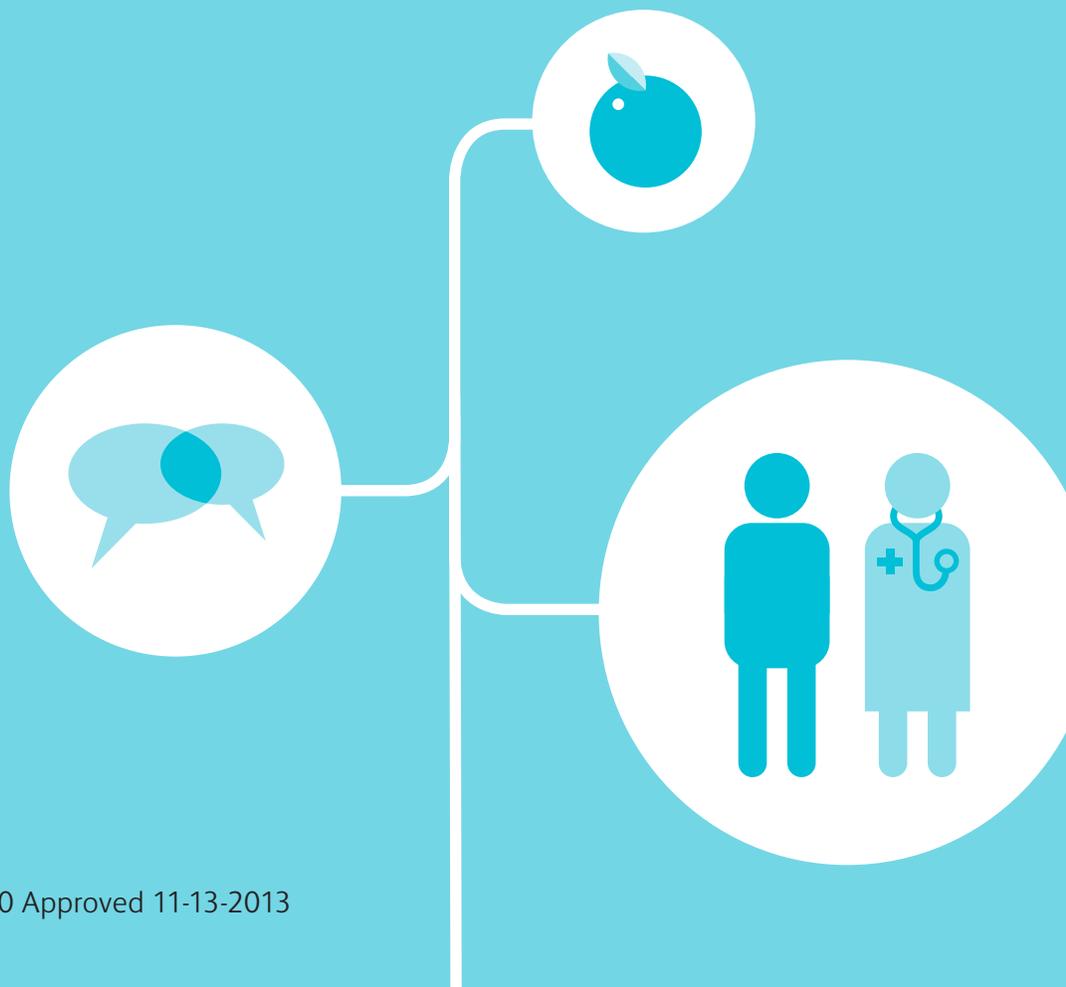


Welcome to Group Health

Member Guide

Group Health Cooperative

- Clear Care® Basic (HMO)
- Clear Care® Vital (HMO)
- Clear Care® Essential (HMO)
- Clear Care® Key (HMO)
- Clear Care® Optimal (HMO)



CONTACT INFORMATION

Care Management – To see if you're eligible to work with a registered nurse to better control your health conditions, call **1-866-656-4183**.

Complementary Choices – Go online to www.ghc.org/medicare to see a list of these discounted complementary and alternative care providers.

Consulting Nurse helpline – Call **1-800-297-6877** or **206-901-2244** for 24-hour health advice from experienced registered nurses.

Customer Service – For answers to most questions, call **1-888-901-4600** or **206-901-4600**, Monday–Friday, 8 a.m.–8 p.m. From Oct. 1–Feb. 14, we offer extended phone hours 7 days a week, 8 a.m.–8 p.m.

Delta Dental of Washington – If you've elected this coverage, call Delta Dental at **1-800-554-1907** Monday–Friday, 8 a.m.–5 p.m. with questions or go online to www.deltadentalwa.com.

Emergency care – Call 911 or your local emergency number.

GlobalFit® – Visit www.globalfit.com/grouphealth for information about discounts to thousands of fitness facilities.

Hospital admission Notification Line – If you're admitted to an out-of-network hospital, call the Notification Line at **1-888-457-9516** within 24 hours, or as soon as possible after admittance.

Mail Order Pharmacy – Have your prescription refills mailed to you with free delivery. Order online, call **1-800-245-7979**, or fax your mail-order request form to **206-901-4443**.

Mental health and chemical dependency (Behavioral Health Services) – If you're a first-time patient, call **1-888-287-2680**. For follow-up visits, call your provider's office.

Resource Line – Call **1-800-992-2276** to get information on health education, community resources, senior services, and support groups in your area.

SilverSneakers® Fitness Program – Find a participating facility at www.silversneakers.com.

Tobacco cessation (Quit For Life® Program) – Call **1-800-462-5327** to register or go to www.quitnow.net/ghc.

TTY WA Relay – Members who are hearing- or speech-impaired should call **1-800-833-6388** or **711** Monday–Friday, 8 a.m.–5 p.m. to access Group Health department staff, Customer Service, or Delta Dental of Washington. From Oct. 1–Feb. 14, extended phone hours are 8 a.m.–8 p.m. every day.

Urgent care – Contact your personal physician's office or the Consulting Nurse helpline.

Vision services (Group Health Eye Care) – To find a location near you go online to www.ghc.org/medicare or call Customer Service. To make an appointment call **1-800-664-9225**. For other providers available with your plan, call Customer Service or visit www.ghc.org/medicare.

Web services (MyGroupHealth for Members) – Visit www.ghc.org/medicare for information about providers, health and wellness, member tools, services, perks, and much more.



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Getting started

Your Clear Care plan is a lot more than just benefits and coverage. It's a whole-person approach to health care that provides you the tools to take control of your health and take better control of your life. Here's what you need to know right from the get-go:

Get answers to your questions

You should never feel confused about your health plan. You can find specific contact information on the inside front cover, but when in doubt, keep in mind these two main resources for finding the answers and guidance you need:

- **Go online to www.ghc.org/medicare.** There is a ton of useful information there, including the provider and facility directory, and many handy tools that make getting care easy.
- **Call Customer Service.** Representatives can help you with just about anything, from replacing a lost ID card, helping you obtain a language interpreter, and addressing your compliments and concerns to answering questions about benefits, referrals, coordination with other insurers, coverage in temporary situations (such as students or temporary residents), and much more.

Check your mail

You'll soon receive an identification (ID) card that features your member number. You'll be asked for your number when you get care, so keep your ID card handy. You'll also receive your Evidence of Coverage (EOC). It details your benefits and services, what is and isn't covered, and cost share information.

Choose your physician

Your personal doctor helps guide your total health care program. It's important to designate one now, before you require a test, X-ray, or any other type of care. Keep in mind, you can change your personal doctor at any time, for any reason. Here's how to select a doctor:

Choose care from the many doctors who practice at Group Health Medical Centers locations. When you get care from one of these physicians, it's easier because your doctor, the lab, and pharmacy are all in one location.

OR:

You can pick from hundreds of additional doctors in our HMO network, all of whom meet our high standards of care.

You can find a directory of primary care physicians online at www.ghc.org/medicare, which also includes pharmacies, hospitals, and urgent care facilities. Select your physician while online or call Customer Service and notify them of your choice, or request their help in choosing a doctor.

In most cases, you must use network providers to get your medical care. The only exceptions are emergencies and special circumstances like out-of-area urgent care and dialysis.

Get the care you need

Now that you have a doctor, make an appointment. It's easy; just call your doctor's office. Or, if your doctor practices with Group Health Medical Centers, you can go online or use the Group Health mobile app to make an appointment request. And remember, you're covered for preventive care services including immunizations and a range of health screenings so be sure to see your doctor for this care. Your specific cost shares, and a list of covered preventive care services, are detailed in your EOC.

And no matter where you are or what time it is, the Consulting Nurse Service is available 24 hours a day. Call this helpline (number listed on the inside front cover and on your ID card) and get advice and answers to your medical questions. Experienced registered nurses and pharmacists work directly with an onsite physician and, if you get your care at a Group Health Medical Centers location, the Consulting Nurse staff can access parts of your medical record and tailor their advice for your personal situation.

Specialty care

Seeing a specialist

Much of specialty care doesn't require a referral from your personal primary care physician, but there are exceptions. Here's how specialty care works with the different physician groups that are part of your Clear Care network:

- **Group Health Physicians**

You can get specialty care from many specialists at Group Health Medical Centers without a referral by calling the specialist's office directly or Customer Service. You can find a complete list of physicians in the provider directory.

- **The Everett Clinic**

If your personal doctor is with The Everett Clinic, you can also self-refer to any specialist with The Everett Clinic. If your primary care is with a Group Health Medical Centers doctor, a referral is required to see specialists at The Everett Clinic.

- **Other specialists in the network**

A referral is required from your personal doctor for specialty care from doctors who are in the Clear Care network and do not practice at Group Health Medical Centers (with the exception for The Everett Clinic, noted above).

Notes about specific specialties

For a complete list of specialties, go to www.ghc.org/medicare or call Customer Service.

There are a handful of specialties that elicit a lot of questions. Here's some additional information to give you answers to your questions before you have them. Keep in mind, coverage for each may vary, so you should check your EOC. You can find a list of locations for these specialties and others in the provider directory.

- **Audiology/hearing care**

You can self-refer for a hearing evaluation from a Group Health Audiology/Hear Center. Following the hearing evaluation, you're eligible for a visit with a Hear Center audiologist to discuss your amplification options. The Key and Optimal plans include coverage for hearing hardware.

- **Mental health and chemical dependency (Behavioral Health Services)**

You don't need a referral from your personal physician to get mental health and chemical dependency services, but Behavioral Health Services coordinates and authorizes this care. Call if you're a first-time patient.

- **Vision care**

You're covered for routine eye exams, and the Key and Optimal plans include coverage for vision hardware. In our service area, go to a Group Health Eye Care location. In areas not served by Group Health staff doctors, contracted eye care providers serve Clear Care members.

- **Women's health care**

Women can self-refer for routine reproductive health care, gynecological care, maternity care, and general preventive care, such as Pap tests and breast exams.



Prescriptions

What's covered

The individual Clear Care Vital, Essential, Key, and Optimal plans include Part D prescription drug coverage, so you're covered for outpatient prescription drugs. If you have retiree coverage through a plan offered by your employer (a "group plan"), you may have coverage for outpatient prescription drugs.

Clear Care has a drug formulary, which is a list of generic and certain brand-name drugs. In most cases, we cover only medications on the formulary. If your personal physician determines that you need a particular drug that is not on the formulary, your doctor's request will be reviewed and the drug may be covered. Cost shares may apply.

What's not covered

- Nonprescription or over-the-counter medicines
- Cosmetic or hair-growth medicines
- Drugs for weight loss or gain
- Drugs for symptomatic relief of cough and cold
- Prescription vitamins and minerals
- Erectile dysfunction (ED) drugs
- Drugs used to promote fertility
- Drugs that Medicare will not cover (Members must pay the full cost of these drugs. Contact Customer Service for additional information.)

Filling your prescription

You can fill your prescriptions at Group Health Medical Centers pharmacies or at any of Clear Care's network pharmacies. Check the provider directory for a complete list.

If you need a new prescription when your regular pharmacy is closed, you should make every effort to fill the prescription at another participating pharmacy. If that's not possible, you can fill the prescription at the pharmacy of your choice at your expense and submit a claim for reimbursement. Clear Care won't reimburse refills or medications for chronic conditions obtained outside of normal business hours when they can be filled during normal business hours. Depending on the medication you need, prescriptions will be filled for a 90-day or a 30-day supply at one time at Group Health Medical Centers pharmacies and at participating network pharmacies.

Get refills delivered to you

You can have your refills mailed to your home with no shipping or handling fees with our Mail Order Pharmacy Service (contact information is on the inside front cover). There are four ways to use this service.

- Online: Register with MyGroupHealth for Members and then complete a one-time ID verification process. Then go to the Pharmacy Services page and complete your request.
- Mail or fax: Call for a mail-order request form, complete it, and drop it in the mail or fax it in.
- Phone: Call the Group Health Mail Order Pharmacy Service 24 hours a day to order refills. Have your prescription number (the 11-digit number on the label), your member ID number, and your credit card handy.

If you get your prescriptions filled at non-Group Health Medical Centers pharmacies, you'll need to first go online and transfer your prescription into the Group Health pharmacy system in order to get your refills mailed to you. Deliveries can take up to 10 days, although in most cases, they arrive sooner.

About drug restrictions

We employ some drug restrictions to help you use drugs in the most effective and safest ways:

- You or your provider need to get approval, known as "prior authorization," from the plan before we will agree to cover certain drugs for you. This can help guide appropriate use of these drugs and if approval isn't obtained, your drug may not be covered.
- We have a requirement that encourages you to try less costly—but just as effective—drugs before we'll cover another drug. This requirement is called "step therapy."
- For certain drugs, we limit the amount of the drug that you can have each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day.

→ Urgent care

An urgent care situation is one that does not pose an immediate, serious health threat, but does require prompt medical attention within 24 hours of its onset. Some conditions that might be urgent are:

- Stomach or abdominal pain
- Urinary tract infections
- Cuts that might require stitches
- Minor injuries such as sprains
- Respiratory infections

For urgent care during the day, call your personal physician's office or the Consulting Nurse helpline to get immediate advice. You'll be directed to the nearest facility, if necessary.

For urgent care after business hours, on weekends, or on holidays, call the Consulting Nurse helpline for assistance to make sure you don't incur unnecessary expenses. Group Health has several clinic locations that offer urgently needed care services during evening and weekend hours. Some are open 24/7. When you're out-of-area, our plan will cover you for urgently needed care from out-of-network providers. Outside of the U.S., urgently needed care or any other nonemergency care is not covered.

→ Emergency care

If you're having an emergency, get care immediately. Call 911 or your local emergency number. Call for an ambulance if you need it. You don't need approval or a referral from your primary care physician.

You have worldwide coverage for emergency care. If you're traveling, be sure to find out the local emergency number—it's not always 911.

What is an emergency?

Emergency medical conditions include those that make you feel you need immediate medical attention to avoid a serious threat to your body or your health. These conditions may include:

- Severe pain
- Suspected heart attack or stroke
- Sudden or extended difficulty in breathing
- Bleeding that will not stop
- Major burns
- Seizures
- Sudden onset of severe headache
- Suspected poisoning

Costs and coverage

Most emergency room visits require a cost share. Emergency ambulance service is a covered benefit. Nonemergency ambulance service must be authorized in advance by your personal physician. Check your EOC or retiree employer group benefits booklet to find out about your costs for emergency care and get details about ambulance service.



→ Hospitalization

If you need to be admitted to a hospital, your personal physician will refer you to a participating facility. Care received at network hospitals affords you the lowest out-of-pocket costs. You can find a complete list of the hospitals Group Health contracts with in the provider directory. Following is a sampling of major participating hospitals and medical centers:



In Western Washington

- Group Health Central Hospital on the Group Health Capitol Hill Campus in Seattle
- Overlake Medical Center in Bellevue
- Virginia Mason Medical Center in Seattle
- St. Joseph Medical Center in Tacoma
- St. Joseph Hospital in Bellingham
- Providence St. Peter Hospital in Olympia
- Providence Regional Medical Center in Everett

In Eastern Washington

- Providence Holy Family Hospital in Spokane
- Providence Sacred Heart Medical Center in Spokane
- Valley Hospital in Spokane Valley

If you're admitted to a nonparticipating facility in an emergency, you or a family member must call the Notification Line (listed on the inside front cover and on your ID card) within 24 hours or as soon as reasonably possible following the emergency. After your situation is under control, your personal physician may be contacted if you require follow-up care.

→ Dental care

Dental coverage is optional for individual Clear Care members. If you chose dental coverage when you elected your Clear Care plan, your Delta Dental Premier plan is provided by Delta Dental of Washington for an additional premium.

The dental plan is designed to provide you with full coverage for your semiannual dental checkups when you see a Delta Dental Premier provider, so dental health problems can be detected early. If your dentist finds that treatment beyond a checkup is needed, your plan also provides

coverage toward basic restorative care, as well as for major expenses such as crowns, bridges, and dentures. The dental plan doesn't have an out-of-network benefit, but lets you choose from a large network of dentists. Please contact Delta Dental if you have questions about your dental plan.

→ Online tools

As a plan member, you have a very useful resource: MyGroupHealth for Members at www.ghc.org. It gives you access to online health information, tools, and services that make health care accessible and convenient, 24 hours a day from the comfort of your home or office. In addition, Group Health's mobile app includes many features available to you on MyGroupHealth for Members.

MyGroupHealth for Members is a secure website. The privacy of your personal health information is our priority at Group Health, both in our medical facilities and online.

To get started, go online to set up your account. Then you can do the following:

All members:

- Choose your doctor
- Order prescription refills
- Take a health risk assessment
- Review your health plan usage status
- View your coverage documents
- Browse a library of thousands of health topics
- Contact Customer Service

Available only when you receive primary care at Group Health Medical Centers locations:

- Schedule an appointment
- E-mail your health care team
- See lab and test results
- View allergies and immunizations
- Access your online medical record
- Review after-visit summaries

→ Member resources

Call Customer Service or go online for information about these resources and discounts. All contact information is listed on the inside front cover.

Complementary Choices^{SM*}

Access noncovered alternative care services beyond your covered benefit at a discount, including acupuncture, naturopathy, chiropractic care, massage therapy, yoga, Pilates, tai chi, and personal trainers.

Group Health Resource Line

The Resource Line provides information about health education, fitness classes, community resources, senior services, and support groups in your area.

GlobalFit^{®*}

Enjoy discounts at more than 10,000 fitness facilities nationwide, plus exercise videos and equipment for the perfect home workout. The popular Nutrisystem[®] weight loss program is also available at valuable savings.

Health improvement classes and services*

We offer a wide variety of educational resources on prenatal and baby care, diabetes, heart care, substance abuse, AIDS, and violence prevention. Call the Resource Line for information.

Quit For Life[®] Program

Quit For Life is a nationally recognized, telephone-based tobacco cessation program brought to you by the American Cancer Society and Alere Wellbeing.

SilverSneakers[®]

Access gyms for solo fitness or group classes as part of your Clear Care membership. Enrollment is automatic and you'll receive an ID card in the mail. Simply present it to a participating facility and get started.

* These products and services described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they're not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Clear Care grievance process. If a problem arises with any of the services listed in this section, please call Customer Service.

Additional information

Access to new treatments

Widespread use of experimental, unproven methods of treatment may lead to unintended negative health outcomes. We have a rigorous process in place to evaluate the effectiveness of experimental treatments. We also require that a new test, technology, or treatment has an established body of scientific evidence that supports it before encouraging patients and doctors to use it. Such treatments are reviewed by medical, legal, administrative, coverage, and member teams.

Advance directives

You have the right to make decisions about your care at the end of life using advance directives. The goal of advance directives is to allow you to make such decisions when you are healthy—not when you are ill and under stress. It also allows you to designate whom you would like to make health care decisions for you if you are unable to. An advance directive is a written document. You should discuss it with your doctor and family members ahead of time. It can be in the form of a living will (Directive to Physicians) or a Durable Power of Attorney. If you want more information, call the Resource Line for forms you need and a booklet that'll help you understand advance directives.

Appeals

An appeal is a formal way of asking us to review and change a coverage decision we've made. You have the right to appeal any coverage decision. The type of appeal, and time frame for resolution, depends on what is being denied. We'll tell you how to appeal in the letter we send you explaining our denial decision. We quickly review appeals involving urgently needed care and act as fast as necessary, given the clinical urgency of the condition. Clinically urgent reviews will take no longer than 72 hours.

Claims

You can be reimbursed for covered care received out of network when these steps are followed:

- You or the provider submit a claim
- You include itemized statements describing the services received, along with the claim form.

Send claims for Part C services to:

Group Health Claims Administration
P.O. Box 34585
Seattle, WA 98124-1585

Some examples of Part C services include urgent care visits and doctor visits while traveling outside of the Group Health service area.

Send claims for Part D (prescription drug) services to:

Pharmacy Help Desk Prescription Claims
Group Health Cooperative (AMB-2)
P. O. Box 34990
Seattle, WA 98124-1990

Examples of Part D services are prescriptions filled at pharmacies for emergency or urgent situations, while outside the Group Health service area.

Check your EOC for additional information. If you need more claim forms, please call Customer Service.

Complex Case Management Program

Eligible patients with multiple health conditions work with a registered nurse who can help them understand and cope with their health concerns, learn about available resources, and become an active participant in their health care.

To see if you're eligible for this program, call Care Management.

continued next page

Additional information, continued

Compliments and concerns

Your compliments, concerns, and questions help us provide high-quality care and service. Contact Customer Service or the medical facility or hospital where you received care to share your opinions.

Provider compensation and additional financial information

You may obtain information about provider compensation or the financial condition of Group Health Cooperative's plan, including a summary of the most recently audited statements, by calling Customer Service.

Quality Improvement Program

Each year, we develop an annual work plan to guide our efforts to improve the quality of patient care. Go online or call Customer Service to find or request the Quality Plan and Program Description report.

Renal dialysis

You have coverage for dialysis services when you are temporarily outside of the Clear Care (HMO) service area. Please talk to your provider so that we can make travel dialysis arrangements for you.

Senior Caucus

Join other seniors to stay informed, ask questions, and advocate for your health care concerns. Call the Resource Line for information.

Voting membership

When you become a voting member, you help elect the board that hires the Group Health CEO and vote on Group Health bylaw amendments that influence how Group Health Cooperative is run. Every adult member 18 or older has this unique voting privilege. To sign up:

- Go online.
- Get an application by calling Customer Service.

Your rights and responsibilities

As a Clear Care (HMO) member, you have the right to:

- Be treated with respect and dignity by all Group Health staff.
- Be assured of privacy and confidentiality regarding your health and your care.
- Have access to details about your rights and responsibilities as a patient and consumer.
- Be able to access information about Group Health, our practitioners and providers, and how to use our services.
- Receive timely access to quality care and services.
- Have access to information about the qualifications of the professionals caring for you.
- Participate in decisions regarding your health care.
- Give consent to—or refuse—care, and be told the consequences of consent or refusal.
- Have an honest discussion with your practitioner about all your treatment options, regardless of cost or benefit coverage, presented in a manner appropriate to your medical condition and ability to understand.
- Join in decisions to receive, or not receive, life-sustaining treatment including care at the end of life.
- Create and update your advance directives and have your wishes honored.
- Choose a personal primary care physician affiliated with your health plan.
- Expect your personal physician to provide, arrange, or coordinate your care.
- Change your personal physician for any reason.
- Be educated about your role in reducing medical errors and the safe delivery of care.

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→ Your rights and responsibilities, continued

- Voice opinions, concerns, positive comments, or complaints. You may also contact the following agencies: Washington State Department of Health (toll-free 1-800-633-6828), or Office of the Medicare Beneficiary Ombudsman.
- Appeal a decision and receive a response within a reasonable amount of time.
- Suggest changes to consumer rights and responsibilities and related policies.
- Receive written information in prevalent non-English language (as defined by the state).
- Receive oral interpretation services free of charge for all non-English languages, and sign or tactile interpretation services for hearing-, sight-, and speech-impairments.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Be free from all forms of abuse, harassment, or discrimination.
- Be free from discrimination, reprisal, or any other negative action when exercising your rights.
- Request and receive a copy of your medical records, and request amendment or correction to such documents, in accordance with applicable state and federal laws.



As a Clear Care (HMO) member, you have the responsibility to:

- Provide accurate information, to the extent possible, that Group Health and your practitioner require to care for you, or to make an informed coverage determination. This includes your health history and your current condition. Group Health also needs your permission to obtain needed medical and personal information. This includes your name, address, phone number, marital status, dependents' status, and names of other insurance companies.
- Use practitioners and providers affiliated with your health plan for health care benefits and services, except where services are authorized or allowed by your health plan, or in the event of emergencies.
- Know and understand your coverage, follow plan procedures, and pay for the cost of care not covered in your contract.
- Understand your health needs and work with your personal physician to develop mutually agreed upon goals about ways to stay healthy or get well when you are sick.
- Understand and follow instructions for treatment, and understand the consequences of following or not following instructions.
- Be active, informed, and involved in your care, and ask questions when you do not understand your care or what you are expected to do.
- Be considerate of other members, your health care team, and Group Health. This includes arriving on time for appointments, and notifying staff if you cannot make it on time or if you need to reschedule.



www.ghc.org/medicare

Group Health Cooperative Clear Care is an HMO with a Medicare contract. Enrollment in Clear Care HMO depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium, and/or copayments/coinsurance may change on January 1 of each year. Other Providers are available in our network. If you enroll in an MA or MAPD plan, you may not enroll in a stand-alone Part D prescription drug plan unless you disenroll from your MA plan. Contact Group Health for more information.