

**ANSWERS TO YOUR QUESTIONS ABOUT  
USING YOUR HEALTH INSURANCE**



**HONEST HEALTH INSURANCE**

# WHERE TO GET HELP

At Common Ground Healthcare Cooperative, service to members comes first. Please do not hesitate to reach out with any questions.

MEMBER SERVICES: **877.514.2442**  
PHARMACY SERVICES: **855.577.6545**

Website: [CGCares.org](https://CGCares.org)

## MEMBER HEALTH PORTAL

<https://Portal.CommonGroundHealthcare.org>

## MEMBER PAYMENT PORTAL

[www.CommonGroundHealthcare.org/Pay](http://www.CommonGroundHealthcare.org/Pay)

## VIEW OUR COVERED MEDICATION LIST (FORMULARY)

[www.CommonGroundHealthcare.org/Formulary](http://www.CommonGroundHealthcare.org/Formulary)

## SIGN UP FOR MAIL ORDER PHARMACY

Only for certain medications: [www.OptumRx.com](http://www.OptumRx.com)

## CONNECT WITH US:



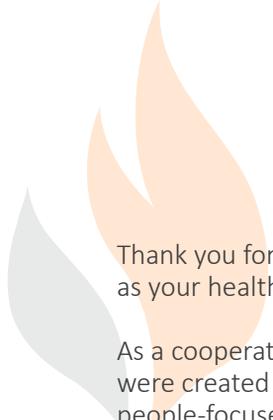
[Facebook.com/CommonGroundHealthcare](https://Facebook.com/CommonGroundHealthcare)



[@CGHealthcare](https://twitter.com/CGHealthcare)

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The logo consists of three stylized flame shapes. The top two are orange and the bottom one is grey. They are arranged in a cluster, with the orange flames on top and the grey one on the bottom left.

# THE CO-OP DIFFERENCE

Thank you for choosing Common Ground Healthcare Cooperative (CGHC) as your health insurer.

As a cooperative, CGHC is different from other insurance companies. We were created as a non-profit insurance cooperative to create an easy, people-focused, collaborative insurance solution, while ensuring that our members and the service we provide them are always at the heart of what we do.

You are not just a customer, you're a CGHC member with ownership and a financial stake in our company. As a nonprofit co-op, any profit we make gets passed to you through lower premiums and better service. We will work to earn your trust by:

- Continually working to provide better service to members and straight answers to your questions;
- Being financially responsible and accountable. We know that cost is at the top of your concerns, and we will never stop looking for ways to keep your health insurance costs as low as possible; and
- Always being open and transparent about our decisions and what is going on in the market that could impact you and your coverage. We will advocate for you whenever possible.

We hope this guide provides you with information you need to make the most of your health insurance and avoid surprise charges. Please know that we also have a more detailed Certificate of Coverage available on our website at [CommonGroundHealthcare.org/Coverage-Details](https://CommonGroundHealthcare.org/Coverage-Details) along with many other helpful resources. If you would like a hard copy of this or any other document, just call member services at 877.514.2442.

Your member identification card has also been sent to you. You should present it when seeking medical and pharmacy services. Please take a moment to review the information on the card to ensure that it is accurate.

Thank you for joining thousands of others working through our cooperative to make healthcare better. We look forward to serving you.

Sincerely,  
Cathy Mahaffey, CEO

# AVOID SURPRISE CHARGES

Health care is confusing, which makes health insurance confusing. It's our job to help you avoid the pitfalls. This page includes need-to-know facts about your coverage.

## **1. Your Plan is an Exclusive Provider Organization (EPO) plan. That means your coverage is limited to in-network care.**

To avoid surprise charges, go to a network provider as part of the First Health Network whenever you can. Browse all in-network providers at [www.firsthealth.com](http://www.firsthealth.com). Out-of-network care is only covered in special circumstances, such as emergencies, that are detailed on the next page.

## **2. Your benefits include essential health benefits such as prescription medications, urgent care, hospital care, outpatient care, mental health care, and many other services.**

Having comprehensive insurance benefits means you have significant protections and will pay less for healthcare because of the partnership we have with network providers. But as in any insurance plan, you also have a deductible that you will have to meet before certain benefits apply. Please see your plan description on the following pages to understand when deductibles, coinsurance, and copays apply.

## **3. If you want no-cost preventive care, make sure your health care provider doesn't do more than you want.**

The term "preventive care" is strictly defined to include only certain services that are described on page 16. If you talk to a doctor about a health concern, they are likely to bill for a diagnostic visit instead of a preventive one. Let your doctor know that you are only interested in preventive services and question any suggestions for additional tests.

# FIRST HEALTH NETWORK

With our small group EPO Plus plans, we offer access to the First Health Travel Network, one of the nation's largest networks with over a million health care professional service locations. With the First Health Network you have access to quality care at more than 5,000 hospitals and 90,000 associated facilities.

In addition to access to quality care nationwide, the First Health website is very user friendly and gives you step by step instructions to utilize important resources. By visiting [www.firsthealth.com](http://www.firsthealth.com) you'll find you can add providers to your "My List" for future reference, compare physicians, hospitals, and more.

When searching for a provider, the First Health website offers you relevant information patients like to know including gender, specialties, education background, board certification, if they are accepting new patients, affiliated locations. and maps for directions.

# Your Network

## **CGHC EPO Plus Plans**

With a CGHC EPO Plus Plan, you have coverage anywhere in the contiguous United States (48 main continent states), outside of CGHC's standard service area. You can even use the First Health Network if you are traveling into the CGHC Service Area for any reason.

**[QUICK FACTS PAGE]**

# IMPORTANT DEFINITIONS

## DEDUCTIBLE

This is the amount you owe for covered health care services before your health insurance or plan begins to pay. For example, if your deductible is \$1,000, your coinsurance will kick in once you've paid \$1,000 toward covered health care services subject to that deductible. Know exactly how your deductible works, as it greatly influences how much you will pay out-of-pocket.

## COPAYMENT

Copays exist in certain plans. A copay is a fixed amount you will pay for certain covered health care services (i.e., a physician office visit) received from an in-network provider. The amount can vary by the type of covered health care service. Copays typically apply before deductibles are met in CGHC plans, but this is not always the case, so be sure you understand how copays work in the plans you choose.

## COINSURANCE

Your share of the costs of a covered healthcare service, calculated as a percent of the discounted charge that CGHC has negotiated for the service. If you have a deductible, you pay towards your deductible first. Once your deductible is met, you pay a coinsurance percentage until you reach your out-of-pocket maximum.

## OUT-OF-POCKET MAXIMUM

The most you could pay for covered care in a year, adding up your deductible, copayments, and coinsurance payments. Once you have reached your out-of-pocket maximum, your plan will pay the full cost of covered in-network healthcare services for the rest of the year.

# What You Need to Know About Your Coverage

**Delivering trusted and understandable information to our members about their health plan is a core piece of the Common Ground Healthcare Cooperative (CGHC) mission. We really don't believe in fine print.**

Our website is a great source for information for our members. It was designed with your needs in mind, and is designed to help you get the most value out of your insurance coverage. One page in particular has several documents that you will want to review. Please visit:

[CommonGroundHealthcare.org/Coverage-Details](https://CommonGroundHealthcare.org/Coverage-Details)

This page links to your **Certificate of Coverage**, a legal document describing the health services our health plans cover. For a hard copy, please call Member Services at 877.514.2442.

Services and equipment that are not covered are described in the **Exclusions and Limitations**.

Some things require advanced approval by us, and that is referred to as **Prior Authorization**. You can learn more about this on page **18** of this guide.

**Covered Prescriptions** is our drug list, otherwise known as our formulary.

Your **Provider Directory** lets you know who is in your network. Staying in network helps to keep your out-of-pocket costs down!

It is an ongoing project at CGHC to simplify and update these documents to make things easier to understand for our members.

If you'd like to provide feedback, please send an email to [marketing@commongroundhealthcare.org](mailto:marketing@commongroundhealthcare.org).

# YOUR ID CARD AND MOBILE APP

## Your CGHC member ID card has been mailed to you.

The card includes the ID number for yourself and any dependents on your health plan, along with the name of your provider network and any applicable copay amounts.

The information on your ID card is helpful when searching for a doctor, filling a prescription, or accessing your Member Health Portal. Call Member Services for additional cards.

## USE OUR ID CARD MOBILE APP TO EASILY SEND YOUR ID CARD TO YOUR DOCTOR, HOSPITAL, OR PHARMACY VIA FAX OR EMAIL

### TO LOG IN:

- Open the Mobile ID card app on your smartphone and enter the following information
  - First and Last name
  - Date of Birth: In this format: MM/DD/YYYY
  - Last 4 digits of your Social Security Number (SSN)
- Once you've signed up, you can use those log in credentials to Log in



# PRESCRIPTION COVERAGE

The cost of medications is growing exponentially. Common Ground Healthcare Cooperative works with a pharmacy benefit manager, OptumRx, to help us negotiate lower costs for certain medications. We provide members with a list of these covered medications which is called our “formulary.” Within the list, we define drugs that fall into the following tiers or categories:

- Certain preventive drugs covered at no cost to you
- Tier 1: Generic medications that are less expensive than other medications
- Tier 2: “Preferred” brand name drugs available at a reasonable cost
- Tier 3: “Non-preferred” brand name drugs available at higher costs
- “Specialty” medications generally are the most expensive drugs

If you are in a copay plan, your Schedule of Benefits will describe different copays based on these classes of medications. Even if you are not in a copay plan, you are still likely to pay much less for a generic or preferred brand name drug than one in the non-preferred or specialty category. Talking with your doctor about your options for your medications can save you a lot of money!

## More About the Formulary

If you looked up the name of your medication and it has letters such as PA, ST, or QL, then please take note. PA means that the prescription requires Prior Authorization and your doctor will need to fill out and submit a Prior Authorization request. ST means the drug is subject to Step Therapy requirements, and that you will need to try other medications first before the drug will be covered. QL means the drug has Quantity Limits, and that we will need to approve any quantities of the medication that exceeds the limit. These programs are in place to ensure our members have access to safe and effective medication treatment.

To view the full list of covered prescription drugs, visit:

[CGCares.org/Formulary](https://CGCares.org/Formulary)

# Our Pharmacy Network

Our wide pharmacy network includes most popular chains including Walgreens, CVS, Walmart, Target, Kmart, Shopko, Costco, Meijer, Kroeger, Pick n' Save, The Medicine Shoppe, Crivitz Pharmacy, and most other independent pharmacies.

If you want to be sure about your pharmacy being in network, you can always contact our Pharmacy Benefit Manager, OptumRx, to check on the network status of pharmacies. That number is 855.577.6545. If you are looking for our list of covered medications, also known as our formulary, please visit the page below.

[CGCares.org/Rx](https://CGCares.org/Rx)

## Mail Order

CGHC offers members a convenient mail-order pharmacy option for certain maintenance medications. When using mail order, we will fill a 90-day prescription for only two-copays (if applicable in your plan). Please contact OptumRx to inquire whether your prescription is eligible for mail order at 855.577.6545.

[\*\*CGCares.org\*\*](https://CGCares.org)

## CARE IN THE RIGHT SETTING

Under the weather with an infection, allergies, or other common ailment? Virtuwell.com is free in most plans

### VIRTUWELL.COM - OUR 24/7/365 ONLINE CLINIC

CGHC offers a 24/7/365 online clinic, [virtuwell.com](https://virtuwell.com). Members can access this online clinic from anywhere they can access a computer, tablet, or smartphone. Members are treated by board-certified nurse practitioners who will provide a treatment plan (including a prescription if needed) within 30 minutes. Most CGHC plans cover the first 10 Virtuwell visits for a \$0 copay per visit. Members with HSA plans still have coverage for Virtuwell visits, but pay for the deductible/coinsurance amount due to federal regulations. See the next page for more information about virtuwell.

For annual exams or to diagnose a health concern

### PRIMARY CARE PROVIDER

By far the best way to navigate the health care system is to establish a relationship with a Primary Care Provider (PCP) who can help guide you to the right place if you need lab tests done or to see a specialist. **PCPs are doctors or nurse practitioners that practice general, internal or family medicine.** If you are looking for a PCP, please visit our online provider directory search and then make an appointment for your annual exam that we provide at no cost to you. It may take some time to get an appointment, but once you do, you can establish a relationship with your PCP, and it will pay off if you ever become sick or injured.

# CAN SAVE YOU THOUSANDS \$\$\$

For urgent, but not life-threatening, illnesses or injuries

## URGENT CARE

A walk-in or urgent care center is another option for care and is generally available at a lower cost than the emergency room. Hours and locations can be more convenient, although sometimes the waits can be long. If you are traveling inside the CGHC service area, please be sure to go to an in-network urgent care clinic. Out-of-network urgent care is only covered when you are outside of the CGHC service area. Also, you should be visiting urgent care centers for the right things: **illnesses or injuries that can't wait for a doctor's appointment**. If you are looking for routine care such as immunizations or simple treatments for things like insect bites, you should contact your doctor's office or a convenience care clinic to save money.

In a serious or life threatening situation

## EMERGENCY CARE

**In a serious or life-threatening situation** (i.e., chest pain, loss of consciousness, difficulty breathing, broken bones, uncontrolled bleeding), you should always go to the *nearest* emergency room. Though in-network care will always be the most cost-efficient, we still cover out-of-network emergency care and apply it to your benefits. In this situation, we will always pay up to our maximum allowed amount, no matter what emergency room you use.

**If you are not in a serious or emergency situation**, then the emergency room is probably the last place you want to go. That's because the cost of emergency room care is significantly higher than a doctor's office or walk-in care setting. In addition, you are likely to wait a long time to get care from medical providers that practice emergency medicine, not general medicine.

# Your 24/7 Online Clinic



CGHC members have access to our online clinic, Virtuwell, as part of your benefit plan. We've brought this service to you with the hope that it will save you money and ease your mind when it comes to the predictability of your health costs.

Even better, up to 10 Virtuwell e-visits are covered at NO COST to members in most of our plans. Health Savings Account (HSA) plans are the only exception – the law requires HSA plan members meet their deductibles before getting other benefits. If you are in an HSA plan, Virtuwell visits will be applied to your deductible/coinsurance.

It's a lot like going to your doctor's office, except there are no appointments, no hidden costs, and there's a money back guarantee. All you need to do is access to the Internet, visit [www.virtuwell.com](http://www.virtuwell.com), and click the "Get Started" button.

Virtuwell will then ask you to select the category that best describes your concern and take you through an interview much like you would experience in a doctor's office. Once you answer all the questions, it will ask you for your CGHC member ID number. Fill in the information, then hit submit.

Virtuwell's Board Certified Nurse Practitioners will review your information and send you a treatment plan within 30 minutes of hitting the submit button. If the nurse practitioner needs more information, he or she will reach out you. You can also request a free follow-up call with the nurse practitioner as well.

To find out more, visit:

[www.cgcares.org/virtuwell](http://www.cgcares.org/virtuwell)

# WHAT CAN VIRTUWELL TREAT?



## Sinus, Cough & Allergy

Bronchitis  
Common Cold  
Laryngitis  
Pet Allergies  
Seasonal Allergies  
Sinus Infection  
Upper Respiratory Infection



## Women's Health

Bacterial Vaginosis (Age 26+)  
Birth Control (Ages 18-34) Bladder Infection (UTI)  
Breast Infection (Mastitis) Clogged Duct  
Emergency Contraception (Age 18+)  
Genital Herpes  
Yeast Infection



## Flu

Influenza (Seasonal)



## Skin & Rash

Acne (Age 12+)  
Athlete's Foot  
Canker Sore  
Cellulitis  
Chicken Pox  
Cold Sore  
Deer Tick Bites  
Diaper Rash  
Eczema  
Fifth Disease  
First/Second Degree Burns  
Folliculitis  
Hives  
Insect Bites  
Impetigo  
Ingrown Nail  
Jock Itch  
Lice  
Nail Infection  
Pityriasis Rosea  
Rash  
Ringworm  
Rosacea  
Scabies  
Seborrheic Dermatitis  
Shingles  
Sunburn  
Warts  
And more



## Eye & Ear

Ear Infection (Age 5+)  
Ear Pain (Age 2+)  
Eustachian Tube Dysfunction  
Pink Eye  
Stye  
Swimmer's Ear



## Sexual Health

Birth Control (Ages 18-34)  
Genital Herpes  
Gonorrhea  
Trichomoniasis



## Kid's Health

We treat kids ages 2+  
for most conditions.

# PREVENTIVE CARE

CGHC offers certain preventive services at no cost to members as long as they are scheduled with an in-network doctor. No cost means copayments, coinsurance, and deductibles do not apply to these specific services – **as long as they meet our definition of no cost preventive care and the services are received from an in-network provider**. No cost preventive care starts with an annual routine checkup with any of the following primary care providers (PCPs):

- your family doctor
- a general medicine physician
- your OB/GYN
- your pediatrician
- a doctor that specializes in internal medicine
- a nurse practitioner

## What is “No Cost Share” Preventive Care?

It's the general term that describes certain preventive health services that are covered by insurance companies at 100% according to the healthcare reform law. It doesn't include other services that you or your doctor may consider preventive. When it's on our list, copayments, coinsurance, and deductibles do not apply to these specific preventive services if they are received from a provider in the health plan's network.

Preventive care is not only important to help you live a healthier life and detect any problems early, but it also helps you establish a relationship with a primary care provider (see list above) that can help you navigate the healthcare system and coordinate care if you ever need it.

**A list of no-cost preventive health services can be found at [www.CommonGroundHealthcare.org/Coverage-Details](http://www.CommonGroundHealthcare.org/Coverage-Details). These preventive health services are only covered at 100% if received from an in-network provider.**

To learn more, visit:  
[www.CommonGroundHealthcare.org/Coverage-Details/](http://www.CommonGroundHealthcare.org/Coverage-Details/)

# Avoid Preventive Care Surprises

The difference between preventive and diagnostic care is not always obvious. But please know if your doctor bills us for a diagnostic visit, you will almost always be responsible for some cost of the care. Here are important distinctions between types of care:

**Diagnostic Care:** Diagnostic means that there is a concern your doctor is investigating. If you go in for a routine preventive visit and you speak with your doctor about a health concern, the visit could turn into a diagnostic visit and apply to cost-sharing. Doctors will also bill a diagnostic visit for certain screenings such as colonoscopies when you have a history of polyps and need to be screened more often.

**No-Cost Share Preventive Care:** These are a specific list of services that are highly rated by government agencies dedicated to studying the effectiveness of preventive care. They include one annual wellness visit, many immunizations, and several other services, but it probably won't include every test your doctor may wish to run.

**Preventive Care Not on the List:** If your doctor orders a full blood panel, the panel may include tests that would be considered preventive by your doctor, but aren't recommended for preventive coverage by government agencies. Be aware of your doctor ordering tests, and call us to be certain. If your doctor recommends a test while you're in the office, you might want to tell him or her that you'd like to wait, so you can look into your coverage.

**Preventive Care Not Covered:** If a preventive service isn't on the list of no-cost services, it typically still applies to your benefits with cost-sharing from you. But there are certain services that are just not covered under our plans. Be sure to check with us. Vitamin D is an example.

**Cost Saving Tip:** When you schedule an appointment for any no-cost preventive service, make it known that you're interested in getting your free preventive screenings and want to be told if any services fall outside the list of approved no-cost services. It's not a guarantee, but it can help. If you are getting a colonoscopy, talk to your doctor about whether it will be preventive care or diagnostic.

# UNDERSTANDING PRIOR AUTHORIZATION

**Certain medical services require prior authorization. That means the service must be pre-approved by Common Ground Healthcare Cooperative before you receive care.**

Your doctor should submit the authorization. We require these so our team can review the proposed treatment plan to help determine if it is consistent with medical policies and standards. This helps us make sure you are getting the most appropriate care.

Prior authorization can only be obtained for services that are covered under your plan benefits. Your provider will make the request for prior authorization in writing and submit all necessary medical records to CGHC. **The request must be received at least 15 business days prior to the procedure or service.** If your provider indicates a situation is medically urgent, it will be handled as a priority.

For urgent or emergency admissions, prior authorization needs to be obtained within 48 hours or by the next business day after the admission. If your provider determines that additional care beyond the services specified or the length of time originally authorized is medically indicated, CGHC must be contacted to request an extension of the original authorization.

If you are not notified by either your provider or CGHC that your prior authorization has been approved, be sure to check with Member Services by calling 877.514.2442 before receiving the care.

To request prior authorization, your doctor can call 877.825.9293. Talk to your provider about prior authorization whenever a medical service is recommended to see if it is required. **Failure to get prior authorization for services can result in your coverage paying at a reduced rate.**

For EPO plan members, please know that if you are seeking out-of-network care, you will need a referral approved by CGHC and you may also need a prior authorization before your care will be applied to your benefits.

# Services that Require Prior Authorization

There are a variety of services that require Prior Authorization (PA). Some examples of these services include:

- Prescription drugs — As noted in the prescription drug formulary, any drug requiring prior authorization for step therapy (ST) or for quantity limit (QL) must be approved by our Pharmacy Benefit Manager, OptumRX.
- Certain Durable Medical Equipment (DME) Items
- Elective Inpatient Admissions including, but not limited to, Acute Hospital, Skilled Nursing Facilities (SNF), Acute Inpatient Rehabilitation, etc.
- Reconstructive or Plastic Surgery Procedures

To understand all of the CGHC services that require PA, please use the information on our website here: [www.CGCares.org/coverage-details/](http://www.CGCares.org/coverage-details/)

Additional exclusions may apply so be sure to view a comprehensive list and more information at:

[CommonGroundHealthcare.org/Coverage-Details/](http://CommonGroundHealthcare.org/Coverage-Details/)

# Complaints, Grievances, and Appeals

CGHC takes member concerns very seriously. We value your feedback because it is the only way we can improve our services to you.

A **COMPLAINT** is a verbal expression of dissatisfaction with us or any provider in our network. If you have a complaint, please contact Member Services at 877.514.2442. A Member Services representative will work with you to try to resolve your complaint to the extent possible. If you are not satisfied with the resolution of your complaint, then you may file an Appeal or Grievance.

A **GRIEVANCE** is any written complaint or dispute expressing dissatisfaction with any aspect of CGHC 's operations or activities or that of any network provider. When you or an authorized representative asks us in writing to review any Adverse Benefit Determination, it is called an **APPEAL**. You, or your authorized representative, may file an Appeal or Grievance with us within three years after the date your claim was processed or you were advised of an adverse benefit determination.

Appeals and Grievances will be evaluated by the Member Appeal & Grievance Committee and a response will be made to you within 30 calendar days. The Appeal/Grievance should be mailed to:

Common Ground Healthcare Cooperative  
ATTN: Member Appeals & Grievances  
P.O. Box 1630  
Brookfield, WI 53008-1630

We will send you a written determination of the Appeal/Grievance within 30 calendar days of receipt of the Appeal/Grievance. If special circumstances require a longer review period, we may take an additional 15 calendar days to make a decision. If we need the extra days, we will notify you of the reason why and when a decision may be expected.

A more detailed explanation of this process, including information about how to file an expedited review, may be found in your certificate of coverage at [www.cgcares.org/coverage-details/](http://www.cgcares.org/coverage-details/). You may request a hard copy be mailed to you by calling us at 877.514.2442.

# YOUR RIGHT TO INDEPENDENT EXTERNAL REVIEW

Our members have a right to request an Independent External Review when we have denied an Appeal and you have exhausted the Appeals/Grievance process. The request must be made within four months after we send you the final notice of an Adverse Benefit Determination. To qualify for an Independent External Review process, your situation or issue must involve an Adverse Benefit Determination based on the following:

- Medical judgment (for example: medical necessity, appropriateness, health care setting, level of care, effectiveness of a covered benefit, or experimental and investigational treatments); or
- Our denial of your request for Out-of-Network services when you believe that the clinical expertise of the out-of-plan Out-of-Network provider is medically necessary (but only if the treatment or service would otherwise be a covered benefit under your plan); or
- A rescission of your coverage (whether the rescission has any effect on any particular benefit at that time).

You may not request an Independent External Review if 1) the requested treatment is not a Covered Health Service under this Certificate; or 2) the decision involves contractual or legal interpretation without any use of medical judgment; or 3) for administration issues such as the application of amounts to your deductible.

## HOW TO REQUEST AN INDEPENDENT EXTERNAL REVIEW

You must submit a request within four months after the date you receive a notice that we denied your Appeal/Grievance. The request for Independent External Review must be made in writing and sent to:

MAXIMUS Federal Services  
3750 Monroe Avenue, Suite 705  
Pittsford, NY 14534

You may also request external review by faxing your request to 888.866.6190. For cases requiring expedited review, your request may be made by phone by calling 888.866.6205. The request should include your name, address, and phone number, the reason you disagree with our decision, including any documents that support your position. Please include a statement authorizing your representative to pursue Independent External Review on your behalf if you choose to use one.

# Member Rights

It is important to us that all members understand their rights as a CGHC member. Our members have the right to:

- Receive information about CGHC, its services, its practitioners and providers and member rights and responsibilities.
- Be treated with respect and dignity by CGHC employees and its contracted health care providers and professionals. Please know we will not discriminate in the service or benefits offered to you based on race, religion, national origin, sex, age, sexual preference, type of illness, or financial status.
- Have privacy of medical and financial records maintained by CGHC and its health care providers in accordance with existing law.
- Be informed about appropriate and alternative treatment options and their risk, regardless of cost or Benefit coverage.
- Participate with health practitioners in making decisions about your health care and treatment.
- Voice complaints or concerns about CGHC or any of its network providers and contracted vendors.
- Appeal any decision made by CGHC and to receive a response within a reasonable amount of time.
- Make recommendations regarding CGHC's Member Rights and Responsibilities policy.
- Choose an advance directive to designate the kind of care they wish to receive should they become unable to express their wishes.
- Have a safe, secure, clean, and accessible health care environment.
- Have access to emergency health care services in cases where a "prudent layperson" acting reasonably would believe that an emergency existed.

# Member Responsibilities

Given that the health of CGHC members impacts the financial wellbeing of all other CGHC members, those that purchase our insurance also have certain responsibilities. It is the responsibility of our members to:

- Pay Premiums. You must make Premium payments to us by the specified due date for you to remain enrolled and receive Benefits. Your Premium is due on the 25th of the preceding month that you will receive coverage.
- Comply with all provisions of the policy outlined in the Certificate of Coverage, including Prior Authorization.
- Use practitioners and providers affiliated with the CGHC network for health care benefits and services, except where services are authorized or allowed by your health plan, or in the event of an emergency. It is your responsibility to select the Network health care professionals who will deliver care to you.
- Know and confirm your benefits before receiving treatment.
- Show your ID card before receiving health care services.
- Pay your share of your care by paying applicable co-payments, coinsurance, and deductibles to participating practitioners and providers due at the time of service or when billed.
- Follow agreed upon instructions and guidelines for care.
- Decide on what services you should receive. Decisions on your care are between you and your Physicians. We do not make the decision about the kind of care you should or should not receive. If you choose to receive care that is not a covered, you may have to pay the entire cost of that care.
- Understand health problems and develop mutually agreed upon treatment goals, to the degree possible.
- Provide accurate information, to the extent possible, so that CGHC and your practitioner may properly care for you, or to make an informed coverage determination.
- Pay full charges for all excluded services and items. Review Section 8: Exclusions and Limitations to become familiar with this Certificate's exclusions.
- Provide us with written notice about losses/claims.

# HOW TO READ YOUR EXPLANATION OF BENEFITS

Your Explanation of Benefits (EOB) has details about your healthcare benefits. You'll get an EOB in the mail after you visit a doctor or seek medical treatment. Be sure to carefully read your EOBs, and always keep it for future reference. Here are a few tips to help you understand your EOB:

## 1. Amount You Owe Provider.

This is the amount you may be charged from your provider. This amount reflects CGHC's discount and what we paid toward your healthcare.

## 2. Amount Your Plan Saved You.

This is the total of the discounts CGHC receives from in-network providers, plus the amount your CGHC plan paid toward your care.

## 3. Medical Deductible.

This shows how much of your deductible has been met so far this plan year. A deductible is the amount you must pay out-of-pocket for health services before your health plan will begin covering services.

Date: 08/16/2018  
Claim Number: 123456789

**CLAIM SUMMARY**

Description of Service	Service Dates From	To	Procedures	Billed Charges	Allowed Amount	Your CGHC Plan Paid	Not Covered	Remark Code	Amount You Owe Provider
Routine Exam	05/01/16	05/01/16	36415	120.00	89.65	89.65	0.00	PRV	0.00
Physician Visit	05/01/16	05/01/16	80053	100.00	59.87	59.87	0.00	PRV	0.00
<b>Totals</b>			2	220.00	149.52	149.52	0.00		0.00

Amount Your Plan Saved You: 220.00

**REMARK CODE DESCRIPTIONS**

Remark Code	Description
ENP	This claim has been priced through the Envision network.
PRV	Preventive Service, Pays at 100%

**PLAN SUMMARY**

Limits	Annual Limit	Year to Date	Remainder
<b>INDIVIDUAL</b>			
Medical Deductible (In Network)	\$500.00	\$390.29	\$109.71
Medical Out of Pocket (In Network)	\$6,850.00	\$390.29	\$6459.71
<b>FAMILY</b>			
Medical Deductible (In Network)			
Medical Out of Pocket (In Network)			

If you have questions about your Explanation of Benefits, please call Member Services at 877.514.2442 or email [Info@CommonGroundHealthcare.org](mailto:Info@CommonGroundHealthcare.org).

# NOTICE OF PRIVACY

As a member of Common Ground Health Care Cooperative, you have certain rights. One of these is the right to confidentiality. Confidentiality means you have the right to have your medical information kept private. This information cannot be released without your permission. At CGHC, we take confidentiality very seriously.

When you join CGHC, you agree to let us have access to your medical information. You also agree to let us use your medical information for certain business functions. This use is strictly limited.

So, what does this mean? It means you allow the CGHC team to review your medical information. We use this information to protect you and arrange your care. You also allow CGHC to show your records to state and Federal agencies when necessary. This happens, for example, when organizations, such as the National Committee for Quality Assurance, perform reviews of CGHC. These regulatory groups review us to make sure we meet standard requirements and license and regulate our cooperative. These groups protect your privacy as well. We also use your medical information to pay or coordinate claims and to administer your benefits.

CGHC takes every precaution to keep all information confidential. We have strict procedures for maintaining your medical records. We will not release this information without your permission. How we keep your information protected and all of your privacy rights are listed in our CGHC Notice of Privacy Practices. You received a copy of the CGHC Notice of Privacy Practices in your Certificate of Coverage/Policy when you enrolled with CGHC. If you would like another free copy of the Notice of Privacy Practices, please contact Member Services at 877.514.2442 or go online to [CommonGroundHealthcare.org](https://www.CommonGroundHealthcare.org).

It is important to note that children under 18 years of age also have certain rights to confidentiality. These rights come from state or Federal laws. This means, in some cases, we are not able to share information, even with parents and guardians. Your son or daughter will need to sign a member authorization if they want you to receive this information. Types of Information that are protected have to do with behavioral health, sexual activity, or abuse and physical abuse situations.

Common Ground Healthcare Cooperative complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.877.514.2442.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.877.514.2442.

[CGCares.org](https://www.CGCares.org)

