MEDICARE ADVANTAGE HMO

GroupHealth®

GROUP HEALTH COOPERATIVE

Getting the care you need

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Deciding on a health plan raises lots of questions. Can I choose my own doctors? Will I find doctors who are conveniently located? Is it easy to get my medications and access specialty care? The information in this booklet will answer those questions and explain the many services that are available to you as a Group Health Medicare Advantage HMO member.

Here are some of the highlights of our plans:

- Your choice of doctors who practice at Group Health Medical Centers, or any other in-network providers in our service area.
- Access to a network of participating medical clinics and hospitals.
- Group Health Medical Centers pharmacies and other in-network pharmacies to fill your prescriptions (if your plan includes Part D prescription drug coverage; the Basic plan does not).
- Dental care from Delta Dental of Washington providers (if you elect dental coverage).
- A fitness program to help you stay healthy, and many other perks.

If you have questions after reading this booklet, please contact us.

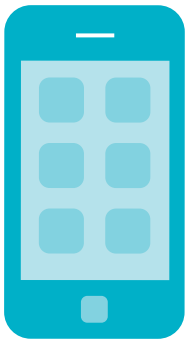
Sales: **1-800-446-8882**

Customer Service:
1-888-901-4600

TTY WA Relay:
1-800-833-6388 or **711**

Monday–Friday, 8 a.m.–8 p.m.
Extended hours Oct. 1–Feb. 14
8 a.m.–8 p.m., 7 days a week

medicare.ghc.org



THE NETWORK

Our Medicare Advantage HMO plans provide access to your choice of doctors among two groups of practitioners who all accept Medicare patients.

Group Health Medical Centers

More than a thousand personal doctors and specialists who practice at 25 Group Health Medical Centers locations across Washington state. These award-winning practitioners* aren't available with any other health plan carrier.

Other providers

Thousands of additional in-network community providers who meet our high standards for care are available to provide primary care, specialty care, and alternative care throughout Washington state. Some providers require prior authorization.

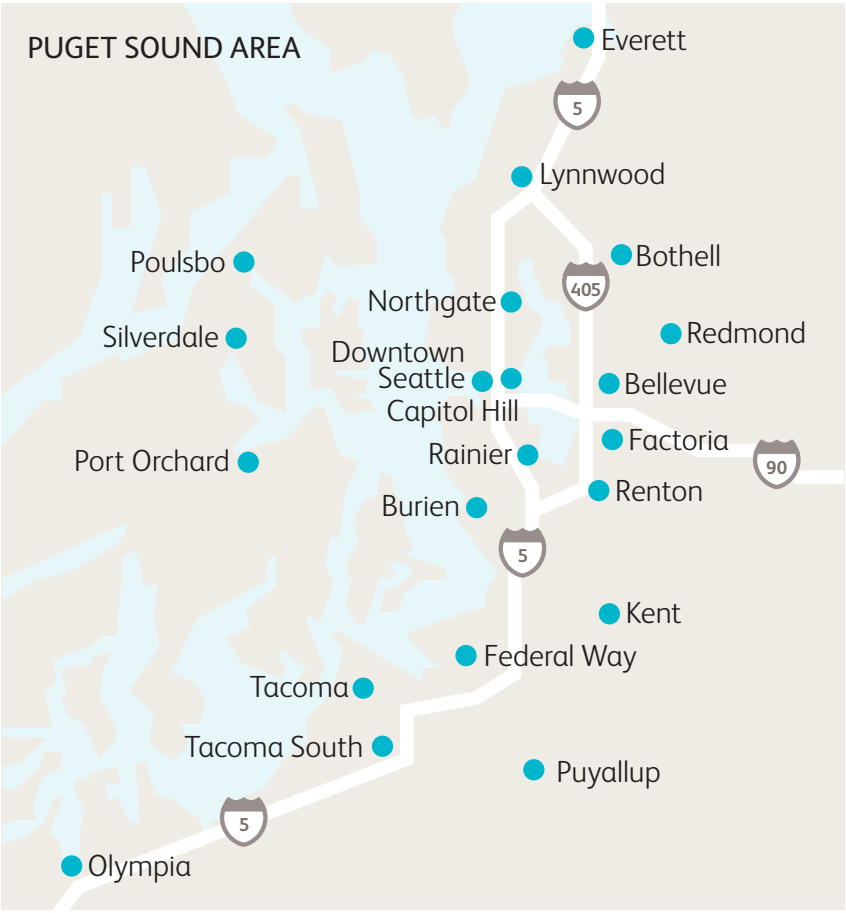
You will find a directory of all providers online at **medicare.ghc.org.**

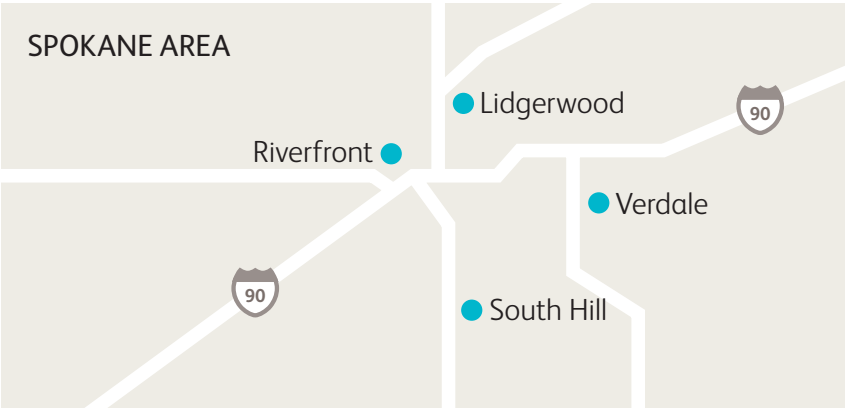
*2010 American Medical Group Association (AMGA) Acclaim Award

LOCATIONS

Here are the places where you'll find facilities and providers that are part of our Medicare Advantage HMO network.

Group Health Medical Centers locations (featuring care from Group Health doctors)





Locations where you'll find other in-network doctors:

Anacortes
Arlington
Bellingham
Blaine
Burlington
Camano Island
Centralia
Chattaroy
Cheney
Coupeville
Darrington
Deer Park
Eastsound
Everett
Everson
Ferndale
Freeland
Friday Harbor
Gig Harbor
Granite Falls
La Conner
Liberty Lake
Lopez Island
Lynden
Lynnwood
Medical Lake
Mount Vernon
Nine Mile Falls
Oak Harbor
Point Roberts
Poulsbo
Sammamish
Sedro Woolley
Shelton
Spokane
Spokane Valley
Stanwood
Sumas
Vashon

OFFICE VISIT COPAYMENTS

Medicare Advantage HMO plans are designed so that there are lower copayments for the types of care that are used most often. The lists below show which types of care you'll pay a lower primary care copay for, and which you'll pay a higher specialty care copay for—regardless of where you get your care within the HMO network.

You may be able to self-refer for some specialty care. However, your primary care doctor may need to get prior authorization from Group Health for some referrals to specialists, services, and supplies.

Lower copays

- Audiology
- Chiropractic
- Family medicine
- Internal medicine
- Obstetrics and gynecology
- Optometry
- Osteopathy

Higher copays

- Allergy and immunology
- Anesthesiology
- Cardiology (cardiovascular disease)
- Chemical dependency/ substance abuse
- Dermatology
- Endocrinology
- Gastroenterology
- Hematology
- Infectious disease
- Mental health services
- Nephrology
- Neurology
- Nutritional therapy
- Occupational therapy
- Oncology
- Ophthalmology
- Orthopedics
- Otolaryngology (ear, nose, and throat)
- Physical therapy
- Physiatry (physical medicine and rehabilitation)
- Podiatry
- Pulmonary medicine/disease
- Radiology (nuclear medicine, radiation therapy)
- Respiratory therapy
- Rheumatology
- Speech, language, and learning services
- Sports medicine
- General surgery (all specific surgical specialties)
- Urology

PRESCRIPTIONS

Most of our Medicare Advantage HMO plans include Part D prescription drug coverage. The Basic plan does not. For specifics about what coverage is included in each plan, see the Summary of Benefits booklet in your information packet.

About Part D

What's covered?
Most of our Medicare Advantage plans have Part D prescription drug coverage, which means you're covered for outpatient prescription drugs. You may also have coverage for outpatient prescription drugs if you have coverage through a plan offered by your employer (a "group plan").

What's not covered?

- Nonprescription or over-the-counter medicines
- Cosmetic or hair-growth medicines
- Drugs for weight loss or gain
- Drugs for symptomatic relief of coughs and colds
- Prescription vitamins and minerals
- Sexual or erectile dysfunction drugs
- Drugs used to promote fertility
- Drugs that Medicare will not cover. (Members must pay the full cost of these drugs. Contact Group Health Customer Service for additional information.)

Getting prescriptions filled

Where can I get my prescriptions filled?
Prescriptions can be filled at any Group Health Medical Centers pharmacy or any other in-network pharmacy, or through mail order. You can find a list by going online to **medicare.ghc.org** and selecting "Prescription Drugs."

How many days' supply can I order?
You can order a 30-day to 90-day supply at one time, depending on the type of medication, at Group Health Medical Centers pharmacies and in-network pharmacies. If your doctor prescribes less than a full month's supply, you may pay less than the cost of an entire month's supply. Only drugs on the maintenance list can be potentially filled for 90 days. (For more details, see "Keeping drugs safe, effective, and affordable.")

Do you have a home-delivery service?

Yes. Order refills online or by phone, fax, or mail. Refills are delivered by regular mail anywhere in the U.S. with no shipping charge. On average, refills arrive within 3–5 days, but please allow up to 10 business days. Call Group Health Pharmacy Services at **206-901-4444** or **1-800-245-7979** for mail-order pharmacy questions.

Who can use the refill ordering service?
All members are eligible for this convenient service. However, to use the Group Health refill service, your prescription must first be in the Group Health Mail-Order Pharmacy system.

How easy is it to transfer my prescriptions to Group Health's Mail-Order Pharmacy?
Very easy. There are three ways to do it:

1. Visit **medicare.ghc.org** and select "Prescription Drugs." Print and fill out the "Transfer Prescription" form and fax or mail it to our Mail-Order Pharmacy. Or have your prescriber fax it to us.
2. Call Group Health Pharmacy Services at **206-901-4444** or **1-800-245-7979.** Give them the name and phone number of the pharmacy currently filling your prescriptions, and the names of your medications.
3. Bring your prescription to any Group Health Medical Centers pharmacy.

Can I still use the Group Health mail-order service even if an out-of-network provider wrote my prescription?
Yes. Just have the doctor's office call in or mail your new prescription to Group Health Pharmacy Services.

Keeping drugs safe, effective, and affordable

What is a maintenance list?
A maintenance list includes medications that are taken regularly for a chronic condition. They do not raise significant concerns related to potential misuse, safety, or toxicity, and do not require frequent monitoring or dosing changes.

What are quantity limits?
For some medications there is a limit on the amount of drug covered over a certain amount of time to ensure the highest level of patient safety. These limits are generally based on FDA-approved dosing and usage guidelines.

What is a drug formulary?
A drug formulary is a list of covered medications that helps you get equally effective drugs while reducing costs. It is used as a guideline and does not dictate what your physician can or cannot prescribe, although you or your provider may need to obtain prior authorization from Group Health before some drugs are covered. The degree of coverage depends on your plan's drug benefit; your plan's cost shares may apply.

Our Medicare Advantage formulary includes both generic and brand-name drugs and all Medicare Part D allowable prescription drugs. It doesn't include any drugs that Medicare doesn't cover. Obtain a copy of the formulary by calling Customer Service, or by going online to **medicare.ghc.org** and selecting "Prescription Drugs."

Why does the formulary use generics instead of some brand names?
Generic equivalent medications contain the same active ingredient as the brand-name medication but are more affordable. Generic medications become available as the patent for the brand-name drugs runs out. To help you make the best use of your health care dollars, the formulary lists the generic equivalent instead of the more expensive brand-name medication and you may be asked to try a less costly—but equally effective—version of the drug.

Why do doctors sometimes prescribe nonformulary drugs?
There are situations when the use of nonformulary drugs is warranted. Those situations can include patients who have developed an intolerance to formulary medications or patients who have tried and not responded to formulary alternatives.

What if I'm on a medication that is not on the formulary? Can I change medications?
That depends on the drug. Often there are drugs that are not on the formulary that would be covered. A discussion with your doctor or pharmacist will help answer this question.

For most common chronic conditions, there are generic alternatives that are covered on the formulary. Ask your doctor about these alternatives whenever you get a prescription.

How different types of medications affect refills

Noncontrolled prescription drugs (those that have limited potential for misuse) can be filled and refilled for one year from the date they are written before a new prescription from a physician is needed.

Schedule III–V prescription drugs (those with a low potential for misuse) can be filled for six months from the date they are written OR after they have been refilled five times (filled a total of six times) before a new prescription from a physician is needed.

Schedule II prescription drugs (those with a high potential for misuse) are not refillable and require a new prescription from the physician.

CARE OUTSIDE OF YOUR AREA

As a Medicare Advantage HMO member, you're covered for emergencies and urgent care when you seek care at any licensed facility in the U.S. and abroad.

What do I do if I need care?

- If you have a medical emergency, get help as quickly as possible. Call 911 for help or go to the nearest emergency room or hospital.
- If you're admitted to a hospital, you or a family member must call the Notification Line at **1-888-457-9516** within 24 hours, or as soon as reasonably possible.
- If you need urgent care, call your doctor's office during the day or the Consulting Nurse Service after hours to make sure you don't incur unnecessary expenses.

Who can I see?

In most cases, you must use network providers to get your medical care. The only exceptions are emergencies and special circumstances like out-of-area urgent care and dialysis.

If you receive care that is not urgent or is not an emergency at an out-of-network hospital or medical center, you'll be required to pay the cost share you're responsible for under your plan.

Group Health will reimburse you for emergency prescriptions filled at out-of-network pharmacies if this occurs while you're traveling in the U.S. and its territories.

What do I do with my medical receipts?

Save your receipts. You'll need to submit them with your medical claims.

How do I file a claim for reimbursement?

- Call Customer Service for a claim form.
- Complete the form and return it to the address noted.

PERKS TO HELP YOU STAY HEALTHY

Your health plan comes with a lot more than just medical and drug coverage. These member perks provide additional ways for you to get care and help you take an active role in your health.

Yours for no extra charge

Consulting Nurse Service
Whether you have an illness or injury, or just want medical advice, the Consulting Nurse Service is just a phone call away, 24/7. Nurses can also view your online medical record if you receive care at a Group Health Medical Centers location. Call **1-800-297-6877.**

SilverSneakers® Fitness
Build a strong body by exercising on your own or joining a group at local participating fitness centers. Take fitness classes taught by certified instructors, or hit the weights, stationary bikes, and treadmills at your own pace. Enrollment is automatic when you're a Medicare Advantage HMO member. To find participating locations visit **www.silversneakers.com.**

MyGroupHealth for Members
Choose a doctor, order prescription refills, access articles and information on health topics, and check your health coverage and benefit usage—all online at **ghc.org**.

Communication preferences
Do you prefer to get information sent to your inbox rather than your mailbox? Group Health members can choose to receive some information electronically, including plan information, news about events and services, health tips, and clinic updates. It's as simple as signing up for MyGroupHealth on ghc.org, and clicking the "communication preferences" box.

Mobile app
Group Health's award-winning* mobile app gives you easy access to your health care information, no matter where you are. The app is available for the iPhone® and Android™ smartphones, and includes many features available on our MyGroupHealth for Members website.

Health Profile assessment
Ever wonder just how healthy you really are? Your Health Profile is an online, personalized health questionnaire about your lifestyle habits and any health conditions. Once completed, a color-coded report tells you how you're doing, and offers recommendations for positive changes.

Tobacco cessation support
If you're a tobacco user, the Quit for Life® Program is designed to help you stop at no additional cost. Proven individual phone-based programs give you the tools and assistance to quit for good. To register, call **1-800-462-5327** or visit **quitnow.net/ghc.**

Classes, workshops, and support groups
From preparing advance directives to living with chronic conditions such as diabetes, arthritis, and heart disease, these classes and other resources help you learn to live smarter and healthier. Visit our website at **ghc.org** or call the Group Health Resource Line at **1-800-992-2279**.

Complementary Choices℠
Receive a 20 percent discount on acupuncture, naturopathy, chiropractic care, massage, yoga, tai chi, Pilates, and personal trainers from our network providers. No referral necessary, and no limit on visits. Call Customer Service for information on providers who participate in this program.

*Mobile App of the year 2011 TechFlash Newsmaker Award

GRIEVANCES AND APPEALS

We encourage you to let us know if you have any concerns or complaints about our services or coverage decisions. We are committed to handling grievances and appeals in a timely manner, as needed.

Grievances are complaints about the quality of care you receive, or the quality of service we provide.

Coverage decisions are decisions about what your plan will and won't cover. These types of decisions could include an exception for a prescription drug that isn't on our list of covered drugs, or a request for a drug with a lower out-of-pocket cost.

Appeals are a formal way of asking us to review and change a coverage decision we've made. You have the right to appeal any coverage decision. The type of appeal, and time frame for resolution, depends on what is being denied. We'll tell you how to appeal in the letter we send you explaining our denial decision. We quickly review appeals involving urgently needed care and act as fast as necessary, given the clinical urgency of the condition. Reviews that are clinically urgent will take no longer than 72 hours.

PRIVACY PROTECTION

Part of taking good care of you is keeping your personal information safe. Our policies and procedures are designed to protect your personal information in written, verbal, and electronic forms.

Upon your request, we'll provide you with information on our policies for protecting the confidentiality of health information (called **Notice of Privacy Practices,** which is also on our website). Additionally:

- We'll protect your right to access, review, amend, and receive copies of your medical records.
- We'll protect the confidentiality of your health care information by instituting physical, technical, and administrative controls throughout the organization to protect the use and disclosure of oral, hard copy, and electronic personal health information. We train our employees on these policies and procedures. Employees who violate our confidentiality and security policies are subject to disciplinary action.
- We'll use and share your personal information to provide treatment, receive and provide payment for health care services, and conduct health care operations. We won't release patient-identifiable health information to third parties except as permitted or required by law.
- We may use your health information to support utilization review, quality assessment and measurement, billing, claims management, audits, accreditation, and other health care operations.

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Group Health Cooperative is an HMO plan with a Medicare contract. Enrollment in Group Health HMO depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium, and/or copayments/coinsurance may change on Jan. 1 of each year.

If you enroll in an MA or MAPD plan, you may not enroll in a stand-alone Part D prescription drug plan unless you disenroll from your MA plan. Contact Group Health for more information.