



Envision Network Silver \$0 Ded/Copay 25 CSR 2400/80/Copay 35 - 87%

87416WI001002205

HEALTHCARE COOPERATIVE

MAJOR PLAN BENEFIT

Our **Cost Share Reduction (CSR)** plans lower the amount you pay for deductibles, coinsurance and co-payments. You also have a lower out-of-pocket maximum. You can get these savings in plans in the Silver plan category if your income is below a certain level. To see if you qualify for a CSR plan, visit www.healthcare.gov/lower-costs.

HEALTH PERKS

PREVENTIVE CARE

Even if you haven't met your yearly deductible, you can still get the free, in-network preventive care recommended under the Affordable Care Act. Preventive care includes certain screenings, vaccines, and annual physicals when performed by an in-network provider.

CGHC DOCTOR LINE

The CGHC Doctor Line, powered by Teladoc, Inc is a new service that allows you to receive treatment from a Board Certified, licensed physician via video, mobile application, or telephone. The first three consultations are free for most CGHC members except for those in a Health Savings Account (HSA) compatible plan, due to federal HSA rules. If you have satisfied your three visits, or you are in an HSA plan, you will pay \$40 or your PCP co-pay, whichever is less.

COVERAGE WHERE YOU NEED IT

Your Network of Providers

We are proud to partner with Aurora Healthcare System and Bellin Health, both recognized for quality, to serve our members in 19 counties.

To find a provider in your network, visit:

www.CommonGroundHealthcare.org/Envision

Urgent Care Copay Equal to a PCP Visit

We understand the importance of enabling you to see a doctor when you need to, which may not always be during typical office hours.

Coverage from Any Pharmacy

This plan does not limit you to certain in-network pharmacy providers.

Emergency Care, Anywhere, is In-Network

Services that meet the definition of emergency are covered as in network even when care is delivered in a non-network ER.

National Network

You may receive covered health services at the in-network level of benefits when you are traveling outside of CGHC's 19-county service area by accessing providers who participate in our travel/national network.

For more information on our national network, visit:

www.CommonGroundHealthcare.org/National

2016 INDIVIDUAL & FAMILY PLAN

www.CommonGroundHealthcare.org

QUICK FACTS

YOU WILL PAY (per visit)

\$25	Primary Care Provider
\$25	Urgent Care
\$40	Specialist
\$200	Emergency Room

IN-NETWORK DEDUCTIBLE

Single- \$0 | Family- \$0

OUT-OF-POCKET MAX.

Single - \$2,250 | Family - \$4,500
(IN-NETWORK)

COINSURANCE

20%	50%
OF CHARGES FOR IN-NETWORK CARE	OF CHARGES FOR OUT- OF-NETWORK CARE

PRESCRIPTION DRUGS

\$10	Tier 1
\$50	Tier 2
\$75	Tier 3

Specialty

You will pay 20% of the discounted price of covered specialty medications until you reach your out-of-pocket maximum, then they will be covered at 100%





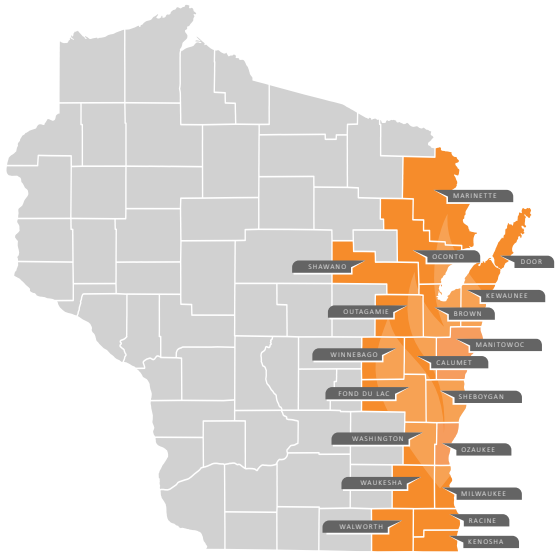
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PEOPLE. NOT PROFIT.

Common Ground Healthcare Cooperative believes its members deserve honesty, compassion and exemplary service from their health insurer. We are committed to changing the health insurance experience through open dialogue, powerful advocacy and the delivery of trusted and understandable information.



 CGHC Service Area

BECOME A MEMBER: **855.494.2667**

MEMBER SERVICES: **877.514.2442**

BROKER HOTLINE: **888.870.4717**

PRIOR AUTHORIZATION: **877.779.7598**

OPTUMRX: **855.577.6545**

MEMBER HEALTH PORTAL

<https://Portal>

CommonGroundHealthcare.org

MEMBER PAYMENT PORTAL

www.CommonGroundHealthcare.org/Logins/Premium-Login

VIEW OUR FORMULARY

www.CommonGroundHealthcare.org/Formulary

OPTUMRX PORTAL

www.OptumRx.com/MyCatamaranRx

WHAT IS A HEALTH INSURANCE COOPERATIVE?

Common Ground Health Cooperative (CGHC) is a “who,” not a “what.” We are thousands of Wisconsin residents, workers and families buying health care together, supported by a staff focused on our becoming the highest rated health plan in our region.

CGHC is nonprofit and governed by a Board made up of members buying insurance. Any earnings are returned to our members in the form of lower prices or better services. Our focus is advocacy, and we use our expertise to help people understand their rights and their coverage.

Our mission, described on the left, puts members first in every decision we make or can influence. Since members run the show and there are no outside shareholders or profit motive, there’s really no alternative. The larger we grow, the faster we can make progress to change healthcare. We hope you join the movement!

GET THE MOST FROM YOUR PLAN

GET YOUR FULLY COVERED PREVENTIVE CARE VISITS

Take charge of your health by selecting a PCP and scheduling your covered, preventive care visits.

CHECK YOUR INSURANCE CARD BEFORE YOU VISIT

Visit a doctor who is in-network vs. out-of-network is a big difference. Check your insurance card to find out which network you’re in. Not sure? Call Member Services at 877.514.2442.

CALCULATE YOUR HEALTH COSTS

During the plan year, CGHC will pay 80% of all your in-network health bills until you reach your Out-of-Pocket Maximum of \$2,250. At that point, we’ll cover 100% of your in-network qualified medical bills for the rest of the year.

Common Ground Healthcare Cooperative does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

CGHC.SB.1034-2016



We want you to understand what is not included in your plan. Below is a summary of services that are not covered by your plan. A full listing of exclusions and limitations can be found in your certificate of coverage.

DENTAL

- Dental care (including dental X-rays, supplies and appliances and all associated expenses).
- Preventive care, diagnosis, treatment of or related to the teeth, jawbones or gums
- Dental implants, bone grafts and other implant-related procedures.
- Dental braces (orthodontics).
- Treatment of congenitally missing, malpositioned or supernumerary teeth

MATERNITY SERVICES

- Elective abortions excluded except when performed to save the life/health of the mother and in instances of rape or incest.
- Birthing classes.
- Treatment, services, or supplies for a third party or nonmember traditional surrogate or gestational carrier.

MENTAL HEALTH

- Services performed in connection with conditions not classified in the current edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association*
- Treatment for a primary diagnosis of insomnia and other sleep disorders, sexual dysfunction disorders, feeding disorders, neurological disorders and other disorders with a known physical basis
- Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders and paraphilias, and other *Mental Illnesses* that will not substantially improve beyond the current level of functioning, or that are not subject to favorable modification or management according to prevailing national standards of clinical practices.
- Treatment provided in connection with or to comply with involuntary commitments, police detentions and other similar arrangements.

PHYSICAL APPEARANCE

- Cosmetic Procedures.
- Treatment of benign gynecomastia (abnormal breast enlargement in males).
- Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility and diversion or general motivation.
- Botox (Botulinum toxin) as a treatment of skin wrinkles or other cosmetic indications.

PROCEDURES AND TREATMENTS

- Excision or elimination of hanging skin on any part of the body.

- Gender reassignment operations and related services.
- Surgical and non-surgical treatment of obesity.
- Breast reduction surgery except as coverage is required by the Women's Health and Cancer Rights Act of 1998.

REPRODUCTION

- Health services and associated expenses for infertility treatments, including assisted reproductive technology.
- Surrogate parenting, donor eggs, donor sperm and host uterus.
- Storage and retrieval of all reproductive materials.
- The reversal of voluntary sterilization and related procedures.

SERVICES PROVIDED UNDER ANOTHER PLAN

- Health services for which other coverage is required by Federal, state or local law to be purchased or provided through other arrangements. Examples include coverage required by workers' compensation, no-fault auto insurance, or similar legislation.
- Health services for treatment of military service-related disabilities, when you are legally entitled to other coverage and facilities are reasonably available to you.
- Health services while on active military duty.

SUBSTANCE USE DISORDERS

- Services performed in connection with conditions not classified in the current edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association*.
- Methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclazocine, or their equivalents.
- Educational/behavioral services that are focused on primarily building skills and capabilities in communication, social interaction and learning.
- Treatment provided in connection with or to comply with involuntary commitments, police detentions and other similar arrangements.

ALL OTHER EXCLUSIONS

- Physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments that are otherwise covered under the *Policy* when:
 - Required solely for purposes of school, sports or camp, travel, career or employment, insurance, marriage or adoption.
 - Related to judicial or administrative proceedings or orders
 - Conducted for purposes of medical research.
 - Required to obtain or maintain a license of any type.
- Health services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
- Health services for which you have no legal responsibility to pay, or for which a charge would not ordinarily be made in the absence of coverage under the *Policy*.