COMMON GROUND
HEALTHCARE COOPERATIVE

Gold 1000-90

PA = Prior Authorization	In Network (You Pay)	Out-of-Network (You Pay)
Calendar Year Deductible (Runs Jan 1 – Dec 31)	$1000 single/$2000 family	$3000 single/$6000 family
Coinsurance (applies only to certain services)	10%	40%
Maximum Out-of-Pocket (includes deductible, coinsurance, copays)	$7150 single/$14300 family	$21450 single/$42900 family
Office Visits		
Primary Care Provider Visit (to treat an illness or injury)[1]	$35 Copay	Deductible/Coinsurance
Aurora Quick Care or Bellin Fast Care	$15 Copay	Not Applicable
Obstetrics/Gynecology Visit	$35 Copay	Deductible/Coinsurance
Specialist Visit	$60 Copay	Deductible/Coinsurance
Chiropractic Visit	$35 Copay	Deductible/Coinsurance
Hearing Exam	$35 Copay	Deductible/Coinsurance
Diagnostic Services		
Diagnostic Laboratory Tests	Deductible/Coinsurance	Deductible/Coinsurance
Diagnostic X-rays	Deductible/Coinsurance	Deductible/Coinsurance
Imaging (MRI, MRA, PET and CT Services only) **PA**	Deductible/Coinsurance	Deductible/Coinsurance
Mental/Behavioral Health & Substance Abuse		
Outpatient - Office	$35 Copay	Deductible/Coinsurance
Outpatient - All Other Services	Deductible/Coinsurance	Deductible/Coinsurance
Transitional	Deductible/Coinsurance	Deductible/Coinsurance
Inpatient – Including Residential **PA**	Deductible/Coinsurance	Deductible/Coinsurance
Emergency Services		
Emergency Room[2] (waived if admitted)	$300 Copay	Deductible/Coinsurance
Physician Services	Deductible/Coinsurance	Deductible/Coinsurance
Urgent Care	$50 Copay	Deductible/Coinsurance
Ambulance (ground and air)[3] **PA**	Deductible/Coinsurance	Deductible/Coinsurance
Hospital Services		
Outpatient Surgical/Ambulatory Surgical Care Centers **PA**	Deductible/Coinsurance	Deductible/Coinsurance
Inpatient Hospital Services **PA**	Deductible/Coinsurance	Deductible/Coinsurance
Inpatient Rehabilitation (limited to 60 days/year) **PA**	Deductible/Coinsurance	Deductible/Coinsurance
Maternity Services		
Prenatal Care	Deductible/Coinsurance	Deductible/Coinsurance
Delivery and Inpatient Services **PA**	Deductible/Coinsurance	Deductible/Coinsurance
Preventive Services		
Preventive Services[4] – ACA Required	Covered in Full	Deductible/Coinsurance
Preventive Services – Not ACA Required	Deductible/Coinsurance	Deductible/Coinsurance
Vision Services		
Children's Vision Exam (1 exam per year)	Covered in Full	Deductible/Coinsurance
Children's Eye Glasses (1 pair per year)	Deductible/Coinsurance	Deductible/Coinsurance
Other Services		
Transplants[5] **PA**	Deductible/Coinsurance	Deductible/Coinsurance

Habilitation Services (up to 20 visits/yr)	**PA**	Deductible/Coinsurance	Deductible/Coinsurance
Physical, Speech & Occupational Therapy (limited to 20 visits each)	**PA**	Deductible/Coinsurance	Deductible/Coinsurance
Cardiac/Pulmonary Rehabilitation (up to 36 visits/yr)	**PA**	Deductible/Coinsurance	Deductible/Coinsurance
Post-Cochlear Implant Aural Therapy (up to 30 visits/yr)	**PA**	Deductible/Coinsurance	Deductible/Coinsurance
Cognitive Rehabilitation Therapy (up to 20 visits/yr)	**PA**	Deductible/Coinsurance	Deductible/Coinsurance
Autism Spectrum Disorders	**PA**	Deductible/Coinsurance	Deductible/Coinsurance
Skilled Nursing Facility (up to 30 days per year)	**PA**	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient Chemotherapy	**PA**	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient Radiation Therapy	**PA**	Deductible/Coinsurance	Deductible/Coinsurance
Hospice Services/End of Life Services		Deductible/Coinsurance	Deductible/Coinsurance
Home Health Services (up to 60 visits per year)	**PA**	Deductible/Coinsurance	Deductible/Coinsurance
Non-Surgical Treatment for Temporomandibular Joint (TMJ)	**PA**	Deductible/Coinsurance	Deductible/Coinsurance
Specified Oral Surgical Procedures[6]		Deductible/Coinsurance	Deductible/Coinsurance
Routine Dental Care (Pediatric dental coverage or a stand-alone dental services product can be purchased separately in Wisconsin)		Not Covered	Not Covered
Accidental Dental Services	**PA**	Deductible/Coinsurance	Deductible/Coinsurance
Prescription Drugs, Supplies & Equipment			
Prescription Medicines: **Retail** (30 day supply) Includes diabetic test strip **Mail Order**[7] (2 Copays per 90 day supply) Includes diabetic test strip **Preventive** (30 day supply) Medications defined in our formulary as preventive.		Tier 1 — $10 Copay Tier 2 — $45 Copay Tier 3 — $75 Copay **Preventive** - $0 (see formulary for details)	Tier 1 — $10 Copay Tier 2 — $45 Copay Tier 3 — $75 Copay **Preventive** – $0 (see formulary for details)
Specialty Drugs	**PA**	Deductible/Coinsurance	Deductible/Coinsurance
Oral Chemotherapy Drugs	**PA**	Deductible then 100%	Deductible then 100%
Durable Medical Equipment (Limited to a single purchase per DME type per 3 years)	**PA**	Deductible/Coinsurance	Deductible/Coinsurance
Prosthetic Devices	**PA**	Deductible/Coinsurance	Deductible/Coinsurance
Diabetic Equipment and Supplies		Deductible/Coinsurance	Deductible/Coinsurance
Hearing Aids and Cochlear Implants (Limited to one aid per ear every 36 months)		Deductible/Coinsurance	Deductible/Coinsurance

This Schedule of Benefits does not replace the legal contract or certificate which identifies all covered services, additional details, limitations and exclusions of the coverage. For a complete description of covered services, please see your Certificate of Coverage and any amendments to your Benefit Plan. If you have questions regarding Common Ground Healthcare Cooperative Benefits, please call us at 1-877-514-CGHC (2442).

PA indicates Prior Authorization is required for these services. Call 1-877-779-7598 for Prior Authorization. Failure to obtain Prior Authorization when required will result in the Member receiving a lesser Benefit. For Durable Medical Equipment, Prior Authorization is required if the item is over $1000.

[1]Primary Care Provider includes general pediatrics, internal medicine, obstetrics/gynecology, family practice, general medicine and geriatrics.

[2]Copay will only apply to facility charge. All other charges related to ER visit are subject to deductible/coinsurance.

[3] Prior Authorization is only required for non-emergent ground and air ambulance.

[4] The Affordable Care Act (ACA) provides for coverage of certain preventive services based on age, gender and other health factors at no cost to the member. Visit www.commongroundhealthcare.org/members/preventivecare for a complete listing.

[5]Examples of transplants for which benefits are available include bone marrow, heart, heart/lung, lung, kidney, kidney/pancreas, liver, liver/small bowel, pancreas, small bowel and cornea when medically necessary and not experimental.

[6] Please refer to the Member Certificate to determine what oral surgeries procedures are covered.

[7] Only certain Prescription Drug products are available through mail order.

COMMON GROUND
HEALTHCARE COOPERATIVE

Common Ground Healthcare Cooperative (CGHC) is required by law to include the following information with any significant document we provide you:

Notice of Nondiscrimination and Availability of Language Assistance Services
CGHC complies with applicable Federal civil rights laws and does not discriminate. This means that we do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CGHC:

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

If you need these services, please call 877-514-2442.

If you believe that CGHC 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 by contacting:

Civil Rights Coordinator:	Wayne Creggett
Telephone Number:	414-269-4684
TTY:	844-472-2442
Mailing Address:	120 Bishop's Way, Suite 150 Brookfield, WI 53005-6271
Fax Number:	262-754-9690
Email Address:	civilrights@commongroundhealthcare.org

You can file a grievance in person, by mail, fax, or email. If you need help filing a grievance, Wayne Creggett, Civil Rights Coordinator, 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Foreign Language Assistance

Spanish
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-514-2442.

Hmong
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-514-2442.

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 1-877-514-2442。

German
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-514-2442.

Arabic
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-514-2442

Russian
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-514-2442.

Korean
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-514-2442 번으로 전화해 주십시오.

Vietnamese
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-514-2442.

Pennsylvania Dutch
Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-514-2442.

Laotian
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-877-514-2442..

French
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-514-2442.

Polish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-514-2442.

Hindi
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-514-2442. पर कॉल करें।

Albanian
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-514-2442.

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-514-2442.