

All about your
Cooperative
Advantage plan
(HMO D-SNP)



means
more.



You've made a great choice with Group Health Cooperative of Eau Claire (The Cooperative). We can't think of anything more important than your health. So, we built this plan for your unique health care needs. You'll receive all the benefits of your Medicaid plan, all the benefits of Original Medicare along with supplemental benefits. But that's not all — you'll also enjoy the additional support of a dedicated personal Care Team ready to help you understand your benefits and assist you with the right care when you need it. That way, you can focus on the things that are most important to you.

This guide will outline the steps you can take to easily find information about your benefits and access care. The Cooperative Advantage Member Services team can help answer your questions and help you reach your Care Team. We can also mail printed information or send it in another format or language.

1-800-460-4641 (TTY 711)

OCTOBER 1 - MARCH 31	7 DAYS A WEEK	8AM-8PM CST
APRIL 1 - SEPTEMBER 30	MONDAY-FRIDAY	8AM-8PM CST






Or visit [Cooperative-Advantage.com](https://www.Cooperative-Advantage.com)



Get the resources you need to manage your care.

With this plan, you have your own personal Care Team. Your team is a group of nurses, social workers, and care coordinators who want to make it easier for you to manage your health.

Soon, you will get a phone call from a member of your Care Team. In the first call, they will:

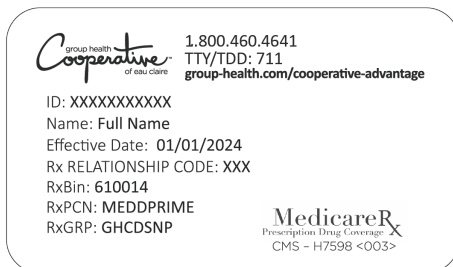
-  **Talk about your plan features and benefits**
-  **Confirm your Primary Care Provider (PCP)**
-  **Discuss setting appointments and how to get ready for them**
-  **Complete a health survey so we can help you meet your health goals**
-  **Tell you about resources**

Your Care Team creates a plan just for you that includes input from you and your PCP. The team will check in to help you stay on track. They can help with things like finding a pharmacy, setting up transportation to and from doctor visits, and connecting you to resources.

Your Care Team will treat you with respect, listen carefully to your concerns, work with your current providers and support team, and make it easier to get the help you need.

You should have received a Cooperative Advantage Member ID Card.

This card should be used instead of your Medicare or FowardHealth ID card. If you don't use this card, you may not receive all the benefits you are entitled to.



group health Cooperative of Eau Claire
1.800.460.4641
TTY/TDD: 711
group-health.com/cooperative-advantage

ID: XXXXXXXXXXXX
Name: Full Name
Effective Date: 01/01/2024
Rx RELATIONSHIP CODE: XXX
RxBin: 610014
RxPCN: MEDDPRIME
RxGRP: GHCD SNP

MedicareRx
Prescription Drug Coverage
CMS - H7598 <003>



MEMBERS
Benefits/Eligibility: 1.800.460.4641 | TTY/TDD: 711
Pharmacy Member Services: 866.220.6512
Nurse Hotline: 1.800.TELADOC

COOPERATIVE ADVANTAGE PROVIDERS
Prior Authorizations/Claims: 888.203.7770
Mail Medical Claims: Cooperative Advantage, P.O. Box 3217,
Eau Claire, WI 54702-3217
EDI Claims: Payor ID 95192
Pharmacy Help Desk: 1.800.935.6103
Delta Dental Service: 866.548.0292
Claims filing address: PO Box 9215 Farmington Hills, MI 48333
Payor ID: WIMAN

Understand your prescription drug coverage (Part D).

How much you pay for your drugs depends on whether you get the drug from an in-network pharmacy. You can fill a prescription at any retail pharmacy that accepts Cooperative Advantage, including major chains. To find a pharmacy visit group-health.com/cooperative-advantage/pharmacy.

Review the Formulary

What you pay for your prescriptions depends on if you qualify for programs that could help reduce your monthly drug premium or co-pay. The Formulary is a list of drugs covered by Cooperative Advantage. Review the Formulary at group-health.com/cooperative-advantage/pharmacy to know which drugs are covered by your plan.

Mail Order Savings





You may be able to order a 90-day supply of your medicine to be delivered to you by mail and shipping is free!

Here is How to Use the Mail Order Pharmacy:

1. Check the Formulary to see if you can order your medication by mail
2. Ask your doctor to prescribe a 90-day supply of your medication
3. When you fill a prescription via mail order for the first time, you must call Pharmacy Member Services at the phone number on the back of your Cooperative Advantage Member ID Card to give permission to set up mail services

Medication Therapy Management (MTM) Program

The Medication Therapy Management (MTM) program is available for members who qualify. It is a free program that helps you get the most benefit from the drugs you take. As part of the MTM program, a pharmacist or other health professional will do a comprehensive review of all your medications. During the review, you:

-  Talk about your medications and any problems or questions you have about your prescription and over-the-counter medications
-  Get a written summary that includes steps you should take to get the best results from your medications
-  Get a medication list that will include all the medications you're taking, how much you take, and when and why you take them
-  You'll also get information on the safe disposal of prescription medications that are controlled substances

To learn more about the MTM Program, including program eligibility criteria, call Member Services at 1-800-460-4641 (TTY 711).




Use your additional benefits.

The Cooperative wants to help you live healthier and stay well. We have you covered with additional vision, hearing and dental benefits. Outlined below are some of the other extra benefits your Cooperative Advantage plan offers. Find more information about your benefits and how to use them in your Evidence of Coverage (EOC) or sign into your online account.

Food allowance for Groceries

For members with certain chronic conditions, your Cooperative Advantage plan offers a \$100 allowance for food each month (allocated on Cooperative Advantage &more Mastercard).

There are three ways to use your food benefit:




-  **In-Store:** Purchase approved grocery items at Kroger and its affiliates including Metro Market, Pick N' Save, and CVS
-  **Online:** Purchase Home Delivered Meals via Mom's Meals at www.momsmeals.com (see detailed instructions in Catalog that accompanied your card)
-  **Food Box Delivery:** Receive \$100 worth of groceries delivered to your door each month

Over-the-Counter (OTC) Benefit Prepaid Card

You'll receive a \$55 pre-paid benefit card in the mail from Cooperative Advantage &more. You can use this card to buy over-the-counter medicine and health-related items. Treat this card like cash!



Your OTC Benefit card can be used three ways to purchase OTC items:

-  **In-Store:** Purchase approved OTC items at Kroger and its affiliates including Metro Market, Pick N' Save, and CVS
-  **Online:** Visit andmorehealth.com and select "Shop Now" (see detailed instructions in Catalog that accompanied your card)
-  **Phone:** Call 1-855-AND-MORE (1-855-263-6673) to place an order for items from the catalog (8AM - 8PM CT, Monday - Friday)

Money will be added to your card at the start of each month. Remember, the money on the card does not roll over to the next month. That means you must use your Food Allowance and OTC benefits by the end of each month to avoid losing any benefits.

Post-Discharge Meals

Members can also receive home-delivered meals from Mom's Meals after a qualifying discharge from the hospital. Meal delivery provides nutritional support following an inpatient stay to assist with the at-home recovery process. This benefit covers up to 28 meals for 14 days after an inpatient stay. Your Care Team will refer qualified members for meal delivery. Call Member Services if you have questions about this benefit or if you would like to be assessed for eligibility for this benefit.

VSP Vision Care

With VSP, you receive one routine eye exam per year and \$500 per year for eyewear (glasses and contact lenses). You can schedule by calling 1-855-492-9028 or online at www.vsp.com.

Hearing Care Solutions

Receive one hearing exam every year and up to \$2,000 for hearing aids, every three years. You can schedule by calling 1-866-344-7756 or online at www.hearingcaresolutions.com.

Dental coverage from Delta Dental of Wisconsin

Cooperative Advantage covers preventive exams, cleanings, X-Rays, and fluoride treatments twice per year. Additionally up to \$1,000 a year for non-routine dental services. To find a provider, visit www.deltadentalwi.com/ma-providers.

Transportation to Medical Appointments

Your Cooperative Advantage plan offers FREE rides to medical appointments. Enjoy 40 one-way trips per calendar year, encompassing taxi, rideshare services, van, and non-emergency transportation options. Rides must be scheduled up to 2 days in advance and you must use Cooperative Advantage's approved vendor, MTM. Talk with a member of your Care Team for more information. To schedule a ride please call 1-888-889-0523 or visit www.memberportal.net.

Free Telehealth Service

24/7 access to a doctor by phone or video at home, work, or while traveling through Teladoc. To get started, visit www.teladoc.com or call 1-800-835-2362.

Fitness at your Fingertips

Your plan provides a membership to FitOn Health, a health and fitness benefit with monthly credits through a nationwide network of fitness centers.

You can use these credits on:

- Monthly gym memberships, fitness classes, and at-home fitness accessories and equipment
- Plus, receive unlimited access to a digital library of at-home workouts, nutrition and meal planning guidance, lifestyle advice, condition management courses, challenges, and more

Any unused credits from the monthly allotment do not carry over to the next month. If you run out of credits you will have the option of purchasing additional credits. Talk to a member of your Care Team or visit www.fitonhealth.com for more details.



Schedule your screenings now.

Your Cooperative Advantage plan covers preventive services and screenings that keep you healthy. Some of these include your annual wellness visit, cancer screenings, diabetes screening, bone density measurement, mammograms, and more. Not sure about what screenings you might need? Talk with a member of your Care Team.

Important Resources

Cooperative Advantage Member Services is here to help!

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Or visit **Cooperative-Advantage.com**

Cooperative Advantage Pharmacy Partner

Express Scripts
866-220-6512

More information about your Cooperative Advantage plan is available

View the following documents on our website—visit Cooperative-Advantage.com and choose Member Resources.

Evidence of Coverage (Your Contract)

Detailed information about what your plan covers, what is not covered, and how to use your benefits.

Provider Directory

The list of the doctors, hospitals, and other health care professionals in the Cooperative Advantage provider network.

Formulary

The list of Medicare Part D prescription drugs covered by your Cooperative Advantage plan.

Pharmacy Directory

The list of network pharmacies where you can fill your prescriptions.

Call the Cooperative Advantage Member Services team

If you have questions about your health plan benefits or covered prescription drugs, or need help finding a network provider or pharmacy, call Cooperative Advantage Member Services at 1-800-460-4641 (TTY 711). Representatives are available seven days a week from 8 am–8 pm CT between October 1 and March 31. From April 1 through September 30, representatives are available Monday through Friday from 8 am–8 pm CT.

If you would like a copy of the documents listed above mailed to you, you may call 1-800-460-4641.

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. 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.

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: 1-800-460-4641 (TTY: 711).

English – ATTENTION: If you speak English, language assistance services are available to you free of charge. Call 1-800-460-4641 (TTY: 711).

Spanish – ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-800-460-4641 (TTY: 711).

Hmong – CEEB TOOM: Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. Hu 1-800-460-4641 (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 1-800-460-4641 (TTY 文字电话: 711).

Laotian – ຫາຍເຫດ: ການສາລາວການສາມາດໃຊ້ການຊ່ວຍເຫຼືອເສຍຄ່າ. ຫ້າມພາສາໄດ້ ໂດຍບໍ່ໃຫ້ 1-800-460-4641 (TTY: 711).

Somali – DIGTOONI: Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa lagu heli karaa iyagoo bilaash ah. Wac 1-800-460-4641 (TTY: 711).

Serbo-Croatian – PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1-800-460-4641 (telefon za gluhe: 711).

Burmese – ဝေဠုက ဝ်းဇ ဝ်းဇု ပီရ် န ဝ်းဆငွါ - သဠုည ဝု မန္တ စက ဝ်းဝေဠုပု ပ သ ဝု ဖစပါက၊ သဠုညအ ကြက အမ ဝု ဖဠုည ဘ သ စက ဝ်းက ညီဝေဠုရ်း ဝနဝေဠုဆ ဝုးမ ဝ်း ရရ ဝ်းနဝ်းဝ်းဝ်းဝ်း။
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Arabic – ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-460-4641 رقم هاتف الصم (والبكم 711).

Vietnamese – CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-460-4641 (TTY: 711).

Russian – ВНИМАНИЕ: Если Вы говорите по-русски, Вам будут бесплатно предоставлены услуги переводчика. Позвоните по номеру: 1-800-460-4641 (TTY: 711).



means
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