



HEALTHCARE COOPERATIVE

PEOPLE. NOT PROFIT.



WELCOME!

Thank you for choosing Common Ground Healthcare Cooperative (CGHC) as your health insurance company.

It's important our members understand that CGHC's mission is very different from other insurance companies. We were founded by people who believed that health insurance is broken and that they deserved better. These people came together to start a non-profit insurance cooperative that is governed by the customers buying the insurance and that has no outside shareholders.

That means at CGHC, you're not just a customer. You have a financial stake in our company. This unique business model guarantees that the health and financial wellbeing of our members is at the heart of every decision we make. We will work to earn your trust by:

- Continually working to provide the best member services and member experience when you call our company;
- Being financially responsible and accountable. We know that cost is at the top of your concerns, and we will never stop looking for ways to keep your health insurance costs as low as possible; and
- Always being open and honest about the decisions we're making and what's going on behind the scenes.

We hope this guide provides you with a good overview to get started. Please know that we also have a more detailed Certificate of Coverage available on our website at CommonGroundHealthcare.org/Certificate along with many other helpful resources.

Your member identification card has also been sent to you. You should present it when seeking medical and pharmacy services. Please take a moment to review the information on the card to ensure that it is accurate.

Thank you for joining thousands of other Wisconsinites in helping us change healthcare for the better. We look forward to working with you to support your health and wellbeing.

Sincerely,
Cathy Mahaffey, CEO

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IMPORTANT CONTACT INFORMATION

MEMBER SERVICES: **877.514.2442**

OPTUMRX: **855.577.6545**

CGCares.org

MEMBER HEALTH PORTAL

<https://Portal.CommonGroundHealthcare.org>

MEMBER PAYMENT PORTAL

www.CommonGroundHealthcare.org/Premium-Payment

VIEW OUR FORMULARY

www.CommonGroundHealthcare.org/Formulary

OPTUMRX PORTAL

www.OptumRx.com/MyCatamaranRx

CONNECT WITH US:



Facebook.com/CommonGroundHealthcare



[@CGHealthcare](https://twitter.com/CGHealthcare)

YOUR ID CARD AND MOBILE APP

Your CGHC member ID card has been mailed to you.

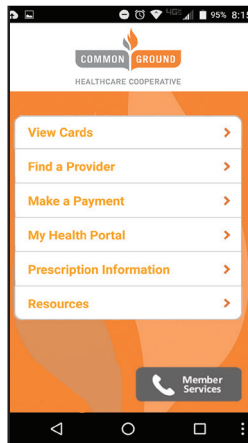
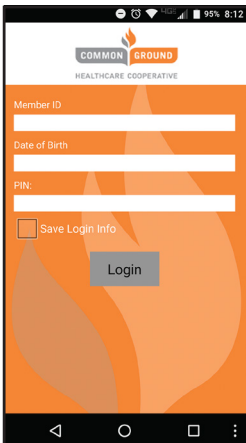
The card includes the ID number for yourself and any dependents on your health plan, along with the name of your provider network and any applicable copay amounts.

The information on your ID card is helpful when searching for a doctor, filling a prescription, or accessing your Member Health Portal. Call Member Services for additional cards.

USE OUR ID CARD MOBILE APP TO EASILY SEND YOUR ID CARD TO YOUR DOCTOR, HOSPITAL OR PHARMACY VIA FAX OR EMAIL

TO LOG IN:

- Open the Mobile ID card app on your smartphone and enter the following information
 - Member ID: The 10-digit Member ID number found on your ID card or invoice not including the person code (ex: 001).
 - Date of Birth: Your date of birth, in this format: MM/DD/YYYY
 - PIN: The 5-digit zip code we have on file for you
- If you check the box to “Save Login Info”, you will not need to enter this information the next time you open the application.
- Click the Login button.



CGCares.org

Your Network

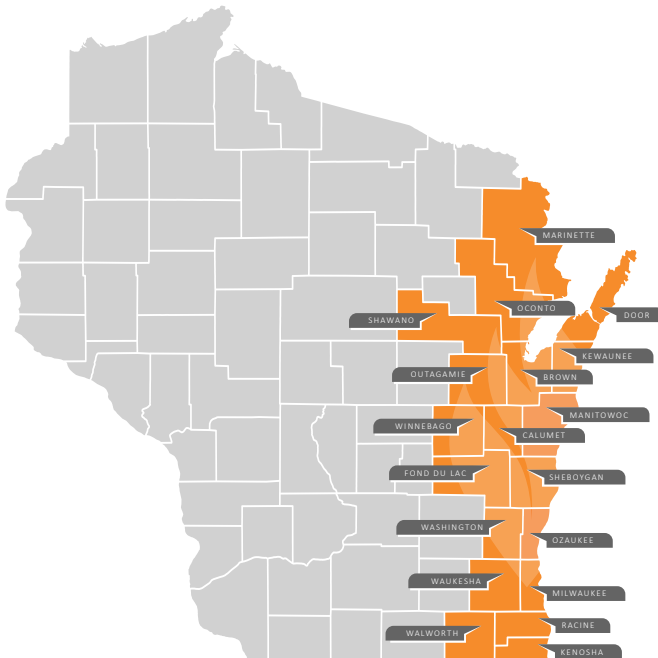
HOW TO FIND A DOCTOR

To find a doctor in your network, visit

www.CommonGroundHealthcare.org/Find-a-Doctor

Look for your network and then you can search for a provider by selecting the type of provider you are looking for and the location. Or you can download a PDF version of the directory to see all providers in your network.

CGHC SERVICE AREA



PRESCRIPTION COVERAGE

Common Ground Healthcare Cooperative's list of covered medications is called its "formulary." Within the list, we define drugs that fall into the following tiers or categories:

- Certain preventive drugs covered at no cost to you
- Tier 1: Generic medications that are less expensive than other medications
- Tier 2: "Preferred" brand name drugs available at a reasonable cost
- Tier 3: "Non-preferred" brand name drugs available at higher costs
- "Specialty" medications generally are the most expensive drugs

If you are in a copay plan, your Schedule of Benefits will describe different copay tiers based on these classes of medications. If you are not in a copay plan, you are still likely to pay less for generic or preferred brand name drugs than those in the non-preferred or specialty category. Talking with your doctor about your options for your medications can save you a lot of money!

The prescription formulary details which prescriptions require prior authorization (PA), step therapy (ST) or have quantity limits (QL). It is always a good idea to review the formulary and understand the prescription requirements prior to visiting the pharmacy.

To view the full list of covered prescription drugs, visit:

CommonGroundHealthcare.org/Formulary

Remember, CGHC members can go to any pharmacy for preventive, generic or name brand medications. We have a pharmacy network only for specialty medications.

CGCares.org

HOW TO MAKE A PREMIUM PAYMENT

ELECTRONIC PAYMENT

Visit CommonGroundHealthcare.org/Premium-Payment and register to pay using your checking or savings account, or your bank card. **You also have the option to set up a recurring payment to avoid the hassle of remembering to make a payment every month.** Select the payment date that works best for you between the 15th and 25th of the month to fit our billing cycle.

Payments are due on the 25th of each month for coverage during the following month. For example, payments for June coverage are due by May 25th. You will need to have your member ID number handy to complete the registration process and make payments online. Please include only the first 10 digits and not the three digits following the number.

PAY BY CHECK

Mail a check, cashier's check or money order with the remittance stub from the bottom of your invoice to our lockbox at the following address:

**Common Ground Healthcare Cooperative
Box 78553
Milwaukee, WI 53278-8553**

If you are missing your payment stub, please be sure your member ID number is on your check or money order to ensure your payment is credited.

PAY BY ELECTRONIC FUNDS TRANSFER

Set up recurring payments from a personal checking or savings account by completing the ACH/EFT form available online. Once you complete the form, you can mail it to us at:

**CGHC Enrollment & Billing Department
120 Bishop's Way, Suite 150
Brookfield, WI 53005**

Withdrawals will occur on the 25th of the month or the next business day. Forms received after the 15th of the month will begin the following month.

Be aware that if you are making a recurring or one-time monthly payment that directly debits the funds from your checking or savings account, your payment will take up to **six business days** to process before it will be posted to your account. Please take this into consideration when making your payment so that the process is completed by the premium due date.

CGCares.org

WHAT IS AN EPO?

All of our individual and family health plans are EPO products, which stands for Exclusive Provider Organization. **This means you only have in-network benefits.** Out-of-network care is not covered except in special circumstances outlined below.

EMERGENCY CARE WHERE YOU NEED IT

Emergency care is covered as in-network and applies to your benefits regardless of the location of the emergency room you visit. If you have a serious or life threatening condition, you should always go to the facility closest to you for immediate care. Once your condition is stable, follow-up care must be provided in-network to apply to your benefits.

URGENT CARE OUTSIDE OF OUR 19 COUNTIES

When in need of urgent care and you are inside of the CGHC service area, you may visit an in-network facility to receive benefits. If you are traveling outside of our 19 counties, your visit to an out-of-network urgent care facility applies to your benefits.

DEPENDENT STUDENTS

Full time student dependents enrolled in an Institute of Higher Learning outside of the CGHC service area, but inside the state of Wisconsin, have access to one clinical assessment by an out-of-network behavioral health provider and a total of five behavioral health or substance abuse counseling, or combination of the two.

WHEN NO IN-NETWORK PROVIDER CAN TREAT YOU

If there are not any in-network providers that can perform the medically necessary covered service you need, your in-network provider can submit a referral form for us to review. You must get our approval prior to you receiving the services. Referral forms are available at www.cgcares.org/faqs

NOTE: Please be aware that when out-of-network care is covered, it will be paid at our maximum allowable fee. Providers may decide to bill you for any amount above and beyond what we pay. This is called "balance billing" and is prohibited in our contracts with in-network providers.

WHAT YOU NEED TO KNOW ABOUT YOUR COVERAGE

Delivering trusted and understandable information to our members about their health plan is a core piece of the Common Ground Healthcare Cooperative (CGHC) mission. We really don't believe in fine print.

Our website is a great source for information for our members. It was designed with your needs in mind, and is designed to help you get the most value out of your insurance coverage. One page in particular has several documents that you will want to review. Please visit:

CommonGroundHealthcare.org/Members/What-You-Need-to-Know-About-Your-Coverage

This page links to your **Certificate of Coverage**, a legal document describing the health services our health plans cover. You can also find it by visiting CommonGroundHealthcare.org/Certificate. For a hard copy please call Member Services at 877.514.2442.

Services and equipment that are not covered are described in the **Exclusions and Limitations**.

Some things require advanced approval by us, and that is referred to as **Prior Authorization**. You can learn more about this on page **14** of this guide.

Covered Prescriptions is our drug list, otherwise known as our formulary.

Your **Provider Directory** lets you know who is in your network. Staying in-network helps to keep your out-of-pocket costs down!

It is an ongoing project at CGHC to simplify and update these documents to make things easier to understand for our members. If you'd like to provide feedback, please send an email to marketing@commongroundhealthcare.org.

NAVIGATING HEALTH CARE

Convenient access for basic needs such as immunizations and sports physicals.

CONVENIENCE CARE CLINICS

Common Ground Healthcare Cooperative's provider partnerships means that our members have access to a very **low cost way to get immunizations, physicals, treatment for minor burns, rashes or insect bites and more.** They can even do a rapid strep test, a pregnancy test and a urinalysis on site. Visit AuroraHealthcare.org/QuickCare or Bellin.org/Locations/Bellin-Health-Fastcare and TheDACare.org/Why-TheDACare/Convenient-Care.aspx to find a convenient location, often at a lower cost to you.

For annual exams or to diagnose a health concern.

PRIMARY CARE PROVIDER

By far the best way to navigate the health care system is to establish a relationship with a Primary Care Provider (PCP) who can help guide you to the right place if you need lab tests done or to see a specialist. **PCPs are doctors or nurse practitioners that practice general, internal or family medicine.** If you are looking for a PCP, please visit our online provider directory search and then make an appointment for your annual exam that we provide at no cost to you. It may take a while to get an appointment, but once you do so you can establish your relationship with your PCP and it will pay off if you ever become sick or injured.

For non-life threatening illness or injuries.

URGENT CARE

A walk-in or urgent care center is another option for care, and is generally available at a lower cost than the emergency room. Hours and locations can be more convenient, although sometimes the waits can be long. If you are

traveling inside the CGHC service area, please be sure to go to an in-network urgent care clinic. Out-of-network urgent care is only covered when you are outside of the CGHC service area. Also, you should be visiting urgent care centers for the right things: **illnesses or injuries that can't wait for a doctor's appointment**. If you are looking for routine care such as immunizations or simple treatments for things like insect bites, you should contact your doctor's office or a convenience care clinic to save money.

In a serious or life threatening situation.

EMERGENCY CARE

In a serious or life threatening situation (i.e., chest pain, loss of consciousness, difficulty breathing, broken bones, uncontrolled bleeding) you should always go to the nearest emergency room. Don't worry about in-network or out-of-network care if you are in an emergency situation, because your life is at risk. Insurers will pay for medically necessary emergency care as if it was in-network regardless of where you go. This will lessen any out-of-pocket expense to you if you happen to be at an out-of-network facility. (Because we do not have a contract with out-of-network ER facilities, we cannot prevent these facilities from billing our members for the remaining balance of the charge.)

If you are not in a serious or emergency situation then the emergency room is probably the last place you want to go. That's because the cost of emergency room care is significantly higher than a doctor's office or walk-in care setting. In addition, you are likely to wait a long time to get care from medical providers that practice emergency medicine, not general medicine.

PREVENTIVE CARE

Common Ground Healthcare Cooperative offers certain preventive services at no cost to members as long as they are scheduled with an in-network doctor. No cost means copayments, coinsurance and deductibles do not apply to these specific services – **as long as they meet our definition of no cost preventive care and the services are received from an in-network provider.** No cost preventive care starts with an annual routine checkup with any of the following primary care providers (PCPs):

- your family doctor
- a general medicine physician
- your OB/GYN
- your pediatrician
- a doctor that specializes in internal medicine
- a nurse practitioner

What is “No Cost Share” Preventive Care?

It’s the general term that describes certain preventive health services that are covered by insurance companies at 100% according to the health care reform law. Copayments, coinsurance and deductibles do not apply to these specific preventive services as long as they are received from a provider in the health plan’s network.

Preventive care is not only important to help you live a healthier life and detect any problems early, but it also helps you establish a relationship with a primary care provider (see list above) that can help you navigate the health care system and coordinate care if you ever need it.

A list of no-cost preventive health services can be found at www.CommonGroundHealthcare.org/Members/PreventiveCare
These preventive health services are only covered at 100% if received from an in-network provider.

Avoid Surprise Charges

While no cost preventive care is intended to prevent illness or detect problems before there are any symptoms, be aware diagnostic medical care is different. This type of care treats and diagnoses problems based on symptoms or as follow up to abnormal test results. It may result if you speak with your doctor about a health concern during an annual exam or if a problem is detected during a no cost preventive screening. Any tests needed, including follow up mammograms or colonoscopies, are diagnostic and may be subject to cost sharing such as deductibles or coinsurance.

When you schedule an appointment for any no-cost preventive services, make it known that you're interested in getting your free preventive screenings and want to be told if any services fall outside the list of approved no-cost services. If you're visiting your doctor, don't be afraid to ask questions when he or she recommends additional testing and treatment. If they don't meet our definition of preventive screening, you'll need to pursue those recommendations with the knowledge that you'll likely have some cost-sharing responsibilities. You can also call CGHC Member Services at 877.514.2442.

If you are getting a colonoscopy, talk to your doctor about whether it will be preventive care or diagnostic. Diagnostic visits are not free. You can then call Member Services to confirm how a diagnostic or preventive service will apply to your benefits. Sometimes, if a doctor finds a polyp during a preventive screening colonoscopy, they will bill us for a diagnostic colonoscopy instead of a preventive one, which can cost you money. If this occurs, please have your doctor's office contact us and/or send in the medical records for review and reconsideration of your claim.

To learn more, visit:

[www.CommonGroundHealthcare.org/
Members/PreventiveCare](http://www.CommonGroundHealthcare.org/Members/PreventiveCare)

CGCares.org

UNDERSTANDING PRIOR AUTHORIZATION

Certain medical services require prior authorization. That means the service must be pre-approved by Common Ground Healthcare Cooperative before you receive care.

We require these authorizations so our team can review the proposed treatment plan to help determine whether it is medically necessary. This helps control costs and help makes sure you are getting the most appropriate care.

Prior authorization can only be obtained for services that are covered under your plan benefits. Your provider will make the request for prior authorization in writing and submit all necessary medical records to CGHC. **The request must be received at least five business days prior to the procedure or service.** If your provider indicates a situation is medically urgent, it will be handled as a priority.

For urgent or emergency admissions, prior authorization needs to be obtained within 24 hours or by the next business day after the admission. If your provider determines that additional care beyond the services specified or the length of time originally authorized is medically indicated, CGHC must be contacted to request an extension of the original authorization.

If you are not notified by either your provider or CGHC that your prior authorization has been approved, be sure to check with Member Services by calling 877.514.2442 before receiving the care.

To request prior authorization, your doctor can call 877.779.7598. Talk to your provider about prior authorization whenever a medical service is recommended to see if it is required. **Failure to get prior authorization for designated services can result in your coverage paying at a reduced rate.**

For EPO plan members, please know that if you are seeking out-of-network care, you will need an approved referral and you may also need a prior authorization before your care will be applied to your benefits.

SERVICES REQUIRING PRIOR AUTHORIZATION

- Ambulance, non-emergency air and ground
- Any procedure that could be considered cosmetic
- Biofeedback
- Botox injections
- Chemotherapy- outpatient and oral
- Routine care associated with Clinical trials
- Cochlear implants
- Dental care resulting from an accident
- Dental/Anesthesia- Hospital Ambulatory Surgery Services
- Diagnostic testing including MRI, MRA, PET, CT Scans and Echocardiogram
- Dialysis (outpatient and home dialysis)
- Durable medical equipment over \$1,000 in cost
- Genetic testing
- Inpatient Confinement, including Inpatient Hospice (not including observation stay which is less than two (2) midnights)
- Care or confinement levels other than Inpatient: Residential, Partial Hospitalization, Intensive Outpatient services, Skilled Nursing Facility, and Inpatient Rehabilitation Facility
- Oral Surgery
- Prescription drugs- as noted in the Formulary
- Prosthetics
- Radiation therapy- outpatient and inpatient
- Reconstructive or plastic surgery procedures, including breast reconstruction surgery following mastectomy
- Specialty medications administered in an office or outpatient setting
- Surgery- outpatient hospital, free standing surgical center and ambulatory surgery centers (does not include physician office procedures)
- Temporomandibular joint disorder services and procedures, including but not limited to orthognathic procedures
- Transplant evaluations, services and procedures

Additional exclusions may apply so be sure to view a comprehensive list and more information at:

[CommonGroundHealthcare.org/Members/Exclusions](https://www.CommonGroundHealthcare.org/Members/Exclusions)

FREQUENTLY ASKED QUESTIONS

When is my bill due? How do I pay my monthly bill (otherwise know as your premium)?

You must pay your invoice by the 25th of the month prior to coverage (for example, by May 25th for June coverage) to avoid any interruptions in your coverage. If you do not pay your bill on time, you will enter into a grace period that you cannot get out of until you pay your total premium due in full as of the date your payment processes. We have several options for payment, including online recurring payments. Payment options are described earlier in this member guide.

What if I'm late paying my bill, is there a grace period?

Yes. If you do not pay your bill on time, we will give you a grace period to help you catch up and keep your health insurance coverage. This is very important, because once you lose coverage for nonpayment of premiums, the law prevents us from reinstating your coverage. This means you may not be eligible for another plan until January 1 of the following year, unless you have a qualifying life event. The length of the grace period that applies depends on whether or not you are receiving a tax credit (APTC) for the purchase of insurance through Healthcare.gov.

If you don't receive a tax credit for the purchase of health insurance, we will give you 30 days to bring your account up to date. If you do not, your account will be terminated. During this time, you are responsible for the cost of any health claims and we will not pay for your prescriptions at the pharmacy until you bring your account fully up to date.

If you receive a tax credit for purchase of health insurance, we will suspend coverage of your health claims after the first 30 days and let your doctor know you are in your grace period. You are responsible for your health claims after 30 days and we will not pay for your prescriptions at the pharmacy until you bring your account fully up to date. When your account is 90 days past due, your plan will be terminated.

Remember, to end a grace period you must pay all past due balances and bring your account fully up to date as of the day your payment processes. Partial payment will not extend the grace period.

How do I change my address or make other changes?

If you have purchased health insurance through Healthcare.gov (even through an agent or CGHC), then you are required by law to report any address or other life changes (marriages, births, change of residence, etc) to Healthcare.gov. We cannot update our records until the federal Marketplace (Healthcare.gov) updates its records. If you do not receive a tax credit and purchased coverage off the Marketplace (Healthcare.gov), then you may call us at 877.514.2442 to report any changes and complete a Member Change Form which is available on our website.

Can I change plans? What is a Special Enrollment Period?

You can only change your health plan if you've had a significant life event that qualifies you for a special enrollment period. Events may include losing health coverage involuntarily, getting married, having a baby or adopting a child, losing a dependent, gaining citizenship, moving your residence, divorcing your spouse or having a change in income. To find out if you are eligible for a special enrollment period, call our sales department at 855.494.2667. Don't delay because most special enrollment periods are only available for 60 days after the life event occurs.

How do I renew my plan?

Common Ground Healthcare Cooperative automatically enrolls individuals and small employer members into their existing plans or the most similar plan to their existing plan unless we receive a termination notice in writing or from federal Marketplace (Healthcare.gov). However, we STRONGLY encourage our members to actively enroll with us. Our products may change with each year and we want you to choose the plan that best fits your needs. You can do this with our help, your broker's help or through Healthcare.gov. This is the safest way to avoid any miscommunication we might receive from Healthcare.gov. Simply call us at 877.514.2442 for help.

FREQUENTLY ASKED QUESTIONS cont'd

How does CGHC handle complaints?

We maintain an internal process for the timely investigation and resolution of complaints and grievances. Members may file a complaint/grievance regarding any aspect of care or service provided to them by CGHC or our contracted providers. The internal complaint/grievance process includes steps to ensure careful and complete consideration is given to each complaint/grievance. For more information about the complaint/grievance process, visit CommonGroundHealthcare.org/Members/Complaint-Grievance-Procedures. You may also call Member Services at 877.514.2442.

What does it mean to be covered by a cooperative?

In many ways, cooperatives behave much like any other health insurance company. We meet the same laws and regulations, and we provide similar medical insurance and prescription drug coverage. What makes us different is that we are a nonprofit organization that is governed by our members. We answer to our members, not corporate shareholders, so we have absolutely no motivation to raise prices simply to make more money. Our Board is made up of individuals buying our insurance, who are elected by the entire membership. The member-governed board has the authority to approve our budget, approve our rates and oversee our operations. Our volunteer-run Member Advisory Committee has a lot of say over our communications and services.

What is the difference between Common Ground Healthcare and Healthcare.gov?

Many times when a member talks with the federal Marketplace (Healthcare.gov), they think they are talking with us, their health insurance company. It's important to understand we are very separate organizations, and we generally talk to each other electronically through data files. If you have a concern about the service you've received through Healthcare.gov, there is little we can do to influence that. But, we can help you understand how to navigate Healthcare.gov, including how we might help report errors and open up complaint tickets. Just call us at 877.514.2442 so we can explain what we can help with, versus what the federal government will need to help you with.

IMPORTANT DEFINITIONS

DEDUCTIBLE

This is the amount you owe for covered health care services before your health insurance or plan begins to pay. For example, if your deductible is \$1,000, your coinsurance will kick in once you've paid \$1,000 toward covered health care services subject to that deductible. Know exactly how your deductible works as it greatly influences how much you will pay out of pocket.

COPAYMENT

Copays exist in certain plans. A copay is a fixed amount you will pay for certain covered health care services (ie. a physician office visit) received from an in-network provider. The amount can vary by the type of covered health care service. Copays typically apply before deductibles are met in CGHC plans, but this is not always the case so be sure you understand how copays work in the plans you choose.

COINSURANCE

Your share of the costs of a covered healthcare service, calculated as a percent of the discounted charge that CGHC has negotiated for the service. If you have a deductible, you pay towards your deductible first. Once your deductible is met you pay a coinsurance percentage until you reach your out-of-pocket maximum.

OUT-OF-POCKET MAXIMUM

The most you could pay for covered care in a year, adding up your deductible, copayments, and coinsurance payments. Once you have reached your out-of-pocket maximum, your plan will pay the full cost of covered in-network healthcare services for the rest of the year.

IN NETWORK VS OUT OF NETWORK

IN-NETWORK

The providers your health insurance company has contracted with to provide health care services, usually at a discounted rate. For services to apply to your benefits, you typically need to stay inside the network unless you are in an emergency or urgent situation outside of our coverage area.

OUT-OF-NETWORK

An out-of-network provider is one not contracted with your health insurance plan. Going out-of-network could mean you will be responsible for the entire cost of the service rendered. With an EPO plan out-of-network care is not a covered benefit except in limited circumstances including emergencies or urgent care outside of our service area. If you go out-of-network, your bill may be higher because the health care provider can bill you for charges over and above what we pay as our maximum allowed amount for services.



HOW TO PAY LESS OUT OF POCKET

Common Ground Healthcare Cooperative pays for a lot of our members' health care bills, but our members have responsibilities too. This is called cost-sharing, and it is part of any health insurance plan that you can buy today. Below you'll find some important tips on saving money.

YOUR PREMIUM

A "premium" is the amount you will pay monthly for your coverage. Plans that cover less will have a lower premium, and higher cost plans will cover more of the costs. You can't change plans once you start, so it is important that you spend a little time predicting your health needs during the coverage year, and then selecting a plan that fits you. You should also think about the worst case scenario, and how much you will be able to afford to pay if an accident or illness hits you or your family. Sometimes a lower premium plan can end up costing you more.

DEDUCTIBLES

A deductible is an amount you will have to pay before coverage kicks in. Deductibles apply to most, but not all, covered services. For example, CGHC covers certain in-network preventive care services up front, before deductibles are met. If you have a plan with copays (see below), you typically pay the copay without having to meet your deductible first.

COPAY VERSUS COINSURANCE PLANS

If you buy a plan with copays, it can help make the cost of healthcare more predictable. That's because a copay is a set amount you will pay each time you visit your doctor or specialist, visit an urgent care or emergency room, and fill most prescriptions. In nearly all of our plans, copays apply before you meet your deductible. The downside is, you'll pay a little extra for a copay plan versus a coinsurance plan, where you typically first have to meet your deductible, and then we will pay a percentage of your care.

STAY IN NETWORK

It doesn't matter if you have a copay or coinsurance plan, seeing in-network providers will save you money. That's because we get discounts on the care that is provided by in-network providers. CGHC will only pay our maximum allowable fee for out-of-network care like emergencies or urgent care visits outside of our service area. Non-emergency out-of-network care will not apply to your benefits.

CHOOSE THE RIGHT KIND OF CARE

You will pay more or less depending on which setting you select to get your care. Generally speaking, emergency room care is the most expensive care setting. A doctor's office visit is a good choice, and much less expensive than the emergency room. Convenience care such as a Quickcare or Fastcare clinic is even less expensive. Your provider may even offer e-visits.

COVERED DRUG LIST

Visit CommonGroundHealthcare.org/Formulary to learn about CGHC's drug formulary, which is the list of medications we cover. This document also explains which medications are in our tier 1 generic drug category versus tier 2 for preferred brands, tier 3 for non-preferred brands and specialty. You'll notice some prescriptions require prior authorization, step therapy or have quantity limits, meaning you can only fill a specific dosage for a certain period of time. Whether you are in a copay or a coinsurance plan, you will typically pay the least for generic and preferred brand medications and the most for non-preferred brand and specialty medications. Talk to your doctor about prescribing a drug that is in the generic or preferred brand categories but is still approved to treat your condition or injury.

KNOW YOUR COVERAGE

Remember, CGHC covers a lot of healthcare services, but it doesn't cover anything that is not medically necessary. It doesn't cover cosmetic procedures for example, and it doesn't cover experimental treatments. The best thing you can do is call us at 877.514.2442 to ask questions before you seek treatment. Be as specific as possible about what care you want and why.

HOW HEALTH INSURANCE WORKS

“Insurance” is a simple idea invented hundreds of years ago, although it has evolved into a complicated business. Insurance is simply a group of people sharing risk together. In health insurance, the “risk” we share is the cost of paying for healthcare, and the more we work together to keep those costs down, the less we’ll pay monthly for coverage. But if the worst happens and you need expensive health care, you’ll want to be partnered with others that will help you pay for it.

Everyone that buys Common Ground Healthcare Cooperative insurance is joined together in collective ownership of our company. We don’t have shareholders to answer to and we aren’t looking to make a profit – we are only looking to help make health care easier to understand and as affordable as possible for you.

Understanding how to use your health insurance is not only important to your health, it’s your responsibility to the other members of our cooperative. You should do what you can to stay healthy, and that includes taking the medications you are prescribed (preferably generic if possible) and getting your preventive care (many services are provided in all our plans at no cost to you). You should also pay your bills on time and avoid use of the emergency room except when necessary.

This is how we work together to keep costs down.

Common Ground Healthcare Cooperative is non-profit and member-driven. Everyone that buys our insurance has a say in how our company is run.

YOUR OUT OF POCKET COSTS

Health insurance certainly pays for much of the cost of health care, but not all of it. The amount you will pay out of your own pocket depends a lot upon the plan you choose, and whether or not you see a provider that's in our network (see below).

YOUR PROVIDER NETWORK

If you are not covered by your employer or your spouse's employer, you are part of the Envision health insurance network. To search to ensure your provider is covered, visit CommonGroundHealthcare.org/Find-a-Doctor. Small groups may select either the Envision or Empower network at the time of enrollment.

NO COST TO YOU PREVENTIVE CARE

Preventive services include routine checkups and certain screenings that can help you avoid getting sick down the road. All CGHC health plans cover certain preventive care services at no cost to you, as long as you go to an in-network doctor. Remember, there are three (3) types of preventive care shown below.

TYPE 1: In-network services that meet the definition of preventive under the Affordable Care Act. Examples may include an annual wellness visit and routine colonoscopies - services that fit within the age and frequency guidelines of the US Preventive Services Task Force (USPSTF).

TYPE 2: Preventive services NOT covered at 100%, but will apply to deductibles, copays and out-of-pocket maximums. Examples include services that fall outside the USPSTF recommendations or that is done for diagnostic reasons, such as colonoscopies if you have a history of polyps.

TYPE 3: Services that are not covered and excluded under the CGHC Certificate of Coverage or not medically necessary. Includes dental cleanings and acupuncture.

Member Rights

It is important to us that all members understand their rights as a CGHC member. Our members have the right to:

- Receive information about Common Ground Healthcare Cooperative, its services, its practitioners and providers and Member rights and responsibilities.
- Be treated with respect and dignity by Common Ground Healthcare Cooperative employees, contracted providers, vendors, and health care professionals.
- Privacy and confidentiality regarding their health and care.
- Participate with practitioners in making decisions about their health care.
- A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Voice complaints or concerns about Common Ground Healthcare Cooperative or any of its network providers.
- Appeal any decision made by Common Ground Healthcare Cooperative and to receive a response within a reasonable amount of time.
- Make recommendations regarding Common Ground Healthcare Cooperative's member rights and responsibilities policy.
- Choose an advance directive to designate the kind of care they wish to receive should they become unable to express their wishes.
- Have a safe, secure, clean and accessible health care environment.
- Have access to emergency health care services in cases where a "prudent layperson" acting reasonably, would believe that an emergency existed.

Member Responsibilities

Given that the health of CGHC members impacts the financial wellbeing of all other CGHC members, those that purchase our insurance also have certain responsibilities. It is the responsibility of our members to:

- Pay their premiums.
- Comply with all provisions outlined in the Certificate of Coverage, including Prior Authorization requirements.
- Know and confirm their benefits before receiving treatment.
- Show their ID card before receiving health care services.
- Follow agreed upon instructions and guidelines for care.
- Understand their health problems and develop mutually agreed upon treatment goals, to the degree possible.
- Provide accurate information, to the extent possible, that Common Ground Healthcare Cooperative and their practitioner require to care for them, or to make an informed coverage determination.
- Use practitioners and providers affiliated with their health plan for health care benefits and services, except where services are authorized or allowed by their health plan, or in the event of emergencies.
- Pay appropriate co-payments, coinsurance and deductibles to participating practitioners and providers when services are received.
- Pay charges incurred for non-covered services; EPO subscribers to pay full charges for out-of-network services.

NOTICE OF PRIVACY

As a member of Common Ground Health Care Cooperative, you have certain rights. One of these is the right to confidentiality. Confidentiality means you have the right to have your medical information kept private. This information cannot be released without your permission. At CGHC, we take confidentiality very seriously.

When you join CGHC, you agree to let us have access to your medical information. You also agree to let us use your medical information for certain business functions. This use is strictly limited.

So, what does this mean? It means you allow the CGHC team to review your medical information. We use this information to protect you and arrange your care. You also allow CGHC to show your records to state and Federal agencies when necessary. This happens, for example, when organizations, such as the National Committee for Quality Assurance, perform reviews of CGHC. These regulatory groups review us to make sure we meet standard requirements and license and regulate our cooperative. These groups protect your privacy as well. We also use your medical information to pay or coordinate claims and to administer your benefits.

CGHC takes every precaution to keep all information confidential. We have strict procedures for maintaining your medical records. We will not release this information without your permission. How we keep your information protected and all of your privacy rights are listed in our CGHC Notice of Privacy Practices. You received a copy of the CGHC Notice of Privacy Practices in your Certificate of Coverage/Policy when you enrolled with CGHC. If you would like another free copy of the Notice of Privacy Practices, please contact Member Services at 877.514.2442 or go online to CommonGroundHealthcare.org.

It is important to note that children under 18 years of age also have certain rights to confidentiality. These rights come from state or Federal laws. This means, in some cases, we are not able to share information, even with parents and guardians. Your son or daughter will need to sign a member authorization if they want you to receive this information. Types of Information that are protected have to do with behavioral health, sexual activity or abuse and physical abuse situations.

Common Ground Healthcare Cooperative complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.877.514.2442.

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.

CGCares.org

MY PERSONAL HEALTH RECORD

Primary Care Doctor: _____

Phone Number: _____

Allergies (including drug allergies): _____

Blood Type: _____

Medications

Name

Dosages

Name	Dosages

Annual Physicals

Date

Cholesterol Level

Blood Pressure Level

Date	Cholesterol Level	Blood Pressure Level

Immunization History

Immunization

Date

Immunization	Date

