

INDIVIDUAL
AND FAMILY
PLANS

2015 Compare your plan options



Effective
Jan. 1, 2015
for individuals
and families



GroupHealth®

Coinsurance

The percentage amount you pay for the cost of the care you receive. You'll notice that the coinsurance levels differ among all of the plans.

Copayment, copay

The set dollar amount you pay when you receive certain covered services.

Deductible

What you'll pay each year before your full coverage kicks in. All of our individual and family plans have traditional deductibles (also called embedded deductibles). Once a family member meets their individual deductible, services are covered for that person without the entire family deductible being met. Other family members continue to pay toward the family deductible amount. For certain services, the deductible does not apply.

Drug formulary

The list of generic and brand-name prescription drugs that are usually covered by our health plans. The drugs are selected by a committee of Group Health physicians and pharmacists based on safety, effectiveness, and cost.

Hospital stays—inpatient

Hospital room and board; inpatient surgery; anesthesia; intensive and coronary care; laboratory tests; radiology services; drugs while in hospital. Includes mental health inpatient treatment.

Office visits

Primary and specialty care, including naturopathy and outpatient mental health and substance abuse visits.

Out-of-pocket maximum

The most you'll be required to pay for covered services in a calendar year. Deductible, copays, and coinsurance count toward the limit, but plan premiums do not.

Outpatient surgery

Surgery in an office, outpatient surgery center, or hospital setting that does not require an overnight stay.

Pediatric vision

For children up to and including age 18.

Prescription drugs

Outpatient: Formulary drugs that require prescriptions, including self-administered injectables, mental health drugs, and diabetic pharmacy supplies.

Preventive care services

For children and adults. Includes wellness visits and immunizations as established in Group Health's well-care schedule, formulary contraceptive drugs, contraceptive devices, female sterilization and counseling. Devices and supplies related to contraception are covered as preventive as required by federal law and covered in full. Also includes drugs and medicines such as aspirin, fluoride, and folic acid.

NOTE: For all plans, except the HSA plans, preventive care visits are offered before the deductible kicks in and do not count as part of the three predeductible visits.

What's an HSA and is it right for you?

A health savings account (HSA) is a personal savings account that's used to pay for eligible medical expenses. The money you deposit in the account is not taxed, and you own and control that money. You can open an HSA with your own financial institution. You're eligible for an HSA if you choose a high-deductible, HSA-compatible health plan and aren't covered under another plan or enrolled in Medicare. Group Health's Core Bronze HSA plan (see page 7), HealthPays® Core Bronze HSA (page 11) and HealthPays Connect Bronze HSA (page 13) are HSA-compatible plans.

An HSA may be a good choice if you're healthy and want to save for future health care expenses. It's probably not a great idea if you think you may need expensive medical care in the next year and would have trouble meeting the high deductible.



What makes Group Health different?

All of our 2015 plans offer great value and the same full complement of covered benefits. You have access to a large network of providers that includes primary care physicians, specialists, alternative care practitioners, and area hospitals. You choose how extensive a network you want, and how you'd like costs shared between you and your health plan.

No matter which plan you choose, you have access to round-the-clock medical advice via our Consulting Nurse Service, and online services to make managing your care easier, such as Web-based prescription refills and personalized health status reports. In addition, our focus on prevention and wellness services—such as screenings, immunizations, and regular care reminders—helps you stay healthy and lower your risk of disease.

Since 1947, this coordinated approach to care has been Group Health's hallmark. We hope you'll sign up for one of our 2015 plans and experience the Group Health difference.

Important dates to remember

Nov. 15, 2014–Feb. 15, 2015
General open enrollment, when you can enroll in health plans.*

Jan. 1, 2015
Coverage begins for plans purchased on or before Dec. 23, 2014.



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Counties where our plans are available: Benton, Columbia, Franklin, Island, King, Kitsap, Kittitas, Lewis, Mason, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, and Yakima.

* Certain qualifying events—such as if you lose your health coverage, or there is a birth or adoption in your family—allow you to enroll in a health plan, or modify your coverage, at any time during the year, as long as it's no more than 60 days from the date of the qualifying event.

3 easy steps to choosing a 2015 health plan

Follow these steps and you'll be ready to make an informed decision about the health coverage that's right for you and your family.



1 Find out if you're eligible for financial assistance.

Depending on your family size and income, you may qualify for assistance on your monthly health plan premiums—and even on deductibles, coinsurance, and copayments.

To find out if you qualify, go to ghc.org/if. If you qualify, you'll need to purchase your coverage through Washington Healthplanfinder—the online exchange marketplace for purchasing health insurance—to get that savings.

You may be able to save on premiums and other costs (deductibles, copays, coinsurance) if:

- You are under age 65 and are not eligible for Medicare, Medicaid, Children's Health Insurance Program (CHIP), an employer-sponsored plan, a grandfathered plan, or other coverage recognized by Health and Human Services (HHS).
- You are a lawful U.S. resident.
- Your income is 139 percent to 400 percent of the federal poverty level. Many middle-income households fall within this range.
- Your employer's coverage is "unaffordable" (your share of the plan premium for employee coverage would be greater than 9.5 percent of your household income) or "inadequate" (the plan pays less than 60 percent of the cost of covered benefits).

2 Consider how you use health care services.

Each of our plans offers high-quality care and great value, but they've been designed to serve different needs. Thinking about how often you and your family use health care services will help you determine what level of coverage you'll need.

Under the Affordable Care Act (ACA), health plan carriers can offer different levels of coverage that define how costs are shared between you and your health plan. The higher your monthly premium, the less you will pay out of pocket when you receive services.

	Monthly premium	Cost to you when you get care*	Good choice if you...
BRONZE	\$	\$\$\$	Don't expect to use a lot of health care services
SILVER	\$\$	\$\$	Want a balance between monthly premium costs and out-of-pocket costs when you get care
GOLD	\$\$\$	\$	Expect to use a lot of health care services

*Copays, deductible, coinsurance

3 Choose a plan that matches your needs.

Our plans offer the same broad set of benefits, yet vary in the amount of choice you have in doctors, monthly premiums, and cost shares (such as deductibles, copays, coinsurance, and out-of-pocket maximums).

If you're eligible for financial assistance through Washington Healthplanfinder, or you're looking for one of our lower cost options, [see our Core Flex plans on page 6](#).

If you want a balance between value, choice, and cost, and don't qualify for financial assistance, [see our Core Plus plans on page 10](#). These plans are only available direct from Group Health, not through Washington Healthplanfinder.

If you want maximum choice in providers and don't qualify for financial assistance, [see our Connect3 plans on Page 12](#). These plans are only available direct from Group Health, not through Washington Healthplanfinder.

If you want a lower cost, high-deductible plan that is an HSA-compatible plan, [see our HSA plans on pages 6, 10, and 13](#). These plans are available direct from Group Health and through Washington Healthplanfinder.

If you're an adult under age 30, or experiencing some type of hardship, and anticipate that you will only need coverage in case of major illness or injury, [see our Core Basics Plus Catastrophic plan on Page 9](#), available through Washington Healthplanfinder.

If you are an American Indian or Alaska Native (AIAN), you may qualify for specific plans such as Core Flex Bronze AIAN. These AIAN plan variations allow members to seek care at a tribal clinic with no cost shares or low cost shares. Go to ghc.org/if.

2015 Group Health plans on Washington Healthplanfinder



Group Health Cooperative Core Flex and Core Bronze HSA plans

Our Core plans offer quality, value, and a broad range of benefits. The **Core Flex Silver** and **Core Flex Gold** plans give you the first three office visits per year at just your office visit copay; **Core Flex Bronze** offers this for the first 3 primary care visits. Core plans give you access to:

- More than 1,000 Group Health doctors at 25 Group Health Medical Centers locations.*
- More than 9,000 network providers in our service area.

To learn more about the doctors in our Core plans network (also known as “Group Health”), go to ghc.org/provider.

What’s an HSA (health savings account) and is it right for you?
See page 2.

25 clinics—one team

At every Group Health Medical Centers location, you’ll experience the benefits of coordinated care between doctors, nurses, specialists, and pharmacists. Team members work from the same electronic medical records, so decisions about your health care can be made quickly and safely while consulting with you at every step. Other advantages of this coordinated care system include:

- Online services, such as scheduling appointments, e-mailing your doctor, and checking test results.
- Doctors, pharmacy, lab, and radiology are all under one roof at most clinic locations.
- Access to more than 65 specialties and subspecialties, many of which you can self-refer to.

➔ **To enroll in one of these plans, go to wahealthplanfinder.org.**

COVERAGE
Annual deductible Deductible does not apply to services noted with ♦
Member coinsurance
Out-of-pocket maximum
BENEFITS
Office visits
Preventive care services
Maternity care Routine outpatient prenatal and postpartum visits Labor and delivery—inpatient
Chiropractic/manipulative therapy 10 visits per calendar year
Acupuncture 12 visits per calendar year
Lab/radiology services
Devices, equipment, and supplies Including prosthetics
Outpatient surgery
Emergency care
Ambulance
Hospital stays—inpatient
Skilled nursing 60 days per calendar year
Adult vision 1 routine exam per year
Pediatric vision 1 routine exam per year; Hardware—1 pair of lenses and frames per year or annual supply of contacts
Prescription drugs Cost per 30-day supply

*Source: OIC Provider Network Form A

NOTE: This is an overview of benefits. The contents are not to be accepted or construed as a substitute for the provisions of the medical coverage agreement. Other terms and conditions may apply. A list of excluded services and other limitations can be found in each plan’s Summary of Benefits and Coverage document.

CORE BRONZE HSA	CORE FLEX BRONZE	CORE FLEX SILVER	CORE FLEX GOLD
\$4,000 per member or \$8,000 per family	\$5,200 per member or \$10,400 per family	\$1,250 per member or \$2,500 per family	\$600 per member or \$1,200 per family
20 %	40 %	30 %	20 %
\$6,450 per member or \$12,900 per family	\$6,350 per member or \$12,700 per family	\$6,350 per member or \$12,700 per family	\$4,500 per member or \$9,000 per family
After deductible is met, you pay:	After deductible is met, you pay:	After deductible is met, you pay:	After deductible is met, you pay:
20 % coinsurance	Deductible does not apply to first 3 primary care visits ♦ Primary: \$40 copay per visit for first 3 visits, then 40 % coinsurance Specialty: 40 % coinsurance	Deductible does not apply to first 3 office visits ♦ Primary: \$20 copay per visit Specialty: \$45 copay per visit	Deductible does not apply to first 3 office visits ♦ Primary: \$10 copay per visit Specialty: \$30 copay per visit
Covered in full ♦	Covered in full ♦	Covered in full ♦	Covered in full ♦
Covered in full ♦ 20 % coinsurance	Covered in full ♦ 40 % coinsurance	Covered in full ♦ 30 % coinsurance	Covered in full ♦ 20 % coinsurance
20 % coinsurance	40 % coinsurance	Primary: \$20 copay per visit Specialty: \$45 copay per visit	Primary: \$10 copay per visit Specialty: \$30 copay per visit
20 % coinsurance	40 % coinsurance	Primary: \$20 copay per visit Specialty: \$45 copay per visit	Primary: \$10 copay per visit Specialty: \$30 copay per visit
20 % coinsurance	40 % coinsurance	30 % coinsurance	20 % coinsurance
20 % coinsurance	40 % coinsurance	30 % coinsurance	20 % coinsurance
20 % coinsurance	40 % coinsurance	30 % coinsurance	20 % coinsurance
20 % coinsurance	40 % coinsurance	\$200 copay + 30 % coinsurance	\$200 copay + 20 % coinsurance
20 % coinsurance	40 % coinsurance	30 % coinsurance	20 % coinsurance
20 % coinsurance	40 % coinsurance	30 % coinsurance	20 % coinsurance
20 % coinsurance	40 % coinsurance	Primary: \$20 copay per visit Specialty: \$45 copay per visit	Primary: \$10 copay per visit Specialty: \$30 copay per visit
Covered in full ♦	Covered in full ♦	Covered in full ♦	Covered in full ♦
Filled at pharmacy: 20 % preferred generic 40 % preferred brand, including specialty brand Filled by mail order: 15 % preferred generic 35 % preferred brand, including specialty brand	Filled at pharmacy: \$10 preferred generic ♦ 40 % preferred brand, including specialty brand Filled by mail order: \$5 preferred generic ♦ 35 % preferred brand, including specialty brand	Filled at pharmacy: \$10 preferred generic ♦ 40 % preferred brand, including specialty brand Filled by mail order: \$5 preferred generic ♦ 35 % preferred brand, including specialty brand	Filled at pharmacy: \$10 preferred generic ♦ 20 % preferred brand, including specialty brand Filled by mail order: \$5 preferred generic ♦ 15 % preferred brand, including specialty brand

PRIMARY CARE COPAYS APPLY TO: Acupuncture • Audiology • Chemical Dependency/Substance Abuse • Chiropractic/Manipulative Therapy • Emergency Medicine (where ER copay doesn’t apply) • Enterostomal Therapy • Family Planning • Family Medicine • Health Education • Internal Medicine • Massage Therapy • Mental Health • Midwifery • Naturopathy • Nutrition • Obstetrics/Gynecology • Occupational Medicine • Occupational Therapy • Optometry • Osteopathy • Pediatrics • Physical Therapy • Respiratory Therapy • Speech Therapy • **NOTE:** The specialty care copay will apply if a service is provided by a specialty care provider.

SPECIALTY CARE COPAYS APPLY TO: Acupuncture • Allergy and Immunology • Anesthesiology • Cardiology (pediatric and cardiovascular disease) • Chiropractic/Manipulative Therapy • Critical Care Medicine • Dentistry • Dermatology • Endocrinology • Gastroenterology • Genetics • Hematology • Hepatology • Infectious Disease • Neonatal-Perinatal Medicine • Nephrology • Neurology • Oncology • Ophthalmology • Orthopedics • Otolaryngology (ear, nose, and throat) • Pathology • Psychiatry (Physical Medicine) • Podiatry • Pulmonary Medicine/Disease • Radiology (nuclear medicine, radiation therapy) • Rheumatology • Sports Medicine • General Surgery (all surgical specialties) • Urology

2015 Group Health plans on Washington Healthplanfinder



Group Health Cooperative Core Flex plans and Core Basics Plus plan

Core Flex Silver 73, Core Flex Silver 87, and Core Flex Silver 94 plans are only available to individuals and families who qualify for financial assistance based on family size and income.

With Core Flex Silver plans, you pay only a copay at each of your first three office visits.

Our **Core Basics Plus Catastrophic** plan is available to adults under age 30, or adults experiencing some type of hardship.

American Indian/Alaska Native Plans

These plans are available to American Indians and Alaska Natives (AIAN) who qualify. For details about our AIAN plans—Core Bronze HSA AIAN, Core Flex Bronze Limited Cost Share AIAN, Core Flex Silver AIAN, and Core Flex Gold AIAN—go to ghc.org/if.

These Core plans are only available online through Washington Healthplanfinder.

These plans are only available to those who qualify.

→ To enroll in one of these plans, go to wahealthplanfinder.org.

COVERAGE
Annual deductible Deductible does not apply to services noted with ♦
Member coinsurance
Out-of-pocket maximum
BENEFITS
Office visits
Preventive care services
Maternity care Routine outpatient prenatal and postpartum visits Labor and delivery—inpatient
Chiropractic/manipulative therapy 10 visits per calendar year
Acupuncture 12 visits per calendar year
Lab/radiology services
Devices, equipment, and supplies (including prosthetics)
Outpatient surgery
Emergency care
Ambulance
Hospital stays—inpatient
Skilled nursing 60 days per calendar year
Adult vision 1 routine exam per year
Pediatric vision 1 routine exam per year; Hardware—1 pair of lenses and frames per year or annual supply of contacts
Prescription drugs Cost per 30-day supply

NOTE: This is an overview of benefits. The contents are not to be accepted or construed as a substitute for the provisions of the medical coverage agreement. Other terms and conditions may apply. A list of excluded services and other limitations can be found in each plan's Summary of Benefits and Coverage document.

CORE FLEX SILVER 73	CORE FLEX SILVER 87	CORE FLEX SILVER 94	CORE BASICS PLUS CATASTROPHIC
\$1,000 per member or \$2,000 per family	\$300 per member or \$600 per family	\$50 per member or \$100 per family	\$6,600 per member or \$13,200 per family
30 %	10 %	5 %	None
\$5,200 per member or \$10,400 per family	\$2,250 per member or \$4,500 per family	\$2,250 per member or \$4,500 per family	\$6,600 per member or \$13,200 per family
After deductible is met, you pay:	After deductible is met, you pay:	After deductible is met, you pay:	After deductible is met, you pay:
Deductible does not apply to first 3 office visits ♦ Primary: \$20 copay per visit Specialty: \$45 copay per visit	Deductible does not apply to first 3 office visits ♦ Primary: \$10 copay per visit Specialty: \$30 copay per visit	Deductible does not apply to first 3 office visits ♦ Primary: \$0 copay per visit Specialty: \$5 copay per visit	First 3 primary care visits covered in full ♦ Primary and Specialty: No charge (after deductible)
Covered in full ♦	Covered in full ♦	Covered in full ♦	Covered in full ♦
Covered in full ♦ 30 % coinsurance	Covered in full ♦ 10 % coinsurance	Covered in full ♦ 5 % coinsurance	Covered in full ♦ No charge (after deductible)
Primary: \$20 copay per visit Specialty: \$45 copay per visit	Primary: \$10 copay per visit Specialty: \$30 copay per visit	Primary: \$0 copay per visit Specialty: \$5 copay per visit	No charge (after deductible)
Primary: \$20 copay per visit Specialty: \$45 copay per visit	Primary: \$10 copay per visit Specialty: \$30 copay per visit	Primary: \$0 copay per visit Specialty: \$5 copay per visit	No charge (after deductible)
30 % coinsurance	10 % coinsurance	5 % coinsurance	No charge (after deductible)
30 % coinsurance	10 % coinsurance	5 % coinsurance	No charge (after deductible)
30 % coinsurance	10 % coinsurance	5 % coinsurance	No charge (after deductible)
\$200 copay + 30 % coinsurance	\$200 copay + 10 % coinsurance	\$200 copay + 5 % coinsurance	No charge (after deductible)
30 % coinsurance	10 % coinsurance	5 % coinsurance	No charge (after deductible)
30 % coinsurance	10 % coinsurance	5 % coinsurance	No charge (after deductible)
30 % coinsurance	10 % coinsurance	5 % coinsurance	No charge (after deductible)
Primary: \$20 copay per visit Specialty: \$45 copay per visit	Primary: \$10 copay per visit Specialty: \$30 copay per visit	Primary: \$0 copay per visit Specialty: \$5 copay per visit	No charge (after deductible)
Covered in full ♦	Covered in full ♦	Covered in full ♦	Covered in full ♦
Filled at pharmacy: \$10 preferred generic ♦ 40 % preferred brand, including specialty brand Filled by mail order: \$5 preferred generic ♦ 35 % preferred brand, including specialty brand	Filled at pharmacy: \$10 preferred generic ♦ 30 % preferred brand, including specialty brand Filled by mail order: \$5 preferred generic ♦ 25 % preferred brand, including specialty brand	Filled at pharmacy: \$7 preferred generic ♦ 10 % preferred brand, including specialty brand Filled by mail order: \$2 preferred generic ♦ 5 % preferred brand, including specialty brand	Filled at pharmacy (after deductible): No charge for preferred generic No charge for preferred brand, including specialty brand Filled by mail order (after deductible): No charge for preferred generic No charge for preferred brand, including specialty brand

PRIMARY CARE COPAYS APPLY TO: Acupuncture • Audiology • Chemical Dependency/Substance Abuse • Chiropractic/Manipulative Therapy • Emergency Medicine (where ER copay doesn't apply) • Enterostomal Therapy • Family Planning • Family Medicine • Health Education • Internal Medicine • Massage Therapy • Mental Health • Midwifery • Naturopathy • Nutrition • Obstetrics/Gynecology • Occupational Medicine • Occupational Therapy • Optometry • Osteopathy • Pediatrics • Physical Therapy • Respiratory Therapy • Speech Therapy • **NOTE:** The specialty care copay will apply if a service is provided by a specialty care provider.

SPECIALTY CARE COPAYS APPLY TO: Acupuncture • Allergy and Immunology • Anesthesiology • Cardiology (pediatric and cardiovascular disease) • Chiropractic/Manipulative Therapy • Critical Care Medicine • Dentistry • Dermatology • Endocrinology • Gastroenterology • Genetics • Hematology • Hepatology • Infectious Disease • Neonatal-Perinatal Medicine • Nephrology • Neurology • Oncology • Ophthalmology • Orthopedics • Otolaryngology (ear, nose, and throat) • Pathology • Psychiatry (Physical Medicine) • Podiatry • Pulmonary Medicine/Disease • Radiology (nuclear medicine, radiation therapy) • Rheumatology • Sports Medicine • General Surgery (all surgical specialties) • Urology

2015 plans direct from Group Health Cooperative



Group Health Core Plus and HealthPays® Core Bronze HSA plans

Our Core Plus and HealthPays Core Bronze HSA plans from Group Health Cooperative combine high-quality care and great value. **Core Plus Bronze** gives you three primary care visits per year at just your office visit copay—without having to pay your deductible first. The same is true with **Core Plus Silver** and **Core Plus Gold**, but these visits can be applied to both primary and specialty visits.

And the network of providers includes:

- More than 1,000 Group Health doctors at 25 Group Health Medical Centers locations.*
- More than 9,000 network providers.*

To learn more about the doctors in our Core plans network (also known as “Group Health”), go to ghc.org/provider.

25 clinics—one team

At every Group Health Medical Centers location, you’ll experience the benefits of coordinated care between doctors, nurses, specialists, and pharmacists. Team members work from the same electronic medical records, so decisions about your health care can be made quickly and safely while consulting with you at every step. Other advantages of this coordinated care system include:

- Online services, such as scheduling appointments, e-mailing your doctor, and checking test results.
- Doctors, pharmacy, lab, and radiology are all under one roof at most clinic locations.
- Access to more than 65 specialties and subspecialties, many of which you can self-refer to.

What’s an HSA (health savings account) and is it right for you?

See page 2.

➔ To enroll in one of these plans, go to ghc.org/if.

COVERAGE
Annual deductible Deductible does not apply to services noted with ♦
Member coinsurance
Out-of-pocket maximum
BENEFITS
Office visits
Preventive care services
Maternity care Routine outpatient prenatal and postpartum visits Labor and delivery—inpatient
Chiropractic/manipulative therapy 10 visits per calendar year
Acupuncture 12 visits per calendar year
Lab/radiology services
Devices, equipment, and supplies (including prosthetics)
Outpatient surgery
Emergency care
Ambulance
Hospital stays—inpatient
Skilled nursing 60 days per calendar year
Adult vision 1 routine exam per year
Pediatric vision 1 routine exam per year; Hardware—1 pair of lenses and frames per year or annual supply of contacts
Pediatric dental Class I - Preventive Exam (see page 14)
Prescription drugs Cost per 30-day supply

*Source: OIC Provider Network Form A

NOTE: This is an overview of benefits. The contents are not to be accepted or construed as a substitute for the provisions of the medical coverage agreement. Other terms and conditions may apply. A list of excluded services and other limitations can be found in each plan’s Summary of Benefits and Coverage document.

HEALTHPAYS® CORE BRONZE HSA	CORE PLUS BRONZE	CORE PLUS SILVER	CORE PLUS GOLD
\$4,000 per member or \$8,000 per family	\$5,200 per member or \$10,400 per family	\$1,250 per member or \$2,500 per family	\$600 per member or \$1,200 per family
20%	40%	30%	20%
\$6,450 per member or \$12,900 per family	\$6,350 per member or \$12,700 per family	\$6,350 per member or \$12,700 per family	\$4,500 per member or \$9,000 per family
After deductible is met, you pay:	After deductible is met, you pay:	After deductible is met, you pay:	After deductible is met, you pay:
20% coinsurance	Deductible does not apply to first 3 primary care visits ♦ Primary: \$40 copay per visit for first 3 visits, then 40% coinsurance Specialty: 40% coinsurance	Deductible does not apply to first 3 office visits ♦ Primary: \$20 copay per visit Specialty: \$45 copay per visit	Deductible does not apply to first 3 office visits ♦ Primary: \$10 copay per visit Specialty: \$30 copay per visit
Covered in full ♦	Covered in full ♦	Covered in full ♦	Covered in full ♦
Covered in full ♦ 20% coinsurance	Covered in full ♦ 40% coinsurance	Covered in full ♦ 30% coinsurance	Covered in full ♦ 20% coinsurance
20% coinsurance	40% coinsurance	Primary: \$20 copay per visit Specialty: \$45 copay per visit	Primary: \$10 copay per visit Specialty: \$30 copay per visit
20% coinsurance	40% coinsurance	Primary: \$20 copay per visit Specialty: \$45 copay per visit	Primary: \$10 copay per visit Specialty: \$30 copay per visit
20% coinsurance	40% coinsurance	30% coinsurance	20% coinsurance
20% coinsurance	40% coinsurance	30% coinsurance	20% coinsurance
20% coinsurance	40% coinsurance	30% coinsurance	20% coinsurance
20% coinsurance	40% coinsurance	\$200 copay + 30% coinsurance	\$200 copay + 20% coinsurance
20% coinsurance	40% coinsurance	30% coinsurance	20% coinsurance
20% coinsurance	40% coinsurance	30% coinsurance	20% coinsurance
20% coinsurance	40% coinsurance	30% coinsurance	20% coinsurance
20% coinsurance	40% coinsurance	Primary: \$20 copay per visit Specialty: \$45 copay per visit	Primary: \$10 copay per visit Specialty: \$30 copay per visit
Covered in full ♦	Covered in full ♦	Covered in full ♦	Covered in full ♦
Covered in full ♦	Covered in full ♦	Covered in full ♦	Covered in full ♦
Filled at pharmacy: 20% preferred generic 40% preferred brand, including specialty brand Filled by mail order: 15% preferred generic 35% preferred brand, including specialty brand	Filled at pharmacy: \$10 preferred generic ♦ 40% preferred brand, including specialty brand Filled by mail order: \$5 preferred generic ♦ 35% preferred brand, including specialty brand	Filled at pharmacy: \$10 preferred generic ♦ 40% preferred brand, including specialty brand Filled by mail order: \$5 preferred generic ♦ 35% preferred brand, including specialty brand	Filled at pharmacy: \$10 preferred generic ♦ 20% preferred brand, including specialty brand Filled by mail order: \$5 preferred generic ♦ 15% preferred brand, including specialty brand

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2015 plans direct from Group Health Options, Inc.



Group Health Connect3 and HealthPays® Connect Bronze HSA plans

If having a lot of choice is most important to you, you may want to select one of our Connect3 plans, or our HealthPays Connect Bronze HSA. These plans give you access to many additional providers, both in network and out of network.

Connect 3 plans give you three primary care visits at just your office visit copay—without meeting the deductible first. Providers include:

In Network

- More than 1,000 Group Health doctors at 25 Group Health Medical Centers locations.*
- 450 doctors at 8 Virginia Mason Medical Centers locations.
- Nearly 400 doctors at 16 The Everett Clinic locations.
- More than 9,000 in-network providers.*

Out of Network

- More than 5,000 regional doctors in Washington, Oregon, Idaho, Alaska, and Montana with First Choice Health.
- More than 590,000 doctors in all other states with First Health Network.
- Any licensed provider in the U.S.

To learn more about the doctors in our Connect plans network, also known as Alliant Plus, go to ghc.org/provider.

What’s an HSA (health savings account) and is it right for you?
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COVERAGE
Annual deductible Deductible does not apply to services noted with ♦
Member coinsurance
Out-of-pocket maximum
BENEFITS
Office visits
Preventive care services
Maternity care Routine outpatient prenatal and postpartum visits Labor and delivery—inpatient
Chiropractic/manipulative therapy 10 visits per calendar year
Acupuncture 12 visits per calendar year
Lab/radiology services
Devices, equipment, and supplies (including prosthetics)
Outpatient surgery
Emergency care
Ambulance
Hospital stays—inpatient
Skilled nursing 60 days per calendar year
Adult vision 1 routine exam per year
Pediatric vision 1 routine exam per year; Hardware—1 pair of lenses and frames per year or annual supply of contacts
Pediatric dental Class I - Preventive Exam (see page 14)
Prescription drugs Cost per 30-day supply

*Source: OIC Provider Network Form A

NOTE: This is an overview of benefits. The contents are not to be accepted or construed as a substitute for the provisions of the medical coverage agreement. Other terms and conditions may apply. A list of excluded services and other limitations can be found in each plan’s Summary of Benefits and Coverage document.

HEALTHPAYS® CONNECT BRONZE HSA		CONNECT3 SILVER		CONNECT3 GOLD	
In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
\$4,000 per member or \$8,000 per family		\$1,250 per member or \$2,500 per family		\$500 per member or \$1,000 per family	
20 %	50 %	30 %	50 %	20 %	40 %
\$6,450 per member or \$12,900 per family		\$6,350 per member or \$12,700 per family		\$6,350 per member or \$12,700 per family	
After deductible is met, you pay:		After deductible is met, you pay:		After deductible is met, you pay:	
20 % coinsurance	50 % coinsurance	Deductible does not apply to first 3 primary care visits ♦ Primary: \$20 copay per visit Specialty: \$30 copay per visit	50 % coinsurance	Deductible does not apply to first 3 primary care visits ♦ Primary: \$10 copay per visit Specialty: \$15 copay per visit	40 % coinsurance
Covered in full ♦	Covered in full ♦	Covered in full ♦	Covered in full ♦	Covered in full ♦	Covered in full ♦
Covered in full ♦ 20 % coinsurance	Covered in full ♦ 50 % coinsurance	Covered in full ♦ 30 % coinsurance	Covered in full ♦ 50 % coinsurance	Covered in full ♦ 20 % coinsurance	Covered in full ♦ 40 % coinsurance
20 % coinsurance	50 % coinsurance	Primary: \$20 copay per visit Specialty: \$30 copay per visit	50 % coinsurance	Primary: \$10 copay per visit Specialty: \$15 copay per visit	40 % coinsurance
20 % coinsurance	50 % coinsurance	Primary: \$20 copay per visit Specialty: \$30 copay per visit	50 % coinsurance	Primary: \$10 copay per visit Specialty: \$15 copay per visit	40 % coinsurance
20 % coinsurance	50 % coinsurance	30 % coinsurance	50 % coinsurance	20 % coinsurance	40 % coinsurance
20 % coinsurance	50 % coinsurance	30 % coinsurance	50 % coinsurance	20 % coinsurance	40 % coinsurance
20 % coinsurance	50 % coinsurance	30 % coinsurance	50 % coinsurance	20 % coinsurance	40 % coinsurance
20 % coinsurance		\$200 copay + 30 % coinsurance		\$200 copay + 20 % coinsurance	
20 % coinsurance	50 % coinsurance	30 % coinsurance	50 % coinsurance	20 % coinsurance	40 % coinsurance
20 % coinsurance	50 % coinsurance	30 % coinsurance	50 % coinsurance	20 % coinsurance	40 % coinsurance
20 % coinsurance	50 % coinsurance	30 % coinsurance	50 % coinsurance	20 % coinsurance	40 % coinsurance
20 % coinsurance	50 % coinsurance	Primary: \$20 copay per visit Specialty: \$30 copay per visit	50 % coinsurance	Primary: \$10 copay per visit Specialty: \$15 copay per visit	40 % coinsurance
Covered in full ♦	50 % coinsurance for routine exam; Covered in full ♦ for hardware	Covered in full ♦	50 % coinsurance for routine exam; Covered in full ♦ for hardware	Covered in full ♦	40 % coinsurance for routine exam; Covered in full ♦ for hardware
Covered in full ♦	Covered in full ♦	Covered in full ♦	Covered in full ♦	Covered in full ♦	Covered in full ♦
Filled at pharmacy: 20 % preferred generic 40 % preferred brand, including specialty brand	Filled at pharmacy: 50 % preferred generic 50 % preferred brand, including specialty brand	Filled at pharmacy: \$10 preferred generic ♦ 40 % preferred brand, including specialty brand	Filled at pharmacy: 50 % preferred generic 50 % preferred brand, including specialty brand	Filled at pharmacy: \$10 preferred generic ♦ 20 % preferred brand, including specialty brand	Filled at pharmacy: 40 % preferred generic 50 % preferred brand, including specialty brand
Filled by mail order: 15 % preferred generic 35 % preferred brand, including specialty brand	Filled by mail order: Available only when filled through a Group Health–designated mail order service.	Filled by mail order: \$5 preferred generic ♦ 35 % preferred brand, including specialty brand	Filled by mail order: Available only when filled through a Group Health–designated mail order service.	Filled by mail order: \$5 preferred generic ♦ 15 % preferred brand, including specialty brand	Filled by mail order: Available only when filled through a Group Health–designated mail order service.

PRIMARY CARE COPAYS APPLY TO: Acupuncture • Audiology • Chemical Dependency/Substance Abuse • Chiropractic/Manipulative Therapy • Emergency Medicine (where ER copay doesn’t apply) • Enterostomal Therapy • Family Planning • Family Medicine • Health Education • Internal Medicine • Massage Therapy • Mental Health • Midwifery • Naturopathy • Nutrition • Obstetrics/Gynecology • Occupational Medicine • Occupational Therapy • Optometry • Osteopathy • Pediatrics • Physical Therapy • Respiratory Therapy • Speech Therapy • **NOTE:** The specialty care copay will apply if a service is provided by a specialty care provider.

SPECIALTY CARE COPAYS APPLY TO: Acupuncture • Allergy and Immunology • Anesthesiology • Cardiology (pediatric and cardiovascular disease) • Chiropractic/Manipulative Therapy • Critical Care Medicine • Dentistry • Dermatology • Endocrinology • Gastroenterology • Genetics • Hematology • Hepatology • Infectious Disease • Neonatal-Perinatal Medicine • Nephrology • Neurology • Oncology • Ophthalmology • Orthopedics • Otolaryngology (ear, nose, and throat) • Pathology • Psychiatry (Physical Medicine) • Podiatry • Pulmonary Medicine/Disease • Radiology (nuclear medicine, radiation therapy) • Rheumatology • Sports Medicine • General Surgery (all surgical specialties) • Urology

Coverage included in plans direct from Group Health

2015 Pediatric dental coverage

Dental coverage is automatically included for children up to age 19 when you enroll in an individual or family medical plan directly through Group Health Cooperative or Group Health Options, Inc. Our pediatric dental benefits are administered by United Concordia Dental (UCD) and use the UCD Advantage Plus dental provider network.

Below is a summary of our pediatric dental benefits and coverage, depending on the medical plan you select. Refer to your medical coverage agreement for full benefit details.

	Core Plus	Connect3	HealthPays® Core Bronze HSA	HealthPays Connect Bronze HSA
Your pediatric dental coverage features	In-network care: UCD Advantage Plus network. No benefits for out-of-network care.	In-network care: UCD Advantage Plus network. Out-of-network care: Any licensed dental provider. Same benefits for in- and out-of-network care. With out-of-network care, providers may bill plan members directly for costs that exceed the contracted Advantage Plus fee schedule.	In-network care: UCD Advantage Plus network. No benefits for out-of-network care.	In-network care: UCD Advantage Plus network. Out-of-network care: Any licensed dental provider. Same benefits for in- and out-of-network care. With out-of-network care, providers may bill plan members directly for costs that exceed the contracted Advantage Plus fee schedule.
Deductible per calendar year	\$50 (Class II and III only)	\$50 (Class II and III only)	\$4,000 per member or \$8,000 per family (Class II and III only). Dental and medical combined.	\$4,000 per member or \$8,000 per family (Class II and III only). Dental and medical combined.
Annual benefit maximum	None	None	None	None
Annual out-of-pocket maximum Dental and medical combined	Bronze and Silver: \$6,350 per member or \$12,700 per family. Gold: \$4,500 per member or \$9,000 per family.	\$6,350 per member or \$12,700 per family.	\$6,450 per member or \$12,900 per family.	\$6,450 per member or \$12,900 per family.

BENEFITS

Class I: Diagnostic and Preventive Services	Coverage
Exam	100 %
All X-rays	50 %
Cleanings	100 %
Fluoride treatments	100 %
Sealants	100 %
Palliative treatment (Emergency)	50 %
Orthodontic Services (Medical necessity only)	
Coverage for children up to age 19	50 %
Orthodontic maximum	None

Class II and III: Restorative and Major Services	Coverage
Space maintainers	50 %
Simple extractions	50 %
Basic restorative (fillings, etc.)	50 %
Endodontics (root canals, etc.)	50 %
Complex oral surgery	50 %
General anesthesia and/or nitrous oxide and/or IV sedation	50 %
Non-surgical periodontics including periodontal maintenance	50 %
Surgical periodontics	50 %
Crowns, inlays, onlays	50 %
Prosthetics (fixed partial dentures, dentures)	50 %
Repairs of crowns, inlays, onlays, fixed partial dentures, and dentures	50 %
Maxillofacial surgery and prosthetics	50 %

NOTE: This is an overview of benefits. The contents are not to be accepted or construed as a substitute for the provisions of the coverage agreement. Other terms and conditions may apply. A list of exclusions and other limitations can be found on the Pediatric Dental Plan Flyer posted on [ghc.org/if](#). Group Health refers to Group Health Cooperative or Group Health Options, Inc.

Optional coverage you may want to purchase

2015 Adult dental plan

As a Group Health member, you can choose to enroll in the Individual and Family Adult Dental Plan offered by Group Health Options, Inc. The plan is available to members and their dependents aged 19 and older, and is administered by United Concordia Dental (UCD). It utilizes UCD’s Advantage Plus dental provider network.

This is a brief summary of benefits. Please see [ghc.org/if](#) for a list of general exclusions and refer to your dental certificate of coverage for full benefit coverage.

BENEFITS AND COVERAGE	When you see a United Concordia Advantage Plus dental provider	When you see a non-network dental provider
Deductible Per calendar year (Does not apply to Class I services)	No deductible	\$50/person or \$150/family With out-of-network care, dental providers may bill plan members directly for costs that exceed the contracted Advantage Plus fee schedule.
Annual benefit maximum Per person, per calendar year	\$1,000 (UCD Advantage Plus and non-network combined)	
Class I: Diagnostic and preventive Exams, prophys, fluoride, X-rays, sealants	100 % covered; No deductible	100 % covered; No deductible
Class II: Restorative Fillings, oral surgery, endodontics, periodontics	50 % covered You pay 50 %	50 % covered You pay 50 %, after deductible
Class III: Major Crowns, dentures, partials, bridges	30 % covered You pay 70 %	30 % covered You pay 70 %, after deductible

Monthly rates	
Subscriber only	\$43.50
Subscriber and spouse	\$87.00
Subscriber and child(ren), age 19 up to 26	\$111.50
Subscriber and spouse and child(ren), age 19 up to 26	\$155.00



**Dental Customer Service
for Group Health members:
1-866-568-5994 (toll-free)**

Find UCD Advantage Plus dental providers online at:
[ghc.ourdentalcoverage.com/find-a-dentist](#).

NOTE: This is an overview of benefits. The contents are not to be accepted or construed as a substitute for the provisions of the coverage agreement. Other terms and conditions may apply. A list of exclusions and other limitations can be found on the Adult Dental Plan Flyer posted on [ghc.org/if](#). Group Health refers to Group Health Cooperative or Group Health Options, Inc.

FOR MORE INFORMATION

- Go to ghc.org/if
to compare plans and enroll
- Call us toll-free at
1-800-358-8815 or
call your producer
(agent/broker)



GroupHealth®

CORE
PLANS



GroupHealth®

A photograph of a woman with long brown hair, wearing a grey long-sleeved shirt, smiling and looking up at a baby. The baby is being held up by the woman's hands, and they are both smiling at each other. The background is a bright, out-of-focus indoor setting with wooden paneling.

Getting the
care you need

When you're deciding on a health plan, you've got lots of questions. Can I choose my own doctors? Will I find doctors that are close to my home or work? Is it easy to access specialty care and get my medications? Does this plan offer other benefits that will help me stay healthy? You'll find answers here to help you understand the specifics of how you can get care if you enroll in Core plans.

For more information about our plans, please call Customer Service at 1-888-901-4636. We look forward to assisting you along every step of your health journey.

You can access care from award-winning doctors* at Group Health Medical Centers, who are not available with any other health plan carrier, plus thousands of network practitioners in our service area.



Group Health Medical Centers

You get access to care from Group Health Physicians' almost 1,100 doctors.**

Other Network Providers

You get access to more than 2,200 doctors** in our service area, plus thousands of additional practitioners.

Why Group Health Medical Centers?

When you choose Group Health Medical Centers for your health care needs, you'll experience a high level of personalized care, convenience, and coordination. You can visit your doctor, get lab tests, and pick up prescriptions—all under one roof. And everyone caring for you has round-the-clock access to your electronic medical record so they're up-to-date regarding your health status.

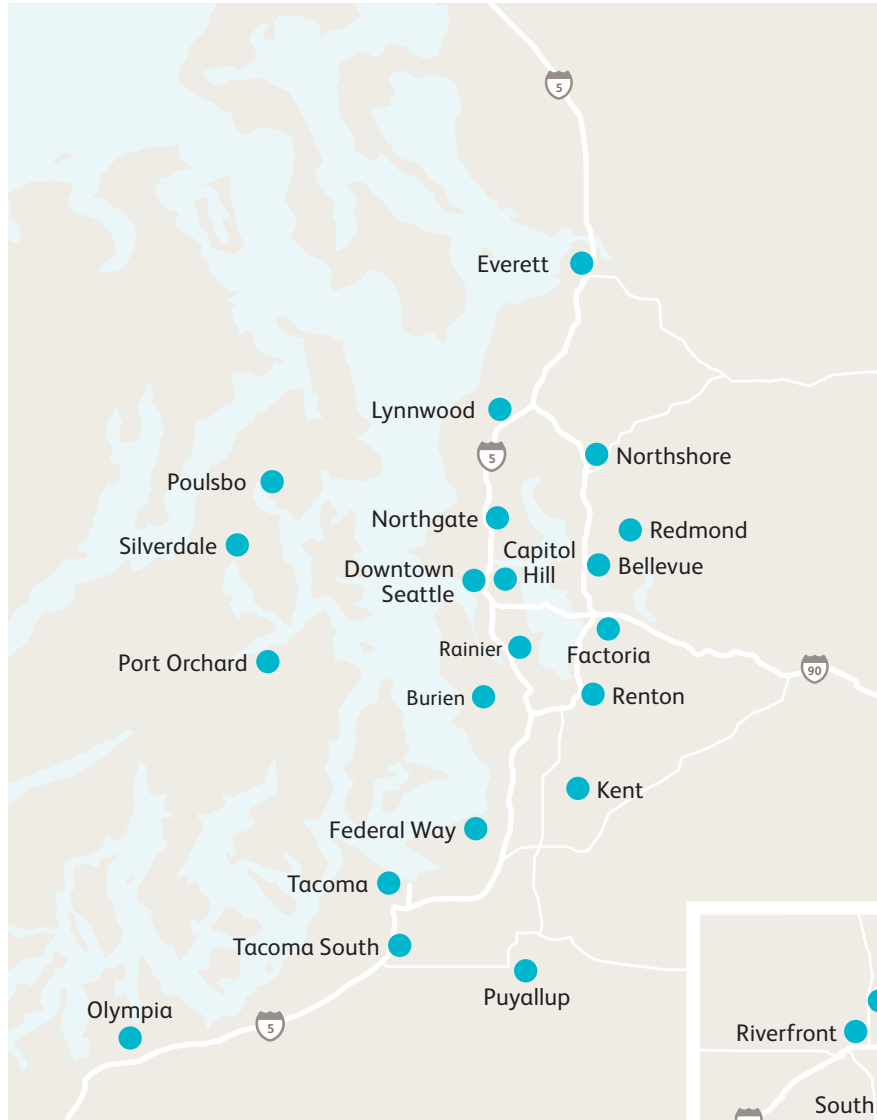
Our secure online system lets you take an active role in managing your health and saves you time. You can e-mail your doctor, schedule appointments, check lab test results, and much more. And, if you're away from home, our mobile app allows you to access care on the go.

*2010 American Medical Group Association (AMGA) Acclaim Award

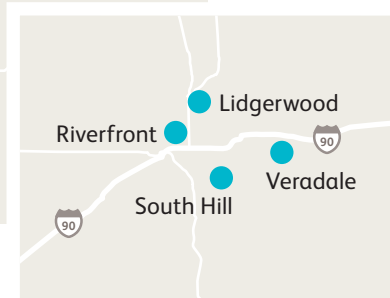
**Source: OIC Provider Network Form A

→ LOCATIONS

Here's a list of cities and towns where you can find doctors with Group Health Physicians as well as other network providers throughout Washington and North Idaho. When you receive primary or specialty care at Group Health Medical Centers, you get access to our full breadth of services, including e-mail access to your doctor, online medical records, and much more.



WESTERN WASHINGTON



SPOKANE AREA

● Group Health Medical Centers

Bellevue (2)
Bothell
Burien
Everett
Federal Way
Kent
Lynnwood
Olympia
Port Orchard
Poulsbo
Puyallup
Redmond
Renton
Seattle (4)
Silverdale
Spokane (3)
Spokane Valley
Tacoma (2)

Other network providers

All provider locations may not be listed below. For the most current list of providers, visit our website at ghc.org/provider and select “Core.” Or call Customer Service.

Aberdeen	Edmonds	Mercer Island	Spokane Valley
Airway Heights	Ellensburg	Mill Creek	Stanwood
Anacortes	Elma	Milton	Sultan
Arlington	Enumclaw	Milton-Freewater	Sumner
Athol	Everett	Monroe	Sumas
Auburn	Everson	Moscow	Sunnyside
Bainbridge Island	Fairfield	Mount Vernon	Tacoma
Belfair	Federal Way	Mountlake Terrace	Tenino
Bellevue	Ferndale	Mukilteo	Toppenish
Bellingham	Fife	Naches	Troy
Benton City	Freeland	Napavine	Tukwila
Black Diamond	Friday Harbor	North Bend	Tumwater
Blaine	Garfield	Oak Harbor	Union Gap
Bonney Lake	Gig Harbor	Olympia	University Place
Bothell	Grandview	Palouse	Vashon
Bremerton	Granite Falls	Pasco	Waitsburg
Buckley	Greenbank	Point Roberts	Walla Walla
Burien	Hayden	Port Orchard	Wapato
Burlington	Hayden Lake	Post Falls	West Richland
Camano Island	Hoquiam	Poulsbo	Woodinville
Centralia	Issaquah	Prosser	Yakima
Chattaroy	Kenmore	Pullman	Yelm
Chehalis	Kennewick	Puyallup	Zillah
Cheney	Kent	Rathdrum	
Clarkston	Kingston	Redmond	
Cle Elum	Kirkland	Renton	
Clinton	La Conner	Richland	
Coeur d’Alene	Lacey	Rochester	
Colfax	Lake Forest Park	Saint John	
College Place	Lake Stevens	Sammamish	
Connell	Lakewood	SeaTac	
Coupeville	Langley	Seattle	
Covington	Lewiston	Sedro Woolley	
Darrington	Liberty Lake	Selah	
Dayton	Lopez Island	Shelton	
Deer Park	Lynden	Shoreline	
Des Moines	Lynnwood	Silverdale	
Duvall	Marysville	Snohomish	
Eastsound	McKenna	Spanaway	
Eatonville	Mead	Spirit Lake	
Edgewood	Medical Lake	Spokane	

Wherever you go, you’re never far from expert care

When you’re away from home, you get access to any of Kaiser Permanente’s facilities at your level of coverage, including routine care.

What about emergency care?

You’re covered for emergency and medically necessary urgent care anywhere in the world. If you’re admitted to a non–Group Health facility, you or a family member must call the Notification Line within 24 hours, or as soon as reasonably possible. If you need urgent care, call the Consulting Nurse helpline for assistance. You can access any First Choice Health provider at discounted costs in Oregon, Alaska, Montana, Idaho, and parts of Washington, and access any First Health Network providers in other parts of the country. If your plan has a copayment, coinsurance, or deductible for emergency or urgent care, you’ll be billed accordingly.

What if I need to be reimbursed?

If you receive care at a non-affiliated hospital or medical center, you may be required to pay in full at the time of service. But don’t worry. When you get home, just mail us your completed claims form and medical receipts so we can reimburse you for any covered charges.

You can self-refer to many specialists in our network, but your personal primary care physician can advise you and help guide your total health care program. That's why it's a good idea to select the doctor who's right for you right from the start. From arranging your laboratory tests, X-rays, and hospital care, to prescriptions, referring you to certain specialists, physical therapy, and more, your doctor is your partner in getting the care you need and improving your health.



Access to specialty care

Doctors with Group Health Physicians

You can self-refer for specialty care from many specialists with Group Health Physicians, regardless of who provides your primary care. Once you've found a specialist who you'd like to see, or one your primary

care doctor has recommended to you, just call the specialist's office and request an appointment. Or you can call Group Health Customer Service for assistance. But again, it's always a good idea to talk first with your personal physician as there are some exceptions.

Other network specialists

This network includes nearly 2,000* network specialty care providers and services across the state. To see those who do not practice at Group Health Medical Centers, your personal physician will need to request preauthorization from Group Health before referring you.

Access to alternative care

Many of our members want to stay well their own way. That's why you can choose from a variety of treatment options, including alternative medicine. From naturopathy to chiropractic care, what really matters is making sure you have access to the full range of health care that you might want to use. See your Summary of Benefits and Coverage for details about your plan's coverage.

How can I access alternative care providers?

You can self-refer to a licensed chiropractor, acupuncturist, or naturopath in your network. And if you need to see a massage therapist, your personal physician can write a prescription and care plan for you.

How much of my alternative care is covered?

Some plans include a specific number of covered visits for naturopathy, acupuncture, and chiropractic care. Once you exhaust those visit limits, you may be eligible for more covered visits for naturopathy and acupuncture. Coverage for additional visits is dependent upon a provider review of your medical history and current health status. If more visits are deemed medically necessary, they will be covered at your plan's benefit level.

Are there coverage exceptions?

Yes. Chiropractic care, in most cases, cannot be extended past the covered visit limit. However, there are a few

exceptions to this rule for chiropractic care. Also, some plans may not offer any coverage for alternative care and, again, limitations to visits apply. Be sure to check your benefits booklet for details about your coverage.

What if I want care beyond what my plan covers?

All members can get access to alternative care through a non-covered program called Complementary ChoicesSM. You can learn more in "Perks to help you stay healthy" on page 8.

To see a list of our alternative care providers, visit ghc.org/provider.

*Source: OIC Provider Network Form A

Group Health Medical Centers

As a plan member, regardless of where you get your primary care, you have access to award-winning Group Health specialists. Simply call Customer Service at 1-888-901-4636 for a location nearest you and you will be connected to the appropriate appointment line.

Western Washington

Activity, Sport, and Exercise Medicine	Occupational Medicine
Allergy	Oncology
Audiology	Ophthalmology
Cardiology	Optometry
Dermatology	Orthopedics
Gastroenterology	Otolaryngology
General Surgery	Physical Therapy
Hematology	Psychiatry
Hospice	Psychology
Midwifery Services	Pulmonary/Sleep Medicine
Nephrology	Speech, Language, and Learning Services
Neurology	Urology
Obstetrics/Gynecology	

Spokane Area

Hematology
Obstetrics/Gynecology
Occupational Medicine
Oncology
Optometry
Physical Therapy
Psychiatry
Psychology

Individual specialists are listed
online at ghc.org/provider.

Caring for you in area hospitals

Nearly all of our specialists are affiliated with hospitals and can admit you when needed. Many practice in hospitals as well—from consulting on treatment to performing surgeries to working as hospitalists to coordinate your care during your hospital stay. From Seattle Children's and Overlake Medical Center in Bellevue to Providence St. Peter's in Olympia and Sacred Heart Medical Center in Spokane—our doctors are valued members of the medical staff at nine major hospitals.

Ambulatory surgery and emergency care

Specialists, assisted by surgical nurses and technologists, perform nearly 1,200 surgical procedures every month at Group Health Medical Centers. We have ambulatory surgery centers located at our Bellevue, Seattle, and Tacoma specialty locations. Many surgeries that used to require a hospital stay can now be done on an outpatient basis. That means you'll go home the same day, often within a few hours. Those same locations also feature urgent care centers with specialists trained in emergency medicine—similar to a freestanding emergency center.

More than 100 doctors with
Group Health Physicians
have been named “best in
their fields” by their peers in
the community.*

*ghc.org/topdocs, 2013

Safety. Security. Personalized service. That's what you can expect when you use Group Health's pharmacy system. From easy access to your medication records to a convenient online refill service, Group Health's Pharmacy Services is an added advantage to members.



The basics

Where can I fill my prescription?

GROUP HEALTH MEDICAL CENTERS

When you receive care from Group Health Physicians, you can get prescriptions filled at any Group Health Medical Centers pharmacy located throughout Western Washington and Spokane.

OTHER NETWORK PHARMACIES

If you don't have convenient access to a Group Health Medical Centers location and instead see a network doctor, you can have your prescriptions filled at any network pharmacy in your community. Network pharmacies are listed at ghc.org in the Provider and Facility Directory.

BY PHONE OR ONLINE

For refills that have been filled at least once at a Group Health Medical Centers pharmacy (or that have been transferred into our pharmacy system), you can phone in your prescription, use the Group Health mobile app (ghc.org/mobile), or make a request online (ghc.org/pharmacy) for pick-up at a Group Health Medical Centers pharmacy or for home delivery by mail.

How many days supply can I order?

Depending on the type of medication, a prescription will be filled for either

a 90-day supply or a 30-day supply at one time at Group Health Medical Centers pharmacies and at other network pharmacies. However, if the medication is not on the maintenance list, only a 30-day supply will be filled at a time.

Do you have a home-delivery service?

Yes. Group Health's pharmacy system lets you order refills online or by phone, fax, or mail and have them delivered anywhere in the U.S. with no shipping charge for regular mail. On average, refills arrive within 3–5 days, but should be allowed up to 10 days.

Can I use the Group Health mail-order service even if a non-Group Health or non-network provider wrote my prescription?

Yes. Just have the doctor's office fax, phone, or mail your new prescription to the Group Health Mail-Order Pharmacy. A pharmacist will call if the drug is not on your plan's formulary.

Who can use the refill ordering system?

All members—even those without pharmacy coverage—can use this convenient service. However, to use, the refill service, your prescription must first be in the Group Health pharmacy system.

Safety

What is a maintenance list?

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

What is preauthorization?

For certain medications, specific medical criteria need to be met before that medication is covered to ensure the highest level of patient safety. The physician needs to communicate to Group Health that the patient has met this criteria. Obtaining authorization before a medication is covered is called preauthorization.

What is a formulary?

A formulary is a list of preferred medications that are covered as a pharmacy benefit. For many medical conditions, there are multiple medications with similar effectiveness and safety. By monitoring the cost and availability of medications, we can often provide an equally effective drug while reducing overall health care costs. Our formulary is used as a guideline for our providers and does not dictate what your physician can or cannot prescribe. The degree of coverage depends on your drug benefit plan.

Who decides what drugs go on the formulary?

A committee of physicians and pharmacists meets quarterly and reviews new drugs as they become available on the market. They look at all known research and data related to the new drug and decide which ones will be on the formulary based on safety and effectiveness. Cost is taken into consideration when an equally effective and safe drug is already available.

Why does the formulary sometimes list a generic drug and not a brand-name drug?

Generic-equivalent medications contain the same active ingredient as the brand-name medication but are more affordable. The generic medications become available as the patent for the more expensive brand runs out. To help you make the best use of your health care dollars, the formulary will list the generic equivalent instead of the more expensive brand-name medication. Note: If you opt for a brand-name drug, and it's not medically necessary, you will be required to pay the difference in cost between the generic and brand-name drug in addition to a higher cost share.

Why do doctors sometimes prescribe nonformulary drugs?

There are situations when the use of nonformulary drugs are warranted. Those situations can include patients who have developed intolerance to formulary medications or patients who have tried and not responded to formulary alternatives.

What if I'm on a medication that's not on the formulary. Can I change my medication?

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

Why can some drugs be refilled and others always need a new prescription?

How often a prescription can be refilled is related to its potential misuse, safety, or potential toxicity. For example:

- Noncontrolled prescriptions can be filled and refilled for one year from the date they are written before a new prescription from a physician is needed.

- Schedule 3–5 prescriptions 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 2 prescriptions are not refillable and would require a new prescription from the physician.

About coverage

If my drug isn't on the formulary, what kind of coverage will I have?

Some plans provide limited coverage for nonformulary medications. Once you have a plan, contact your employer's benefit office or Group Health Customer Service for information regarding your specific plan benefits for prescriptions.

Would my nonformulary drug be covered under the generic or brand-name copayment?

Neither. Some health plans provide limited coverage for nonformulary medications. These usually have a higher copayment than the copayment for a generic or brand-name drug. Once you have a plan, contact your employer's benefit office or Group Health Customer Service for information regarding your specific plan benefits for prescriptions.

For pharmacy benefits and coverage questions, call Customer Service at 206-901-4636 or toll-free 1-888-901-4636. Or visit the Pharmacy Services page at ghc.org/pharmacy for more detailed information, including a list of pharmacies in our network.

Perks to help you stay healthy. Your health plan comes with a lot more than just coverage. These member perks provide additional ways for you to get care, take an active role in your health, and be the best you can possibly be.

Classes, workshops, and support groups

From birthing and baby care to living with chronic conditions such as diabetes, arthritis, and heart disease, these classes and other resources help you learn to live healthier. Visit “For Members” on ghc.org and select “Classes & Events.”



Complementary Choices

In addition to traditional medicine, we offer Complementary Choices. Receive a 20 percent discount on acupuncture, naturopathy, chiropractic care, massage, yoga, tai chi, Pilates, and personal trainers from a variety of network providers and other practitioners that participate in this program. Visit “For Members” on ghc.org and search “Complementary Choices” to learn more.

Consulting Nurse Service

Whether you have an illness, 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 when you receive care at a Group Health Medical Centers location. Call toll-free 1-800-297-6877.

Eye Care Services

Take advantage of discounts throughout the year on everything from designer frames and sunglasses to contact lenses at Group Health Medical Centers. Special discounts for federal employees, military, and retirees. Visit gheyecare.org.



Fitness center discounts

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.



Healthwise Knowledgebase

This online database might be the next best thing to having a doctor in the house. It's a convenient, professional, reliable source for making better health care decisions. From what ails you to what confuses you, you're sure to find advice and resources based on the latest scientific research and reviewed by Group Health doctors. Visit ghc.org/kbase.

Health Profile assessment

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. Learn more at ghc.org.

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.

MyGroupHealth for Members (ghc.org)

Choose a doctor, complete your Health Profile, order prescription refills, access articles and information on health topics,

and check your health coverage and benefit usage—all online. When you receive care at Group Health Medical Centers, you can also e-mail your health care team, view your lab results and online medical record, access the medical records of your children (aged 12 and younger), schedule appointments, and view your after-visit summaries.



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 or face-to-face group programs give you the tools and assistance to quit for good. To register, call toll-free 1-800-462-5327 or visit quitnow.net/GHC.

Do you have more questions about our plans—or just need help signing up? Call Customer Service at 1-888-901-4636 and we'll be happy to help you.

*Mobile App of the Year, 2011 TechFlash Newsmaker Award



ghc.org

CONNECT /
ALLIANT PLUS



GroupHealth®

Getting the
care you need

When you're deciding on a health plan, you've got lots of questions. Can I choose my own doctors? Will I find doctors that are close to my home or work? Is it easy to access specialty care and get my medications? Does this plan offer other benefits that will help me stay healthy? You'll find answers here to help you understand the specifics of how you can get care if you enroll in Alliant Plus or Connect plans.

For more information about our plans, please call Customer Service at 1-888-901-4636. We look forward to assisting you along every step of your health journey.

You can access in-network care from three major health organizations in the Puget Sound region and thousands of practitioners statewide. You can choose from award-winning* doctors at Group Health Medical Centers, who are not available with any other health plan carrier, as well as physicians at Virginia Mason Medical Center and The Everett Clinic, plus any in-network provider in the state.



If you're willing to pay higher out-of-pocket costs, you can see any out-of-network provider in the regional First Choice Health network, national First Health Network, or any other licensed provider in the U.S. And you can switch personal physicians at any time.

IN-NETWORK

Group Health Medical Centers

In-network care at 25 locations with nearly 1,100 doctors.**

Virginia Mason Medical Center

In-network care at 8 locations with more than 450 doctors.**

The Everett Clinic

In-network care at 16 locations with nearly 400 physicians.**

Other In-Network Providers

In-network care with more than 2,200 doctors** in our service area, plus thousands of additional practitioners.

OUT-OF-NETWORK

First Choice Health

Out-of-network care at discounted costs with more than 50,000 regional doctors in Washington, Oregon, Idaho, Alaska, and Montana.

First Health Network

Out-of-network care at discounted costs with more than 590,000 doctors nationwide (outside of Washington, Oregon, Idaho, Alaska, and Montana).

Any Licensed Provider

Out-of-network care without any discounts from any licensed provider in the U.S.

*2010 American Medical Group Association (AMGA) Acclaim Award

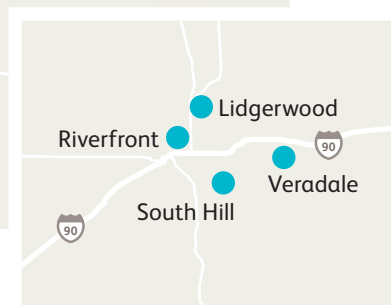
**Source: OIC Provider Network Form A

→ LOCATIONS

Here's a list of cities and towns where you can find in-network providers. When you receive primary or specialty care at Group Health Medical Centers, you get access to our full breadth of services, including e-mail access to your doctor, online medical records, and much more. You can also receive in-network primary or specialty care at Virginia Mason Medical Center, The Everett Clinic, or thousands of other in-network providers.



WESTERN WASHINGTON



SPOKANE AREA

● Group Health Medical Centers

Bellevue
Bothell
Burien
Everett
Federal Way
Kent
Lynnwood
Olympia
Port Orchard
Poulsbo
Puyallup
Redmond
Renton
Seattle
Silverdale
Spokane
Spokane Valley
Tacoma

■ Virginia Mason Medical Center

Bainbridge Island
Bellevue
Federal Way
Issaquah
Kirkland
Lynnwood
Seattle

▲ The Everett Clinic

Everett
Lake Stevens
Marysville
Mill Creek
Mukilteo
Snohomish
Stanwood

Other in-network providers

All provider locations may not be listed below. For the most current list of providers, visit our website at ghc.org/provider and select “Alliant Plus” or “Connect.” Or you can call Customer Service.

Aberdeen	Enumclaw	Mount Vernon	Toppenish
Airway Heights	Everett	Mountlake	Troy
Anacortes	Everson	Terrace	Tukwila
Arlington	Fairfield	Mukilteo	Tumwater
Athol	Federal Way	Naches	Union Gap
Auburn	Ferndale	Napavine	University Place
Bainbridge Island	Fife	North Bend	Vashon
Belfair	Freeland	Oak Harbor	Waitsburg
Bellevue	Friday Harbor	Olympia	Walla Walla
Bellingham	Garfield	Palouse	Wapato
Benton City	Gig Harbor	Pasco	West Richland
Black Diamond	Grandview	Point Roberts	Woodinville
Blaine	Granite Falls	Port Orchard	Yakima
Bonney Lake	Greenbank	Post Falls	Yelm
Bothell	Hayden	Poulsbo	Zillah
Bremerton	Hayden Lake	Prosser	
Buckley	Hoquiam	Pullman	
Burien	Issaquah	Puyallup	
Burlington	Kenmore	Rathdrum	
Camano Island	Kennewick	Redmond	
Centralia	Kent	Renton	
Chattaroy	Kingston	Richland	
Chehalis	Kirkland	Rochester	
Cheney	La Conner	Saint John	
Clarkston	Lacey	Sammamish	
Cle Elum	Lake Forest Park	SeaTac	
Clinton	Lake Stevens	Seattle	
Coeur d’Alene	Lakewood	Sedro Woolley	
Colfax	Langley	Selah	
College Place	Lewiston	Shelton	
Connell	Liberty Lake	Shoreline	
Coupeville	Lopez Island	Silverdale	
Covington	Lynden	Snohomish	
Darrington	Lynnwood	Spanaway	
Dayton	Marysville	Spirit Lake	
Deer Park	McKenna	Spokane	
Des Moines	Mead	Spokane Valley	
Duvall	Medical Lake	Stanwood	
Eastsound	Mercer Island	Sultan	
Eatonville	Mill Creek	Sumner	
Edgewood	Milton	Sumas	
Edmonds	Milton-Freewater	Sunnyside	
Ellensburg	Monroe	Tacoma	
Elma	Moscow	Tenino	

Wherever you go, you’re never far from expert care.

When you’re away from home, you can get out-of-network care through the regional First Choice Health and national First Health Network or see any other licensed provider in the U.S. You also get access to any of Kaiser Permanente’s facilities at your level of coverage, including routine care. Contact Group Health Customer Service for the Kaiser Permanente Member Services toll-free numbers.

What about emergency care?

You’re covered for emergency and medically necessary urgent care anywhere in the world. If you’re admitted to a non–Group Health facility, you or a family member must call the Notification Line within 24 hours, or as soon as reasonably possible. If you need urgent care, call the Consulting Nurse helpline for assistance. We may be able to arrange for you to go to a facility where your cost shares will be lower. If your plan has a copayment, coinsurance, or deductible for emergency or urgent care, you’ll be billed accordingly.

What if I need to be reimbursed?

If you receive care at a non-affiliated hospital or medical center, you may be required to pay in full at the time of service. But don’t worry. When you get home, just mail us your completed claims form and medical receipts so we can reimburse you for any covered charges.

You can self-refer to many in-network specialists, but your personal primary care physician can advise you and help guide your total health care program. That's why it's a good idea to select the doctor who's right for you right from the start. From arranging your laboratory tests, X-rays, and hospital care, to prescriptions, referring you to certain specialists, physical therapy, and more, your doctor is your partner in getting the care you need and improving your health.



Access to specialty care

IN NETWORK

Doctors with Group Health Physicians, Virginia Mason Medical Center, and The Everett Clinic

You can self-refer for specialty care from many specialists within these three clinic systems, regardless of who provides your primary care. Once you've found an in network specialist who you'd like to see, or one your primary care doctor has recommended to you, just call the specialist's office and request an appointment. Or you can call Group Health Customer Service for assistance.

But again, it's always a good idea to talk first with your personal physician as there are some exceptions. Specialists are listed online at ghc.org/provider and in the provider directory.

Other in-network specialists

This network includes nearly 2,000* in-network specialty care providers and services across the state. Your personal physician will need to request preauthorization from Group Health before referring you to most of these other in network specialists.

OUT OF NETWORK

You can access out-of-network specialty care with participating providers or any licensed provider in the U.S. However, care received out-of-network generally will cost you more than in-network care. Preauthorization from Group Health is required for some specific specialty services.

First Choice Health and First Health Network specialists

Because Group Health Options, Inc. contracts with the regional First Choice Health and national First Health Network, these providers can offer covered services at discounted rates. As a result, when you see these providers:

- Your out-of-pocket expenses are based on the lower, negotiated fee.
- You're not billed for any charges above what has been negotiated.

- There's no paperwork for you. Providers send bills directly to Group Health Options, Inc.

All other specialists

If you see out-of-network licensed doctors who are not First Choice Health or First Health Network participating providers, you'll be covered at your out-of-network benefit level for any covered services but the charges will not be discounted. These providers will bill you directly so you will have more paperwork than with in-network providers or out-of-network discounted providers. You will need to submit claim forms for covered care received out of network.

*Source: OIC Provider Network Form A

Access to alternative care

We know choice is important to you. That's why you can choose from a variety of treatment options, including alternative medicine. From naturopathy to chiropractic care, what really matters is making sure you have access to the full range of health care that you might want to use. See your Summary of Benefits and Coverage for details about your plan's coverage.

How can I access alternative care providers?

You can self-refer to a licensed chiropractor, acupuncturist, or naturopath in your network. And if you need to see a massage therapist, your personal physician can write a prescription and care plan for you.

How much of my alternative care is covered?

Some plans include a specific number of covered visits for naturopathy, acupuncture, and chiropractic care. Once you exhaust those visit limits, you may be eligible for more covered visits for naturopathy and acupuncture. Coverage for additional visits is dependent upon a provider review of your medical history and current health status. If more visits are deemed medically necessary, they will be covered at your plan's benefit level.

Are there coverage exceptions?

Yes. Chiropractic care, in most cases, cannot be extended past the covered visit limit. However, there are a few exceptions to this rule for chiropractic care. Also, some plans may not offer any coverage for alternative care and, again, limitations to visits apply. Be sure to check your benefits booklet for details about your coverage.

What if I want care beyond what my plan covers?

All members can get access to alternative care through a non-covered program called Complementary ChoicesSM. You can learn more in "Perks to help you stay healthy" on page 8.

To see a list of our alternative care providers, visit ghc.org/provider.

More than 100 doctors with Group Health Physicians have been named "best in their fields" by their peers in the community.*

Group Health Medical Centers

As a plan member, regardless of where you get your primary care, you have access to award-winning Group Health specialists. Simply call Customer Service at 1-888-901-4636 for a location nearest you and you will be connected to the appropriate appointment line. Individual specialists are listed online at ghc.org/provider.

Western Washington

Activity, Sports, and Exercise Medicine	Obstetrics/Gynecology
Allergy	Occupational Medicine
Audiology	Oncology
Cardiology	Ophthalmology
Dermatology	Optometry
Gastroenterology	Orthopedics
General Surgery	Otolaryngology
Hematology	Physical Therapy
Hospice	Psychiatry
Midwifery Services	Psychology
Nephrology	Pulmonary/Sleep Medicine
Neurology	Speech, Language & Learning Services
	Urology

Spokane Area

Hematology	Optometry
Obstetrics/Gynecology	Physical Therapy
Occupational Medicine	Psychiatry
Oncology	Psychology

*ghc.org/topdocs, 2013

Safety. Security. Personalized service. That's what you can expect when you use Group Health's pharmacy system. From easy access to your medication records to a convenient online refill service, Group Health's Pharmacy Services is an added advantage to members.



The basics

Where can I fill my prescription?

GROUP HEALTH MEDICAL CENTERS,
VIRGINIA MASON MEDICAL CENTER,
AND THE EVERETT CLINIC

When you receive care at any of these facilities, you can get your prescriptions filled at (or transferred to) a pharmacy location at any of these three clinic systems. So no matter where you get your in-network care, you get access to all of these pharmacy locations for your prescription needs.

OTHER IN-NETWORK PHARMACIES

If you don't have convenient access to a pharmacy at Group Health Medical Centers, Virginia Mason Medical Center, or The Everett Clinic or you receive care from another in-network doctor, you can have your prescriptions filled at any in-network pharmacy in your community. In-network pharmacies are listed at ghc.org in the Provider and Facility Directory.

BY PHONE OR ONLINE

For refills that have been filled at least once at a Group Health Medical Centers pharmacy (or that have been transferred into our pharmacy system), you can phone in your prescription, use the Group Health

mobile app (ghc.org/mobile), or make a request online (ghc.org/pharmacy) for pick-up at a Group Health Medical Centers pharmacy or for home delivery by mail.

OUT-OF-NETWORK COVERAGE

Your plan includes out-of-network coverage for prescription drugs. You may have your prescriptions filled at any in-network or out-of-network pharmacy according to your prescription drug benefit plan. You can access out-of-network coverage through MedImpact's national network of pharmacies. Visit medimpact.com to locate one of these pharmacies near you.

How many days supply can I order?

Depending on the type of medication, a prescription will be filled for either a 90-day supply or a 30-day supply at one time at Group Health Medical Centers pharmacies and at other in-network pharmacies. However, if the medication is not on the maintenance list, only a 30-day supply will be filled at a time.

Do you have a home-delivery service?

Yes. Group Health's pharmacy system lets you order refills online or by phone, fax, or mail and have them delivered anywhere in the U.S. with no shipping charge for regular mail. On average, refills arrive within 3–5 days, but should be allowed up to 10 days.

Can I use the Group Health mail-order service even if a non-Group Health or out-of-network provider wrote my prescription?

Yes. Just have the doctor's office fax, phone, or mail your new prescription to the Group Health Mail-Order Pharmacy. All members—even those without pharmacy coverage—can use this convenient service. You can find transfer forms online on ghc.org.

Safety

What is a maintenance list?

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

What is preauthorization?

For certain medications, specific medical criteria need to be met before that medication is covered to ensure the highest level of patient safety. The physician needs to communicate to Group Health that the patient has met this criteria. Obtaining authorization before a medication is covered is called preauthorization.

What is a formulary?

A formulary is a list of preferred medications that are covered as a pharmacy benefit. For many medical conditions, there are multiple medications with similar effectiveness and safety. By monitoring the cost and availability of medications, we can often provide an equally effective drug while reducing overall health care costs. Our formulary is used as a guideline for our providers and does not dictate what your physician can or cannot prescribe. The degree of coverage depends on your drug benefit plan.

Who decides what drugs go on the formulary?

A committee of physicians and pharmacists meets quarterly and reviews new drugs as they become available on the market. They look at all known research and data related to the new drug and decide which ones will be on the formulary based on safety and effectiveness. Cost is taken into consideration when an equally effective and safe drug is already available.

Why does the formulary sometimes list a generic drug and not a brand-name drug?

Generic-equivalent medications contain the same active ingredient as the brand-name medication but are more affordable. The generic medications become available as the patent for the more expensive brand runs out. To help you make the best use of your health care dollars, the formulary will list the generic

equivalent instead of the more expensive brand-name medication. Note: If you opt for a brand-name drug, and it's not medically necessary, you will be required to pay the difference in cost between the generic and brand-name drug in addition to a higher cost share.

Why do doctors sometimes prescribe nonformulary drugs?

There are situations when the use of nonformulary drugs are warranted. Those situations can include patients who have developed intolerance to formulary medications or patients who have tried and not responded to formulary alternatives.

What if I'm on a medication that's not on the formulary. Can I change my medication?

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

Why can some drugs be refilled and others always need a new prescription?

How often a prescription can be refilled is related to its potential misuse, safety, or potential toxicity. For example:

- Noncontrolled prescriptions can be filled and refilled for one year from

the date they are written before a new prescription from a physician is needed.

- Schedule 3–5 prescriptions 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 2 prescriptions are not refillable and would require a new prescription from the physician.

About coverage

If my drug isn't on the formulary, what kind of coverage will I have?

Some plans provide limited coverage for nonformulary medications. Once you have a plan, contact your employer's benefit office or Group Health Customer Service for information regarding your specific plan benefits for prescriptions.

Would my nonformulary drug be covered under the generic or brand-name copayment?

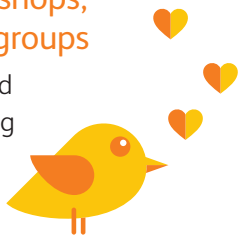
Neither. Some health plans provide limited coverage for nonformulary medications. These usually have a higher copayment than the copayment for a generic or brand-name drug. Once you have a plan, contact your employer's benefit office or Group Health Customer Service for information regarding your specific plan benefits for prescriptions.

For pharmacy benefits and coverage questions, call Customer Service at 206-901-4636 or toll-free 1-888-901-4636. Or visit the Pharmacy Services page at ghc.org/pharmacy for more detailed information, including a list of in-network pharmacies.

Perks to help you stay healthy. Your health plan comes with a lot more than just coverage. These member perks provide additional ways for you to get care, take an active role in your health, and be the best you can possibly be.

Classes, workshops, and support groups

From birthing and baby care to living with chronic conditions such as diabetes, arthritis, and heart disease, these classes and other resources help you learn to live healthier. Visit “For Members” on ghc.org and select “Classes & Events.”



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.

Complementary ChoicesSM

In addition to traditional medicine, we offer Complementary Choices. Receive a 20 percent discount on acupuncture, naturopathy,

chiropractic care, massage, yoga, tai chi, Pilates, and personal trainers from a variety of network providers and other practitioners that participate in this program. Visit “For Members” on ghc.org and search “Complementary Choices” to learn more.

Consulting Nurse Service

Whether you have an illness, 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 when you receive care at a Group Health Medical Centers location. Call toll-free 1-800-297-6877.



Eye Care Services

Take advantage of discounts throughout the year on everything from designer frames and sunglasses to contact lenses at 14 Eye Care locations, most within Group Health Medical Centers. Special discounts for federal employees, military, and retirees. Visit gheyecare.org.

Fitness center discounts

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.



Health coaching program

A health coach can provide support and information to help you make positive changes for your health including changes in eating habits, physical activity, or managing stress; advice managing chronic health conditions; or help evaluating treatment options where your preferences are a factor. Health coaches are registered nurses, dietitians, and respiratory therapists. Call toll-free 1-888-375-2006.

Healthwise Knowledgebase

This online database might be the next best thing to having a doctor in the house. It's a convenient, professional, reliable source for making better health care decisions. From what ails you to what confuses you, you're sure to find advice and resources based on the latest scientific research and reviewed by medical experts. Visit ghc.org/kbase.

Health Profile assessment

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. Learn more at ghc.org.

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.

MyGroupHealth for Members (ghc.org)

Choose a doctor, complete your Health Profile, order prescription refills, access articles and information on health topics, and check your health coverage and benefit usage—all online. When you receive care at Group Health Medical Centers, you can also e-mail your health care team, view your lab results and online medical record, access the medical records of your children (aged 12 and younger), schedule appointments, and view your after-visit summaries.



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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 or online programs give you the tools and assistance to quit for good. To register, call toll-free 1-800-462-5327 or visit quitnow.net/GHC.

Walk & Talk program

Join other Group Health members for the free Walk & Talk program organized by the Activity, Sports, and Exercise Medicine department and available at six locations. Get a health tip, followed by a walk with a member of the Group Health medical staff. Visit ghc.org/walkandtalk for times and locations.

Do you have more questions about our plans—or just need help signing up? Call Customer Service at 1-888-901-4636 and we'll be happy to help you.

*Mobile App of the Year, 2011 TechFlash Newsmaker Award



ghc.org