Compare your plan options
Effective Jan. 1, 2014, for individuals and families
Good news about your health care coverage

Health care reform brings a whole new world of choices for 2014. That’s great news for you.

All health plans are now required to offer the 10 essential health benefits, so you get broad coverage—no matter which plan, or whose plan, you choose.

But that doesn’t mean that all health plans are alike. Read on for some highlights of what sets Group Health plans apart, as well as 3 easy steps to understanding the different types of plans and choosing the plan that’s right for you.

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- 3 easy steps to choosing a 2014 health plan 2
- 2014 Group Health plans 4
- Details and definitions 12
- Fast facts about health care reform 13

What sets Group Health apart?

Our 2014 plans are all new, and they all offer the same full spectrum of covered benefits. No matter where you live and which plan you choose, you’ll have access to a large network that includes primary care, specialty care, alternative care, and community hospitals in our service area. You choose how large of a network you want, and how you want costs to be shared between you and your health plan.

Care is available whenever and wherever you need it. You can call our Consulting Nurse Service 24/7 from anywhere in the world for help with urgent medical questions. Our plans provide emergency coverage, worldwide.

Online services make managing your health care easy. Go online to find a doctor, refill prescriptions, and get a personalized health status report. You can also check your health coverage and benefit usage, and view an extensive library of health topics.

Wellness services help you stay as healthy as possible, and catch any problems early. Services include preventive screenings and immunizations, smoking cessation and weight management programs, discounts at fitness facilities, and more.

IMPORTANT DATES TO REMEMBER

OCT. 1, 2013–MARCH 31, 2014
General open enrollment, when you can enroll in health plans.*

JAN. 1, 2014

MARCH 15, 2014–APRIL 30, 2014
Extended open enrollment for individuals under age 19 (child-only plans).

Counts 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.
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/1f and click on “Estimate your savings.” 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 often you use health care services.

This will help you determine what level of coverage you need.

The Affordable Care Act (ACA) allows health plan carriers to offer different levels of coverage—called the “metal tiers”—that define how costs are shared between you and your health plan.

<table>
<thead>
<tr>
<th></th>
<th>GOLD</th>
<th>SILVER</th>
<th>BRONZE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly premium</td>
<td>$$$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Cost to you when you get care (copays, deductible, coinsurance)</td>
<td>$</td>
<td>$</td>
<td>$$$</td>
</tr>
<tr>
<td>Good choice if you…</td>
<td>Expect to use a lot of health care services</td>
<td>Want a balance between monthly premium costs and out-of-pocket costs when you get care</td>
<td>Don’t expect to use a lot of health care services</td>
</tr>
</tbody>
</table>

3 Choose a plan that matches your needs.

All our plans offer the same broad set of benefits. So how are they different? Plans vary in the amount of choice you have in doctors, your monthly premiums, and your cost shares (deductibles, copays, coinsurance, and out-of-pocket limits).

- Go to our Core plans (p. 4) if you’re eligible for financial assistance through Washington Healthplanfinder or you’re looking for one of our lower cost options.
- Go to our Core3 plans (p. 8) if you want a balance between value, choice, and cost, and don’t qualify for financial assistance. (These plans are only available direct from Group Health, not through Washington Healthplanfinder.)
- Go to our Connect3 plans (p. 10) if you want maximum choice in providers and don’t qualify for financial assistance. (These plans are only available direct from Group Health, not through Washington Healthplanfinder.)
- Go to our HealthPays® HSA Bronze plans (p. 9, 11) if you want a lower cost, high-deductible plan or an HSA-compatible plan. (These plans are only available direct from Group Health, not through Washington Healthplanfinder.)
Group Health Cooperative
Core plans

Our Core plans offer a broad range of benefits, just like all of our other plans, and give you access to:

• Nearly 1,100 Group Health doctors at 25 Group Health Medical Centers locations.*
• More than 9,000 in-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.

These plans are a great choice if you qualify for financial assistance on premiums or other cost shares and want to purchase a plan through Washington Healthplanfinder.

Coordinated care at Group Health Medical Centers

At our 25 clinics, your care is coordinated between doctors, nurses, specialists, and pharmacists.

Electronic medical records give your entire health care team access to your health information, so decisions can be made quickly and safely. Other advantages include:

• Online services such as e-mailing your doctor, scheduling appointments, viewing your medical record, and checking test results.
• All the services you need under one roof: doctors, lab, pharmacy, and radiology at most locations.
• Access to more than 90 specialties and subspecialties with self-referral to many of them.

To enroll in one of these plans, go to wahealthplanfinder.org.
2014 Group Health plans on Washington Healthplanfinder

Group Health Cooperative Core plans

Our Core Silver 94, Core Silver 87, and Core Silver 73 plans are only available to individuals and families who qualify for financial assistance based on family size and income. Our Core Basics Plus Catastrophic plan is available to adults under age 30 or adults experiencing some type of hardship (determined on a case-by-case basis). We also offer a Core Bronze AIAN plan that’s available to American Indians and Alaska Natives who qualify. For details about this plan, go to wahealthplanfinder.org.

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.

<table>
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<tr>
<th>COVERAGE</th>
<th>CORE SILVER 94</th>
<th>CORE SILVER 87</th>
<th>CORE SILVER 73</th>
<th>CORE BASICS PLUS CATASTROPHIC</th>
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</thead>
<tbody>
<tr>
<td>Annual deductible</td>
<td>$50 per member or $100 per family</td>
<td>$200 per member or $400 per family</td>
<td>$200 per member or $400 per family</td>
<td>$1,200 per member or $2,400 per family</td>
</tr>
<tr>
<td>Member coinsurance</td>
<td>5%</td>
<td>10%</td>
<td>20%</td>
<td>None</td>
</tr>
<tr>
<td>Out-of-pocket limit</td>
<td>$2,250 per member or $4,500 per family</td>
<td>$2,250 per member or $4,500 per family</td>
<td>$5,200 per member or $10,400 per family</td>
<td>$6,350 per member or $12,700 per family</td>
</tr>
</tbody>
</table>

**Benefits**

| Office visits | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Preventive care services | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Maternity care | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Labor and delivery | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Manipulative therapy | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Acupuncture | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Lab/X-ray services | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Devices, equipment, and supplies (including prosthetics) | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Outpatient surgery | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Emergency care | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Ambulance | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Hospital stays – inpatient | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Skilled nursing | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Pediatric vision | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Prescription drugs | Covered in full* | Covered in full* | Covered in full* | Covered in full* |

**Primary care**

| Acupuncture | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Audiology | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Chemical Dependency/Substance Abuse | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Dentistry | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Dermatology | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Endocrinology | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Gastroenterology | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Genetics | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Hematology | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Infectious Disease | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Internal Medicine | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Neonatal-Perinatal Medicine | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Neurology | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Otolaryngology | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Ophthalmology | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Orthopedics | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Obstetrics & Gynecology | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Osteopathy | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Pathology | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Pediatrics | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Physical Medicine | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Podiatry | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Pulmonary Medicine/Disease | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Radiation Oncology | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Respiratory Therapy | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Speech Therapy | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Surgery | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Ultrasound | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Urgent Care | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Urology | Covered in full* | Covered in full* | Covered in full* | Covered in full* |
| Weight Management | Covered in full* | Covered in full* | Covered in full* | Covered in full* |

**Deductible Does Not Apply**

Note: This is a summary of benefits. The contents are not to be accepted or construed as a substitute for the provisions of the medical coverage agreement. Offer terms and conditions may vary by plan. Please see plan’s Summary of Benefits and Coverage document for details.
Group Health Core3 and HealthPays® HSA plans

Our Core3 and HealthPays HSA plans from Group Health Cooperative combine high-quality care and great value. Our Core3 plans give you three primary care visits per year at just your office visit copay—without having to pay your deductible first. And the network of providers includes:

- Nearly 1,100 Group Health doctors at 25 Group Health Medical Centers locations.*
- More than 9,000 in-network providers.*

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

**Coordinated care at Group Health Medical Centers**

At our 25 clinics, your care is coordinated between doctors, nurses, specialists, and pharmacists. Electronic medical records give your entire health care team access to your health information, so decisions can be made quickly and safely. Other advantages include:

- Online services such as e-mailing your doctor, scheduling appointments, viewing your medical record, and checking test results.
- All the services you need under one roof: doctors, lab, pharmacy, and radiology at most locations.
- Access to more than 90 specialties and subspecialties with self-referral to many of them.

What’s an HSA (health savings account) and is it right for you? See “Details and definitions” on page 12.

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

### Coverage

<table>
<thead>
<tr>
<th>Plan</th>
<th>Annual deductible</th>
<th>Member coinsurance</th>
<th>Out-of-pocket limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core3 Gold</td>
<td>$500 per member or $1,000 per family</td>
<td>20%</td>
<td>$6,350 per member or $12,700 per family</td>
</tr>
<tr>
<td>Core3 Silver</td>
<td>$1,250 per member or $2,500 per family</td>
<td>30%</td>
<td>$6,350 per member or $12,700 per family</td>
</tr>
<tr>
<td>HealthPays® HSA Bronze</td>
<td>$4,000 per member or $8,000 per family</td>
<td>20%</td>
<td>$6,350 per member or $12,700 per family</td>
</tr>
</tbody>
</table>

### Benefits

**Office visits**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Preventive care services</th>
<th>Maternity care</th>
<th>Manipulative therapy</th>
<th>Acupuncture</th>
<th>Lab/X-ray services</th>
<th>Devices, equipment, and supplies</th>
<th>Outpatient surgery</th>
<th>Emergency care</th>
<th>Ambulance</th>
<th>Hospital stays – inpatient</th>
<th>Skilled nursing</th>
<th>Adult vision</th>
<th>Pediatric vision</th>
<th>Pediatric dental</th>
<th>Prescription drugs</th>
<th>Cost per 30-day supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core3 Gold</td>
<td>Covered in full**</td>
<td>Covered in full**</td>
<td>Covered in full**</td>
<td>Covered in full**</td>
<td>Covered in full**</td>
<td>Covered in full**</td>
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<td>Covered in full**</td>
<td>Covered in full**</td>
<td>Covered in full**</td>
<td>Covered in full**</td>
<td>$100 copay + 20% coinsurance</td>
<td>$150 copay + 30% coinsurance</td>
</tr>
<tr>
<td>Core3 Silver</td>
<td>Covered in full**</td>
<td>Covered in full**</td>
<td>Covered in full**</td>
<td>Covered in full**</td>
<td>Covered in full**</td>
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<td>Covered in full**</td>
<td>Covered in full**</td>
<td>Covered in full**</td>
<td>Covered in full**</td>
<td>$10 Primary/$15 Specialty copay per visit</td>
<td>$20 Primary/$30 Specialty copay per visit</td>
</tr>
<tr>
<td>HealthPays® HSA Bronze</td>
<td>Covered in full**</td>
<td>Covered in full**</td>
<td>Covered in full**</td>
<td>Covered in full**</td>
<td>Covered in full**</td>
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<td>Covered in full**</td>
<td>Covered in full**</td>
<td>Covered in full**</td>
<td>Covered in full**</td>
<td>$10 Primary/$15 Specialty copay per visit</td>
<td>$20 Primary/$30 Specialty copay per visit</td>
</tr>
</tbody>
</table>

**Primary Care:**

- Acupuncture
- Audiology
- Chemical Dependency/Substance Abuse
- Diagnostics
- Emergency Medicine (when ER copay doesn’t apply)
- Intensive Therapy
- Family Planning
- Specialty (when ER copay applies)

**Specialty Care:**

- Acupuncture
- Audiology
- Chemical Dependency/Substance Abuse
- Diagnostics
- Emergency Medicine (when ER copay doesn’t apply)
- Intensive Therapy
- Family Planning
- Specialty (when ER copay applies)

**How to File a Prescription Drug Claim:**

- 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.

**How to File an Inpatient Hospital Claim:**

- Primary & Specialty: $10 copay per visit
- Primary & Specialty: $20 copay per visit
- Primary & Specialty: $40 copay per visit

**How to File an Outpatient Surgery Claim:**

- Primary: $20 copay per visit
- Specialty: $30 copay per visit

**How to File a Preventive Care Claim:**

- Covered in full **

**How to File a Prescription Drug Claim:**

- 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.
Group Health Connect3 and HealthPays® 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 Group Health Options, Inc. HealthPays plan that’s compatible with health savings accounts (HSAs). These plans give you access to many additional providers, both in-network and out-of-network. (The Connect3 plans network is also known as Alliant Plus.) And our Connect3 plans give you three primary care visits at just your office visit copay—without meeting the deductible first.

Providers include:
- In Network
  - Nearly 1,100 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 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, go to ghc.org/provider.

What’s an HSA (health savings account) and is it right for you? See “Details and definitions” on page 12.

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

### 2014 plans direct from Group Health Options, Inc.

**Notes:**
- This list of providers includes some of the physicians on the providers list for the purposes of the medical coverage agreement. Other base or local conditions may apply. Ask your doctor about other limitations that may be based on each plan. See Benefits and Coverage document.
- Source: OIC Provider Network Form A
- Specialty care includes:
  - Allergy and Immunology
  - Anesthesiology
  - Cardiology (adult and pediatric)
  - Critical Care Medicine
  - Diagnostic Endocrinology
  - Diagnostic Radiology
  - Diagnostic Ultrasound
  - Emergency Medicine
  - Gastroenterology
  - General Surgery
  - Infectious Disease
  - Internal Medicine
  - Interventional Radiology
  - Medical Genetics
  - Medical Oncology
  - Nephrology
  - Neurology
  - Neurosurgery
  - Obstetrics and Gynecology
  - Ophthalmology
  - Orthopedics
  - Pathology
  - Pediatrics
  - Physical Medicine and Rehabilitation
  - Plastic Surgery
  - Preventive Medicine
  - Psychiatry
  - Pulmonary Disease
  - Radiotherapy
  - Radiation Oncology
  - Rheumatology
  - Sports Medicine
  - Thoracic Surgery
  - Traumatic Brain Injury
  - Urology

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>CONNECT3 GOLD</th>
<th>CONNECT3 SILVER</th>
<th>HEALTHPAYS® HSA BRONZE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office visits</strong></td>
<td>$500 per member or $1,000 per family</td>
<td>$1,250 per member or $2,500 per family</td>
<td>$4,000 per member or $8,000 per family</td>
</tr>
<tr>
<td><strong>Preventive care services</strong></td>
<td>Covered in full*</td>
<td>Covered in full*</td>
<td>Covered in full*</td>
</tr>
<tr>
<td><strong>Maternity care</strong></td>
<td>Covered in full*</td>
<td>Covered in full*</td>
<td>Covered in full*</td>
</tr>
<tr>
<td><strong>Labor and delivery</strong></td>
<td>Covered in full*</td>
<td>Covered in full*</td>
<td>Covered in full*</td>
</tr>
<tr>
<td><strong>Acupuncture</strong></td>
<td>$10 Primary/$15 Specialty copay per visit</td>
<td>$20 Primary/$30 Specialty copay per visit</td>
<td>$40 Primary/$60 Specialty copay per visit</td>
</tr>
<tr>
<td><strong>Lab/X-ray services</strong></td>
<td>Covered in full*</td>
<td>Covered in full*</td>
<td>Covered in full*</td>
</tr>
<tr>
<td><strong>Devices, equipment, and supplies</strong> (including prosthetics)</td>
<td>Covered in full*</td>
<td>Covered in full*</td>
<td>Covered in full*</td>
</tr>
<tr>
<td><strong>Outpatient surgery</strong></td>
<td>$100 copay + 20% coinsurance</td>
<td>$150 copay + 30% coinsurance</td>
<td>$200 copay + 40% coinsurance</td>
</tr>
<tr>
<td><strong>Emergency care</strong></td>
<td>Covered in full*</td>
<td>Covered in full*</td>
<td>Covered in full*</td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td>Covered in full*</td>
<td>Covered in full*</td>
<td>Covered in full*</td>
</tr>
<tr>
<td><strong>Hospital stays – inpatient</strong></td>
<td>Covered in full*</td>
<td>Covered in full*</td>
<td>Covered in full*</td>
</tr>
<tr>
<td><strong>Skilled nursing</strong></td>
<td>Covered in full*</td>
<td>Covered in full*</td>
<td>Covered in full*</td>
</tr>
<tr>
<td><strong>Adult vision</strong></td>
<td>$10 copay per visit, Specialty: $15 copay per visit</td>
<td>$20 copay per visit, Specialty: $30 copay per visit</td>
<td>$40 copay per visit, Specialty: $60 copay per visit</td>
</tr>
<tr>
<td><strong>Pediatric vision</strong></td>
<td>40% coinsurance for routine exam; Covered in full* for hardware</td>
<td>50% coinsurance for routine exam; Covered in full* for hardware</td>
<td>50% coinsurance for routine exam; Covered in full* for hardware</td>
</tr>
<tr>
<td><strong>Pediatric dental</strong></td>
<td>Covered in full*</td>
<td>Covered in full*</td>
<td>Covered in full*</td>
</tr>
</tbody>
</table>

*Copay is $10 preferred generic; $20 preferred brand, including specialty brand.
†Available only when filled through a Group Health–designated mail order service.

### COVERAGE

<table>
<thead>
<tr>
<th>PLAN</th>
<th>Annual deductible</th>
<th>Member coinsurance</th>
<th>Out-of-pocket limit</th>
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</thead>
<tbody>
<tr>
<td>CONNECT3 GOLD</td>
<td>$500</td>
<td>20%</td>
<td>$6,350 per member or $12,700 per family</td>
</tr>
<tr>
<td>CONNECT3 SILVER</td>
<td>$1,250</td>
<td>20%</td>
<td>$6,350 per member or $12,700 per family</td>
</tr>
<tr>
<td>HEALTHPAYS® HSA BRONZE</td>
<td>$4,000</td>
<td>20%</td>
<td>$6,350 per member or $12,700 per family</td>
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</tbody>
</table>

### COSTS PER 30-DAY SUPPLY

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Prescription drugs</th>
<th>Cost per 30-day supply</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary &amp; Specialty</strong></td>
<td>$10 preferred generic**, $20 preferred brand, including specialty brand</td>
<td>$100 copay + 20% coinsurance</td>
</tr>
<tr>
<td><strong>Primary</strong></td>
<td>$50 preferred generic; 40% preferred brand, including specialty brand</td>
<td>$200 copay + 40% coinsurance</td>
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<tr>
<td><strong>Primary</strong></td>
<td>$50 preferred generic; 50% preferred brand, including specialty brand</td>
<td>$300 copay + 40% coinsurance</td>
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**DEDUCTIBLE DOES NOT APPLY.**
**Details and definitions**

**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 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 limit**
The most you’ll be required to pay for covered services in a calendar year. Deductible, coinsurance, and copays count toward limit.

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

**Pediatric dental**
For children up to and including age 18.

**Pediatric vision**
For children up to and including age 18.

**Prescription drugs**
Outpatient: Formulary drugs and medicines that require prescriptions, including self-administered injectables, mental health drugs, and diabetic 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 including counseling, contraceptive devices, and female sterilization. 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.

**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’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 HealthPays® HSA Bronze plans (see pages 9 and 11) 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. You can open an HSA with your own financial institution, or with our HSA partner, HealthEquity. To learn more about HealthEquity, visit www.healthequity.com or call 1-877-291-1936.

**Fast facts about health care reform**

**What’s new in 2014?**
The Affordable Care Act (ACA) was created to provide better health coverage to all Americans. Effective Jan. 1, 2014:

- Health plans for individuals and small businesses are now required to offer the 10 essential health benefits (see details below).
- Insurers can offer four levels of coverage—Platinum, Gold, Silver, and Bronze—plus a Catastrophic plan.
- If you have a pre-existing health condition you can’t be denied coverage by an insurance company.
- Health plans cannot place a yearly or lifetime dollar limit on essential health benefits.
- If you’re under age 65 and are not covered by your employer, Medicare, or Medicaid, you may be able to save on monthly premiums and costs at time of service such as copays.
- Washington state residents can buy health coverage through Washington Healthplanfinder, the state’s online exchange marketplace, as of Oct. 1, 2013. In fact, if you qualify for financial assistance, you must buy through the exchange to get the savings.
- On the Washington Healthplanfinder website, you’ll be able to make side-by-side comparisons between health plans in the exchange marketplace.
- Medicaid will be expanded in Washington state to cover more people who have low incomes.

**What are the 10 essential health benefits?**
As of Jan. 1, 2014, all health plans are required to cover:

1. **Ambulatory patient services.** Includes care you receive without being admitted to a hospital, such as services at a clinic, physician’s office, or outpatient surgery center.
2. **Emergency care.** Includes care for conditions which, if not immediately treated, could lead to serious disability or death.
3. **Hospitalization.** Includes room and board, medical care, tests, and prescription drugs administered during your stay.
4. **Maternity and newborn care.** Includes care provided during pregnancy, during and after labor, and care to newborn children.
5. **Mental health and substance abuse disorder services,** including behavioral health treatment. Covers evaluation, diagnosis, and treatment services.
6. **Prescription drugs.** Includes drugs for treating urgent health issues and chronic conditions like high blood pressure.
7. **Rehabilitative and habilitative services and devices.** Helps people with injuries, disabilities, or chronic health conditions.
8. **Laboratory services.** Includes tests to diagnose conditions and monitor treatments.
9. **Preventive and wellness services.** Includes routine physicals, screenings, immunizations, and chronic disease management.
10. **Pediatric services.** Includes dental and vision care.
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)
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.

THE NETWORK

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

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.
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.

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
Anway Heights
Anacortes
Arlington
Athol
Auburn
Barnbridge Island
Bellingham
Benton City
Black Diamond
Blaire
Bonney Lake
Bothell
Bremerton
Buckley
Burien
Burlington
Camano Island
Centra
Chattanooga
Chehalis
Cheney
Clarkston
Clé Elum
Clinton
Coeur d’Alene
Colfax
College Place
Connell
Coupeville
Covington
Darrington
Dayton
Deer Park
Des Moines
Duwamish
Eastsound
Eatonville
Edgewood
Edmonds
Ellensburg
Elma
Enumclaw
Everett
Everson
Fairfield
Federal Way
Fife
Freeland
Friday Harbor
Garfield
Gig Harbor
Grandview
Granite Falls
Greenbank
Hayden
Hayden Lake
Hoquiam
Issaquah
Kenmore
Kirkland
La Conner
Lacey
Lake Forest Park
Lake Stevens
Lakewood
Langley
Leawton
Liberty Lake
Lopez Island
Lynden
Lynnwood
Marysville
McKenna
Mead
Medical Lake
Mercer Island
Mil Creek
Milton
Mil-Freewater
Monroe
Moscow
Mount Vernon
Mountlake Terrace
Mukilteo
Nahas
Napavine
North Bend
Oak Harbor
Olympia
Palouse
Pasco
Point Roberts
Port Orchard
Post Falls
Poulsbo
Prosser
Pullman
Rathdrum
Redmond
Renton
Rochester
Saint John
Sammamish
Seattle
Seaford
Seattle
Shelton
Shoreline
Silverdale
Snohomish
Spanaway
Spirit Lake
Spokane
Spokane Valley
Stanwood
Sultan
Sumner
Sumas
Sunnyside
Tacoma
Tenino
Topping
Troy
Tuweila
Turner
Union Gap
University Place
Vashon
Wattsburg
Walla Walla
Wapato
West Richland
Woodinville
Yakima
Yelm
Zilah

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. 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 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.

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

Allergy

Audiology

Cardiology

Dermatology

Gastroenterology

General Surgery

Hematology

Hospice

Midwifery Services

Nephrology

Neurology

Obstetrics/Gynecology

Occupational Medicine

Oncology

Ophthalmology

Optometry

Orthopedics

Otolaryngology

Physical Therapy

Psychiatry

Psychology

Pulmonary/Sleep Medicine

Speech, Language, and Learning Services

Urology

Spokane Area

Hematology

Obstetrics/Gynecology

Occupational Medicine

Oncology

Optometry

Physical Therapy

Psychiatry

Psychology

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

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

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

*S Source: OIC Provider Network Form A

*ghc.org/topdocs, 2013

*Source: OIC Provider Network Form A
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 refill request online (ghc.org/pharmacy) or for home delivery, 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 on 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.

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.

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 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 is preauthorization?

If your 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.

Worried that your medication 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.

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

**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 groups 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.