Express Clinic
112 Helen St.
Sauk City, WI 53583
(608) 643-3351

Reedsburg Area Medical Center
2000 N. Dewey Ave.
Reedsburg, WI 53959
(608) 524-6487

Sauk Prairie Healthcare
260 26th St.
Prairie du Sac, WI 53578
(608) 643-3311

Southwest Health
1450 Eastside Rd.
Platteville, WI 53818
(608) 348-2331

Upland Hills Health
800 Compassion Way
Dodgeville, WI 53533
(608) 930-8000

Interested in GHC-SCW's Virtual Urgent Care Options? Visit ghcscw.com/virtual-care

If you require emergency care, please proceed to the nearest hospital or emergency room for treatment or call 911.

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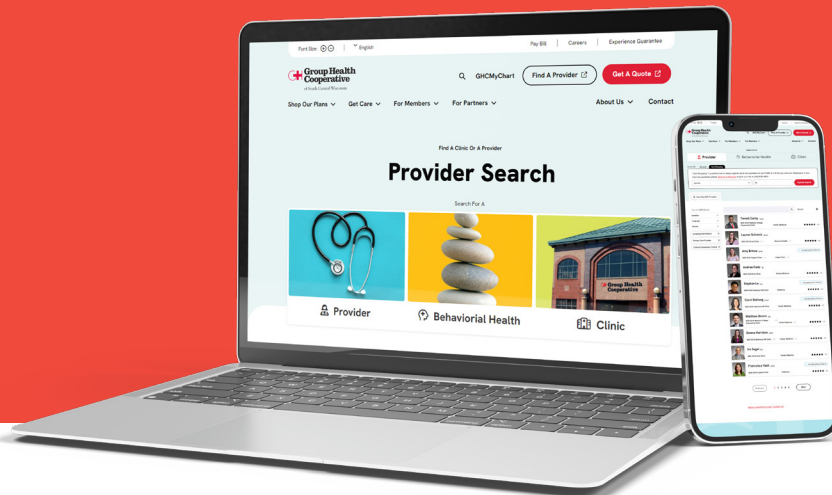
Group Health Cooperative of South Central Wisconsin (GHC-SCW)
MK24-03-2(9.24)FL

 **Group Health Cooperative**

of South Central Wisconsin

"FIND A PROVIDER" SEARCH TOOL

DISCOVER THE PERFECT PROVIDER FOR YOUR UNIQUE HEALTH CARE NEEDS



Welcome to a seamless way to find your ideal health care provider! Our new "Find a Provider" search tool, available on both our website and mobile devices, is designed to help you quickly and easily connect with the right health care professional for you and your family.

Key Features:



User-Friendly Experience: Our search tool offers streamlined and intuitive functionality, making it simple to search by provider name, specialty, location or even specific services.



Comprehensive Provider Information: Access detailed profiles including credentials, specializations, office locations, languages spoken, patient ratings, appointment availability and more.



Personalized Search Filters: Easily filter providers based on your preferences, including proximity to your home or workplace, provider gender, availability, specialty and more.



Convenient Provider Requests: Save time by submitting a GHC-SCW Primary Care Provider change request directly through the site - no phone calls or extra steps required!



Instant Access Anytime, Anywhere: Whether you're at home, at work or on the go, you can find a provider or clinic at your fingertips using our mobile-friendly tool.

Why Choose GHC-SCW?

Our commitment to your health goes beyond providing excellent care. With our new search tool, we empower you to make informed choices about your health care in a way that's convenient, accessible and tailored to your needs.

Visit ghcscw.com to learn more and start your provider search today!

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Group Health Cooperative of South Central Wisconsin (GHC-SCW)
MK24-113-0(9.24)FL

 **Group Health
Cooperative**

of South Central Wisconsin

PRIMARY CARE

Your care starts here, and we see it through with you.



CHOOSING A PRIMARY CARE PROVIDER (PCP)

Good news: all GHC-SCW primary care clinics are accepting new patients!

It's important to choose a PCP who understands you and involves you in decisions about your care. You should be able to trust them fully. Search through your PCP options on ghcscw.com when you select the **Clinic, Provider or Behavioral Health Services** button.



Here are some tips for your search:

- Think about your health goals and concerns. Find PCPs that match those.
- Identify any preferences for your PCP's gender, location and even their language.
- Read their bio and ratings to understand their style.
- Set up a visit with your PCP and evaluate how you feel after your appointment.

If you're a new member, you'll list your new PCP on your enrollment materials. You can switch at any time through your **GHCMYChartSM** account or by calling Member Services at **(608) 828-4853**.

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Group Health Cooperative of South Central Wisconsin (GHC-SCW)
MK23-105-1(4.24)FL

 **Group Health Cooperative**

of South Central Wisconsin

ghcscw.com



Benefits of Choosing GHC-SCW Primary Care

Access

All GHC-SCW primary care clinics are accepting new patients!

Care When You Need It

We will always work with you to get you seen as soon as possible in the most convenient way for you. That might be an appointment with a provider on your care team, a same-day appointment at our Capitol Clinic Urgent Care or even a virtual visit.

GHC Experience GuaranteeSM

If your experience at a GHC-SCW clinic doesn't meet your expectations, you can tell us about it, and at your request, we'll refund out-of-pocket costs associated with your visit. It's just one way we show our commitment to exceptional primary care.

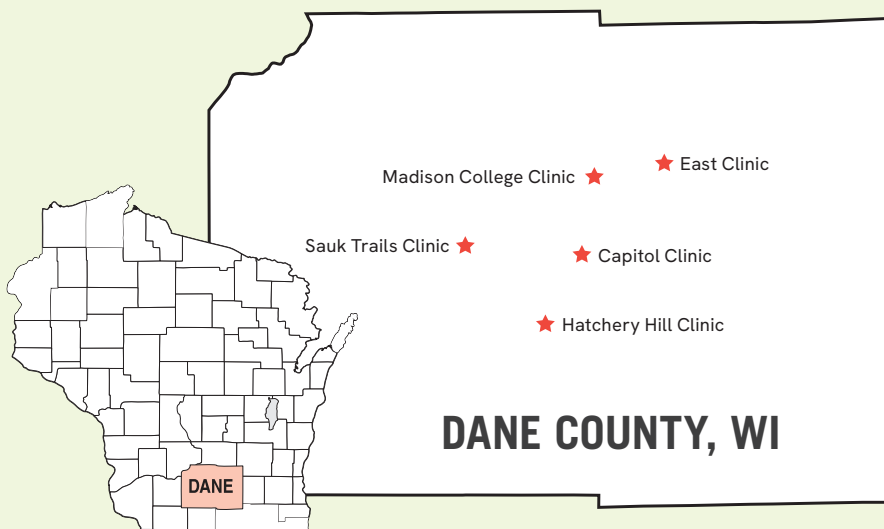
LGBTQIA+ Primary Care

Everyone deserves to receive care in an environment that is both safe and empowering. Choose from our PCPs, including those who have knowledge or special training in LGBTQIA+ primary care or who have self-identified as providing culturally sensitive and frequent care to LGBTQIA+ members.

Virtual Care Options

When you're sick and a waiting room is the last place you want to be, you have many virtual options. Use GHC Care OnDemand, which includes Virtual Urgent Care Visits powered by KeyCare, E-Visits powered by KeyCare, Virtual Therapy powered by MDLIVE, GHCMYChartSM Video Visits with GHC-SCW providers and the GHC NurseConnect line.

★ GHC-SCW Primary Care Clinics



- ★ **Capitol Clinic (including appointment based Urgent Care)**
675 W. Washington Ave., Madison
- ★ **East Clinic**
5249 E. Terrace Dr., Madison
- ★ **Hatchery Hill Clinic**
3051 Cahill Main, Fitchburg
- ★ **Madison College Community Clinic**
1705 Hoffman St., Madison
- ★ **Sauk Trails Clinic**
8202 Excelsior Dr., Madison

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Group Health Cooperative

of South Central Wisconsin

ghcscw.com

PREVENTIVE PHYSICAL vs. OFFICE VISIT

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

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

➔ Preventive Physical

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

➔ Office Visit

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

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

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

How does this affect you?

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

Questions?

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

GET CARE

Specialty and Ancillary Services at GHC-SCW

GHC-SCW members have access to outstanding specialty and ancillary services at our GHC-SCW-owned and operated clinics.



Eye Care

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



Physical and Occupational Therapy (PT/OT)

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



Dermatology

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



Sports Medicine

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



Behavioral Health

We offer a full range of behavioral health and addiction services for children, adolescents and adults. Members have access to both GHC-SCW behavioral health providers and contracted providers in our community. Members can schedule with GHC-SCW outpatient behavioral health providers directly, without a referral, by contacting our behavioral health call center at **(608) 441-3290**. They can also visit our behavioral health page on ghcscw.com for a comprehensive search engine of behavioral health providers within GHC-SCW clinics and within our contracted network of providers in the community. GHC-SCW contracts with several substance use providers within the community, including UW Health Behavioral Health and Recovery - **(608) 282-8270**. Please

use the search engine for a complete list of substance use providers.

Some PCPs prescribe medications for substance use disorders. Please contact your primary care clinic for more information.

For Urgent and Emergency Behavioral Health Crisis

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

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



Chiropractic

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



Clinical Health Education (CHE)

CHE staff include Diabetes Care Specialists, Dietitians, a Respiratory Educator, a Lactation Consultant, and a Genetic Counselor. CHE helps you learn about your health and how to prevent or manage chronic conditions. CHE Providers may help you create an individualized plan to improve your health, based on credible and easy-to-understand health information.

Quick Guide for GHC-SCW Partners HMO Members



of South Central Wisconsin

For Members In Dane County

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

- **Optometry:** No prior authorization or referral is needed. Members may use GHC-SCW Eye Center.
- **Podiatry:** No prior authorization or referral is needed. Members may use Associated Podiatrists or University Podiatry Associates.
- **Chiropractor:** No prior authorization or referral is needed.
- **Dermatology:** Referring provider should fax orders to **(608) 204-9626** or **(608) 661-7226**.
- **Prenatal Genetic Counseling:** Referring provider should fax orders to **(608) 661-7205**.
- **Laboratory:** All genetic lab work needs to be completed at a GHC-SCW laboratory. Routine lab work is completed at your primary care office
- **Sports Medicine:** Members who have a GHC-SCW PCP are seen at GHC-SCW Sports Medicine. Members who have a UW or UnityPoint - Meriter PCP are seen at UW Health Sports Medicine.
- **Advanced Imaging - Ultrasound, CT scans, Mammograms (3D with Tomosynthesis):** Referring provider should fax imaging orders to GHC-SCW Radiology at: **(608) 661-7205**.
- **Physical Therapy (PT):** No prior authorization or referral needed. Orders can be faxed to **(608) 662-5061**. GHC-SCW does not perform neuro/stroke, cardiac, pulmonary, or Schroth method therapy, nor do we see children under the age of 6.
- **Occupational Therapy (OT):** Referring provider should fax OT orders to **(608) 662-5061**.

HMO Partners: Outside of Dane County

For members who have a PCP outside of Dane County, specialty services should be obtained by an in-network regional health system partner and does not require prior authorization. Specialty services unavailable within the regional area should be referred to UW Health or UnityPoint Health - Meriter Specialists and require a prior authorization. Consults will be approved without review.

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

In-Network Hospitals

Members who see a Dane County PCP should use UW Hospital and UnityPoint Health - Meriter Hospital.

Members who see a regional PCP should use any in-network regional hospital; or UW Hospital or UnityPoint Health - Meriter Hospital if a regional hospital is unavailable.

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

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

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

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of South Central Wisconsin

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/prior-authorization



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

GHC-SCW Pharmacy and Benefits



Capitol Clinic Pharmacy

675 West Washington Ave
Madison, WI 53703

(608) 257-9732

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

Hatchery Hill Clinic Pharmacy

3051 Cahill Main
Fitchburg, WI 53711

(608) 661-7242

Monday - Friday: 9 a.m. - 5:30 p.m.

Sauk Trails Clinic Pharmacy

8202 Excelsior Drive
Madison, WI 53719

(608) 257-4869

Monday - Friday: 8 a.m. - 5:30 p.m.

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

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



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

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

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



Why Use a GHC-SCW Pharmacy?

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



Using GHCMyChartSM

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

BETTER TOGETHERSM

Group Health Cooperative of South Central Wisconsin (GHC-SCW)
MK22-87-2(5.24)FL

 **Group Health Cooperative**

of South Central Wisconsin

ghcscw.com

GHC-SCW Pharmacy and Benefits



Other Benefits (Continued)



Prescriptions by Mail

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

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



Request mailed prescriptions through your GHCMYChartSM account!

Please call Sauk Trails Pharmacy at (608) 831-1773 with any questions.



MedsOnCue

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

Other Important Details

Drug Formulary

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

Prior Authorizations

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

Transfer an Existing Prescription

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

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Group Health Cooperative of South Central Wisconsin (GHC-SCW)
MK22-87-2(5.24)FL

 **Group Health
Cooperative**

of South Central Wisconsin

ghcscw.com

Member-Owner Rewards

2025



MAXIMIZE your
GHC-SCW MEMBERSHIP
with this EXCLUSIVE
package of rewards



BETTER TOGETHERSM

Member-Owner Rewards

Welcome to the GHC-SCW Member-Owner Rewards (MOR) program, where we prioritize your well-being and empowerment. This program is crafted with convenience, flexibility and exclusive savings in mind.

Think of MOR as a way for you to customize your path to health and enhance your holistic health journey. With no extra sign-up hassles, your GHC-SCW membership card is all you need to take advantage of these services and benefits.

Beyond the tangible benefits, belonging to a cooperative offers something even more powerful: **a voice and a vote in how your health plan is managed.**

Let's start with that foundation:

▪ Quick-Access Virtual Care Options through GHC Care OnDemand:

We know you're busy and don't want you to wait to get care. Beyond the traditional exam room, GHC-SCW gives Member-Owners fast and convenient options like:

- GHCMYChartSM Video Visits
- Virtual Therapy powered by MDLIVE[®]
- Virtual Urgent Care powered by KeyCare
- GHCNurseConnect
- E-Visits powered by KeyCare

▪ GHCMYChartSM and the Mobile GHCMYChartSM App:

Wherever you go, your secure health information and direct access* to GHC-SCW providers are right there with you.

▪ Our Exclusive Experience Guarantee:

You have a right to expect a great experience when you visit your GHC-SCW clinic. And if we fail to live up to that expectation, you shouldn't pay for that visit. Visit ghcscw.com/experience-guarantee to learn more about our money-back GHC Experience GuaranteeSM!

▪ ManageWell[®] Rewards^{**}:

This online platform includes an entire suite of programs, activities and challenges. Complete healthy activities to earn rewards. Activities include your yearly physical, exercises, step tracking, participating in a Community Supported Agriculture (CSA) share, receiving your annual flu vaccine, creating and completing SMART goals and other ways to protect your health and wellness. Learn more at ghcscw.com/managewell.

▪ Discounts:

Massage Therapy and Acupuncture Discounts: GHC-SCW members get a discount on certain massage therapy and acupuncture services with select partners.

Eye Care Discounts: Members also get a discount of 20% on retail eye care products such as frames, non-prescription sunglasses, reading glasses, solutions and drops. Members also receive 10% off of a 12-month supply of contacts!

▪ Outstanding Member Services:

As a Member-Owned, non-profit, health care cooperative, our mission, vision and values are built around providing our members with the best possible experience. Learn more on page 6.

*GHCMYChart message fees may apply.

**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, Federal (FEHB), Individual and Family Plan and BadgerCare Plus members.

Care OnDemandSM

Virtual Care Options



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.



24/7 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 advice 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 video access to licensed providers.

- Live face-to-face access to a provider from your home, office or on-the-go.
- Visit by secure video to help treat certain non-emergency medical conditions.
- Most members receive unlimited, free visits.**

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



24/7 E-Visits *powered by KeyCare*

E-Visits *powered by KeyCare* is your 24/7/365 virtual online access to licensed providers.

- Connect with a provider electronically from your home, office or on-the-go.
- Send messages and photos for symptom review by a licensed provider to help treat certain non-emergency medical conditions.
- Most members receive unlimited, free visits.**

Visit ghcscw.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 ghcscw.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.

***For E-Visits, proxy access can take up to 7 days to be approved. We suggest parents/guardians set this up in advance, prior to when care is needed. Visit mychart.keycare.org, create or log in to your account, click on the "Menu" and under "Sharing" select "Request access to your loved one's account".

For E-Visits, members must be physically located in one of the following states during the entirety of the visit: AL, CA, CT, FL, ID, IL, ME, MI, MN, MT, NE, NV, NH, NC, OH, SC, SD, WI or WY.

BETTER TOGETHERSM

Group Health Cooperative of South Central Wisconsin (GHC-SCW)
MK21-4-2(3.24)FL

 **Group Health
Cooperative**

of South Central Wisconsin 17

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 online.



Refill medications at GHC-SCW Pharmacies.



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 GHC Care OnDemand Virtual Care Options

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

Virtual Therapy powered by MDLIVE[®]: Treat mental health conditions via phone or secure video.**

Virtual Urgent Care powered by KeyCare: Get medical attention for non-emergency conditions via secure video.**

E-Visits powered by KeyCare: Licensed providers can help treat non-emergency medical conditions 24/7/365 via messaging.**

GHCMYChartSM Video Visits: Connect with GHC-SCW providers for routine, specialty, preventive and wellness care via secure video.***

Better health is just
a click away with



BETTER TOGETHERSM

Group Health Cooperative of South Central Wisconsin (GHC-SCW)
MK17-77-6(5.24)F

*GHCMYChartSM messaging fees may apply. | **Virtual care visits powered by KeyCare and MDLIVE are not available for Medicare Select, Badger-CarePlus or MMSD-Quartz patients. Plan conditions apply for members with HSA benefit plans. Members must be physically located in one of the following states during the entirety of the E-Visit: AL, CA, CT, FL, ID, IL, ME, MI, MN, MT, NE, NV, NH, NC, OH, SC, SD, WI or WY. | ***For GHCMYChartSM Video Visits, members must be physically located within the state of Wisconsin during the entirety of the visit.

 **Group Health
Cooperative**

of South Central Wisconsin

ghcscw.com

What is the GHC Experience GuaranteeSM?

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

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

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

How does the GHC Experience GuaranteeSM Online Form work?

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

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

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

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

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

What is not covered through the GHC Experience GuaranteeSM?

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

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

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

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

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

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

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

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.

ManageWell®

Earn Points. Earn Rewards.

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



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.

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

Learn Where to Go For the Right Care 5/once indefinitely

Advance Directive Shared With Care Provider 25/once indefinitely

CHALLENGES

Healthy Program 20/one time per year

Mini Challenges 5 per challenge/max 15 per quarter

Bingo 5 per completion/max 15 per quarter

CONNECTIONS

Register for GHCMYChartSM 5/once indefinitely

Register for KeyCare 5/once indefinitely

Blood or Plasma Donation 10/once per quarter

Volunteer Your Time 5/once per quarter

WEIGHT MANAGEMENT

Weight Watchers (WW) or 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

Try a New Recipe 5/once per quarter

5K Walk or Run Event 5/once per quarter

Calm Premium App 5 per month/max 15 per quarter

HEALTH EDUCATION

Health Education Visit 10 per visit/max 30 per quarter

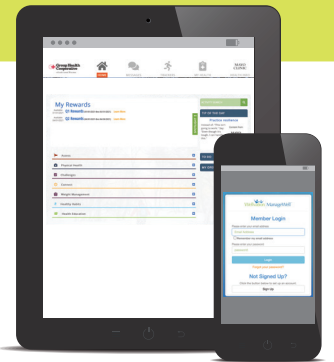
News You Can Use 5 per activity/max 15 per quarter

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	\$20 mailed check*
200+ points	Tier 2 payout	\$40 mailed check*



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

*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, Federal (FEHB), Individual and Family Plan and BadgerCare Plus members.



Frequently Asked Questions

GETTING STARTED

Am I eligible to participate?

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

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

How do I get started?

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

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



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

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

POINTS AND REWARDS

How do I earn points?

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

How many points do I need to earn a reward?

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

Points Earned/Quarter	Reward	Payout
100-199 points	Tier 1 Payout	\$20 mailed check
200+ points	Tier 2 Payout	\$40 mailed check

Do points expire?

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

What is the payout schedule?

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

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

Why is there a delay in the rewards payouts?

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

Are these earnings taxable?

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

ACTIVITIES

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

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

Do I need to submit anything manually to earn points?

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

- Participating in a weight management or mindfulness program (e.g., Noom, Weight Watchers (WW) or Calm Premium App).
- Purchasing a vegetable Community Supported Agriculture (CSA) share.
- Receiving a flu shot out of the GHC-SCW network.
- Participating in a 5K walk or run event.
- Participating in a blood or plasma donation.

ManageWell®

Frequently Asked Questions *Continued*

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

Which activities are automatically submitted?

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

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

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

Will my gym membership or gym visits count toward points?

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

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

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

TRACKER INFORMATION

How do I connect my fitness devices to ManageWell®?

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

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

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

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

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

For Apple Health and Google Fit...

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

For all other devices...

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

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

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

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

CONTACT

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

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

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

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

Eye Care & Wellness Member Discounts

Studio Z Salon | (608) 221-7888 | studiosmadison.com

Studio Z Salon & Spa is an inviting full-service salon and spa established over 30 years ago. Their team is comprised of nearly 40 talented professionals whose goals are for every guest to leave feeling and looking happier than the moment they arrived.

➔ Current GHC-SCW members will receive \$20 off all 60 or 90 minute massage services.*

Inner Wisdom Acupuncture | innerwisdomacu.com | innerwisdomacu.janeapp.com

Inner Wisdom Acupuncture's deep-rooted passion for holistic health fuels their dedication to each patient. At their clinic, your well-being is their top priority, guiding them to craft individualized treatment plans that suit your unique needs.

➔ Current GHC-SCW members will receive \$10 off acupuncture (initial & follow-up services).*

Dane County Family Acupuncture | (608) 222-0250 | danecountyfamilyacupuncture.com

Dane County Family Acupuncture, established in 2010, is a premier, full-service acupuncture and traditional Chinese medicine clinic. They are located in Monona, WI and serve Madison, WI and the greater Dane County area.

➔ Current GHC-SCW members will receive \$15 off an Initial Acupuncture Visit and \$10 off a Return Acupuncture Visit.

GHC-SCW Eye Care Center | (608) 257-7328 | ghcscw.com/eye-care

Our expert staff at the GHC-SCW Eye Care Center take the time to help you and your family select the perfect frames and lenses to fit any lifestyle and budget.

➔ GHC-SCW members get a discount of 20% on retail eye care products such as frames, non-prescription sunglasses, reading glasses, solutions and drops. Members also receive 10% off of a 12-month supply of contacts!

*GHC-SCW members will need to show their current GHC-SCW insurance card in order to receive their discount.



Outstanding Member Services

As a Member-Owned, non-profit, health care Cooperative, our mission, vision and values are built around providing our members with the best possible experience. That means making sure our members have access to the information and resources they need to navigate the complex world of health insurance and health care.

Our Member Services department is always here to help!

For questions, call (608) 828-4853 or toll-free at (800) 605-4327 and request Member Services.

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

- We are a non-profit Cooperative
- We are member-centered
- We are equitable and inclusive
- We are quality-driven
- We are innovative
- We are community involved

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.

Transition of Care FAQ

1. What is Transition of Care (TOC)?

- TOC is a Transition of Care for someone who is currently under the **active** treatment of a specialist and have an appointment(s), surgery, procedure, infusion, or imaging already scheduled within the first 90 days of starting GHC-SCW insurance, be pregnant, using durable medical equipment or taking prescribed medications. **Active treatment** is defined as being seen by a specialist at least 2 times within the 3 months prior to starting GHC coverage. Annual visits with out of network specialists are not covered under Transition of Care as member is not under active treatment. Services must be a covered benefit and meet criteria. TOC services are not guaranteed.

2. Can I see my out of network Primary Care Provider (PCP) one last time?

- No. Primary Care Providers do not qualify for Transition of Care. Transition of Care is only for specialists that a member is under current active treatment.

3. Should I send my TOC form to GHC-SCW prior to starting GHC-SCW insurance?

- Yes. This will allow our Transition Team to review your form and reach out to you before coverage starts.

4. How do I go about selecting a PCP? Why was I assigned a PCP without being called or asked?

- A PCP may be assigned to you based on where you live. You can change your PCP by calling our Member Service at (608) 828-4853. You will only be assigned a PCP if you do not elect one on your enrollment form.
- You can go to <http://www.ghcscw.com>, click on Find a Provider, choose your network and then you will be able to see the providers in your network from which you are able to choose.

5. How do I know if my specialty provider is in network or need a referral to be seen?

- You can call GHC Member Services at (608) 828-4853 or (800) 605-4327 with any questions regarding plan providers, covered services, benefit coverage, location of clinics, co-pays and coinsurance.

6. I am pregnant. Can I keep my current OBGYN provider?

- If you are less than 28 weeks pregnant at the start of coverage and seeing an out of network provider, you will need to transition your care to an in network OBGYN provider
- If you are pregnant and 28 weeks or more at the start of coverage and seeing an out of network provider, you may stay with your current OBGYN provider and delivery hospital.

7. I have a behavioral health counselor I am seeing. Can I keep seeing my provider?

- To see if your BH/SUD provider is contracted with GHC-SCW, go to:
<https://ghcscw.com/health-care/specialty-care-and-ancillary-services/behavioral-health>
- If your BH/SUD provider is out of network, transitional visits may be allowed for the first 90 days after starting date of coverage.

8. Will you cover my Durable Medical Equipment (DME) and/or supplies (i.e., CPAP that is in the middle of rental period)?

- If you have completed more than 50% of the rental (7 out of 12 months), GHC-SCW will allow you to finish with your current out of network DME provider only for CPAP/BiPAP.
- Any other DME and/or supplies need to transition to an in-network provider within 90 days. TOC services may be allowed for the first 90 days after start of enrollment with out of network providers.

9. I'm due for my next specialty injectable medication. What do I do?

- Contact your specialist that orders the medication. Your specialist will need to submit a prior authorization (PA) to either GHC-SCW for the medication. The list can be found here: <https://ghcscw.com/plan-providers/prior-authorization/>.

10. I have a surgery scheduled. What do I do if it is past the TOC 90-day timeframe?

- If your surgery is schedule with an out of network provider and is past the 90 days of beginning GHC-SCW insurance, you will need to have the surgery completed with an in-plan provider.
- If your surgery is with an in-network provider and is scheduled past the 90-day TOC timeframe, contact your specialist. Your specialist needs to send a Prior Authorization to GHC-SCW for your procedure.

11. I've had surgery and need my post-op visit. What do I do if it is past the TOC 90-day timeframe?

- Your first post-op visit after a major surgery is covered under a 90-day global fee where you will not be billed additional fees.
- If more than 90 days and your surgeon is out of network, you will need to schedule the visit with an in-plan provider.

12. How do I know what needs Prior Authorization (PA)?

- See website: <https://ghcscw.com/plan-providers/prior-authorization/>

13. How does my provider submit a Prior Authorization?

- Your provider can go to the GHC-SCW website, click on For Partners and then choose Prior Authorization.

14. How long does it take for a Prior Authorization to be reviewed?

- Once a PA is received by GHC-SCW from the ordering provider, GHC-SCW insurance has up to 15 calendar days to process it. Most are handled within one week of receipt.

15. How do I get my medical records transferred to my new provider?

- If your previous provider and new provider both use EPIC charting (UW, SSM Dean, Unity Point Meriter, Divine Savior, Upland Hills, Fort Healthcare, Mercy Healthcare, Southwest Health, etc.), your new provider can load your medical records into their EPIC system to assist with continuation of care.
- If your previous provider did not use EPIC charting, you will need to contact that health system and request medical records be faxed or sent to GHC-SCW.

TRANSITION OF CARE

Welcome to Group Health Cooperative of South Central Wisconsin (GHC-SCW). Regardless of the clinic you choose, we can assist you with your health care needs during this transition period. To facilitate this, please complete the form below for each person in your family covered by this policy. If you have any questions, please contact the Care Management Department at (608) 257-5294.

Submit the completed form in one of three ways:

1. Save form as a pdf and upload completed form to www.ghcscw.com/for-members/transition-your-care
2. Please fax completed forms to **(608) 733-6316**.
3. Forms can also be sent in the mail to: **GHC-SCW Care Management, 1265 John Q Hammons Drive, Madison, WI 53717.**

*For children 18 years and older, a release will be needed to discuss health information with parents.

New Member Name:	Date of Birth:
Parent Name (if applicable):	Date of Birth:
Phone Number:	Best Time to Be Reached:

Signature: _____ Date: _____

Please list any visits you had previously scheduled, which occur within 90 days of beginning coverage with GHC-SCW. Primary Care Provider appointments are not eligible for transition of care coverage. First time visits with a specialty provider do not qualify for Transition of Care.

Appointment	Date	Specialty	Diagnosis	Specialist Name and Clinic

Do you use any durable medical equipment (ex. CPAP, infusion pumps, prosthetics)? Yes No

Do you receive any specialty injectable medications or infusions? Yes No

Please list the name, dose and prescribing provider of **ALL** prescriptions you currently use. Our pharmacy staff will review your list and contact you or work with your provider to address any potential coverage issues.

Medication	Dose	Prescribing Provider

Partners HMO Benefit Summaries



Plan Number: 2591602
Benefits Accumulate on a Plan Year.

Policy Coinsurance

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

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

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

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

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

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

Supplies and Equipment	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Diabetic Disposable Supplies	No	20% up to maximum	Not Covered	Member pays Coinsurance up to \$500 maximum
Durable Medical Equipment	Yes	20%	Not Covered	

Plan Number: 2591602
Benefits Accumulate on a Plan Year.

Policy Coinsurance

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

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

Supplies and Equipment	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Hearing Aids for Members age 18 and over	Yes	20%	Not Covered	Limited to one hearing aid per ear per 36 months; GHC-SCW designates specific models or other cost limitations may apply
Hearing Aids for children age 17 and under	Yes	20%	Not Covered	Limited to one hearing aid per ear per 36 months
Cochlear Implants and Bone Anchored Hearing Aids	Yes	No Charge after Deductible	Not Covered	
Hospital Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Inpatient Hospital Services: Physician Services, Surgery, Facility Fees	Yes	20% after Deductible	Not Covered	
Outpatient Hospital Surgical/Non-Surgical Services, Facility Fees	Yes	No Charge after Deductible	Not Covered	Certain oral surgeries do not require Prior Authorization
Skilled Nursing Facility Services	Yes	No Charge after Deductible	Not Covered	Limited to 30 days per inpatient stay per Member
Vision Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Vision Examinations	No	No Charge	Not Covered	Routine Eye Examinations must be provided by an In-Network Optometrist (OD); Limited to one eye exam per Member per year
Mental Health & Substance Use Disorder	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Mental Health/Substance Use Disorder Outpatient Services	No	\$30	Not Covered	Prior Authorization is required for Health Psychology, Diagnostic Testing, ECT, and TMS. All services may be subject to ongoing review for medical necessity.
Mental Health/Substance Use Disorder Inpatient Services	Yes	20% after Deductible	Not Covered	
Mental Health/Substance Use Disorder Transitional Services	Yes	No Charge after Deductible	Not Covered	
Dental Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Preventive Dental for children	No	No Charge	Not Covered	Limited to two (2) cleanings and fluoride treatments per Child under 12 per year
Accidental Dental	No	No Charge after Deductible	Not Covered	Initial repair of accidental injury to sound, natural teeth
Oral Surgeries	Yes	No Charge after Deductible	Not Covered	Certain oral surgeries do not require Prior Authorization
Additional Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Hospice	Yes	No Charge after Deductible	Not Covered	Example: End of Life Services
Home Health Services	Yes	No Charge after Deductible	Not Covered	Limited to 60 visits per Member per year
Health Counseling Education	No	No Charge	Not Covered	

Plan Number: 2591602
Benefits Accumulate on a Plan Year.

Policy Coinsurance

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

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

Additional Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Conception Services	No	50% up to maximum	Not Covered	Lifetime Benefit maximum payment of \$2,000 by GHC-SCW, which is accrued by GHC-SCW paying 50% Coinsurance of the first \$4,000 of Conception Services
Speech Therapy	Yes	No Charge after Deductible	Not Covered	Includes Rehabilitation and Habilitation Therapy; Limited to 20 visits per therapy per Member per year
Outpatient Habilitation Therapy	Yes	No Charge after Deductible	Not Covered	Includes Physical and Occupational Therapy; Limited to 40 combined visits per Member per year; See Certificate for additional information
Cardiac Rehabilitation Therapy	Yes	No Charge after Deductible	Not Covered	Limited to 36 visits per Member per year
Outpatient Rehabilitation Therapy	Yes	No Charge after Deductible	Not Covered	Includes Physical and Occupational Therapy; Limited to 40 combined visits per Member per year; See Certificate for additional information

Benefit Summary Notes

Prior Authorizations

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

Provider Information

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

GHC-SCW Notices to Members

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

Questions or Concerns?

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



Partners HMO \$30 Copay \$0 Ded/\$500 MOOP

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

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



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

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

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



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

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

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

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

*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)	
	Habilitation services	No Charge after Deductible	Not Covered	Prior authorization is required.Limited to 40 combined visits per Member per year for Occupational and Physical; Limited to 20 visits per Member per year for Speech
	Skilled nursing care	No Charge after Deductible	Not Covered	Prior authorization is required.Limited to 30 days per inpatient stay per Member
	Durable medical equipment	20%	Not Covered	Prior authorization is required.See Certificate for additional Limitations and Exclusions
	Hospice services	No Charge after Deductible	Not Covered	Prior authorization is required.Example: End of Life Services
If your child needs dental or eye care	Children's eye exam	No Charge	Not Covered	Routine Eye Examinations must be provided by an In-Network Optometrist (OD); Limited to one eye exam per Member per year
	Children's glasses	Not Covered	Not Covered	Not Covered
	Children's dental check-up	No Charge	Not Covered	Limited to two (2) cleanings and fluoride treatments per Child under 12 per year

*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:

Cost sharing

Deductibles	\$0.00
Copayments	\$0.00
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:

Cost sharing

Deductibles	\$0.00
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:

Cost sharing

Deductibles	\$0.00
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: 2591651
Benefits Accumulate on a Plan Year.

Policy Coinsurance

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

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

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

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

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

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

Supplies and Equipment	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Diabetic Disposable Supplies	No	20% up to maximum	Not Covered	Member pays Coinsurance up to \$500 maximum
Durable Medical Equipment	Yes	20%	Not Covered	

Plan Number: 2591651
Benefits Accumulate on a Plan Year.

Policy Coinsurance

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

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

Supplies and Equipment	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Hearing Aids for Members age 18 and over	Yes	20%	Not Covered	Limited to one hearing aid per ear per 36 months; GHC-SCW designates specific models or other cost limitations may apply
Hearing Aids for children age 17 and under	Yes	20%	Not Covered	Limited to one hearing aid per ear per 36 months
Cochlear Implants and Bone Anchored Hearing Aids	Yes	20% after Deductible	Not Covered	
Hospital Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Inpatient Hospital Services: Physician Services, Surgery, Facility Fees	Yes	20% after Deductible	Not Covered	
Outpatient Hospital Surgical/Non-Surgical Services, Facility Fees	Yes	20% after Deductible	Not Covered	Certain oral surgeries do not require Prior Authorization
Skilled Nursing Facility Services	Yes	20% after Deductible	Not Covered	Limited to 30 days per inpatient stay per Member
Vision Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Vision Examinations	No	No Charge	Not Covered	Routine Eye Examinations must be provided by an In-Network Optometrist (OD); Limited to one eye exam per Member per year
Mental Health & Substance Use Disorder	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Mental Health/Substance Use Disorder Outpatient Services	No	\$30	Not Covered	Prior Authorization is required for Health Psychology, Diagnostic Testing, ECT, and TMS. All services may be subject to ongoing review for medical necessity.
Mental Health/Substance Use Disorder Inpatient Services	Yes	20% after Deductible	Not Covered	
Mental Health/Substance Use Disorder Transitional Services	Yes	20% after Deductible	Not Covered	
Dental Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Accidental Dental	No	20% after Deductible	Not Covered	Initial repair of accidental injury to sound, natural teeth
Oral Surgeries	Yes	20% after Deductible	Not Covered	Certain oral surgeries do not require Prior Authorization
Additional Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Hospice	Yes	20% after Deductible	Not Covered	Example: End of Life Services
Home Health Services	Yes	20% after Deductible	Not Covered	Limited to 60 visits per Member per year
Health Counseling Education	No	No Charge	Not Covered	
Conception Services	No	50% up to maximum	Not Covered	Lifetime Benefit maximum payment of \$2,000 by GHC-SCW, which is accrued by GHC-SCW paying 50% Coinsurance of the first \$4,000 of Conception Services
Speech Therapy	Yes	20% after Deductible	Not Covered	Includes Rehabilitation and Habilitation Therapy; Limited to 20 visits per therapy per Member per year

Plan Number: 2591651
Benefits Accumulate on a Plan Year.

Policy Coinsurance

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

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

Additional Services	Prior Auth	You Pay In-Network	You Pay Out-of-Network	Benefit Notes
Outpatient Habilitation Therapy	Yes	20% after Deductible	Not Covered	Includes Physical and Occupational Therapy; Limited to 40 combined visits per Member per year; See Certificate for additional information
Cardiac Rehabilitation Therapy	Yes	20% after Deductible	Not Covered	Limited to 36 visits per Member per year
Outpatient Rehabilitation Therapy	Yes	20% after Deductible	Not Covered	Includes Physical and Occupational Therapy; Limited to 40 combined visits per Member per year; See Certificate for additional information

Benefit Summary Notes

Prior Authorizations

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

Provider Information

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

GHC-SCW Notices to Members

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

Questions or Concerns?

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



Partners HMO \$30 Copayment \$1,000 Deductible 20% Coinsurance

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

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



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

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

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



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

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

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

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

*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)	
	Habilitation services	20% after Deductible	Not Covered	Prior authorization is required.Limited to 40 combined visits per Member per year for Occupational and Physical; Limited to 20 visits per Member per year for Speech
	Skilled nursing care	20% after Deductible	Not Covered	Prior authorization is required.Limited to 30 days per inpatient stay per Member
	Durable medical equipment	20%	Not Covered	Prior authorization is required.See Certificate for additional Limitations and Exclusions
	Hospice services	20% after Deductible	Not Covered	Prior authorization is required.Example: End of Life Services
If your child needs dental or eye care	Children's eye exam	No Charge	Not Covered	Routine Eye Examinations must be provided by an In-Network Optometrist (OD); Limited to one eye exam per Member per year
	Children's glasses	Not Covered	Not Covered	Not Covered
	Children's dental check-up	Not Covered	Not Covered	Not Covered

*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](#) -- \$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:

Cost sharing

Deductibles	\$1000.00
Copayments	\$0.00
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:

Cost sharing

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:

Cost sharing

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

NOTICE OF PRIVACY PRACTICES

Effective Date: August 2024

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
www.ghcscw.com

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.

When it comes to your health information, you have certain rights. 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. This section explains your rights and some of our responsibilities to help you.

YOUR RIGHTS:

- **Right to Access, Inspect and Copy your Medical Record:** Get a copy of your medical, billing and insurance records. We will provide a copy or a summary of your health information, usually within 30 days of your request.
 - **Right to Amend Health Information:** Ask us to correct your medical, billing and insurance records if you think there is a mistake. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
 - **Right to Request Confidential Communication:** Request a preferred method of contact. We will say “yes” to all reasonable requests.
 - **Right to Receive a Paper Copy of the Notice of Privacy Practices:** Get a copy of this privacy notice.
 - **Right to Choose Someone to Act for You:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **Right to Request Restrictions on Use and Disclosure of Your Health Information:** You can ask us not to use or share certain health information for treatment, payment or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
 - If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
 - **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 Receive Notice if Your Health Information has been Breached:** We are required by law to maintain the privacy and security of your protected health information.
 - We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
 - **Right to File a Complaint:** 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@lighthouseervices.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 (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.

YOUR CHOICES:

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have the right and choice to tell us to:

- Share information with your family, close friends or others involved in your care
- Share information in a disaster relief situation
- If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

USES AND DISCLOSURES:

Treatment: We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury may ask another doctor about your overall health.

Payment: We can use your health information for payment purposes.

Example: We share information about you to your health insurance plan so it will pay for your services.

Operations (Run Our Organization): We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Administer Your Plan (Health Plan Members Only): We may disclose your health information to your health plan sponsor for plan administration.

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

HOW ELSE CAN WE USE AND SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many legal conditions before we can share your information for these purposes. For more information, visit <https://www.hhs.gov/hipaa/index.html>

▪ **Public Health and Safety Issues**

We can share health information about you for certain situations such as to:

- Prevent disease
- Report adverse reactions to medications
- Help with product recalls
- Report suspected abuse, neglect or domestic violence
- Prevent or reduce a serious threat to anyone's health and safety

▪ **Do Research:** We can use or share your health information for health research.

▪ **Comply with the Law:** We may disclose your health information to a health oversight agency for activities authorized by law. For example, to the Department of Health and Human Services or to comply with state and federal laws require to ensure compliance with federal privacy law.

▪ **Organ and Tissue Donation Requests:** We may share health information with organ procurement organizations as necessary to facilitate donation and transplantation.

▪ **Work with a Medical Examiner or Funeral Director:** We can share health information with a coroner, medical examiner or funeral director when an individual dies.

▪ **Address Workers' Compensation, Law Enforcement and Other Government Requests:**

- We may use your health information as authorized by law for workers' compensation benefits for work-related injury or illness.
- For law enforcement purposes or with a law enforcement official. We must comply with federal and state laws in making disclosures for law enforcement purposes.
- With health oversight agencies for activities authorized by law. For example, this may include audits, investigations, inspections and licensures.
- For national security and intelligence activities such as military and presidential protection services.

▪ **Respond to Lawsuits and Legal Actions:**

We can share health information about you in response to a court or administrative order, or in response to a subpoena. We may restrict access to health information about you as required by Wisconsin laws if those state laws are more protective of your health information than federal guidelines.

▪ **Marketing Purposes:** 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 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;
- If your 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.

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.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

- We will follow the duties and privacy practices described in this notice and give you a copy of it.
- We will obtain written authorization for any additional uses and disclosures of your health information. You may revoke your authorization at any time.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Contact Information:

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

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

Acknowledgement of Notice of Privacy Practices

The HIPAA Privacy Rule requires that GHC-SCW make a good faith effort to obtain written acknowledgement of receipt of this Notice of Privacy Practices to those who receive care and treatment at GHC-SCW.

Health Plan 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), written acknowledgement is not required at GHC-SCW.

ACKNOWLEDGEMENT 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 acknowledgement of receipt of the Notice of Privacy Practices and, if not obtained, document our good faith effort to obtain such acknowledgement and the reason why the acknowledgement 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 Acknowledgement of Receipt of Notice of Privacy Practices

_____	_____	_____	_____
Patient's Last Name	Patient's First Name	GHC #	Date of Birth
_____		_____	_____
Signature of Patient or Legal Guardian		Date	Relationship to Patient

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

- Return it to the GHC-SCW 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;
- PDF as e-mail 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.

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, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. GHC-SCW does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

GHC-SCW:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact GHC-SCW Member Services at (608) 828-4853 or (800) 605-4327, ext. 4504 (TTY: 1-608-828-4815), or by email at member_services@ghcscw.com.

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 Chief Compliance Officer, 1265 John Q. Hammons Drive, Madison, WI 53717, Telephone: (608) 251-4156, TTY: (608) 828-4815, Fax: (608) 257-3842, or Email: compliance@ghcscw.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, GHC-SCW's Chief 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>.

This notice is available at GHC-SCW's website: https://ghcscw.com/SiteCollectionDocuments/Nondiscrimination_Notice_and_Language_Assistance_Services.pdf.

BETTER TOGETHERSM

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):

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

Deutsch (Pennsylvania Dutch):

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kansch 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 ທ່ານເວົ້າ ພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ອັດຕາພາສາ, ໂດຍບໍ່ເສີ ຮູ້ ລາ, ແມ່ນມີ ພ້ອມໃຫ້ ທ່ານ. ໂທ 1-608-828-4853 or 1-800-605-4327, ext. 4504 (TTY: 1-608-828-4815).

Français (French):

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

Polski (Polish):

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

हिंदी (Hindi):

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

Shqip (Albanian):

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

Tagalog (Tagalog - Filipino):

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

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

ghcscw.com



of South Central Wisconsin

1265 John Q Hammons Dr.
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