Benefit Booklet
Effective 7/1/2016

CommunityCare™
Employer's Choice

Tulsa FOP 93
Health & Welfare Trust
Value Select

fop.ccok.com

Welcome!

Thank you for choosing CommunityCare as your health insurance Third Party Administrator. We are pleased to once again be your partner in health care. Our goal is to provide you with the highest level of service possible. We are also committed to offering you providers in our networks who deliver high quality care and services.

Medical Plan Questions?

- Call our **Member Services** department at (918) 594-5201 or (800) 777-4890
- Visit our Web site at **fop.ccok.com** for the following resources:
  - Provider and facility searches
  - Benefit materials
  - View EOBs and access claims history
  - Print temporary member ID cards
  - Popular forms and resources
  - Wellness resources and more

Pharmacy Plan Questions?

- Contact **MedalistRx Member Services Helpline** at (855) 633-2579
- Visit the **MedalistRx website** at www.medalistrx.com for the list of medications and participating pharmacies.

For More Information:

For more information regarding other value added services and benefits, please contact Rooney Insurance Agency at fop93@rooneyinsurance.com or call Jo McDaniel at 918-878-3425 or Sydney Jones at 918-878-3373.

CommunityCare™
Employers Choice

Value Select Plan (with Biometrics)

Calendar Year Deductible	
Per Individual	$1,500
Per Family	$3,000
Out-of-pocket Limit Per Calendar Year (does not include deductible)	
Per Individual	$2,500
Per Family	$5,000

Physician Services

(Additional Co-insurance/Co-payments may apply)

Primary Care Office Visits	$40 Co-payment per Visit
Specialty Care Office Visits	$50 Co-payment per Visit
Maternity Care	$40 Co-payment
(Co-payment for initial maternity care visit only)	
Preventive Care	No Co-payment
(Please see Member Handbook for details)	

Emergency Care and Urgent Care

(Additional Co-insurance/Co-payments may apply) (Benefits will be denied if not medically necessary)

Hospital Emergency Room	20% Co-insurance*
Urgent Care Facility	$60 Co-payment per Visit

*After deductible, the Co-insurance/Co-payment will apply.

^ See prescription drug benefit plan for additional information.

Inpatient Hospital Care	
Room and Board	20% Co-insurance*
(Including all other medically necessary services)	
Mental Health, Alcohol and Drug Services	
Inpatient	20% Co-insurance*
Outpatient	$40 Co-payment per Visit
Outpatient Surgery	
Primary Care Office Visits	$40 Co-payment per Visit
Specialty Care Office Visits	$50 Co-payment per Visit
Outpatient Surgical Facility	20% Co-insurance*
Outpatient Diagnostic Services	
(Additional Co-insurances/Co-payments may apply, regardless of where outpatient services are rendered)	
Laboratory	No Additional Co-payment
Outpatient Radiology	No Additional Co-payment
MRI, CT Scan and PET Scan	20% Co-insurance*
Rehabilitation Therapy	
(Up to 60 treatment visits per Benefit Type)	
Inpatient Rehabilitation	20% Co-insurance*
Outpatient Physical, Occupational and Speech Therapy	$50 Co-payment per Visit
Other Covered Services	
(Quantity limits may apply)	
Allergy Serum / Injections	Subject to the PCP or Specialist Co-payment
Allergy Testing & Treatment	If an office visit is charged, subject to the PCP or Specialist office visit Co-payment
Allergy Testing & Treatment not in a Physician's Office	20% Co-insurance*
Ambulance - Emergency Only	20% Co-insurance*

*After deductible, the Co-insurance/Co-payment will apply.

^ See prescription drug benefit plan for additional information.

Chiropractic Care *(limited to a total of 60 visits per calendar year to include direct contracts and insurance contracts combined)*	$50 Co-payment per Visit
Diabetic Supplies	20% Co-insurance*
Durable Medical Equipment	20% Co-insurance*
Fertility Evaluation	20% Co-insurance*
General Anesthesia (for eligible dental procedures only)	20% Co-insurance*
Hearing Aids (Children under the age of 19)	20% Co-insurance*
Home Health Services	20% Co-insurance*
Hospice Care	20% Co-insurance*
Immunosuppressives, Injectables (except immunizations) and Drugs administered in the physician's office	20% Co-insurance*
Infusion (Must be medically necessary and may be subject to prior authorization)	
Administered in a physician's office	$50 Co-payment per Visit
(except for specialty drugs within this category - see Specialty Drugs below)	
Administered in an outpatient facility	20% Co-insurance*
Administered in a home setting	20% Co-insurance*
(except for specialty drugs within this category - see Specialty Drugs below)	
Organ Transplants (Must be medically necessary	20% Co-insurance*
and may be subject to prior authorization)	
Orthotics and Prosthetics	20% Co-insurance*
Ostomy and Urologic Supplies	20% Co-insurance*
Prescription Drug Benefit	See Outpatient Prescription Drug Benefit^
Radiation Therapy	20% Co-insurance*
Skilled Nursing Facility Care	20% Co-insurance*
(Up to 60 treatment days per disability per calendar year)	
Specialty Drugs from a medical provider	20% Co-insurance
(must be medically necessary and may be subject to prior authorization)	
All Other Covered Services	20% Co-insurance*

*After deductible, the Co-insurance/Co-payment will apply.

^ See prescription drug benefit plan for additional information.

Comments

- Deductible must be satisfied before Co-insurance begins, where it applies.
- Co-payments do not apply toward the deductible.
- Prescription drugs and non-covered items do not apply toward the medical calendar year deductible.
- Expenses incurred during the last three months of the calendar year and applied to the current year's deductible may be used to help meet the deductible requirement of the next year.
- Any number of members of the family may combine to meet two times the individual medical deductible to satisfy the family medical deductible requirement.
- All covered medical out-of-pocket expenses are applied toward your medical out-of-pocket limit. Your total out-of-pocket limit equals your medical out-of-pocket amount plus your deductible. Please note: Your prescription drug out-of-pocket expenses will accrue toward a separate prescription drug out-of-pocket limit.
- A calendar year is defined as the time period from January 1- December 31.

Urgent and Emergency Care

It is important that you follow-up with your PCP within 48 hours of any Urgent or Emergent Care Services. This will allow your PCP to direct or coordinate all of your follow-up care. Follow-up care that is not arranged by your PCP may not be covered. Your PCP is available 24 hours a day, seven days a week.

For a list of Exclusions and Limitations, please see Member Handbook.

THIS IS NOT A CONTRACT. *This summary does not contain a complete listing of conditions which apply to the benefits shown. It is intended only as a source of general information and is subject to the terms of the Group Health Care Services Agreement. See member handbook for additional information regarding exclusions and limitations.*

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Questions You May Have About

CommunityCare

How do I choose a Primary Care Physician (PCP)?

If you enroll in the Value Select plan or Standard plan, you will need to choose a PCP. Your PCP will manage and coordinate your health care needs. You may choose a different PCP/network for each covered family member. Your health care will be arranged within the network you choose, which includes your PCP, specialists, obstetrician/gynecologist, hospital and mental health providers. PCPs are listed in the printed provider directory or online at fop.ccok.com.

You may change your PCP selection throughout the year. Please call our Member Services department for information regarding PCP changes.

What about specialists?

Contracted specialists are listed separately in the provider directory. CommunityCare members may set up an appointment with most physicians in their network **without a referral** by their PCP.

What about emergency care?

If an emergency threatens life or limb, go immediately to the nearest emergency room. If you receive out-of-network emergency care services, you may wish to contact your PCP to coordinate your care.

What about urgent care?

You might need urgent care if your illness or injury is severe enough to need treatment within 24 hours. If you receive out-of-network urgent care services, you may wish to contact your PCP to coordinate your care.

What about preventive care?

Preventive care services, including an annual physical, an annual well woman exam and an annual vision screening, are covered benefits. The 24-hour nurse and health information line is also available and is free to every member.

What if I have questions?

If you have further questions or need help selecting a doctor, call CommunityCare Member Services at (918) 594-5201 in Tulsa or (800) 777-4890 statewide, or visit fop.ccok.com.

Oklahoma's best choice for health care.

CommunityCare™

Special Benefits for CommunityCare Members

24-Hour Nurseline

- A free, 24-hour nurse staffed information line is available for CommunityCare members
- You may speak to a registered nurse who can recommend a proper course of treatment for medical conditions or problems
- Features an audio health library with more than 400 topics
- Call the 24-hour nurse line at (800) 777-4890

CommunityCare Website – fop.ccok.com

- Access your CommunityCare benefit materials
- View EOBs and access visit and claims history
- Searchable provider directories
- Order replacement member ID cards
- Access health and wellness information

Member Reassurance Program

- Identifies members who have had a serious, traumatic event resulting in long-term, reoccurring care and/or hospital stay
- Designed to reassure members that CommunityCare is monitoring their claims for prompt payment
- A dedicated Member Reassurance Coordinator contacts the members and monitors claims payment until all claims are resolved

Questions? Call Member Services at (918) 594-5201 or (800) 777-4890.

CommunityCare™ | MEMBER CONNECTION

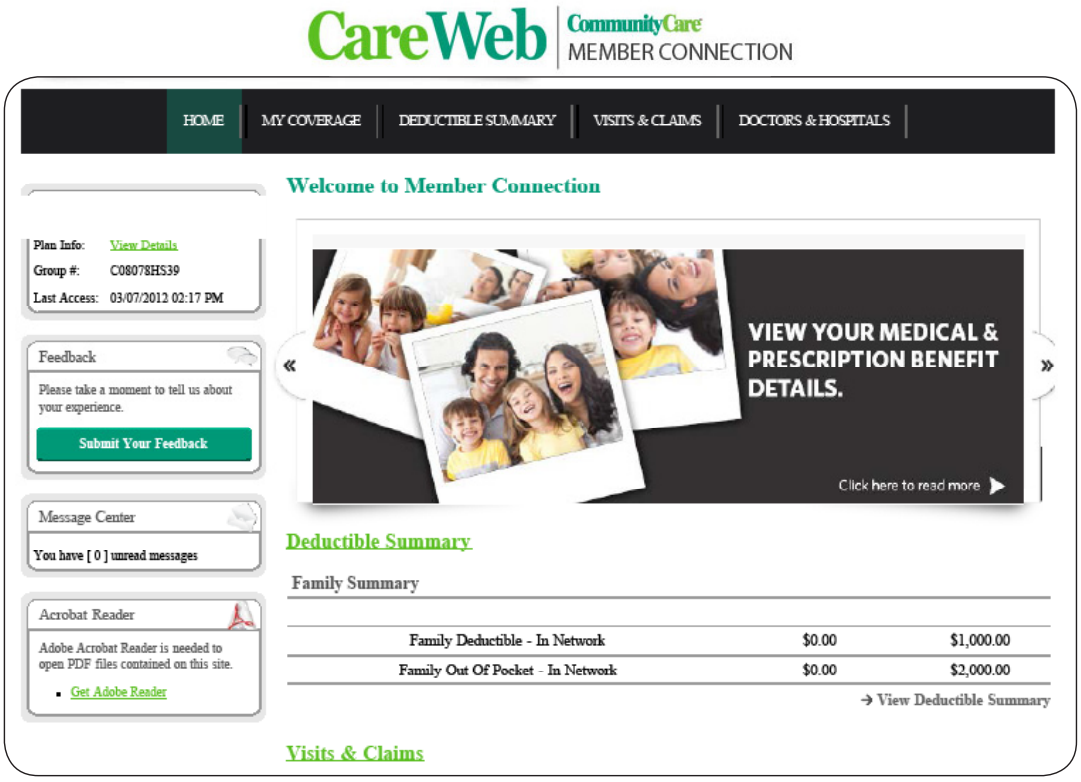
We are pleased to offer you access to Member Connection, the online member area of the CommunityCare website! Member Connection is a helpful tool for CommunityCare members.

How do you begin?

Go to fop.ccok.com and click on the CareWeb Member Connection icon located on the right side of the page. You will be directed to enter your information and follow a five-step registration process. You will need to have your CommunityCare member ID card available before you begin.

Some of the features within Member Connection include:

- Access visits and claims history
- View your EOBs online
- Print temporary ID cards
- Order replacement ID cards
- Search your provider directory
- View your deductible and out-of-pocket summary



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This information is a summary and for general information only.

In Network Preventive Health Care Coverage

CommunityCare's standards for preventive care are those adopted by most international health care groups and are designed to ensure that all of our members receive the preventive care that can make a difference in their health.

Screenings*

» **Cancer Screening:**
- ◊ Pap Smear
- ◊ Mammography
- ◊ Colorectal Cancer
- ◊ Prostate Cancer Screening

» **Periodic Adult Exams:**
- ◊ Blood Pressure, Height and Weight
- ◊ Cholesterol/Lipids
- ◊ TB Skin Tests
- ◊ Chlamydia screening
- ◊ Gonorrhea screening
- ◊ Herpes testing
- ◊ Cardiovascular screening
- ◊ Abdominal aortic aneurysm screening
- ◊ Diabetes screening
- ◊ Glaucoma screening
- ◊ HIV screening
- ◊ Lead screening
- ◊ Iron deficiency screening
- ◊ Lipid disorder screening

» **Well Baby/Well Child Exams**
- ◊ Lead screening: Once per lifetime
- ◊ Vision and hearing screenings
- ◊ Depression screening (ages 12-18)
- ◊ Congenital hypothyroidism screening
- ◊ Hearing loss, universal screening in newborns
- ◊ Iron deficiency screening

» **Routine Immunizations for Children:**
- ◊ Diphtheria, Tetanus, Pertussis (DPT)
- ◊ Tetanus, Diphtheria, Pertussis booster (Tdap)
- ◊ H. influenza type b (HIB)
- ◊ Polio
- ◊ Rotavirus
- ◊ Measles, Mumps, Rubella (MMR)
- ◊ Meningitis (Meningococcal through age 19)
- ◊ Varicella (Chickenpox)
- ◊ Hepatitis A
- ◊ Hepatitis B
- ◊ HPV (Gardasil)
- ◊ Pneumococcal (Prevnar)
- ◊ Influenza – Injection and Flu Mist

» **Respiratory Syncytial Virus (RSV):**
- ◊ Services must be authorized and directed by the Primary Care Physician, Neonatologist or Pediatrician

» **Routine Immunizations for Adults:**
- ◊ Tetanus, Diphtheria boosters (TD)
- ◊ Tetanus, Diphtheria, Pertussis booster (Tdap)
- ◊ Rubella
- ◊ Hepatitis A
- ◊ Hepatitis B
- ◊ Pneumococcal
- ◊ Influenza

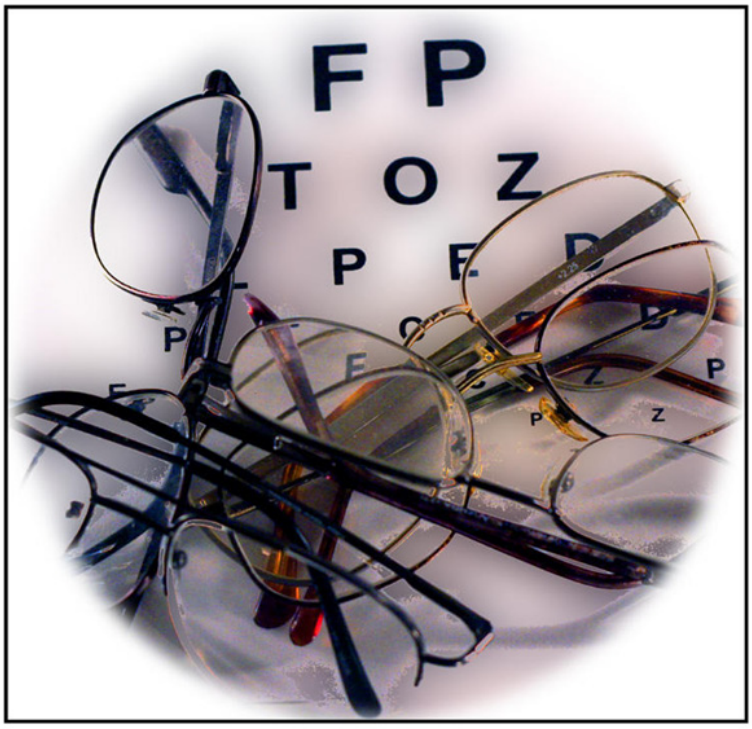
A. Ages 60 years and older
- ◊ Zostavax

B. Ages 65 years and older
- ◊ Pneumococcal vaccine

» **Women's Preventive Health Services:**
- ◊ As required by the Patient Protection and Affordable Care Act

**** Physician Note: Please discuss with your physician which screenings are appropriate for your particular situation and risk factors.***

Notes: Each service may only be covered for certain age groups or based on risk factors. For specific details on recommendations, please consult your member handbook. Members do not have coverage for preventive care out of network.



CommunityCare™

Vision Benefit for CommunityCare Members

As a CommunityCare member, **vision** is one of the services covered under your preventive care benefit... at no copay for in-network services!

NO COPAY!

Find out more about your vision benefit:

- Annual vision screening, glaucoma screening and refraction for glasses from an in-network vision provider
- Contracted vision providers offer a 10-15 percent discount for eyeglasses and contacts purchased at the vision provider's office
- You do not need to contact CommunityCare or your primary care physician before scheduling your annual vision appointment
- Search for vision providers at fop.ccok.com

Questions about your vision benefit? Call Member Services at (918) 594-5201 or (800) 777-4890.

Outpatient Prescription Drug Benefit

Pharmacy Only Calendar Year Out-of-Pocket Max $2,500 Per Individual
$5,000 Per Family Per Calendar Year

BENEFIT CO-PAYMENTS

Some preferred generic drugs have a $0 Co-payment. - Reasors Program
Please note that Quantity Limits or Prior Authorization may apply. Refer to your prescription drug formulary guide for additional information. If the cost of the prescription is less than the applicable Co-payment, you will only be charged the cost of the prescription.

RETAIL PHARMACY

	30 Day
Tier 1 - Preferred Generic Drugs	$15
*Tier 2 - Preferred Brand Drugs	$35
*Tier 3 - Non-Preferred Brand Drugs	$60
	Prescriptions $1,000 or more 20% Coinsurance
	90-day retail supply available at 3 Copays.

MAIL ORDER PHARMACY

Up to a 90-day supply for each prescription. Certain prescriptions, including specialty pharmacy drugs, are not eligible for mail order Co-payments. Refer to your prescription drug formulary guide for additional information.

Tier 1 - Preferred Generic Drugs	$30
*Tier 2 - Preferred Brand Drugs	$70
*Tier 3 - Non-Preferred Brand Drugs	$120
	Prescriptions $1,000 or more 20% Coinsurance
	90-day mail order supply available at 2 Copays.

SPECIALTY PHARMACY

Up to a 30-day supply for each prescription. Refer to your formulary guide for a list of medications covered under the Specialty Pharmacy Program. Specialty Pharmacy Drugs can be obtained from a contracted Specialty Pharmacy Provider.

$200 Copay for < $1,000
Prescriptions $1,000 or more 20% Coinsurance

COVERED DRUGS AND DEVICES

- Compound Drugs- *Subject to Limitations.*
- Contraceptive implants, IUDs, diaphragms, contraceptive devices, contraceptive kits, emergency contraception, oral/injectable/patch contraceptives
- Drugs used for chemical dependency/alcohol treatment
- Immunizations (no Co-payment, Deductible or Co-insurance applies to childhood immunizations from birth-age 21)
- Immunosuppressive Drugs
- Injectible/Infused Drugs, including insulin, epinephrine and glucagons
- Legend Drugs - drugs that require a prescription under federal/state law
- Smoking Cessation Drugs

EXCLUDED DRUGS AND DEVICES +

- Anti-fungal Drugs used for nail fungus
- Convenience or unit dose packaging
- Drugs and their equivalents that may be purchased without a prescription; for example, over-the-counter medications are not covered
- Drugs used for cosmetic purposes or hair growth
- Any drug or medication that is not a covered drug
- Drugs used for weight management, including anorexiants and body building drugs
- Fertility Drugs
- Human Growth Hormones and other drugs used to stimulate growth
- Investigational/Experimental Drugs or used for non-FDA approved indications.
- Lost, damaged or stolen prescriptions
- Oral Antihistamines and Antihistamine/Decongestant Combinations
- Prescriptions reimbursable under Workers' Compensation or any other government program, or with respect to which the member has no obligation to pay in the absence of insurance

Please consult your pharmacy directory for a list of participating pharmacies. Visit www.medalistrx.com for a Pharmacy directory. For all other questions, please call MedalistRx™ at (855) 633-2579.

+Products are excluded except as required by law.

*When a brand medication is selected over its generic equivalent, the member will be responsible for non-preferred brand copay and the difference in cost.