



# Welcome!

**Your 2026 State of Wisconsin Group Health Insurance Program Health Plan Guidebook**

**Greater Wisconsin and River Region**





# 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 - Service Area
- 4 - After You Receive Care
- 5 - Programs to Help You
- 6 - 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) 552-7238 or (833) 742-0952 (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) 552-7238 or (833) 742-0952.



# Get Started

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

 <p><b>NAME:</b> Member Name      <b>ID:</b> 00123456789 <b>Effective Date of Coverage:</b> MM/DD/YYYY <b>HMO GROUP:</b> AC00000_00HMO <b>PRIMARY CARE COPAYMENT:</b> \$0.00 <b>ER COPAYMENT:</b> \$60.00 <b>In-Network Deductible:</b> \$250.00/\$500.00 <b>Out-of-Network Deductible:</b> N/A <b>Out-of-Pocket Maximum:</b> \$1250.00/\$2500.00</p> <p>State of Wisconsin Group Health Insurance Program (River Region)</p>	<p><b>Website:</b> group-health.com/members <b>Member Services:</b> 1.833.742.0952 <b>Provider Services:</b> 1.866.563.3020 <b>TTY/TDD:</b> 1.800.947.3529   711 <b>Teladoc :</b> 1.800.835.2362 <b>EDI Claims:</b> Payor ID 95192   <b>Fax Claims:</b> 715.598.7525 <b>Mail Paper Claims:</b> PO Box 3217, Eau Claire, WI 54702-3217 <b>Provider Prior Authorization Fax:</b> Inpatient: 715.852.5755 Outpatient: 715.552.7202</p>
 <p><b>NAME:</b> Member Name      <b>ID:</b> 00123456789 <b>Effective Date of Coverage:</b> MM/DD/YYYY <b>HMO GROUP:</b> AC00000_00HMO <b>PRIMARY CARE COPAYMENT:</b> \$0.00 <b>ER COPAYMENT:</b> \$60.00 <b>In-Network Deductible:</b> \$250.00/\$500.00 <b>Out-of-Network Deductible:</b> N/A <b>Out-of-Pocket Maximum:</b> \$1250.00/\$2500.00</p> <p>State of Wisconsin Group Health Insurance Program (Greater WI)</p>	<p><b>Website:</b> group-health.com/members <b>Member Services:</b> 1.833.742.0952 <b>Provider Services:</b> 1.866.563.3020 <b>TTY/TDD:</b> 1.800.947.3529   711 <b>Teladoc :</b> 1.800.835.2362 <b>EDI Claims:</b> Payor ID 95192   <b>Fax Claims:</b> 715.598.7525 <b>Mail Paper Claims:</b> PO Box 3217, Eau Claire, WI 54702-3217 <b>Provider Prior Authorization Fax:</b> Inpatient: 715.852.5755 Outpatient: 715.552.7202</p>

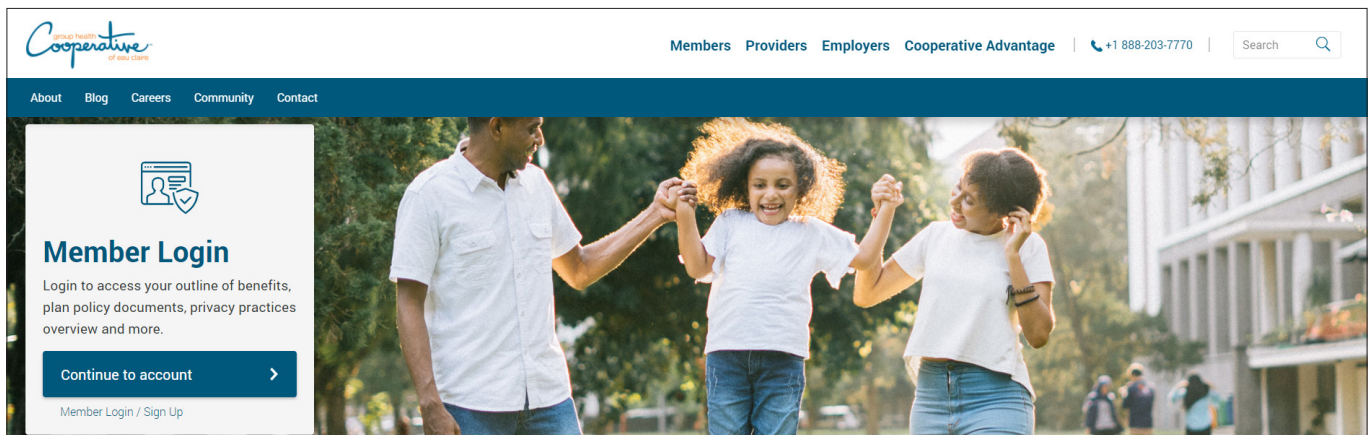
The ID cards pictured above are a general example.  
Your ID card may differ slightly, depending on your benefit design.

## 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, claims, deductibles, Explanation of Benefits (EOB), prior authorizations, and more.
- Find a provider and other helpful in-network resources.
- Complete a Health Risk Assessment.

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) 552-7238 or (833) 742-0952 (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) 552-7238 or (833) 742-0952 (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) 552-7238 or (833) 742-0952 (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) 552-7238 or (833) 742-0952 (toll-free).

# If You Need Care

## Pharmaceutical Management Procedures

### Procedures for drugs you receive through the pharmacy

Pharmacy benefits are managed by a pharmacy benefit manager (PBM) called Navitus. For processes related to these drugs, you will need to follow up with Navitus Customer Care at 844-268-9789.

### Procedures for drugs that are part of the medical benefit

Processes on how we manage drugs covered under the medical benefit (drugs that are not covered through the pharmacy) can be found on our website at [group-health.com/providers/prior-auth-guidelines](https://group-health.com/providers/prior-auth-guidelines).

The processes outlined on the website include:

- Covered drug
- Copayment information
- Drugs that require prior authorization
- Limits on refills, doses or prescriptions
- Use of generic substitution, therapeutic interchange or step-therapy protocols
- Use of generic substitution, therapeutic interchange or step-therapy protocols
- How formulary updates are communicated, and how often, if the organization has scheduled formulary updates

# If You Need Care

## 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<sup>™</sup> 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

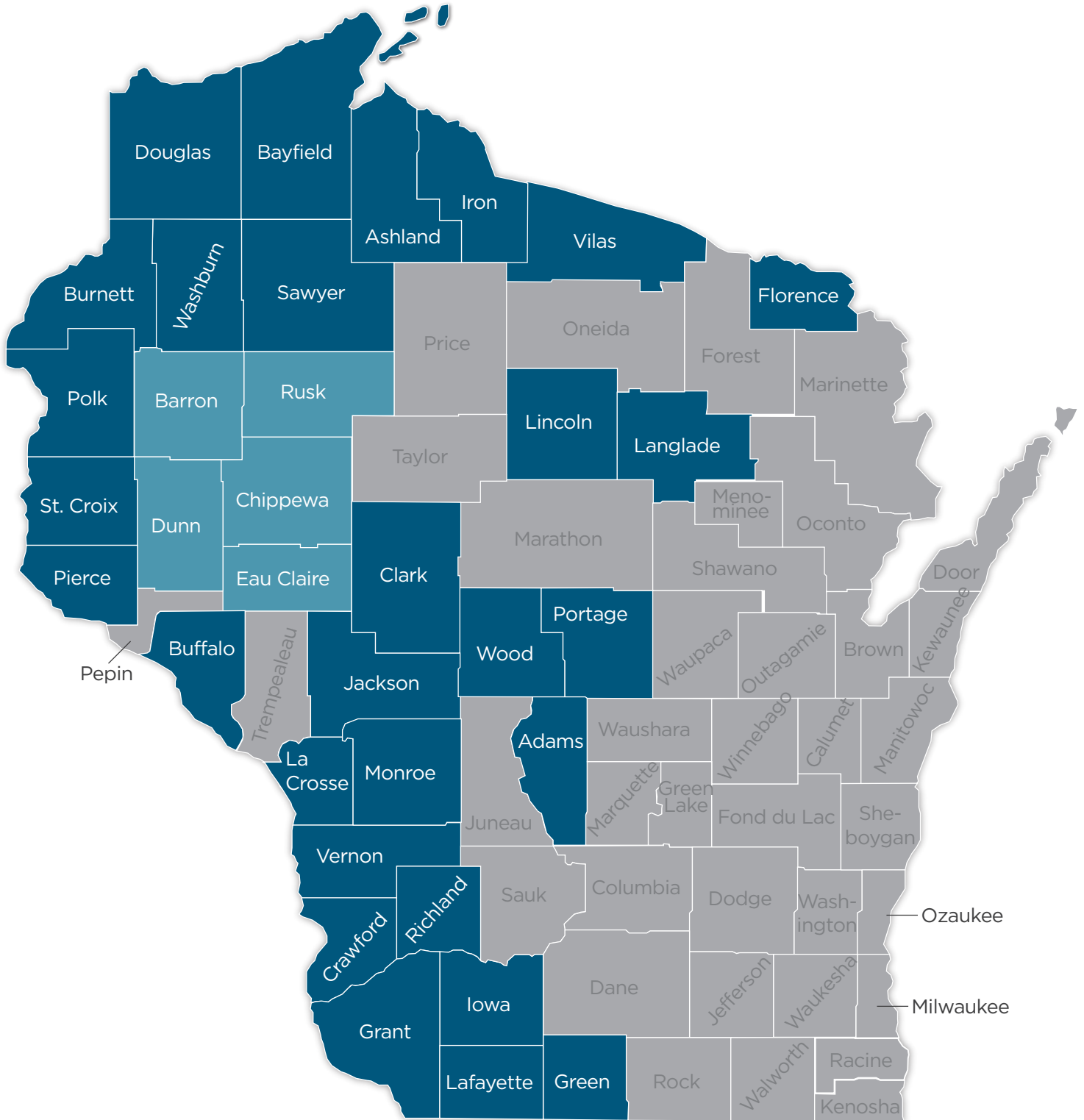
**Treatment -** Major injuries, infections, severe sickness, or allergic reaction.

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

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

# 2026 Service Area

■ Greater Wisconsin ■ River Region




# 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) or view your EOB online at your member portal. 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) 552-7238 or (833) 742-0952 (toll-free) or visit **group-health.com**.



**Member's Explanation of Medical Benefits**  
**THIS IS NOT A BILL**

Keep this for your records.

**5** Page 1 of 1  
01/01/2026

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

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

Member ID: xxxxxx **6**  
Member Name: LAST NAME, FIRST NAME MI  
Group & Policy: xxxx xxxx  
Provider Name: QUALITY CLINIC **7**  
Provider Acct#: xxxxxx

Service Dates	Procedure Description	Charges Submitted	Charges Allowed	Paid by Health Plan	Member Responsibility				
					Co-Payment*	Deductible*	Co-Insurance*	Not Covered*	Notes*
<b>2</b>									
Total of above claims:									
<b>8</b> Total Member Responsibility (total amount the provider may request) = \$ _____									

\* 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 \$\_\_\_\_\_.

**3** **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) 552-7238 or (833) 742-0952.  
(715) 552-7238 • (833) 742-0952 • 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).

## 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) 552-7238 or (833) 742-0952 (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) 552-7238 or (833) 742-0952 (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) 552-7238 or (833) 742-0952 (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**.

### 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.



# Notice of Non-Discrimination and Availability of Language Assistance Services and Auxiliary Aids and Services

## Discrimination is Against the Law

Group Health Cooperative of Eau Claire complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people less favorably on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes).

Group Health Cooperative of Eau Claire provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Group Health Cooperative of Eau Claire provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters
- Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator: 1-833-742-0952 (TTY: 711). If you believe that Group Health Cooperative of Eau Claire has failed to provide these services or discriminated in another way on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes), you can file a grievance with our Civil Rights Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our 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.

<p><b>Civil Rights Coordinator</b>          PO Box 3217          Eau Claire, WI 54702-3217          Phone: 1-833-742-0952 (TTY: 711)          Fax: 715-852-5739          Email: <a href="mailto:humanresources@group-health.com">humanresources@group-health.com</a></p>	<p><b>U.S. Department of Health and Human Services</b>          200 Independence Avenue, SW          Room 509F, HHH Building          Washington, D.C. 20201          Phone: 1-800-368-1019 (TDD: 800-537-7697)          Complaint forms are available at:  <a href="http://www.hhs.gov/ocr/office/file/index.html">http://www.hhs.gov/ocr/office/file/index.html</a></p>
--	---

This notice is available at Group Health Cooperative of Eau Claire’s website: [www.group-health.com](http://www.group-health.com).

## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (§ 92.11)

<p><b>English:</b> ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-833-742-0952 (TTY: 711) or speak to your provider.</p>	<p><b>Vietnamese:</b> Việt – LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-833-742-0952 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.</p>
<p><b>Spanish:</b> Español – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. llame al 1-833-742-0952 (TTY: 711) o hable con su proveedor.</p>	<p><b>Arabic:</b> اللغة الإنجليزية: تنبيه: إذا كنت تتحدث الإنجليزية ، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مجانا مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها. اتصل بالرقم 1-833-742-0952 (الهاتف النصي: 711) أو تحدث إلى مزودك.</p>
<p><b>Hmong:</b> Lus Hmoob – LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-833-742-0952 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.</p>	<p><b>French:</b> Français – ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement Appelez le 1-833-742-0952 (TTY: 711) ou parlez à votre fournisseur.</p>
<p><b>Somali:</b> Soomaali – FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-833-742-0952 (TTY: 711) ama la hadal bixiyahaag.</p>	<p><b>Tagalog:</b> Tagalog – PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-833-742-0952 (TTY: 711) o makipag-usap sa iyong provider.</p>
<p><b>Laotian:</b> ລາວ – ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-833-742-0952 (TTY: 711) ຫຼືເວົ້າກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.</p>	<p><b>German:</b> Deutsch – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-833-742-0952 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.</p>
<p><b>Burmese:</b> မြန်မာ - သတိပြုရန်- သင်က မြန်မာဘာသာစကား ပြောဆိုပါက၊ အခမဲ့ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများကို ရရှိနိုင်ပါသည်။ အသုံးပြုနိုင်သော ဖော်မတ်များဖြင့် အချက်အလက်များ ဖော်ပြပေးရန် သင့်လျော်သော အရန်အကူအညီများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့ ရရှိနိုင်ပါသည်။ 1-833-742-0952 (TTY: 711) သို့ဖုန်းခေါ်ပါ သို့မဟုတ် သင်၏ ဆောင်ရွက်ပေးသူနှင့် စကားပြောပါ။”.</p>	<p><b>Pennsylvanian Dutch:</b> Pennsylvanisches Niederländisch: ACHTUNG: Wenn Sie Englisch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-833-742-0952 (TTY: 711) an oder sprechen Sie mit Ihrem Anbieter.</p>
<p><b>Russian:</b> РУССКИЙ – ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по представлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-833-742-0952 (TTY: 711) или обратитесь к своему поставщику услуг.</p>	<p><b>Hindi:</b> हिंदी: ध्यान दें: यदि आप अंग्रेज़ी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक उपकरण और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1 833 742 0952 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।</p>
<p><b>Chinese Mandarin:</b> 中文 – 注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電1-833-742-0952 (TTY: 711) 或與您的提供者討論。】.</p>	<p><b>Polish:</b> POLSKI: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowo pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-833-742-0952 (TTY: 711) lub porozmawiaj ze swoim dostawcą”.</p>
<p><b>Korean:</b> 한국어– 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-833-742-0952 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.</p>	<p><b>Albanian:</b> SHQIP – VINI RE: Nëse flisni [shqip], shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-833-742-0952 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.</p>



## Notice of Privacy Practices

Effective Date of this notice: April 1, 2013

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

### PRIVACY RESPONSIBILITY.

This Notice describes how we may collect, use and disclose your protected health information and your rights concerning your protected health information. "Protected health information" is information about you, including demographic information collected from you, that can reasonably be used to identify you and that relates to your past, present, or future physical condition, the provision of health care to you or the payment for that care.

Protected health information in this Notice includes information about you that appears on enrollment applications, claims, prior authorization requests, referral requests to medical providers, surveys, health care treatment, services and prescriptions, health care encounter data, service requests, payment information, appeal and grievance information, and other records received in writing, in person, by telephone, or electronically (such as your name, address, telephone number, and other demographic data.)

### OUR PRIVACY RESPONSIBILITIES INCLUDE:

- Protecting the privacy of any protected health information created or received about you and notifying you if there is a breach of your unsecured protected health information.
- Providing you with this Notice that indicates Group Health Cooperative of Eau Claire's privacy policies and our legal obligations regarding those policies.
- Using and sharing protected health information as outlined in this Notice.
- Notifying you when information within this Notice changes.

### USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION.

Uses and Disclosures for Payment, Health Care Operations and Treatment. We use and disclose protected health information in several different ways in connection with the payment of your health care, our health care operations, and your treatment. The following are only a few examples of the types of uses and disclosures of your protected health information that we are permitted to make without your authorization.

**Payment:** We will use and disclose your protected health information: to administer your health benefits policy or contract, which may involve the determination of eligibility; claims payment; utilization review and management; medical necessity review; coordination of care, benefits and other services; and responding to complaints, appeals and external review requests. Protected health information may also be shared with government programs such as Worker's Compensation, Medicaid, Medicare as well as for coordination of benefits with other insurance companies in order to administer your benefits and issue or review payments.

**Health Care Operations:** Protected health information may be used or disclosed in order to perform necessary business activities in relation to your benefits and services received. These activities include: quality and cost improvement functions such as conducting and arranging medical reviews and accreditation by independent organizations such as the National Committee for Quality Assurance and the Accreditation Association for Ambulatory Health Care, quality improvement surveys and studies, performance measurement and outcomes assessments, health claims analysis and health services research, operation of preventive health, early detection and disease and case management and coordination of care programs, including information about treatment alternatives, therapies, health care providers, settings of care or other health-related services; underwriting and ratemaking and administration of reinsurance, stop loss and excess of loss policies; transfer of policies or contracts, risk management, and audit services; quality of care case review, peer review and credentialing of providers; data and information systems management; customer service; administrative management; and general administration of your benefits.

**Treatment:** Protected health information may be used or disclosed in order to make sure that you are receiving the medical treatment and services needed, in accordance with your policy benefits. We may disclose your protected health information to health care providers (doctors, dentists, chiropractors, pharmacies, hospitals, and other caregivers) who request it in connection with your medical treatment. We may also disclose your protected health information to health care providers in connection with preventive health, early detection and disease and case management programs.

In connection with foregoing activities, we may collect the following types of information about you:

- Information we receive directly or indirectly from you or your employer, benefits plan sponsor or one of its business associates through applications, surveys, or other forms (e.g., name, address, social security number, date of birth, marital status, dependent information, employment information and medical history).
- Information about your relationships and transactions with us and others (e.g., health care claims and encounters, medical history, eligibility information, payment information and appeal and grievance information).

**Affiliates and Business Associates.** We may share your protected health information with affiliates and third-party business associates that perform various activities for us or on our behalf. Whenever such arrangement involves the use or disclosure of your protected health information, we will have a written contract that contains terms designed to protect the privacy of your protected health information in accordance with applicable Federal and State law. We may also contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Plan Administrative Functions.** We may disclose protected health information to the plan sponsor to permit the plan sponsor to perform administrative functions. Please see your plan sponsor for a full explanation of the limited uses and disclosures that the plan sponsor may make of your protected health information in providing plan administrative functions for your group health plan.

**Genetic Information and Underwriting Activities.** Group Health Cooperative of Eau Claire is prohibited from using or disclosing genetic information for underwriting purposes, including determination of benefit eligibility. If we obtain any protected health information for underwriting purposes and the policy or contract of health insurance or health benefits is not issued by us, we will not use or disclose that protected health information for any other purpose, except as required by law.

**Use and Disclosure After Disenrollment.** We do not immediately destroy protected health information when individuals terminate their coverage with us. The information is necessary and used for many of the purposes described above, even after an individual leaves a plan, and is in many cases subject to legal retention requirements. However, the policies and procedures that protect this information against inappropriate use and disclosure apply regardless of the enrollment status of any member, subject to applicable law.

**Applicability of More Stringent State Law.** Some of the uses and disclosures described in this notice may be limited in certain cases by applicable State laws that are more stringent than Federal laws, including disclosures related to mental health and substance abuse, developmental disability, alcohol and other drug abuse (AODA), and HIV testing.

### OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION.

We may use or disclose your protected health information in the following additional situations without your authorization:

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, or any other person that you identify, the protected health information directly relevant to that person's involvement in your health care or payment for health care. If you are present for such a disclosure, we will either seek your verbal agreement to the disclosure or provide you an opportunity to object to it. We may also make such disclosures to the persons described above in situations where you are not present or you are unable to agree or object to the disclosure, if we determine that the disclosure is in your best interest. We may also disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Unless we are given an alternative address, we will mail explanations of benefits forms and other mailings containing protected health information to you at the address that we have on record for the subscriber of the policy.

**Informing You:** Your protected health information may be used to let you know about health and wellness services that are offered by the health plan. This may include contacting you for appointment reminders, follow-up care surveys, informing you of treatment alternatives or providing you with information about health-related benefits and services offered by Group Health Cooperative of Eau Claire or its providers or affiliates, subject to the other limitations in this Notice.

**As Required by Law:** Your protected health information may be used or disclosed to the extent that we are required to do so by law.

**Legal Proceedings:** We may disclose your protected health information in the course of any legal proceeding, in response to an order of a court or administrative tribunal and, in certain cases, in response to a subpoena, discovery request or other lawful processes.

**Law Enforcement:** We may disclose your protected health information under limited circumstances to law enforcement officials. For example, disclosures may be made in response to a warrant or subpoena or for the purpose of identifying or locating a suspect, witness or missing persons, or to provide information concerning victims of crimes.

This Notice is being directed to all members of Group Health Cooperative of Eau Claire.

**Public Health:** Your protected health information may be reported to a public health agency to help prevent or control disease, injury, disability, infection exposure, child abuse, or family violence. In addition, disclosures may be made as required to the Food and Drug Administration to report adverse events or product defects, track products, enable product recalls, make repairs or replacements, or conduct product surveillance.

**Abuse or Neglect:** We may make disclosures to government authorities concerning actual, alleged, or suspected abuse, neglect or domestic violence, in accordance with applicable law.

**Health Oversight Activities:** Your protected health information may be used by or disclosed to a governmental agency authorized to oversee the health care system or government programs or its contractors. Examples include: licensing and inspecting of medical facilities and audits or other proceedings related to the oversight of the health care system.

**Coroners, Medical Examiners, or Funeral Directors:** Protected health information may be used or disclosed to a medical examiner, coroner, or funeral director as needed to carry out duties authorized by law. For example, medical information may be necessary to identify a deceased person.

**For Organ Donations:** If you are an organ donor, information may be given to the organization that locates organs for the purpose of an organ transplantation or donation.

**Worker's Compensation:** Your protected health information may be used or disclosed to the extent required by worker's compensation laws.

**Public Safety:** Your protected health information may be used or disclosed in order to prevent or lessen a serious threat to your health or safety, to another person, or the general public.

**Military Activity and National Security:** If you are a veteran, your protected health information may be used or disclosed as required by veteran administration authorities. It also may be disclosed to Armed Forces personnel under certain circumstances and to authorized federal officials for the conduct of national security and intelligence activities.

**Court Orders/Correctional Institutions:** Your protected health information may be disclosed to comply with court orders and other hearings. If you are an inmate in a correctional facility, your information may be disclosed for the provision of health care to you or the health and safety of you or others.

#### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITH YOUR AUTHORIZATION.

Your authorization is necessary to allow us to use or disclose your protected health information for certain marketing activities, including Treatment or Health Care Operations communications where we receive financial remuneration from a third party to communicate this information to you. Your authorization is also necessary for us to sell your protected health information. Finally, your authorization is necessary for most uses and disclosures of psychotherapy notes. Other uses and disclosures of protected health information will be made only with your written authorization, unless otherwise permitted or required by law.

You may revoke your authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization. Please refer to the Contact Information box for the telephone number and address for this request.

#### YOUR PROTECTED HEALTH INFORMATION PRIVACY RIGHTS.

The following are additional rights you have in relation to your protected health information:

**Right to Review or Copy Your Protected Health Information:** You have the right to review or copy records used to make decisions about your health plan services. This right to review and/or copy does not include information needed for civil, criminal, administrative actions and proceedings, or psychotherapy notes. We may ask that your request be in writing and to provide us with the specific information we need to fulfill your request. A fee will be charged to cover certain actual costs in relation to your request, and you may request your information in electronic format. Please refer to the Contact Information box for the telephone number and address for this request.

**Right to Correct Information You Believe to be Incorrect or Incomplete:** You have the right to ask us to amend enrollment, claim, or other records. All requests for amendments must be in writing. In certain cases, we may deny your request, as we may not have created the original information. All denials will be made in writing and will indicate how you can respond if you disagree. Please refer to the Contact Information box for the telephone number and address for this request.

**Right to Request a List of Who Was Given Your Information and Why:** You have the right to have us provide you with a list of times when we have disclosed your protected health information for any purpose other than treatment, payment, or health care operations, national security purposes, or for any listing already provided to you. All requests must be in writing. We will require you to provide us with the specific information we need to fulfill your request, with specific dates required. This requirement applies for six years from the date of the disclosure, beginning with dates after April 14, 2003. If you request a list more than once in a 12-month period, we may charge you certain actual costs in relation to your request. Please refer to the Contact Information box for the telephone number and address for this request.

**Right to Request Restrictions:** You have the right to request restrictions on the way we use or disclose your protected health information for treatment, payment, or health care operations; however, we are not required to agree to these restrictions. All requests must be made in writing. Please refer to the Contact Information box for the telephone number and address for this request.

**Right to Confidential Communications:** You have the right to reasonable requests to communicate with you about your protected health information by alternative means or to alternative locations. Your request will be evaluated and you will be notified if it can be done. All requests must be made in writing. Please refer to the Contact Information box for the telephone number and address for this request.

**Right to Contact Information:** You may exercise any of the rights described above by contacting Group Health Cooperative of Eau Claire. All requests must be made in writing. Please refer to the Contact Information box for the telephone number and address for this request.

#### Redisclosure Notice

Once your PHI is disclosed to another party, it may no longer be protected under HIPAA and could be subject to redisclosure by the recipient.

#### CHANGES TO PRIVACY PRACTICES.

This notice may be changed or amended at any time. The changes are effective for all protected health information that we maintain. Group Health Cooperative of Eau Claire will redistribute a new Notice of Privacy Practices whenever policy changes are made.

#### ADDITIONAL INFORMATION.

If you have any questions about this notice or would like an additional copy of this notice, please refer to the Contact Information box for the telephone number and address for this request.

#### COMPLAINTS.

If you are concerned about this Notice of Privacy Practices or if you believe that your privacy rights may have been violated, please forward your written complaint to the address listed within the Contact Information box.

You also have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services. If you have questions about the complaint process, please refer to the Contact Information box for the telephone number and address.

You will not lose benefits or eligibility for filing a complaint or a grievance regarding your privacy rights.

#### Contact Information

For all above indicated requests, please contact Group Health Cooperative of Eau Claire at (833) 742-0952.

Or you may write to the following:

Group Health Cooperative of Eau Claire  
Attn: Compliance Officer  
PO Box 3217, Eau Claire, WI 54702-3217

THIS PAGE WAS INTENTIONALLY  
LEFT BLANK.

THIS PAGE WAS INTENTIONALLY  
LEFT BLANK.

