



Benefits Booklet

Tulsa FOP 93 Health & Welfare Trust

Standard Plan

Effective Date: 7/1/2020



Welcome

Thank you for choosing CommunityCare as your health insurance Third Party Administrator. 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.

Questions?

Phone

Member Services: (918) 594-5201 or
(800) 777-4890

Medalist Rx: (855) 633-2579

Email

ccare@ccok.com

Online

Visit our website at <http://fop.ccok.com> to register for a secure login to access the following resources through Member Connection:

- Access visits and claims history
- View your Explanation of Benefits statements (EOB) online
- View your deductible and out-of-pocket summary
- Provider and facility searches
- Member handbook and benefit materials
- Print temporary member ID cards
- Order replacement ID cards
- Popular forms & resources
- Wellness resources and more



Save Paper

Paperless Explanation of Benefits (EOB) statements

CommunityCare offers you electronic paperless EOBs. Once you register for on the Member Connection secure portal access, you will be prompted to "Go Paperless." If you choose this option, you will receive an email when you have an EOB ready to view in Member Connection.

How to Find a Physician Online

Go to the CommunityCare website at <http://fop.ccok.com> and follow these steps to search for a doctor:

- Step 1:** From the home page, click **Benefit Details**.
- Step 2:** Click the desired plan.
- Step 3:** Click the **CommunityCare Select Network** link.

24-Hour Nurse Line

- 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.

Wellness Resources

CommunityCare offers online tools and resources to help with your health and wellness goals available at <http://fop.ccok.com>:

- Take the free General Health Assessment to evaluate your overall health and wellness. The General Health Assessment is a health and lifestyle questionnaire that takes less than 30 minutes to complete.
- Check out the health encyclopedia, symptom checker, wellness calculators and more.

Coordination Of Benefits

What does “Coordination of Benefits” (COB) mean?

Your CommunityCare health plan has a COB provision. This provision applies when **you or your dependents are covered for benefits under more than one health plan.**

It is the responsibility of our members to advise us of their participation in any other health plan. CommunityCare will request information from you about other health coverage during your initial enrollment and then annually at your group’s renewal.

If a response is not received within the required timeframe, CommunityCare may hold payment of your claims until we can confirm the possibility of dual coverage for yourself or your covered dependent. Please be sure to respond to the COB request in a timely manner to avoid any disruption in your claims payment.

The COB form can be found on the CommunityCare website: <http://fop.ccok.com>.

You can return the form by mail or by calling member services at (918) 594-5201 or (800) 777-4890.



No Referrals!

CommunityCare members may set up an appointment with specialty care physicians in their network **without a referral** from their primary care physician (PCP).

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 want to contact your PCP to coordinate any follow-up care.

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 want to contact your PCP to coordinate any follow-up care.

Preventive Care

Preventive care services, including an annual physical, annual well woman exam are covered benefits.

Updated 12/04/2017



Oakwood Springs Hospital
13101 Memorial Springs Court
Oklahoma City, OK 73114

Help for Heroes Program

1. Oakwood Springs is an in-network provider with CommunityCare. Contact CommunityCare Behavioral Health Services Department at 918-594-5262, Option 1 to verify your benefit coverage.
2. Treatment first begins with a confidential assessment by a qualified mental health professional at Oakwood Springs Hospital. An order or referral from your primary care physician is not required.
3. Through the confidential assessment process the qualified mental health professional will determine medical necessity and appropriate treatment/level of care. If inpatient admission determination is made, Oakwood Springs Hospital will contact CommunityCare and request a pre-certification/preauthorization for the admission and treatment.
4. To schedule your confidential assessment, call one of the phone numbers below.

First Responders

Phone: 405-400-0255

Fax: 405-438-3001

5. Benefit Coverage.
 - Coverage for officers and retired officers will be paid at 100% by the Trust. This means that you may access this program with \$0 cost share.
 - This program is also available for dependents; however, the normal plan benefits apply. Please consult your benefit guide for plan benefits or contact CCOK at the above number. Identify yourself as a dependent. If you happen to be a dependent who is also a sworn TPD officer or retired officer, please advise CCOK and your benefits will be paid at 100%.
6. Customer Service. Should you have any questions regarding the Help for Heroes Program, you may call Kelly Myers directly to discuss.

Kelly Myers

Phone: 918-760-2767

Email: kellymyers@spsh.com



	<u>In-Network</u>	<u>Out-of-Network</u>
<u>Calendar Year Deductible</u>		
Per Member	\$1,000	\$2,000
Per Family	\$2,000	\$4,000
<u>Out-of-Pocket Limit Per Calendar Year</u>		
Per Member	\$1,500	\$3,000
Per Family	\$3,000	\$6,000
<u>Total Medical Annual Expense Risk</u>		
Per Member	\$2,500	\$5,000
Per Family	\$5,000	\$10,000
Physician Services		
<i>(Additional Coinsurances/Copayments may apply)</i>		
Primary Care Office Visits	\$40 Copayment per Visit	50% Coinsurance *
Pediatrician Office Visits <i>(Up to age 19)</i>	\$25 Copayment per Visit	50% Coinsurance *
Specialty Care Office Visits	\$40 Copayment per Visit	50% Coinsurance *
Preventive Care	No Copayment	50% Coinsurance *
<i>(Please see Handbook for details)</i>		
Emergency Care and Urgent Care		
<i>(Additional Coinsurances/Copayments may apply) (Benefits will be denied if not medically necessary)</i>		
Hospital Emergency Room	20% Coinsurance *	20% Coinsurance *
Urgent Care Facility	\$60 Copayment per Visit	50% Coinsurance *
Inpatient Hospital Care		
Room and Board	20% Coinsurance *	50% Coinsurance *
<i>(Including all other medically necessary services)</i>		
Mental Health, Alcohol and Drug Services		
Inpatient	20% Coinsurance *	50% Coinsurance *
Outpatient	\$40 Copayment per Visit	50% Coinsurance *
<i>Oakwood Springs</i>		
<i>Active and Retired Officers</i>	<i>No Coinsurance</i>	
<i>Non-Officer Spouse and Dependents</i>	<i>20% Coinsurance*</i>	

*After Deductible, the Coinsurance/Copayment will apply.

^See prescription drug benefit plan for additional information.

Outpatient Surgery

Primary Care Office Visits	\$40 Copayment per Visit	50% Coinsurance *
Pediatrician Office Visits (Up to age 19)	\$25 Copayment per Visit	50% Coinsurance *
Specialty Care Office Visits	\$40 Copayment per Visit	50% Coinsurance *
Outpatient Surgical Facility	20% Coinsurance *	50% Coinsurance *

Outpatient Diagnostic Services

(Additional Coinsurances/Copayments may apply, regardless of where outpatient services are rendered)

Laboratory	No Additional Copayment	50% Coinsurance *
Outpatient Radiology	No Additional Copayment	50% Coinsurance *
MRI, CT Scan and PET Scan	20% Coinsurance *	50% Coinsurance *

Heart Scans and Calcium CT Scans No Coinsurance when performed at St. John Ascension or Saint Francis. All other locations, please refer to Outpatient Diagnostic Services.

Rehabilitation Therapy

(Up to 60 treatment visits per benefit type)

Inpatient Rehabilitation	20% Coinsurance *	50% Coinsurance *
Outpatient Physical, Occupational and Speech Therapy	\$50 Copayment per Visit	50% Coinsurance *

Other Covered Services

(Quantity limits may apply)

Allergy Serum/Injections	Subject to the PCP or Specialist Copayment	50% Coinsurance *
Allergy Testing & Treatment	If an office visit is charged, subject to the PCP or Specialist office visit Copayment	50% Coinsurance *
Allergy Testing & Treatment not in a Physician's Office	20% Coinsurance *	50% Coinsurance *
Ambulance (Emergency only)	20% Coinsurance *	20% Coinsurance *
Chiropractic Care (limited to a total of 60 visits per calendar year, to include direct contracts and insurance contracts combined)	\$40 Copayment per Visit	50% Coinsurance *
Diabetic Supplies	20% Coinsurance *	50% Coinsurance *
Durable Medical Equipment	20% Coinsurance *	50% Coinsurance *
Fertility Evaluation	20% Coinsurance *	Not Covered
General Anesthesia (for eligible dental procedures only)	20% Coinsurance	50% Coinsurance *
Hearing Aids (Children under the age of 19)	20% Coinsurance *	50% Coinsurance *
Home Health Services	20% Coinsurance *	50% Coinsurance *

*After Deductible, the Coinsurance/Copayment will apply.

^See prescription drug benefit plan for additional information.

Hospice Care <i>(Inpatient requires pre-certification)</i>	20% Coinsurance *	50% Coinsurance *
Immunosuppressives, Injectables (except immunizations) and Drugs administered in the physician's office	20% Coinsurance *	50% Coinsurance *
Infusion <i>(Must be medically necessary and may be subject to prior authorization)</i>		
Administered in a physician's office <i>(Except for specialty drugs within this category - see Specialty Drugs below)</i>	\$50 Copayment per Visit	50% Coinsurance *
Administered in an outpatient facility	20% Coinsurance *	50% Coinsurance *
Administered in a home setting <i>(Except for specialty drugs within this category - see Specialty Drugs below)</i>	20% Coinsurance *	50% Coinsurance *
Organ Transplants <i>(Must be medically necessary and may be subject to prior authorization)</i>	20% Coinsurance *	Not Covered outside the transplant network
Orthotics and Prosthetics	20% Coinsurance *	50% Coinsurance *
Ostomy and Urologic Supplies	20% Coinsurance *	50% Coinsurance *
Prescription Drug Benefit	See Outpatient Prescription Drug Benefit ^	Not Covered
Radiation Therapy	20% Coinsurance *	50% Coinsurance *
Skilled Nursing Facility Care <i>(Up to 60 treatment days per disability per calendar year)</i>	20% Coinsurance *	50% Coinsurance *
Specialty Drugs from a medical provider <i>(Must be medically necessary and may be subject to prior authorization)</i>	20% Coinsurance	50% Coinsurance *
All Other Covered Services	20% Coinsurance *	50% Coinsurance *

*After Deductible, the Coinsurance/Copayment will apply.

^See prescription drug benefit plan for additional information.

Comments

- Deductible must be satisfied before Coinsurance begins, where it applies.
- Copayments 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 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.
- Deductible amounts and out-of-pocket limitations are separate for in-network provider and out-of-network provider benefits.

Out-of-Network Requirements

- All out-of-network provider calculations are based on the out-of-network fee schedule as described in your Handbook. The enrollee is also responsible for any amount charged by a provider in excess of the out-of-network fee schedule.
- Call the phone number on the back of your ID card before an elective surgery or 7 days in advance of a hospital stay arranged through a non-network healthcare provider. Failure to follow these procedures will result in eligible benefits for out-of-network hospital care or surgery being reduced by \$500.
- For emergencies, call your primary care physician for follow-up care.
- "Balance Billed Amounts" do not apply to out-of-pocket limitation.

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.

If you have an emergency that is considered life or limb threatening, go to the nearest hospital or emergency room. After you have sought emergency care, please notify your PCP to arrange for any follow-up care that may be necessary. Forward any bills to CommunityCare Plus for reimbursement. Consult your Handbook for examples of medical emergencies.

For a list of Exclusions and Limitations, please see 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 your Handbook for additional information regarding exclusions and limitations.

*After Deductible, the Coinsurance/Copayment will apply.

^See prescription drug benefit plan for additional information.

Pharmacy Only Out-of-Pocket Limit per Calendar Year (includes copayments):

Per Individual	\$2,000
Per Family	\$4,000

BENEFIT COPAYMENTS

Some preferred generic drugs have a \$0 Copayment. - 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 Copayment, you will only be charged the cost of the prescription.

RETAIL PHARMACY

Up to a 30-day supply for each prescription.

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

MAIL ORDER PHARMACY

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

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

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 Copayment for < \$1,000
	Prescriptions \$1,000 or more 20% Coinsurance Copayment

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.

Prescription drugs purchased from an out-of-network pharmacy are not covered.

Please refer to Section I Prescription Drug Benefit Information of this handbook for special Exclusions and Limitations that apply to your prescription drug benefits, and are in addition to the list of Exclusions and Limitations described in Section VI of this handbook.

+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 copayment and the difference in cost.

MedalistRx Variable Copay Program*

Pharmacy Benefit Outline

PROGRAM DETAILS

Variable Copay Program is designed to combat the rising cost of brand and specialty medications. Self-insured employers and their employees can experience significant savings on high-cost brand and specialty drugs when enrolled in the Variable Copay Program. The total amount of a manufacturer's copay assistance program can be divided by 12 months to become the new monthly copayment for all patients on the drug or the copayment is adjusted to 100% of a drug's copay offset program and is not evenly dispersed throughout the year. This option provides 100% of the offset program savings for members who may not continue the therapy, terminate coverage or initiate therapy on calendar year program later in the year.

VARIABLE COPAY PROGRAM

- Members will never pay more than standard plan copay for high cost brand or specialty drugs. For most medications with manufacturer copay cards support, member pays minimal or no copay compared to not using the manufacturer copay card as secondary transaction.
- Not all high cost brand and specialty meds have an associated manufacturer program - in these cases, only the standard Plan copay will apply.
- Manufacturer programs have maximum dollar limits and can change program details at any time. Once a member has used all manufacturer dollars, MedalistRx will adjust member's copay to \$0.00, if the variable program was utilized.
- Maximums (copay support allocation) reset at Manufacturer's program dates (generally Jan 1 each year, possible rolling 12 months from enrollment).
- Manufacturer's payments do not count toward the patient's deductible and or out-of-pocket maximum obligations.

* Program effective 7/1/18

Non-Discrimination Policy

CommunityCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CommunityCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CommunityCare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact CommunityCare's Senior Manager of Quality Improvement/Compliance. If you believe that CommunityCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

CommunityCare

Attn: Senior Manager of Quality Improvement/Compliance

P.O. Box 3249 Tulsa, Oklahoma 74101

(918) 594-5303 (phone)

(918) 594-5250 (Fax)

memberservicesreview@ccok.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, CommunityCare's Senior Manager of Quality Improvement/Compliance is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services,
200 Independence Avenue, SW Room 509F, HHH
Building, Washington, D.C. 20201 1-800-368-1019,
800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.





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www.ccok.com