



GROUP HEALTH OPTIONS, INC. CLEAR CARE® PPO  
**member guide**



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# THE BASICS OF YOUR PLAN

## Welcome

Welcome to the Group Health Options, Inc. Clear Care® PPO plans. We are delighted to have you as a member and look forward to helping you live your healthiest life.

This guide is designed to help you understand your plan and how to access your care. It's broken up into snapshots of the care you might receive: primary care, specialty care, urgent care, emergencies, hospitalization, and prescriptions. We've also outlined the valuable online services that give you more control of your health care than ever before, the additional special member services, additional plan information, and your rights and responsibilities as a member.

We offer two Clear Care PPO plans:

- Clear Care Prestige PPO
- Clear Care Elite PPO

With a Clear Care plan, you have the choice of a wide selection of doctors, medical centers, hospitals, and pharmacies. Your selection of doctors includes any who accept Medicare. Plus, you get the GlobalFit® fitness discount program\*. And a voice in the Senior Caucus, an advocacy group focused on health care issues. Individual Clear Care plan members can enjoy optional dental coverage when they choose dental benefits.

If you still have questions after you read this guide, please call Customer Service for more information.

## Your network

Care is provided by Group Health Options, Inc., which gives you access to contracted community doctors in the following counties:

**Full counties:** Benton, Franklin, Yakima

**Partial counties:** Clallam (ZIP 98362, 98363, 98382) and Jefferson (ZIP 98325, 98339, 98358, 98368)

Again, you may also get care from any provider who accepts Medicare, though your out-of-pocket costs may be higher.

\*The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition they are not subject to the Medicare appeals process. Any disputes regarding the products and services may be subject to the Clear Care PPO grievance process.

### **Identification card**

You will soon receive an identification (ID) card with your own member number. Have your ID card with you to make, cancel, or check appointments; order or pick up prescriptions; or to use the Consulting Nurse helpline. Call Customer Service if you do not receive a card, if any information on the card is wrong, if it's lost or stolen, or if it needs to be replaced. For information on your cost shares, please check either your Evidence of Coverage (EOC) online at MyGroupHealth for Members, or call Customer Service.

### **Evidence of Coverage**

Your Evidence of Coverage (EOC) details your benefits and services, what is and isn't covered, and cost share information. If you have specific coverage questions about any benefits mentioned in this guide, the EOC is a great resource.

### **Provider directory**

The provider directory lists all the in-network providers and pharmacies that are available to you as a Clear Care PPO member. For the most current directory information, go to [ghc.org/medicare](http://ghc.org/medicare).

## **WELLNESS**

We're big on preventive care—and we place an emphasis on staying well. As you read this booklet, you'll discover all the ways we try to help you do just that. And with our commitment to your good health, you're covered for preventive care services including Lifestyle Coaching, immunizations, and a range of health screenings.

## A QUICK START TO PRIMARY CARE

### **Step 1: Choose a personal physician (optional)**

**Though it's not required** as a member of a Clear Care PPO plan, we think the first step in your plan to get or stay well is to select a personal physician. As a member of a Clear Care PPO plan, you can choose to receive care from both in-network and out-of-network providers who accept Medicare. The choice is yours.

You may also wish to choose a personal physician to help you manage your health care needs. Choosing a personal physician is important because your doctor helps guide your total health care program. From arranging your laboratory tests, X-rays, and hospital care, to prescriptions, recommending certain specialists if necessary, physical therapy, and more, your doctor is your partner in keeping you in the best of health.

To choose an in-network provider, just check your provider directory and call the provider's office. You may also get care from any provider who accepts Medicare, though your out-of-pocket costs may be higher. And, you can change your personal physician for any reason.

### **Step 2: Make an appointment**

When you need medical care, making an appointment is easy. All you need to do is call your doctor's office.

There are a few things to do to prepare for your visit. Write down any questions or concerns so you can be sure to remember them when the time comes. Be ready to describe your symptoms and bring the names of any medicine you're taking. Also, remember to take your ID card with you.

When you're with your doctor, remember to tell him or her about any treatment you are receiving from other doctors, and be sure you understand any medical instructions he or she gives you. If you have any questions, it's a good idea to ask your doctor before you leave the office.

Group Health will provide coverage for dialysis services when you are temporarily outside of the Clear Care PPO service area. Please talk to your provider so that we can make travel dialysis arrangements for you.

### **Step 3: Plan for your cost share**

When it's time for your appointment, be prepared to pay your cost share. Your portion may include a copayment, coinsurance, and/or your deductible.

If you choose to receive care from noncontracted providers, you will generally pay higher cost shares. And remember, if you are receiving care outside the network of contracted providers and you receive services that are not covered by Medicare or your plan, you may be billed for the service. If you'd like, you can ask for a determination from Group Health Options before services are received. Call Customer Service for more information.

## ALL ABOUT SPECIALTY CARE

### Specialty care

Once you've found a specialist who you'd like to see, or one your personal doctor has recommended to you, just call the specialist's office and request an appointment.

### Chiropractic spinal manipulations

Group Health has many chiropractic providers to whom you may self-refer for spinal manipulations; benefit limits may apply. They are listed in the Clear Care PPO provider directory.

### Optional supplemental dental care

Oral health is an important part of your overall health. Washington Dental Service (WDS), as a contracted provider for supplemental services, offers an optional supplemental dental plan as part of your Clear Care plan when you choose dental coverage. The optional dental plan is designed to provide you with full coverage for your semiannual dental checkups when you see a PPO provider, so dental health problems can be detected early. Should your dentist find that treatment beyond a checkup is needed, the plan will also help to provide coverage toward basic restorative care, as well as for major expenses such as crowns, bridges, and dentures.

If you have questions regarding your dental benefits or claims payment, please contact the Washington Dental Service Customer Service Department. Representatives are available to assist you Monday through Friday from 8 a.m. to 5 p.m.

WDS Customer Service is toll-free at **1-800-554-1907**. Members who are hearing- or speech-impaired can contact WDS by first calling the TTY WA Relay at **1-800-833-6388** or **711**. Website: [deltadentalwa.com](http://deltadentalwa.com)

### **Mental health and chemical dependency**

You have access to mental health and chemical dependency services. To make an appointment, simply call the provider's office. Check your EOC document for coverage details.

### **Vision care**

Clear Care plans include coverage for routine eye exams. For the nearest eye care facility, call Customer Service to find one that is conveniently located. If you are hearing- or speech-impaired, call TTY WA Relay at **1-800-833-6388** or **711** for more information.

## URGENT CARE, EMERGENCIES, AND HOSPITALIZATION

### 24-hour Consulting Nurse Helpline

The Consulting Nurse helpline is available 24 hours a day. Group Health's team of experienced registered nurses and pharmacists are specially trained to answer your medical questions, provide care advice, and advise you whether or not you should see a doctor. There is also a doctor on staff working directly with the Consulting Nurse.

- Statewide, call **1-800-297-6877** or **206-901-2244**

### Urgent care

An urgent care situation is one that does not pose an immediate, serious health threat, but does require prompt medical attention within 24 hours of its onset. Some conditions that might be urgent are:

- Stomach or abdominal pain
- Urinary tract infections
- Cuts that might require stitches
- Minor injuries such as sprains
- Respiratory infections

**For urgent care during the day**, call your physician's office or the Consulting Nurse helpline to get immediate advice. The Consulting Nurse will direct you to the nearest facility, if necessary.

**For urgent care after business hours, on weekends, or on holidays**, call the Consulting Nurse for assistance.

### IMPORTANT COVERAGE NOTE

If you receive urgent care or emergency care at a nonparticipating hospital or medical center, you may be required to pay in full at the time of service. You should not pay but should ask the hospital or medical center to send the bill to us. If you have already paid, save your medical receipts and we'll reimburse you for covered services, minus any applicable costs shares.

Also, if you use an emergency room for nonemergency services, Group Health Options will not cover your care. You will be fully responsible for any costs.

## Emergencies

Emergency medical conditions include those that make you feel you need immediate medical attention to avoid a serious threat to your body or your health. These conditions may include:

- Severe pain
- Suspected heart attack or stroke
- Sudden or extended difficulty in breathing
- Bleeding that will not stop
- Major burns
- Seizures
- Sudden onset of severe headache
- Suspected poisoning

If you're having an emergency, get care immediately. Call **911** or your local emergency number. And if you're traveling, remember to find out the emergency number for the region where you're traveling throughout the world, as it's not always **911**.

You can get care in the Clear Care PPO service area, as well as at numerous participating hospitals throughout the state. These are listed in the Clear Care PPO provider directory or on our website at [ghc.org/medicare](https://ghc.org/medicare). If you're out of the service area, access the closest emergency facility.

Most emergency room visits require a cost share. Check your EOC to find out about your costs for emergency care. Also, emergency ambulance service to a participating Group Health facility is a covered benefit. Check your EOC for details about ambulance service.

### Hospitalization

If you need to be admitted to a hospital, your physician will recommend a participating facility. Care received at participating hospitals affords you the lowest out-of-pocket costs. These facilities are listed in your Clear Care PPO provider directory or on our website at [ghc.org/medicare](https://ghc.org/medicare). Following is a sampling of the major participating hospitals and medical centers:

#### In Western Washington

- Port Angeles Olympic Medical Center
- Port Townsend Jefferson Healthcare

#### In Eastern Washington

- Kadlec Medical Center in Richland
- Lourdes Medical Center in Pasco
- Prosser Memorial Hospital
- Sunnyside Community Hospital
- Toppenish Community Hospital
- Yakima Regional Medical Center
- Yakima Valley Memorial Hospital

For specific hospital benefits, please see your EOC.



## PRESCRIPTIONS

### What's covered

Both Clear Care PPO plans include Part D prescription drug coverage. This means they cover outpatient prescription drugs. Clear Care has a list of medications (called a formulary) that are available to members with coverage for outpatient prescription drugs. Cost shares may apply. The drug formulary includes both generic and certain brand-name drugs. In most cases, we cover only medications on the formulary. However, if your physician determines that you need a particular brand-name medication for a certain condition or a drug that is not on the formulary, your physician will have the request reviewed and the drug may be covered. You can obtain a copy of the formulary by calling Customer Service, or by going online to [ghc.org/medicare](https://ghc.org/medicare) and selecting the Clear Care PPO Formulary.

### What's not covered

- Nonprescription or over-the-counter medicines, drugs for cosmetic uses, or travel medications (for motion sickness and/or diarrhea)
- Dental prescriptions (unless prescribed by your provider for a medical condition)
- Drugs used for reasons not approved by the FDA
- Plan-excluded prescription drugs

## CHECK YOUR MEDICATIONS

If you are a new patient, you may be taking medicine prescribed by a different doctor. Please make an appointment to review your medicines with your new physician. Any prescription medicine you have been taking before seeing your new physician should be reviewed. Because health care needs change, checking your current prescription program will help ensure you're taking the correct medicine to stay in the best of health. If you are allergic to any drugs, be sure to tell your new physician. This important information will be recorded in your medical record.

## Filling your prescriptions

Any prescription from a doctor can be filled at any participating pharmacy. Check your Clear Care PPO provider directory or visit our website for more information.

If you need a new prescription when your regular pharmacy is closed, you should make every effort to fill the prescription at another participating pharmacy. If this is not possible, you can fill the prescription at the pharmacy of your choice at your expense and submit a claim for reimbursement. Group Health will not reimburse refills or medications for chronic conditions obtained outside of normal business hours when they can be filled during normal business hours.

Depending on the medication you need, prescriptions will be filled for a 90-day or a 30-day supply at one time at participating contracted pharmacies.

And remember to plan ahead when you travel. Be sure to take enough medicine to cover the duration of your trip. Ask for up to a 90-day supply if you need it. Travel medications (for diarrhea and/or motion sickness) are generally not covered. (Check your EOC for coverage details.)

## Get refills delivered to you

You can have your refills mailed to your home with no shipping or handling fee. Be sure to plan ahead if you use this service. (You will need to transfer your prescription into the Group Health system in order to get your refills mailed to you.) Transferring your prescription is easy—just visit our website where you'll find the necessary transfer form. Deliveries can take up to 10 days, although in most cases, they arrive sooner. Register with MyGroupHealth for Members at our website by completing a one-time ID verification process. Once you're registered, log in to MyGroupHealth for Members, then go to the Pharmacy Services page.

## Questions?

If you have questions about the formulary, coverage, or drug costs, please call Customer Service.

### **MyGroupHealth for Members**

Clear Care members benefit from a very useful resource: MyGroupHealth for Members at [ghc.org/medicare](http://ghc.org/medicare). MyGroupHealth for Members gives you access to online health information, tools, and services that make health care accessible and convenient, 24 hours a day from the comfort of your home or office.

As a member of this plan, you have access to MyGroupHealth for Members' basic suite of services. Basic services are available to all members, regardless of where you receive your care. Be assured: MyGroupHealth for Members is private. The security of your personal health information is our priority at Group Health. To get started, go to our website to set up your account and then get access to:

#### **Refill prescriptions**

Order and pay for prescription refills online, view your current medications list, and get access to a database of drug information. You can even refill prescriptions for other members of your family.

#### **Choose a doctor**

Use the online provider directory to get information on primary care and specialty doctors and other health care providers.

#### **Health coverage**

Your summary of benefits and coverage agreement are available online for easy reference. You can also check how individual health plan claims were paid by viewing your Explanation of Benefits statements online.

#### **Health Profile**

The Health Profile is an assessment to help you take better control of your health. After you complete the online questionnaire, you'll receive a personal report with suggestions on how to improve your health and lower your risk of certain diseases and conditions.

### **CUSTOMER SERVICE— ONLINE AND BY PHONE**

In addition to calling Customer Service, you can ask questions via e-mail. Just go to our website for additional information. You can request a new ID card, get coverage information, submit a compliment, and much more. Generally, you'll receive an e-mail response within 24 hours.

### **Healthwise® Knowledgebase**

Get access to health information on thousands of topics, including a searchable database of articles on diseases, conditions, medications, and medical tests.

### **Health and wellness resources**

Our health information includes in-depth articles, classes, interactive tools, and videos about treatment options. Check out the seasonal topics.

### **Usage status**

Get quick access to your annual deductible status, out-of-pocket expenses, and lifetime maximum cost shares for the past two years of membership with Clear Care.

## PERKS FOR MEMBERS

### **GlobalFit®**

This special resource gives you access to numerous affordable options to get fit and have fun. You'll get discounts on more than 10,000 fitness facilities nationwide, plus exercise videos and equipment for the perfect home workout. The popular Nutrisystem® weight loss program is also available at valuable savings. Visit [www.globalfit.com/grouphealth](http://www.globalfit.com/grouphealth).

### **Group Health Resource Line**

The Group Health Resource Line offers free information on health education, community resources, senior services, and support groups in your area. Statewide, call **1-800-992-2279**, Monday through Friday from 9 a.m. to 4 p.m. TTY WA Relay users: **1-800-833-6389** or **711**, or e-mail us at [resource.l@ghc.org](mailto:resource.l@ghc.org)

### **Health improvement classes and services**

Group Health offers a wide variety of educational resources on prenatal and baby care, diabetes, heart care, substance abuse, AIDS, and violence prevention. Go to MyGroupHealth for Members at our website and select "Classes & Events" to see what's offered in your area.

### **Lifestyle Coaching**

Take the online Health Profile, which can be found on our website. Depending on your Health Profile answers, and whether or not you provide your phone number, a Lifestyle Coach may contact you. A coach can help you make positive changes in your eating habits, physical activity, tobacco use, or how you cope with stress. The coaches are health care professionals, such as nurses and dietitians, who are trained in helping people make behavior changes. Through ongoing phone conversations, a coach can help you stay on track and reach your own health goals.

### **GROUP HEALTH RESEARCH INSTITUTE**

Your health and that of the greater community is the focus of the Group Health Research Institute. Founded in 1983 as the Center for Health Studies, the Group Health Research Institute is a leader in health research and is nationally known for its work in cancer prevention, depression, back pain, elder health, injury prevention, and cardiovascular care. As a result of the researchers' studies, the latest information on health issues from prevention to treatment helps members like you.

**Northwest Health magazine**

*Northwest Health* is mailed to your home four times a year and features health information to help you make healthy choices in your everyday living. It also provides information about changes in service hours and telephone numbers, new benefits, and health care programs through Group Health Cooperative and Group Health Options, Inc.

**Quit For Life® Program**

Quit for Life is a nationally recognized, telephone-based tobacco cessation program offered through Free & Clear®, originally developed by Group Health Cooperative. To register, call **1-800-462-5327** or go to [freeclear.com/ghc](http://freeclear.com/ghc).

**The Take Care Store**

Purchase noncovered self-care and wellness products such as back support cushions, blood pressure monitors, and allergenic-control bedding at the Take Care Store online at [www.take-care.com](http://www.take-care.com)

**Vitality newsletter**

The *Vitality* newsletter is all about aging well and it's mailed to your home two to three times a year. It includes advice from seniors and health experts, with features about key health issues as well as fitness tips, and is printed in large type for easy reading. The newsletter also provides information about classes and events, Senior Caucus meetings held throughout the service area, and phone numbers that may come in handy for you.

**Travel Advisory Service**

If you plan to travel or study outside the United States, you can use the Group Health Travel Advisory Service to learn what immunizations you'll need. The service will send you a packet with information about each country that you plan to visit, including travel advisories. Call **1-800-562-6300, ext. 3488**.

## PERKS FOR MEMBERS

### **Weight Watchers®**

Get special pricing on convenient weight loss programs. You can attend Local Meetings in your neighborhood, get an online subscription offering interactive Web tools, or use an At-Home kit where you can follow the plan step-by-step. Call toll-free at **1-866-634-0753**.

#### **Please note:**

The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Clear Care PPO grievance process. Should a problem arise with any of the services listed in this section, please call Customer Service toll-free at **1-888-901-4600**, or **206-901-4600**, from 8 a.m. to 8 p.m. From October 15 through February 14, hours are daily from 8 a.m. to 8 p.m. Hearing- or speech-impaired members may call TTY WA Relay at **1-800-833-6388** or **711**.



## ADDITIONAL PLAN INFORMATION

### How to file a claim

You can be reimbursed for covered care received out-of-network when these steps are followed:

- Your provider submits a claim
- If you submit a claim, include itemized statements describing the services received, along with the claim form

Send claims for services to:

**Group Health Claims Processing,  
P.O. Box 34585, Seattle, WA 98124-1585**

**Please remember:** Except in an emergency, you must receive your care from a provider who accepts Medicare.

If you need more claim forms, please call Customer Service.

### Language interpreters

If you or someone you know needs professional language assistance, please call Customer Service. This service is provided at no extra cost.

### Motor vehicle accidents

If you are involved in a motor vehicle accident, your automobile insurance will be the first insurer in case of an injury.

### On-the-job injuries

If you are injured on the job, tell your employer immediately and complete any necessary internal forms. When you first visit your doctor for this injury, tell the medical receptionist that you have a work-related injury. You will need to complete workers' compensation forms, including a report of the accident. This will help us bill the appropriate insurance carrier.



## YOUR RIGHTS AND RESPONSIBILITIES

### **As a Clear Care member, you have the right to:**

- Be treated with respect and dignity by all Group Health Options staff.
- Be assured of privacy and confidentiality regarding your health and your care.
- Have access to details about your rights and responsibilities as a patient and consumer.
- Be able to access information about Group Health Options, our practitioners and providers, and how to use our services.
- Receive timely access to quality care and services.
- Have access to information about the qualifications of the professionals caring for you.
- Participate in decisions regarding your health care.
- Give consent to—or refuse—care, and be told the consequences of consent or refusal.
- Have an honest discussion with your practitioner about all your treatment options, regardless of cost or benefit coverage, presented in a manner appropriate to your medical condition and ability to understand.
- Join in decisions to receive, or not receive, life-sustaining treatment including care at the end of life.
- Create and update your advance directives and have your wishes honored.
- Choose a personal primary care physician affiliated with your health plan.
- Expect your personal physician to provide, arrange, and/or coordinate your care.
- Change your personal physician for any reason.
- Be educated about your role in reducing medical errors and the safe delivery of care.
- Voice opinions, concerns, positive comments, or complaints.
- Appeal a decision and receive a response within a reasonable amount of time.
- Suggest changes to consumer rights and responsibilities and related policies.
- Receive written information in prevalent non-English language (as defined by the State).
- Receive oral interpretation services free of charge for all non-English languages, and sign or tactile interpretation services for hearing-, sight-, and speech-impairments.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Be free from all forms of abuse, harassment, or discrimination.
- Be free from discrimination, reprisal, or any other negative action when exercising your rights.

- Request and receive a copy of your medical records, and request amendment or correction to such documents, in accordance with applicable state and federal laws.

### **As a Clear Care member, you have the responsibility to:**

- Provide accurate information, to the extent possible, that Group Health Options requires to care for you. This includes your health history and your current condition. Group Health Options also needs your permission to obtain needed medical and personal information. This includes your name, address, phone number, marital status, dependents' status, and name of other insurance companies.
- Know and understand your coverage, to follow plan procedures, and to pay for the cost of care not covered in your contract.
- Understand your health needs and to develop with your personal physician mutually agreed upon goals about ways to stay healthy or to get well when you are sick.
- Understand and follow instructions for treatment, and to understand the consequences of following or not following instructions.
- Be active, informed and involved in your care, and to ask questions when you do not understand your care or what you are expected to do.
- Be considerate of other members, your health care team, and Group Health. This includes arriving on time for appointments, and notifying staff if you cannot make it on time or if you need to reschedule.

### **Voting membership**

As a Clear Care member, you can have a voice and a vote in what goes on with your health plan. You will have the power to elect the board that hires the Group Health CEO. You can vote on Group Health bylaw amendments that influence how Group Health is run. Every adult member 18 or older has this unique voting privilege. So be sure to sign up and put the power in your hands. To sign up, call Customer Service at **206-901-4600** or toll-free at **1-888-901-4600**. Hours are Monday through Friday, 8 a.m.–8 p.m. From October 15 through February 14, hours are daily, 8 a.m.–8 p.m. TTY WA Relay only, call **1-800-833-6388** or **711**.

## YOUR RIGHTS AND RESPONSIBILITIES

### **Compliments and concerns**

We want to hear your concerns, compliments, and questions. This will help us provide high-quality care and service to you and your community. We encourage you to contact our Customer Service Center or the medical center or hospital where you received care. If you mention a specific person by name, we will share your compliment with that person and his or her supervisor. We also want to know if you have a concern. Once you contact us, we will respond at the earliest possible opportunity.

### **Access to new treatments**

Widespread use of experimental, unproven methods of treatment may lead to unintended negative health outcomes. We have a rigorous process in place to evaluate the effectiveness of experimental treatments. We also require that a new test or treatment have an established body of scientific evidence that supports it before encouraging patients and doctors to use it. Such treatments are reviewed by medical, legal, administrative, coverage, and member teams. Doctors are strongly encouraged to discuss all care options with their patients so that patients can make informed choices. For coverage details, please refer to your EOC.

### **Advance directives**

Under the Patient Self-Determination Act passed by Congress, you have the right to make decisions about your care at the end of life using advance directives. The goal of advance directives is to allow you to make such decisions when you are healthy—not when you are ill and under stress. It also allows you to designate whom you would like to make health care decisions for you if you are unable to. An advance directive is a written document. You should discuss it with your doctor and family members ahead of time. It can be in the form of a living will (Directive to Physicians) or a Durable Power of Attorney. When you sign a living will or durable power of attorney for health care, two people must witness it. However, you do not need an attorney to prepare it. If you want more information, there is a booklet to help you understand advance directives. For a copy, and the forms that come with it, call **1-800-992-2279**, Monday through Friday from 9 a.m. to 4 p.m. TTY WA Relay users: **1-800-833-6388** or **711**.

### **Information available for all Clear Care members**

As a Clear Care member, you can request additional information from Centers for Medicare and Medicaid Services (CMS) by calling **1-800-MEDICARE**. TTY/TDD users should call **1-877-486-2048**, 24 hours a day, seven days a week. Or go online to [medicare.gov](https://www.medicare.gov).

### **Research/clinical trials**

It is your choice to be part of a research project or clinical trial.

- We will give you full information about research projects that could directly involve you.
- We may ask if you are willing to take part in research projects. You are free to refuse for any reason. Refusal will not affect your health care. If treatments are being tested, we may give them only to those in the research studies.

### **Provider compensation and additional financial information**

You may obtain information about provider compensation by requesting a Physician Incentive Plan Fact Sheet. You may also get a description about the financial condition of Group Health Options, Inc., including a summary of the most recently audited statements. For either, please contact Customer Service toll-free at **1-888-901-4600, 206-901-4600**. Hours are Monday through Friday, 8 a.m.–8 p.m. From October 15 through February 14, hours are daily, 8 a.m.–8 p.m. TTY WA Relay users call **1-800-833-6388** or 711.

### **Retroactive denial of payment previously authorized**

Group Health does not deny payment for care we've approved unless a member has previously cancelled medical coverage.

### **Enrollment**

Enrollment in the plan is voluntary. Ending your membership can be either voluntary or involuntary, depending on the circumstance. Please see your EOC for more specific information on enrolling and disenrolling in the plan.

A Coordinated Care plan with a Medicare Advantage contract. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1, 2013. Individuals must have both Part A and Part B to enroll. You must continue to pay your Medicare Part B premium. Limitations, copayments, and restrictions may apply. With the exception of emergencies or urgent care, it may cost more to get care from out-of-network providers.

You must use network pharmacies to access prescription drug benefits, except in non-routine circumstances, and quantity limitations and restrictions may apply. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call:

- **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours per day, 7 days a week;
- The Social Security Office at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, **1-800-325-0778**; or
- Your State Medicaid Office.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay up to seventy-five (75) percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours per day, 7 days per week. TTY users should call **1-877-486-2048**.

Group Health Options' CMS contract is renewed annually therefore our contract with CMS may not renew, resulting in the termination of coverage with Group Health Options. If you enroll in a MA or MAPD plan you may not enroll in a stand-alone Part D prescription drug plan unless you disenroll from your MA plan. Members may enroll in the plan only during specific times of the year. Contact Group Health Options for more information.

This information is available for free in other languages. Please contact our Customer Service number at **1-888-901-4600** for additional information. (TTY users should call **1-800-833-6388** or **711**). Hours are Monday–Friday from 8 a.m. to 8 p.m. From October 15 to February 14, call daily from 8 a.m. to 8 p.m. Customer Service also has free language interpreter services available for non-English speakers.

Esta información está disponible gratuitamente en otros idiomas. Si necesita información adicional, por favor contacte a servicio al cliente al **1-888-901-4600**. (Los usuarios del sistema de retransmisión TTY deben llamar al **1-888-833-6388** o al **711**.) Atendemos de lunes a viernes, de 8 a.m. a 8 p.m. Del 15 de octubre al 14 de febrero, atendemos de 8 a.m. a 8 p.m. siete días por semana. El centro de servicio al cliente también dispone de servicios gratuitos de intérpretes para aquellos que no hablan inglés.



## **CONTACT INFORMATION**

### **Emergency Care**

Call **911** or your local emergency number.

### **Urgent Care**

Contact your personal physician's office or the Consulting Nurse helpline.

### **Consulting Nurse Helpline | 1-800-297-6877**

24-hour health advice from experienced registered nurses and pharmacists.

### **Customer Service | 1-888-901-4600**

For coverage questions, directions to medical centers, to speak to a health plan representative, and more. Representatives are available to assist you Monday through Friday from 8 a.m. to 8 p.m. From October 15 to February 14, we offer extended phone hours daily 8 a.m. to 8 p.m.

### **Mail-Order Pharmacy | Statewide 1-800-245-7979**

Have your prescription refills mailed to your home or work with free delivery.

### **Notification Line | Statewide 1-888-457-9516**

If you are admitted to a hospital outside our service area, call the Notification Line within 24 hours, or as soon as possible after admittance.

### **Washington Dental Service | Statewide 1-800-554-1907**

If your plan offers this coverage, call with questions.

### **TTY WA Relay | 1-800-833-6388 or 711**

For members who are hearing- or speech-impaired. Call to access a Group Health facility, physician, or staff member.

### **Web | [ghc.org/medicare](http://ghc.org/medicare)**

