



OPTIONS

member guide

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WHO’S WHO?

Group Health Cooperative and its subsidiary Group Health Options, Inc. work together to provide health care for all members. Therefore, you will see both names mentioned throughout this guide as follows:

- Group Health refers to Group Health Cooperative
- Group Health Options refers to Group Health Options, Inc.
- Options refers to the Options health plan, offered by Group Health Options

GROUP HEALTH IS A SMOKE-FREE ENVIRONMENT

To demonstrate our national and community leadership role in health promotion and wellness, smoking and all tobacco use are prohibited on all property leased or owned by Group Health—including building interiors, on the facility grounds, and in vehicles.



THE BASICS OF YOUR PLAN

Welcome

Welcome to the Options plan offered by Group Health Options, Inc. 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.

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

Network choices

The Options plan offers you two levels of coverage: in-network and out-of-network. Generally, the care you receive in-network will be covered at a greater benefit level than care received by out-of-network providers. And keep in mind, you'll have extended provider options if you choose out-of-network care, but you may have to file claims for some services received. (See page 22 for information about how to file a claim.)

In-network

Options in-network care is provided by Group Health Cooperative, which gives you access to the doctors who practice with Group Health Physicians plus thousands of contracted community doctors. By choosing in-network or contracted providers, you get care at maximum savings.

Out-of-network

- You can see any provider who is a member of the First Choice Health Network or the Beech Street Network at rates that are discounted from what these providers would normally charge. Costs are based on this discounted fee and you're not billed for any charges above that fee. However, your costs may be higher than if you choose care inside the network.
- You can see any licensed provider you want, anywhere in the U.S., for most covered services. However, your costs will be higher than if you choose in-network care or discounted care from First Choice Health or Beech Street physicians, and there will be more paperwork than any other network option.

GROUP HEALTH CONVENIENCE

Group Health Cooperative owns medical centers and facilities throughout Washington. When you choose in-network care with Group Health Medical Centers, getting the most from your health plan becomes a lot easier. Your personal physician, the lab, X-ray, and pharmacy are all in one location. So driving around town is now a thing of the past.

Identification card

You and each member of your family will soon receive an identification (ID) card with an individual 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 any covered family member does 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.

Benefit booklet

Your benefit booklet (also called a certificate of coverage) 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, your benefit booklet is a great resource.

Provider directory

The provider directory lists all the in-network providers with Group Health Physicians, as well as the contracted providers that are available to you as an Options member. You can request a directory by mailing the enclosed courtesy reply card. For the most current directory information, go to **ghc.org**

- To find out-of-network providers with the First Choice Health Network, visit **www.fchn.com**
- To find out-of-network providers with the Beech Street Network, visit **www.beechstreet.com**

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 because of our commitment to your good health, you're covered for preventive care services including Lifestyle Coaching, immunizations, and a range of health screenings for you and your family.

Step 1: Choose a personal physician

The first step in your plan to get or stay well is to select a personal physician. 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 ordering prescriptions, referring you to certain specialists if necessary, physical therapy, and more, your doctor is your partner in keeping you in the best of health. And each member of your family can choose their own physician in order to start developing strong, healthy relationships.

When you choose an in-network doctor, it helps if you inform Customer Service of your physician choice. You can change your personal physician for any reason, by going to ghc.org, calling Customer Service, or by choosing a new doctor with the Physician Selection/Change Form found at the end of this guide.

In-network providers

To choose an in-network provider, do one of the following:

- Go to ghc.org to select your physician online. You can see all the Group Health Physicians doctors, as well as other contracted providers.
- Choose a doctor from your provider directory and notify Group Health Customer Service of your physician choice
- Call Group Health Customer Service for help in making a selection
- Fill out the attached Physician Selection/Change Form, then mail or fax it to us

Out-of-network providers

To see an out-of-network provider, do one of the following:

- For providers at discounted rates, visit www.fchn.com to see available First Choice Health Network providers or www.beechstreet.com to see available Beech Street Network providers
- Select from any licensed provider anywhere in the U.S. (for covered services)

MYGROUPHEALTH FOR MEMBERS

Group Health Medical Centers primary care gives you access to the full breadth of services and information available to you on MyGroupHealth for Members at ghc.org. For more information on these valuable services, visit the chapter in this guide titled, "Online services: MyGroupHealth for Members" on page 16.

Step 2: Make an appointment

When you need medical care, making an appointment is easy once you have selected your personal physician. All you need to do is call your doctor's office or go online to ghc.org and make the request.

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 (in- or out-of-network), 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.

Whenever you travel outside the Group Health Options service area, you can make an appointment at any of Kaiser Permanente's nationwide facilities and receive care at your in-network level of coverage. Cost shares will be the same as they are at in-network facilities. However, some services will require preauthorization from Group Health Options. Call Customer Service if you have questions about this benefit or about preauthorization.

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, or your deductible.

If your plan has an annual deductible, your coverage begins after your deductible is met. On most plans, any part of your individual annual deductible met during the last three months of the year will carry over and be applied to the next calendar year. After your deductible is met, your plan coverage begins and you will be responsible for some cost shares, such as copayments or coinsurance. See your benefit booklet for your specific deductible and cost share amounts.

In general, you won't receive a bill if you pay your cost share at the time of service. There are seldom any bills or claim forms to complete when you choose in-network care. First Choice Health and Beech Street providers, who deliver discounted, out-of-network care, will also bill Group Health Options directly, which can help reduce your paperwork.

SAME-DAY APPOINTMENTS

Group Health strives to offer you same-day appointments. If you get care with Group Health Medical Centers, call your doctor's office in the morning and there's a good chance you can see your physician or a member of the medical team that very day.

ALL ABOUT SPECIALTY CARE

In-network specialty care

Much of in-network specialty care doesn't require a referral from your primary care doctor, but there are some exceptions. The printed provider directory and an online provider directory at ghc.org identify those specialists available for self-referral. Once you've found an in-network specialist who you'd like to see, or one your personal physician has recommended to you, just call the doctor's office and request an appointment.

Access to some specialty care providers is dependent upon whether you choose a doctor with Group Health Physicians or other contracted community providers for your in-network primary care, and may be limited to consulting specialists who are used by your personal physician or other attending physicians. If you have questions about the referral process or about which consulting specialist your personal physician uses, please contact your doctor or call Customer Service.

Group Health Physicians

You can get specialty care from many Group Health Physicians specialists without a referral by calling the specialist's office directly or Customer Service. Specialists are listed online at ghc.org and in the provider directory.

Group Health–contracted specialists

For specialty care from doctors who contract with Group Health and do not practice with Group Health Physicians, talk with your personal physician. A referral is required from your personal doctor before seeing these contracted community specialists.

Alternative care

You're covered for alternative care, which includes acupuncture, chiropractic, and naturopathy services, based on your benefit level. (Check your benefit booklet for your specific coverage.) Plus, your personal physician can refer you for massage therapy when that care is medically necessary.

Audiology/Hearing care

Options members can self-refer for comprehensive hearing evaluation and hearing aid/amplification assessment from Group Health Audiology/Hear Centers. After testing, an audiologist will coordinate follow-up treatment with your personal physician or an ear, nose, and throat (ENT) specialist, as needed. Following hearing evaluation, members are eligible for a visit with a Hear Center audiologist, at no cost or copayment, to discuss their amplification options. Hearing aid maintenance and testing, as well as minor in-house repairs are also available and there are no copayments for ear molds, repairs, and other hearing aid related services. Check your benefit booklet for your specific coverage, and see your provider directory or visit ghc.org for a list of locations and phone numbers.

FIRST RATE CARE— ONLINE AND IN PERSON

"Everything about Group Health Cooperative—our primary caregiver, the facilities, the ability to access records and human beings online, the care that we receive—is first-rate, and we let friends who are considering health care know that."

—Pat Detmer, member

Mental health and chemical dependency (Behavioral Health Services)

You have access to mental health and chemical dependency services. While you do not need a referral from your personal physician to get these services, Behavioral Health Services coordinates and authorizes all mental health and chemical dependency care for Options members. Coverage may vary depending on your plan. Please check your benefit booklet. If you are a first-time patient, please call the Behavioral Health Unit at this statewide, toll-free number: **1-888-287-2680**.

Midwifery services

The Options network includes certified nurse-midwives who are registered nurses accredited in midwifery by the American College of Nurse-Midwives. Each meets state licensing requirements and has passed a national examination. Nurse-midwives focus on education and health care for women and their families, providing complete maternity care to women experiencing normal pregnancies. Each has hospital privileges and works in collaboration with the patient's personal physician to ensure continuity of care. To select a contracted midwife, see your provider directory, visit **ghc.org**, or call Customer Service.

Pediatric and teen health care

Your child is covered, from regular checkups to immunizations, and you can select a pediatrician as your child's personal physician. Group Health also contracts with several community facilities that specialize in pediatric care. Teen health care needs are unique, so young adults can schedule their own appointments and see a physician for all kinds of health and well-being issues. Call Customer Service for more information.

There's a great Teen Health page on MyGroupHealth for Members at **ghc.org**. You'll find tips for raising teens, healthy lifestyle information, and links to information about teen development, sexually transmitted diseases, and lots more—all geared toward being a healthy teenager.

Vision care

Most Options plans include coverage for routine eye exams and standard lenses or contacts. To get vision services and to purchase high-quality eyewear, visit Group Health Eye Care centers. **Note:** Not all Eye Care centers have contact lens services, so please call ahead if you need those services. Check your benefit booklet to see if you have contact lens and other vision hardware coverage. For information about Group Health Eye Care, call **1-800-664-9225**. For questions about your vision benefit or billing, call Customer Service, or go to **gheycare.org**

Women's health care

Women can self-refer for reproductive health care, gynecological care, maternity care, and general preventive care, such as Pap smears and breast exams. Group Health also offers the Family Beginnings Birthing Center on the Capitol Hill Campus in Seattle. In other parts of the state and North Idaho, there are many local hospitals in the network to provide convenient birthing services for members.

Out-of-network specialty care

When you choose out-of-network specialty care, you can choose to see First Choice Health or Beech Street participating providers, or any licensed provider you like. Keep in mind, care received out-of-network generally will cost you more than in-network care.

Discounted providers

Group Health Options contracts with First Choice Health Network and Beech Street Network doctors to provide you discounted fees for the covered services you might seek from them.

So when you see these providers:

- Your coinsurance is based on the lower, negotiated fee
- You're not billed for any charges above what has been negotiated
- There's no paperwork for you, since these providers directly bill Group Health Options

All other providers

If you see out-of-network doctors who are not First Choice Health or Beech Street participating providers, you'll be covered at your out-of-network benefit level for the covered services they provide you, but the fees for services will not be discounted in any way. Because these providers will bill you, you may experience more paperwork than you would with in-network, contracted, or discounted providers, and you may need to submit claim forms for covered care received out-of-network.

Mental health and chemical dependency (behavioral health care)

You may seek mental health and chemical dependency services outside the network from any licensed provider or certified facility in the community. For inpatient mental health services, a mental health or chemical dependency care review specialist will contact your provider to evaluate the medical necessity of your admission. You will receive an authorization letter in the mail, usually within a few days, when your admission and inpatient care have been authorized.



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 Service. What's more, if you get your care with Group Health Medical Centers, the Consulting Nurse Service staff has access to portions of your medical history and prescriptions, so they can better advise you on what's best for your personal situation.

- 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 personal physician's office or the Consulting Nurse helpline to get immediate advice. You'll be directed to the nearest facility, if necessary.

For urgent care after business hours, on weekends, or on holidays, call the Consulting Nurse helpline for assistance. You'll be directed to the nearest facility, if necessary.

If you get care at an out-of-network medical facility, you'll be covered at your out-of-network benefit level. If you're traveling and need urgent care while away, please call the Group Health Consulting Nurse helpline for assistance regarding your care. By calling before you seek care, we may be able to arrange for you to go to a facility with which we have a reciprocal agreement. This may keep your share of costs lower.

IMPORTANT COVERAGE NOTE

If you receive urgent or emergency care at a nonparticipating hospital or medical center, you may be required to pay in full at the time of service. If so, save your medical receipts and we'll reimburse you for covered services.

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**.

If you are admitted to a nonparticipating facility in an emergency, you or a family member must call the Notification Line within 24 hours or as soon thereafter as is reasonably possible following the emergency. The statewide Notification Line number is **1-888-457-9516**. This number is also found on the back of your member ID card.

Also, emergency ambulance service to an Options in-network facility is a covered benefit. Nonemergency ambulance service must be authorized in advance by your personal physician. Check your benefit booklet for details about emergency care and ambulance service.

URGENT AND EMERGENCY CARE WITH KAISER PERMANENTE

Access to any of Kaiser Permanente's nationwide facilities is at your in-network level of coverage and includes routine care as well as urgent or emergency care. Cost shares will be the same as they are at in-network facilities. However, some services will require preauthorization from Group Health Options. Call Customer Service for more information.

In-network hospitalization

If you receive your primary care in-network and need to be admitted to a hospital, your personal physician will refer you to an Options-participating facility. Care received at the numerous participating hospitals affords you the lowest out-of-pocket costs. These are listed in your provider directory or on our website at ghc.org. Following is a sampling of the major participating hospitals and medical centers:

In Western Washington

- Group Health Central Hospital on the Group Health Capitol Hill Campus in Seattle
- Overlake Hospital Medical Center in Bellevue
- Virginia Mason Medical Center in Seattle
- St. Joseph Medical Center in Tacoma
- St. Joseph Hospital in Bellingham
- Providence St. Peter Hospital in Olympia
- Providence Everett Medical Center

In Eastern Washington

- Valley Hospital and Medical Center in Spokane
- Sacred Heart Medical Center in Spokane
- Kennewick General Hospital in Tri-Cities
- Yakima Valley Memorial Hospital
- Lourdes Medical Center in Pasco

If you have questions, or want a complete list of all the hospitals Group Health operates or contracts within Washington and North Idaho, see your provider directory, call Customer Service, or go online to ghc.org. For specific hospital benefits, please see your benefit booklet.

If you are admitted to a nonparticipating facility in an emergency, you or a family member must call the Notification Line within 24 hours or as soon thereafter as is reasonably possible following the emergency. After your situation is under control and you have called the Notification Line, your personal physician may be contacted if you require follow-up care. The statewide Notification Line number is **1-888-457-9516**. This number is also found on the back of your ID card for easy reference.

Out-of-network hospitalization

As an Options member, you can choose any hospital in the U.S. you'd like for planned inpatient or outpatient services or for emergency care. There are some differences in coverage, however, depending on the circumstance.

If you need emergency care, go to the nearest hospital to get immediate help; you will be treated at your in-network benefit level. If you are admitted, you are required to notify Group Health Options within 24 hours of an inpatient admission by calling the Notification Line at **1-888-457-9516**. If you are admitted, you may elect to be transferred to an in-network facility once you are stabilized for better coordination of care and coverage at your in-network benefit level. You may also choose to remain at the out-of-network hospital (and not be transferred to an in-network hospital) if you agree to pay for services at your out-of-network benefit level.

If you have a surgery or procedure planned in advance and you know you will be admitted as an inpatient to a hospital, you must seek prior authorization. When your admission and inpatient care have been authorized, you will receive an authorization letter in the mail, usually within a few days. If you do not get preadmission authorization, you may be subject to a financial penalty.

GROUP HEALTH MEANS CARE AND CONSIDERATION

"Group Health means care and consideration when going through a major medical crisis in your life. It means knowing someone is there to look out for your interests. They have the patient in mind first and make sure they get the care they need."

—Sonya Franck, member

What's covered

Many Options plans include coverage for prescription drugs. Group Health Options has a list of medications (called a formulary) that are covered through your plan with a cost share. The formulary includes both generic and certain brand-name drugs. In most cases, we cover only medications on the formulary. However, if your personal physician determines that you need a particular medication for certain conditions or a drug that is not on the list, your physician will have the request reviewed to determine if the drug can be covered. To check whether your drug is on the formulary, visit ghc.org

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

Many Options benefit plans include out-of-network coverage for prescription drugs. If covered by your plan, you may have your prescriptions filled at any participating pharmacy, which includes having your refills mailed to your home with free delivery through the Group Health Medical Centers pharmacies, or you may have your prescriptions filled at any of MedImpact's national network of pharmacies. Visit medimpact.com to locate one of these pharmacies near you.

Filling your prescriptions

Any prescription from a doctor can be filled at Group Health Medical Centers pharmacies or at any of Group Health's network pharmacies (pharmacies that Group Health contracts with, but does not operate). If you want a complete list of all the Group Health Medical Centers and Group Health-network pharmacies, check your provider directory or go online to ghc.org

If you need a new prescription when your regular pharmacy is closed, you should make every effort to fill the prescription at another preferred pharmacy. If this is not possible, you can fill the prescription at a nonpreferred pharmacy at your expense and submit a claim for reimbursement. Group Health Options 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 Group Health Medical Centers pharmacies and 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 benefit booklet 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. If you get your prescriptions filled at non-Group Health Medical Centers pharmacies, 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 **ghc.org** where you'll find the necessary transfer form. Deliveries can take up to 10 days, although in most cases, they arrive sooner. There are several ways to receive your prescription refills at home.

Online

Register with MyGroupHealth for Members at **ghc.org** and then complete a one-time ID verification process. Once you're registered, log in to MyGroupHealth for Members then go to the Pharmacy Online page.

Mail or fax

Call the Group Health Mail-Order Pharmacy Service for a mail-order request form, include a check or your credit card information, and drop the form in the mail. To fax, complete a mail-order request form and fax the form to **206-901-4443**.

Phone

Call the Group Health Mail-Order Pharmacy Service 24 hours a day to order refills. When you call, have your prescription number (the 11-digit number on the label), your member ID number, and your credit card handy. Call Pharmacy Service at **206-901-4444**, or toll-free at **1-800-245-7979**.

CHECK YOUR MEDS

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 personal 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 right medicine to stay in the best of health. If you are allergic to any drugs, be sure to tell your new personal physician. This important information will be recorded in your medical record.

Questions?

If your prescription was written by a Group Health Physicians doctor, call to speak to a staff pharmacist. Hours are from 7:30 a.m. to 6 p.m., Monday through Friday, and from 9 a.m. to 1 p.m. on Saturday.

If your prescription was written by a contracted community doctor, contact the pharmacy where your prescription was filled.

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

MyGroupHealth for Members

Options members benefit from a very useful resource: MyGroupHealth for Members at **ghc.org**. It's a personal website that 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.

Be assured: MyGroupHealth for Members is private. The security of your personal health information is our priority at Group Health, both in our medical centers and online. To get started, go to **ghc.org** to set up your account and then get access to all this:

Appointment scheduling*

You can schedule an appointment with your personal physician, specialists, or other members of your health care team. Go online and suggest days and times that are convenient for you; you'll get a confirmation by the end of the next business day. You can cancel appointments this way, too.

Choose a doctor

Use the online provider directory to get information on primary care and specialty doctors and other health care providers, then choose or change your personal physician online.

E-mail your health care team*

Have a follow-up question for your doctor? Contact your Group Health Physicians team, the Consulting Nurse helpline, or other members of your health care team using this secure messaging service. You'll get a reply in your MyGroupHealth inbox by the end of the next business day.

Health and wellness resources

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

Health coverage

Your summary of benefits and coverage agreement are available online for easy reference. You can check for covered services, track deductibles and out-of-pocket expenses, and 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 **ghc.org** and click on "Contact Us." 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.

Online medical record*

Get access to your online medical record including after-visit summaries, lab and test results, a list of your medications, your immunizations and allergies, your current health conditions, and patient discharge instructions from an emergency or urgent care visit at Group Health.

Parental access*

Get access to your child's online medical record through age 12. And for nonurgent issues, you can e-mail your child's Group Health Physicians doctor and request appointments. After you've set up your own account at ghc.org, fill out the "Request for Parental Access" form at the business desk in your medical center. Parents need to show a picture ID; other guardians must have documents showing they have legal authority to make health care decisions for a child.

Prescription refills

Order and pay for Group Health 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.

Test results*

Whenever you have a lab test, the results are sent to your MyGroupHealth inbox as soon as they're available. Clickable links provide information about the test.

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 Group Health or Group Health Options.

*Service available if you get your care at a Group Health Medical Centers location.
Unless otherwise noted, services are available to all members.

PERKS FOR MEMBERS

Audiology/Hear Centers

Hear Center staff work with your provider to conduct hearing tests and dispense hearing aids. They also clean, adjust, and repair hearing devices and also sell hearing accessories. You can reach the Hear Centers by calling these phone numbers:

- Seattle: 206-326-2050
- Redmond: 425-883-5110
- Tacoma: 253-396-4250
- Olympia: 360-923-7420
- Everett: 425-261-1931

(Not available in Eastern Washington and North Idaho. Call Customer Service for assistance.)

Complementary ChoicesSM

You can access an expanded range of noncovered alternative care services beyond your covered benefit at a discount, including acupuncture, naturopathy, chiropractic care, massage therapy, yoga, Pilates, tai chi, and personal trainers. Just pay the provider directly at the time of service. Call Customer Service for information on providers that participate in this program or go online to ghc.org to see a list of alternative care providers.

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 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** or e-mail us at resource.l@ghc.org

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.

Health improvement classes and services

Group Health Cooperative 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 ghc.org and select “Classes & Events” to see what’s offered in your area.

Language interpreters

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

Lifestyle Coaching

Take the online Health Profile at ghc.org and 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.

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.

PERKS FOR MEMBERS

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**

Speech, Language & Learning Services

Staff at Group Health Speech, Language & Learning Services treat a wide variety of communication and learning problems. These include language delay, language and learning disabilities, stuttering, impairment due to head injury, cognitive changes, and problems with study and social skills. Not all services are covered. For more information and locations, call **1-800-645-6799**. (Not available in Eastern Washington and North Idaho. Call Customer Service for assistance.)

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 **take-care.com**. Additionally, a sampling of self-care products is available at kiosks found in all Group Health Medical Centers locations.

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 **206-326-3488**.

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**.



ADDITIONAL PLAN INFORMATION

Change in employment status

To continue coverage if you leave your current employer or lose eligibility under your employer's medical plan, ask for information about the individual and family plans offered by Group Health Options and Group Health Cooperative or our Group Conversion plans. Both offer a variety of options to fit your budget and health care needs. Call Customer Service for more information. Your former employer can also provide you with information about COBRA (a temporary continuation of your benefits plan).

How to file a claim

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

- You or the provider submit a claim
- You include itemized statements describing the services received, along with the claim form
- Send claims for services to:
Options Claims Processing, P.O. Box 34585, Seattle, WA 98124-1585

If you need more claim forms, please ask your employer or call Customer Service.

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.

Other medical insurance

If you or anyone in your family is covered by another health insurance plan, we may need to coordinate your benefits with the other plan to be sure your bills are paid promptly and correctly. Please let us know when you or your family member's coverage changes with the other plan by calling Customer Service.

Temporary situations

For coverage information for full-time students, temporary residents, and dependents of split families, please call Customer Service.



As an Options member, you have the right to:

- Be treated with respect and dignity by all Group Health and 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 an Options 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 names of other insurance companies.
- Use practitioners and providers affiliated with your health plan for health care benefits and services, except where services are authorized or allowed by your health plan, or in the event of emergencies.
- Know and understand your coverage, follow plan procedures, and pay for the cost of care not covered in your contract.
- Understand your health needs and work with your personal physician to develop mutually agreed upon goals about ways to stay healthy or get well when you are sick.
- Understand and follow instructions for treatment, and understand the consequences of following or not following instructions.
- Be active, informed, and involved in your care, and 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 Options. 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 an Options 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 Cooperative is run. Every adult member 18 or older has this unique voting privilege. So be sure to sign up and put the power of the Cooperative in your hands. To sign up:

- Go online to **ghc.org**
- Get an application by calling Customer Service at **206-901-4636** or toll-free at **1-888-901-4636**

Compliments and concerns

At Group Health Options, we're committed to serving you in the most caring and effective way possible. 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 want to know when you are pleased with the care and service you received. 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 be sure to 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. If there is a time when you are not satisfied with our response, we will provide you with information about our decision-making process and help you take your concern through our formal appeals process. See your benefit booklet for a description of the appeals process.

Access to new treatments

Widespread use of experimental, unproven methods of treatment can often lead to unintended negative health outcomes. Group Health Cooperative has a rigorous process in place to evaluate the effectiveness of experimental treatments. Group Health Cooperative requires 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. Group Health Options concurs with Group Health's approach and uses information from Group Health's rigorous assessment process to make coverage decisions. 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 benefit booklet.

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**.

PHYSICIAN SELECTION/CHANGE FORM

One of the advantages of being a Group Health Cooperative or Group Health Options, Inc. member is that you get to choose your own personal physician. Doing so is important. This is the person who is in the best position to coordinate your care. Please use this form or go online to **ghc.org** to select or change the personal physician for yourself and each family member.

Remember, each family member can select his/her own personal physician. To get a list of physicians in your area, visit **ghc.org** or call Customer Service at **1-888-901-4636**.

Last name	First name	MI	Social Security number or member number	Sex M/F	Birth date	Last name	Name of personal physician	First name	Current patient?	
									YES	NO
SUBSCRIBER										
SPOUSE/DOMESTIC PARTNER										
DEPENDENT										
DEPENDENT										
DEPENDENT										
DEPENDENT										

If this is a change, please indicate reason: _____

Signature _____ Date _____

Please mail this form to:

**Group Health Cooperative
Physician Selection
P.O. Box 34590
Seattle, WA 98124-9708**

Or fax to: 1-888-874-1765





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 or 206-901-2244

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

Customer Service

For coverage questions, directions to medical centers, to speak to a health plan representative, and more.

Seattle area | 206-901-4636

Statewide | 1-888-901-4636

Mail-Order Pharmacy | 1-800-245-7979

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

Notification Line | 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 | 1-800-554-1907

If your plan offers this coverage, call with questions.

TTY Relay

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

Washington | 1-800-833-6388 or 711

Idaho | 1-800-377-3529 or 711

Web | ghc.org