Access PPO: Frequently asked questions

Whether you’re considering if an Access PPO plan is right for you or you’re a new plan member, you may have lots of questions. To give you the information you need to feel comfortable and confident with an Access PPO plan, we’ve provided answers to common questions below.

Choosing doctors and other health care providers

Q: I want to keep my own doctor. Does an Access PPO plan require that I go to a doctor at Group Health Medical Centers?

You have the freedom to choose any licensed doctor you want—including the doctor you have now—anywhere in the country. You’ll pay less for care when you select a preferred provider from our extensive local, regional, and national network. Access PPO plans provide coverage for out-of-network providers, but you’ll pay more.

To find a preferred provider, go to ghc.org and:
1. Under “Find doctors,” click on “Provider directory and facility locations.”
2. Then under “Search for,” click the provider type you are looking for. A separate box will pop up that allows you to choose your network.
3. If you’re looking for doctors, the next window will have you select the type of care needed. (Or scroll down and click on “Additional Providers with Some Plans” if you’re looking for providers in our regional or national networks.)

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Enhanced Benefit Providers (Lower cost shares for some services)</th>
<th>OUT OF NETWORK</th>
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<tbody>
<tr>
<td>• Extensive network of Washington providers contracted with Group Health</td>
<td>• Group Health Physicians, and hundreds of select providers in our service area</td>
<td>• All other licensed providers in the U.S.</td>
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<tr>
<td>• First Choice Health providers in Oregon, Idaho, Montana, Alaska, and Washington</td>
<td>• Pharmacies at Group Health Medical Centers and Group Health Mail-Order Pharmacy</td>
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<td>• First Health Network providers in all other states</td>
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<td>• OptumRx® pharmacy network as of Jan. 1, 2016</td>
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**Q: My doctor’s not a part of Access PPO and doesn’t want to join. How will this affect my benefits?**

If your doctor’s not on the Access PPO plan, you’ll still be covered—but at the out-of-network benefit level for covered services, which typically costs more than if you used preferred providers. In addition to higher out-of-pocket costs, your doctor may bill you—called “balance billing”—for the difference between their billed charge and the amount Group Health pays them.

Before you select a doctor, we encourage you to compare costs between preferred providers and those out of network. Should your doctor ever change his or her mind, the Access PPO network is always on the lookout for exceptionally qualified physicians.

**Q: How can I get my doctor added if they’re not in the Access PPO network?**

It’s only natural to want to keep a doctor with whom you’ve built a trusting relationship. You can nominate your doctor by calling Group Health Customer Service toll-free at 1-888-901-4636, Monday through Friday, between 8 a.m. and 5 p.m. A nomination does not mean that your doctor will automatically be added to the network, but it does allow us to reach out to your doctor to begin the invitation process. Should your physician join our network, you’d be able to have the best of both worlds: a doctor with whom you’re familiar plus the savings that come from using an Access PPO preferred provider.

**Q: I want to use alternative care providers. Where can I obtain care and are there plan limitations?**

Don’t worry, you can choose from a variety of alternative treatment options, from naturopathy to chiropractic care. You can self-refer to a licensed chiropractor, acupuncturist, or naturopath in the Access PPO network. And if you need a massage therapist, your physician can write a prescription and care plan for you.

Some plans include a specific number of covered visits for acupuncture, chiropractic care, and massage therapy. Once you exhaust those visits, you may be eligible for more upon a provider review. If more visits are deemed medically necessary, they’ll be covered at your plan’s benefit level.

**Q: I’m in the middle of my pregnancy. Do I need to change my doctor?**

Members with transitional care needs (such as pregnancy, cancer care, surgery or transplants, or inpatient care) are encouraged to contact a Customer Service representative.

The first step will be to determine if your doctor is in or out of network. If out of network, then you’ll learn of your benefits and associated costs. If at that point, you’d like to transfer your care to an Access PPO in-network provider, our Customer Service representative will assist you in that transition.

For more information, call Customer Service toll-free at 1-888-901-4636, Monday through Friday, between 8 a.m. and 5 p.m.

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**Questions about coverage and benefits**

**Q: Are there any pre-existing condition exclusions?**

No. With health care reform, health care coverage can no longer be denied to individuals with pre-existing conditions.

**Q: What if I’m traveling and have an emergency. Where do I go for care?**

Under the Access PPO plan, you’re covered worldwide for emergencies and medically necessary urgent care. In the greater Northwest, you have access to thousands of preferred providers in Oregon, Alaska, Montana, Idaho, and Washington through our regional network, First Choice Health, in addition to more than 10,000 providers we contract with directly. In all other states you have access to more than 500,000 providers through our national network, First Health Network. Additionally, you can see any licensed provider in the U.S., and receive benefits at your out-of-network level.

If you need urgent care, members can call our Consulting Nurse helpline for medical advice 24/7. Plan copayments, coinsurance, or deductibles may apply for emergency or urgent care in or out of the preferred network, and you’ll be billed accordingly.

Should you receive emergency care from a practitioner, hospital, or medical facility out of the country, you may be required to pay in full at the time of service. Upon returning home, mail us a completed claim form, a copy of the provider’s bill, and your medical receipts. You’ll be reimbursed for any covered charges. A claim form can be found by visiting ghc.org and typing in “claim form” in the search function bar.
Q: What if I need urgent care or have an emergency after hours?

Urgent care. For urgent care after business hours, on weekends, or on holidays, members can call our Consulting Nurse helpline for the best course of action (phone number is on the back of your member ID card). Urgent care is a situation that does not pose an immediate, serious health threat, but does require prompt medical attention within 24 hours. For such cases, Group Health Medical Centers has three urgent care centers that are open 24 hours a day, seven days a week, plus two other locations with more limited hours. Additionally, other preferred urgent care centers in the network may have extended hours.

Emergency care. If you’re having a medical emergency, get care immediately at the nearest emergency room or hospital. Call 911 or your local emergency number. Call for an ambulance if you need it. You won’t need approval or a referral from your primary care physician.

Your plan provides in-network coverage for emergency services; however nonemergency inpatient hospital admissions must be authorized in advance.

Q: Do I need a referral to see a specialist? What about preauthorization?

No referrals are required for medically necessary services when using specialists in the Access PPO network.

Preauthorization from Group Health is required for some specific specialty services.

At the out-of-network benefit level, you can see any licensed provider in the U.S. for specialty care, but keep in mind that care received out of network generally will cost you more than care received from preferred providers in the network.

Q: Will my children be covered?

With health care reform, children can stay on a parent’s plan up to age 26. Special provisions exist for children age 26 and older with disabilities who continue to be dependents. Contact Group Health Customer Service to learn more.

Q: I have a dependent in school who lives out of state. What kind of coverage will he have and where will he get care and pick up his prescriptions?

As mentioned above, children up to age 26 can stay on a parent’s plan. And the Access PPO plan network gives you and your dependents access to a broad choice of in-network doctors, medical facilities, hospitals, and pharmacies anywhere in the country.

For students or young adults living outside our service area, they can get access to care from over half a million network providers through First Choice Health (regional) or First Health Network (national).

Dependents can also receive out-of-network care from any licensed provider in the U.S. However, such care will generally cost more than in network. In addition to higher out-of-pocket costs, your doctor may bill you—called “balance billing”—for the difference between their billed charge and the amount Group Health pays them.

Q: Does Access PPO cover preventive care?

All preventive care received in network is covered in full, not subject to deductible or coinsurance.

Q: What are my cost shares—copay, coinsurance, deductible?

Specific cost shares will depend on the plan benefit design that your employer chooses to offer. However, with any PPO you pay less for care when you use in-network providers.

Prescription and pharmacy issues

Q: Will Access PPO cover my prescriptions?

In most cases, yes. For a list of prescription drugs covered by Access PPO, consult the drug formularies for large employer groups. You can find them at ghc.org/formulary. (You will need to know how many tiers your in-network pharmacy benefit features.)

Access PPO does not cover:

- Nonprescription or over-the-counter medicines.
- Drugs or injections for cosmetic use.
- Drugs or injections for anticipated travel illnesses.
- Drugs used in the treatment of sexual dysfunction disorders.
- Plan-excluded prescription drugs.

If you have a medication that is not on the formulary, and is not part of the excluded categories above, contact Customer Service for coverage options.
Q: Where can I pick up my prescriptions? Do I have to use a Group Health Medical Centers pharmacy?
You can have your prescriptions filled at any location that is part of the OptumRx national network of pharmacies, including Bartell Drugs, CVS, Rite Aid, Target, and Walmart.

To find pharmacies near you, visit ghc.org. Click on “Provider directory and facility locations” and select OptumRx pharmacies under “Additional Medical Providers and Pharmacies.”

Or if it’s more convenient for you, you can also fill your prescription at any of the 25 Group Health Medical Centers pharmacy locations, or any pharmacy in our online directory.

Q: Can I order my prescriptions online?
If registered for MyGroupHealth, you can order your prescriptions online at ghc.org. You can also order prescriptions through the Group Health mobile app for iPhone and Android smartphones after registering for our enhanced online services. Prescriptions ordered online may be picked up at any Group Health Medical Centers pharmacy. Or you can have them delivered to you anywhere in the U.S. by regular mail—with no shipping charge—using Group Health pharmacy mail-order services.

Not only is mail order convenient, it can save you money. Prescriptions cost less through mail order. There may be a reduced out-of-pocket cost, and members can get up to a 90-day supply with each refill on most drugs.

Q: What if I don’t use a computer or smartphone? How can I order my prescriptions?
If you want to pick up your prescription at a Group Health Medical Centers pharmacy or have them mailed to you, you can order refills by:

- Phone: 206-901-4444 or toll-free 1-800-245-7979
- Fax: 206-901-4443 or toll-free 1-800-350-1683
- Mail: P.O. Box 34393, Seattle, WA 98124-1383

Q: How do I transfer my current prescriptions to the Group Health pharmacy system?
You may continue to use any of the preferred community pharmacies to fill 30-day prescriptions. However, if you would like to transfer prescriptions to a Group Health Medical Centers pharmacy or our mail-order pharmacy, you can do so by:

- Using Group Health’s online prescription transfer form.
- Dropping in to a Group Health Medical Centers pharmacy.
- Mailing or faxing a printed prescription transfer form.

The prescription transfer form can be found by going to ghc.org and searching for “prescription transfer form.”

Glossary of select terms

- **Preferred providers** A defined group of contracted physicians, hospitals, clinics, pharmacies, and more that is available to members.
- **Out of network** refers to licensed providers that are not in network but that are available to members.
- **Providers** refers to individuals, institutions, or organizations that provide health care services to members.
- **Drug formulary** is a list of prescription medications that are usually covered under a member’s medical coverage agreement.
- **Deductible** The amount of money you’ll pay each year before your full coverage kicks in.
- **Copayment/Copay** A fixed dollar amount you pay when you receive certain covered health services.
- **Coinsurance** Percentage amount you pay for the cost of health care received.
- **Cost shares** Your share of plan costs consisting of deductible, copay, and coinsurance.