



# Welcome!

## Your 2024 Health Plan Guidebook

group health  
*Cooperative*<sup>™</sup>  
of eau claire



# Thank you for being a Group Health Cooperative member!

As a member of Group Health Cooperative of Eau Claire, you are now part of a truly special type of health insurance, a non-profit health insurance cooperative. As a cooperative, we are member-owned and governed with a shared vision and purpose to provide benefits and combine resources to enhance services for our membership, all while giving back to our community.

A member-governed health plan also means that the people who sit on our Board of Directors are members themselves, elected by our membership. Because of this, Board members have a vested interest in the business decisions they influence, a unique opportunity to have a voice in directing the activities of their health plan. As a member-governed Cooperative, the focus is first and foremost our members.

Group Health Cooperative of Eau Claire was founded in 1976 with one goal in mind: to optimize the health of our members through the Cooperative's pooling of health-related resources. That continued purpose statement is at the forefront of everything that we do.

In this booklet, you will find the following information to help you get the most from your health plan:

- 1 - Get Started
- 2 - If You Need Care
- 3 - After You Receive Care
- 4 - Programs to Help You
- 5 - Member Rights

The Cooperative wants to help you navigate any issues that come your way. If you have any questions, please call Member Services at (715) 552-4300 or (888) 203-7770 (toll-free) or visit **group-health.com**.

Sincerely,



Sarah North, CEO

## CONNECT WITH US.



Visit [group-health.com](https://group-health.com) or give us a call at 715.552.4300 or 888.203.7770.





# Get started

## Get to know your member identification (ID) card

 <p><b>NAME:</b> Member Name <b>ID:</b> 123456</p> <p><b>Effective Date of Coverage:</b> MM/DD/YYYY <b>HMO GROUP:</b> 0660-08 <b>Rx ID:</b> GHC123456 <b>RX RELATIONSHIP CODE:</b> 1 <b>PRIMARY CARE COPAYMENT:</b> NO COPAY <b>ER COPAYMENT:</b> \$60.00 PER VISIT <b>In-Network Deductible:</b> \$250/\$500 <b>Out-of-Network Deductible:</b> N/A <b>Out-of-Pocket Maximum:</b> \$1250/\$2500</p>	<p><b>Website:</b> group-health.com <b>Member/Provider Services:</b> 888.203.7770 <b>Pharmacy Member Services:</b> 800.987.7831 <b>TTY/TDD:</b> 800.947.3529   711 <b>Teladoc :</b> 1.800.835.2362 <b>Mail Medical Claims:</b> PO Box 3217, Eau Claire, WI 54702-3217 EDI Claims: Payor ID 95192   Fax Claims: 715.598.7525 <b>Provider Prior Authorization Fax:</b> Inpatient and all Behavioral Health: 715.852.5755 Outpatient: 715.552.7202</p> <hr/> <p><b>Express Scripts</b> <b>BIN:</b> 003858 <b>CARRIER:</b> 94D9 <b>GROUP:</b> GRHCEC <b>PCN:</b> A4 <b>PHARMACY HELP DESK:</b> 800.922.1557</p>
 <p><b>NAME:</b> Member Name <b>ID:</b> 123456</p> <p><b>Effective Date of Coverage:</b> MM/DD/YYYY <b>HMO GROUP:</b> 0660-08 <b>Rx ID:</b> GHC123456 <b>RX RELATIONSHIP CODE:</b> 1 <b>PRIMARY CARE COPAYMENT:</b> NO COPAY <b>ER COPAYMENT:</b> \$60.00 PER VISIT <b>In-Network Deductible:</b> \$250/\$500 <b>Out-of-Network Deductible:</b> N/A <b>Out-of-Pocket Maximum:</b> \$1250/\$2500</p>	<p><b>Website:</b> group-health.com <b>Member/Provider Services:</b> 888.203.7770 <b>Pharmacy Member Services:</b> 800.987.7831 <b>TTY/TDD:</b> 800.947.3529   711 <b>Teladoc :</b> 1.800.835.2362 <b>Mail Medical Claims:</b> PO Box 3217, Eau Claire, WI 54702-3217 EDI Claims: Payor ID 95192   Fax Claims: 715.598.7525 <b>Provider Prior Authorization Fax:</b> Inpatient and all Behavioral Health: 715.852.5755 Outpatient: 715.552.7202</p> <hr/> <p><b>Express Scripts</b> <b>BIN:</b> 003858 <b>CARRIER:</b> 94D9 <b>GROUP:</b> GRHCEC <b>PCN:</b> A4 <b>PHARMACY HELP DESK:</b> 800.922.1557</p>

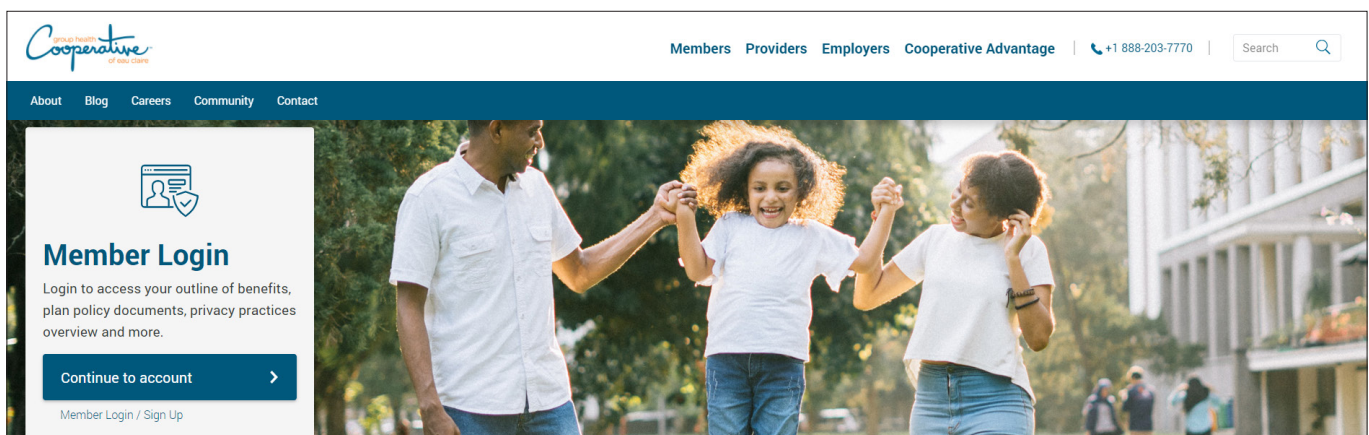
River Region

## Sign up for your member account

When it comes to managing your health plan and making more informed decisions, simpler is better. With your member account, you have a personalized website that helps you access and manage your health plan.

- See your policy, benefits, and get information about preventive care.
- Find a provider and other helpful In-network resources.
- Complete a Health Risk Assessment.
- Access to a robust online library of health videos.

Sign up today at [group-health.com/members](https://group-health.com/members).



# If you need care

## Find an in-network provider

Visit [group-health.com](http://group-health.com) to find a doctor, clinic, hospital, specialty and more. If you would like help finding a provider and would like to speak to someone call Member Services at (715) 552-4300 or (888) 203-7770 (toll-free).

### Your in-network providers

In-network providers include mental health professionals, hospitals, clinics and laboratories. These in-network providers charge discounted rates, which typically saves you money. The Cooperative has an extensive provider network to meet your healthcare needs. You are encouraged to make sure that the providers you are going to see are in-network. If a provider is not in-network, there may be additional costs that you have to pay. If you have any questions, please call Member Services at (715) 552-4300 or (888) 203-7770 (toll-free) or visit **[group-health.com](http://group-health.com)**.

Members may also refer to the Provider Directory on the website at **[group-health.com/members/find-a-doctor](http://group-health.com/members/find-a-doctor)** to find the following practitioner information. Once a member has made a choice on a primary care practitioner, the member can call the Member Services Department at (715) 552-4300 or (888) 203-7770 (toll-free).

Members will be able to find the following information on physicians as follows:

- Name, address, telephone numbers
- Professional qualifications
- Specialty
- Medical school attended (call Member Services for more information)
- Residency completion (call Member Services for more information)
- Board certification status

### Prior authorization

Your plan requires prior authorization before you receive certain services. This means that you and your provider need to get approval from the Cooperative before you have the service to make sure that it is a benefit, that it is medically necessary, and to ensure payment. For more information regarding prior authorization and what services require prior authorization, please visit **[group-health.com/members](http://group-health.com/members)** or call Member Services at (715) 552-4300 or (888) 203-7770 (toll-free).

## Pharmacy Benefit

The pharmacy formulary, including a list of drugs, restrictions, and preferences, is available at **[group-health.com/providers](http://group-health.com/providers)**. Information about pharmaceutical management procedures including limits, quotas, generic substitution, step therapy protocols, and therapeutic substitutions can be found at the above link. The Cooperative website, **[group-health.com](http://group-health.com)**, also provides information on how to review lists of pharmaceuticals, copayment structure for restricted pharmaceuticals, and limitations on prescribing and access to pharmaceuticals.

# If you need care

The “Formularies” link will direct you to the formulary. Members and prescribing practitioners can find information on how to submit an exception request by selecting “Forms and Resources.” Exception policies for coverage of non-formulary pharmaceuticals can be found here. Prior authorization resources and prior authorization forms are located within this section too.

## Choosing the right place for care

Whether you need health care right away or just have some questions, you have choices. With the Cooperative you have options when it comes to where you get your care.

### Teladoc HEALTH

**Cost - \$0**

**Appointment Required?** No

**Treatment -** Non-emergent conditions such as cold and flu symptoms, bronchitis, allergies, poison ivy, sinus or ear infections.

**Benefits -** Talk to a doctor anytime, anywhere by phone or video. Get a diagnosis, treatment, and a prescription when needed. Avoid the potential high costs and long wait times of the ER or urgent care clinic.

### CLINIC

**Cost - \$**

**Appointment Required?** Yes

**Treatment -** Immunizations, yearly checkups or physicals, questions or concerns about lingering conditions and symptoms that can likely wait for a scheduled appointment.

**Benefits -** May offer additional services, such as labs. Knows you and your medical history and coordinates all your care.

### URGENT CARE

**Cost - \$\$**

**Appointment Required?** No

**Treatment -** Urgent medical concerns such as broken bones, infection, allergic reaction, or moderate to severe illness.

**Benefits -** Evening and weekend hours, Lab and X-rays, convenient locations.

### EMERGENCY ROOM

**Cost - \$\$\$**

**Appointment Required?** No

**Treatment -** Major injuries, infections, severe sickness, or allergic reaction.

**Benefits -** Access to medical attention for emergent situations.

**Remember to bring your member identification (ID) card to every provider appointment.**

# After you receive care

## Explanation of Benefits

After you receive services from a provider, they will send a claim to the Cooperative. The claim is processed according to your benefit plan. The Cooperative will then send you an explanation of medical benefits (EOB). This is not a bill. This form explains what the Cooperative paid to the provider, and what you the member are responsible for paying. It's good practice to compare your EOB with the provider billing statement. If you have any questions, please call Member Services at (715) 552-4300 or (888) 203-7770 (toll-free) or visit **group-health.com**.

5

Page 1 of 1  
01/01/2024

group health  
**Cooperative**  
of eau claire

P.O. Box 3217  
Eau Claire, WI 54702-3217

1

LAST NAME, FIRST NAME MI  
STREET ADDRESS  
ADDRESS LINE 2  
CITY, STATE ZIP CODE

6

Member ID: xxxxxx  
Member Name: LAST NAME, FIRST NAME MI  
Group & Policy: xxxx xxxx  
Provider Name: QUALITY CLINIC  
Provider Acct#: xxxxxx

7

2

Service Dates	Procedure Description	Charges Submitted	Charges Allowed	Paid by Health Plan	Member Responsibility				
					Co-Payment*	Deductible*	Co-Insurance*	Not Covered*	Notes*
Total of above claims:									
Total Member Responsibility (total amount the provider may request) = \$					8				

\* Please refer to your Schedule of Benefits for more information. You may choose to wait until you receive a statement from your provider before making payment.

Group Health Cooperative of Eau Claire sent a payment to the provider in the amount of \$.

**BENEFIT YEAR SUMMARY - Includes information above plus other claims processed at time of printing.**

Member Responsibility	Individual		Family	
	Amount Met	Annual Maximum	Amount Met	Annual Maximum
Deductible				
Coinsurance				
DME Co-Insurance				

4

Group Health Cooperative of Eau Claire paid \$ for this individual and \$ for this family during this benefit year under this policy.

If you have questions or concerns, please call a Member Services Advocate at (715) 552-4300 or (888) 203-7770.

(715) 552-4300 • (888) 203-7770 • [www.group-health.com](http://www.group-health.com)

**The EOB pictured above is a general example.  
Your EOB may differ slightly, depending on your benefit design.**

Below is an explanation of each section of our Explanation of Benefits (EOB) form.

1. Policyholder's name and address.
2. Description of health care services provided and charges submitted to the Cooperative by your provider.
3. Summary of amounts met toward your annual maximums for the current benefit year. The current benefit year is the benefit year for the service dates listed.
4. Amount the Cooperative has paid for your medical and pharmacy expenses during the current benefit year.
5. Date this statement was created.
6. Name of the member who received health care services.
7. Provider of the health care services.
8. Amount you might owe to your provider, if not already paid.

# Programs to help you

## Population Health Management Programs

The Cooperative offers comprehensive population health management programs for members which include complex case management and disease management. A list of programs and how to enroll can be found on the Cooperative's website at [group-health.com/members/tools-and-resources/health-and-wellness-programs](http://group-health.com/members/tools-and-resources/health-and-wellness-programs).

## Self-Management Tools

Self-Management tools allow you to play a central role in managing your health and give you resources to make behavior changes and improve your well-being. To access these resources please visit [group-health.com/members/tools-and-resources/health-and-wellness-programs](http://group-health.com/members/tools-and-resources/health-and-wellness-programs).

## Words of Wellness Blog

Whether you're just starting your wellness journey, or you're looking for new ideas to shake up your routine, there's something for everyone on Words of Wellness. Our health promotion coaches write weekly blogs about a variety of health-related topics including nutrition, fitness, the latest in healthy tech and much more! Visit [group-health.com/blog](http://group-health.com/blog) to start your wellness journey!



## Journey Discount Program

Our member discount program, Journey, offers a variety of savings on health-related products and services. To find out more, please visit [group-health.com/journey](http://group-health.com/journey).

## Utilization Management Program

Getting the health care you need can be complicated and confusing. The Cooperative's Utilization Management team is here to assist you in getting the right care, at the right place, and the right time. Another primary function of Utilization Management is to coordinate the care you receive if you are hospitalized with a serious illness or accident. The Cooperative's Utilization Management team works closely with your physicians and the hospital staff to ensure that you receive necessary care before, during, and after your hospital stay. To speak with Utilization Management staff, call us at (715) 552-4300 or (888) 203-7770 (toll-free). Our Utilization Management team can also work with you to:

- Review requests for authorization of services submitted by your provider.
- Manage multiple health conditions safely at home and avoid the need for many hospital stays.
- Get the best value from health care services when you need them.



# Programs to help you

## Free\* Telehealth Service

24/7 access to a doctor by phone or video at home, work, or while traveling through Teladoc.

# Save Money. **Feel Better.**



Skip the trip to the ER or urgent care. Save money, time and worry when you use Teladoc Health to talk with a doctor. Our doctors are available 24/7 from wherever you are to treat non-emergency issues.

### WE TREAT

- Sinus infection
- Sore throat
- Upset stomach
- Flu
- Rash
- And more
- Cough
- Allergies

### TALK TO A DOCTOR

 App |  Teladoc.com |  1-800-TELADOC

**Teladoc**  
HEALTH

Download the Teladoc  
Health app today.

Scan to get  
started:



\* High Deductible Health Plans may have cost-sharing. If you have any questions, please call Member Services at (715) 552-4300 or (888) 203-7770 (toll-free).

# Programs to help you

## Advance Directives

You have the right to make decisions about your own health care and medical treatment. However, when you are not able to make those decisions because of sickness or a serious accident, it is important that your doctor, family or anyone who will take care of you knows your ideas and wishes. These wishes can be written in a document called an Advance Directive. An Advance Directive allows you to make your wishes known to your family, friends and doctors while you are still able to do so. It also helps your family carry out your wishes and make important decisions for you. When making an Advance Directive, you should consider the following issues: In Wisconsin, two types of Advance Directives are used: “Power of Attorney for Health Care” and a “Living Will.” The Power of Attorney appoints someone to make health care decisions for you in the event that you are not capable of making them yourself. The Living Will describes your wishes if you are faced with a serious health condition, and you are not able to talk with others around you. You do not have to create or sign an Advance Directive. Your doctor cannot deny treatment, nor can your health plan deny paying claims based on whether you have an Advance Directive. You can change or cancel your Advance Directive at any time, as long as you are able. You can get a copy of an Advance Directive from your doctor or hospital where you receive care. The forms are also available from the Wisconsin Department of Health Services at **[www.dhs.wisconsin.gov/forms/advdirectives/index.htm](http://www.dhs.wisconsin.gov/forms/advdirectives/index.htm)**. You do not need an attorney to complete these forms. If you have questions or would like more information, talk with your doctor or other health care providers. For more information, visit **[group-health.com/members/tools-and-resources/advanced-directives](http://group-health.com/members/tools-and-resources/advanced-directives)**.

# Member rights

## Notice of Privacy Practices

The Cooperative's current Notice of Privacy Practices is distributed to all members at the time of initial enrollment and when updated. A copy of the Notice is available in print version at our administrative offices, on our website and is always available upon request. This Notice describes how we utilize your health information in accordance with Federal and State law as well as describes your rights relative to your health information, including your right to receive a copy of your information and how to file a complaint. Please contact the Cooperative at (715) 552-4300 or (888) 203-7770 (toll-free) to request a copy of this document or to file a complaint.

## Rights & Responsibilities

As a member of the Cooperative, you are entitled to certain rights related to your care and service. You also have a responsibility to participate in your health care. Establishing a good partnership with your provider helps Cooperative staff coordinate appropriate services to optimize the health of our members. Your member rights and responsibilities can be located on our website at **[group-health.com](http://group-health.com)**.

### MEMBER RIGHTS

- A right to receive information about the Cooperative, its services, its practitioners and providers and member rights and responsibilities.
- A right to be treated with respect and recognition of their dignity and their right to privacy.
- A right to participate with practitioners in making decisions about their health care.
- A right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- A right to voice complaints or appeals about the Cooperative or the care it provides.
- A right to make recommendations regarding the Cooperative's member rights and responsibilities policy.

### MEMBER RESPONSIBILITIES

- A responsibility to supply information (to the extent possible) that the Cooperative and its practitioners and providers need in order to provide care.
- A responsibility to follow plans and instructions for care that they have agreed to with their practitioners.
- A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

Group Health Cooperative of Eau Claire complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity).

Group Health Cooperative of Eau Claire provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). We also provide free language services to people whose primary language is not English, including qualified interpreters and information written in other languages. If you need these services, contact Member Services at: (888) 203-7770 (TTY: 711).

---

**English** – ATTENTION: If you speak English, language assistance services are available to you free of charge. Call 1-888-203-7770 (TTY: 711).

**Spanish** – ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-888-203-7770 (TTY: 711).

**Hmong** – CEEB TOOM: Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. Hu 1-888-203-7770 (TTY: 711).

**Chinese Mandarin** – 注意：如果您说中文，您可获得免费的语言协助服务。请致电 1-888-203-7770 (TTY 文字电话: 711)。

**Laotian** – ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-888-203-7770 (TTY: 711).

**Somali** – DIGTOONI: Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa lagu heli karaa iyagoo bilaash ah. Wac 1-888-203-7770 (TTY: 711).

**Serbo-Croatian** – PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1-888-203-7770 (telefon za gluhe: 711).

**Burmese** – ဝေးကွာခြင်းဖြင့် နားဆင် - သတ္တဉ္စ ဂျမန္တစကားဝေဟသူဗုဒ္ဓစွါက၊ သန့်အကြံအစဉ်အခွင့်အလမ်း  
ဘာသာစကားကူညီရေး ဝန်ဆောင်မှုများ ရရှိနိုင်ပါသည်။ 1-888-203-7770 (TTY: 711) ကြွေး ဖုန်းခေါ်ဆိုပါ။

**Arabic** – ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم  
1-888-203-7770 (رقم هاتف الصم والكم 711).

**Vietnamese** – CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-203-7770 (TTY: 711).

**Russian** – ВНИМАНИЕ: Если Вы говорите по-русски, Вам будут бесплатно предоставлены услуги переводчика. Позвоните по номеру: 1-888-203-7770 (TTY: 711).

---

THIS PAGE WAS INTENTIONALLY  
LEFT BLANK.



THIS PAGE WAS INTENTIONALLY  
LEFT BLANK.

THIS PAGE WAS INTENTIONALLY  
LEFT BLANK.

