Envision Network Catastrophic
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HEALTHCARE COOPERATIVE

MAJOR PLAN BENEFIT
Our Catastrophic plan are ideal for the person who are healthy and under 30. This plan has the lowest monthly premiums, but high deductibles should you ever become sick or injured.

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

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

QUICK FACTS
YOU WILL PAY
After your deductible is met, you will pay nothing for care as long as you stay in network.
First three primary care visits covered at 100%.

IN-NETWORK DEDUCTIBLE
Single- $6,850 | Family- $13,700

OUT-OF-POCKET MAX.
Single - $6,850 | Family - $13,700
(IN-NETWORK)

COINSURANCE
$0 FOR IN-NETWORK CARE
30% OF CHARGES FOR OUT-OF-NETWORK CARE

PRESCRIPTION DRUGS
You will pay the discounted price of covered medications until your deductible is met, then you will pay nothing for your covered medications.

2016 INDIVIDUAL & FAMILY PLAN
www.CommonGroundHealthcare.org
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.

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
Most of your healthcare costs are paid after you hit your deductible of $6,850 (more for families and out-of-network providers). Once you’ve met your deductible during the plan year, CGHC will 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.
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:
  o Required solely for purposes of school, sports or camp, travel, career or employment, insurance, marriage or adoption.
  o Related to judicial or administrative proceedings or orders
  o Conducted for purposes of medical research.
  o 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.