

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 how to 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 making 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 Card. You should continue to provide your Forward Health ID card to your providers, too.

 1.800.460.4641
TTY/TDD: 711
group-health.com/cooperative-advantage

ID: XXXXXXXXXX
Name: Full Name
Effective Date: 01/01/2024
Rx Relationship Code: XXXXXXXXX
RxBin: 610014
RxPCN: MEDDPRIME
RxGRP: GHCDSP


Prescription Drug Coverage
CMS - H7598 <003>

MEMBERS

Benefits/Eligibility: 1.800.460.4641 | TTY/TDD: 711
Pharmacy Member Services: 1.866.220.6512
Nurse Hotline: 1.800.TELADOC

COOPERATIVE ADVANTAGE PROVIDERS

Prior Authorizations/Claims: 1.866.563.3020
EDI Claims: Payor ID 95192 | Fax Claims: 715.598.7525
Mail Paper Claims: Cooperative Advantage, P.O. Box 3217,
Eau Claire, WI 54702-3217
Pharmacy Help Desk: 1.800.935.6103
Delta Dental: 1.866.548.0292
VSP Vision Care: 1.800.615.1883

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 \$125 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 Walgreens, CVS, Walmart, Hy-Vee, Kroger and its affiliates including Metro Market and Pick N' Save
-  **Online:** Purchase Home Delivered Meals via Mom's Meals (refer to the detailed instructions in the 'Easy Guide to Ordering Your Groceries' included in your Welcome Packet)
-  **Food Box Delivery:** Receive groceries delivered to your door each month via Mom's Meals

Over-the-Counter (OTC) Benefit Prepaid Card

You'll receive a \$70 monthly allowance, allocated onto your Cooperative Advantage &more Mastercard. 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 Walgreens, CVS (excludes CVS located inside Target), Walmart, Hy-Vee, Kroger and its affiliates including Metro Market and Pick N' Save
-  **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. For coverage verification, your provider can reach VSP directly at 1-800-615-1883.

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 HCS directly at 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 transportation. 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 have your Cooperative Advantage member ID number ready and 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, giving you access to an extensive digital library of health and fitness resources, along with monthly credits redeemable at participating 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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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. If you would like a copy of the documents listed above mailed to you at no cost, you may call 1-800-460-4641.

Evidence of Coverage

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.

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 8AM–8PM CT between October 1 and March 31. From April 1 through September 30, representatives are available Monday through Friday from 8AM–8PM CT.

Cooperative Advantage’s Enrollee Advisory Committee

The Cooperative welcomes members of our Medicare Advantage – DSNP plan to join our Enrollee Advisory Committee. This is your chance to share your experiences, connect with our staff, and help us make the DSNP plan even better for everyone.

The Enrollee Advisory Committee brings together enrolled members to provide input on key topics, including (but not limited to):

1. Ways to improve access to covered services
2. Coordination of services
3. Health equity for underserved populations
4. Quality initiatives of the Quality Improvement Program

If you’re a member of our Medicare Advantage—DSNP plan and interested in participating in this conversation, please contact Member Services at 1-800-460-4641 (TTY 711). We look forward to hearing from 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. 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.



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

<p>English: 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 1-800-460-4641 (TTY: 711) or speak to your provider.</p>	<p>Vietnamese: 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 1-800-460-4641 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.</p>
<p>Spanish: 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 1-800-460-4641 (TTY: 711) o hable con su proveedor.</p>	<p>Arabic: اللغة الإنجليزية: تنبيه: إذا كنت تتحدث الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مجاناً مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال بسيطة الوصول إليها. اتصل بالرقم 1-800-460-800-1 (الهاتف النصي: 711) أو تحدث إلى مزودك.</p>
<p>Hmong: 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 1-800-460-4641 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.</p>	<p>French: 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 1-800-460-4641 (TTY: 711) ou parlez à votre fournisseur.</p>
<p>Somali: 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 1-800-460-4641 (TTY: 711) ama la hadal bixiyahaag.</p>	<p>Tagalog: 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 serbisyong upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-460-4641 (TTY: 711) o makipag-usap sa iyong provider.</p>
<p>Laotian: ລາວ – ຕື່ມລາວ : ຖ້າ ທ່ານ ຈຳ ພາ ລາວ , ຈະ ມີ ບໍລິ ການ ຊ່ ອຍ ດ່ າ ພາ ສາ ດ ຕ ບ ບ ນ ສ ອ ສ ອ ຸ າ ທີ່ ທ່ າ ນ . ມີ ຕື່ ມ ອ ງ ຊ່ ອ ຍ ດ ຕ ບ ບ ນ ການ ບໍ ລິ ການ ດ ຕ ບ ບ ນ ສ ອ ສ ອ ຸ າ ທີ່ ໝາຍ ສ ມ ຕ ບ ນ ອ ື ທີ່ ຂໍ ມ າ ນ ໃ ນ ຮ ູ ດ ຕ ບ ບ ນ ທີ່ ສາ ມາ ດ ຕ ື ຂ າ ຕ ັ ງ ງ ັ ດ . ໃ ທ ຫ າ ຕ ບ ື 1-800-460-4641 (TTY: 711) ຫຼື ຕົວ ກ ັ ບ ັ ທ ື ທີ່ ບໍ ລິ ການ ຂ ອ ງ ທ່ າ ນ .</p>	<p>German: 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 1-800-460-4641 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.</p>
<p>Burmese: မြန်မာ - သတိပြုရန်- သင်က မြန်မာဘာသာစကား ပြောဆိုပါက၊ အခမဲ့ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများကို ရှိပါသည်။ အသုံးပြုနိုင်သော ဖော်မတ်များဖြင့် အချက်အလက်များ ဖော်ပြပေးရန် သင့်လျော်သော အရန်အကူအညီများနှင့် ဝန်ဆောင်မှု များကိုလည်း အခမဲ့ ရရှိပါသည်။ 1-800-460-4641 (TTY: 711) သို့ ဖုန်းအမှတ် သင်၏ ဆောင်ရွက်ပေးသူ ငှ် စကားပြောပါ။”</p>	<p>Pennsylvanian Dutch: 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 1-800-460-4641 (TTY: 711) an oder sprechen Sie mit Ihrem Anbieter.</p>
<p>Russian: РУССКИЙ – ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-460-4641 (TTY: 711) или обратитесь к своему поставщику услуг.</p>	<p>Hindi: हंद : ध्यान दें: य द आप अंग्रेज़ी बोलते हैं, तो आपके लए नशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लए उपयुक्त उपकरण और सेवाएँ भी नशुल्क उपलब्ध हैं। 1-800-460-4641 (TTY: 711) पर कॉल करेया अपने प्रदाता से बात करें।</p>
<p>Chinese Mandarin: 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1-800-460-4641 (TTY: 711) 或與您的提供者討論。」</p>	<p>Polish: POLSKI: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-460-4641 (TTY: 711) lub porozmawiaj ze swoim dostawcą”.</p>
<p>Korean: 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. 1-800-460-4641 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.</p>	<p>Albanian: SHQIP – VINI RE: Nëse flisni [shqip], shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndhima të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-800-460-4641 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.</p>



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