



PPO (Out of Area)

Benefit Booklet

Plan year effective: July 1, 2022

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: fop.ccok.com/forms.

You can return the form by mail or by calling Customer Service 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 and an annual vision screening, are covered benefits.



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

Active and Retired Officers:

- Inpatient treatment will be paid at 100% by the Trust. This means that you may access this program with \$0 cost share.
- Outpatient Treatment is available subject to normal plan benefits.

Dependents:

- This program is also available for dependents subject to normal inpatient and outpatient plan benefits.
- Please consult your benefit guide for plan benefits or contact CCOK at the above number and 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



Transformations Treatment Center

14000 S Military Trail, Suite #204A, Delray Beach, FL 33484

Help For Our Heroes Program

1. The Help For Our Heroes Program at Transformations Treatment Center is an in-network provider with CommunityCare. Contact CommunityCare Behavioral Health Services Department at 800-777-4890 opt 1, or visit www.ccok.com/members to verify your benefit coverage.
2. Treatment first begins with a confidential assessment by a qualified mental health professional at Transformations Treatment Center. 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, Transformations Treatment Center will contact CommunityCare and request a pre-certification/preauthorization for the admission and treatment.
4. To schedule your confidential assessment, contact the admissions department (561) 894-7013.
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 dependants; however, the normal plan benefits apply. Please consult your benefits guide for plan benefits or contact CCOK. Identify yourself as a dependant. 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 Our Heroes Program at Transformations Treatment Center, you may contact Adam Mogul directly to discuss.

Adam Mogul

Phone: (732) 330-8801

Email: adammm@transformationstreatment.com

*One admission per calendar year will be paid at 100 percent for Officers and Retired Officers. Subsequent visits will be paid at regular plan benefits subject to deductible and coinsurance



Oklahoma Locations

Coweta (A)

11495 Ok-51
Coweta, OK 74429
Nearest Intersection:
111th and Hwy 51
P. 918-727-2780

Wagoner (A)

1520 SW 1st St
Wagoner, OK 74467
Nearest Intersection:
Hwy 51 and Hwy 69
P. 918-727-2790

Broken Arrow (B)

1095 N Aspen Ave
Broken Arrow, OK 74012
Nearest Intersection:
71st and 145th
P. 918-727-2870

Admiral & Sheridan (A)

6336 E Admiral Pl
Tulsa, OK 74115
Nearest Intersection:
E Admiral Pl and Sheridan
P. 918-727-2830

Sapulpa (A)

32 West Taft Ave
Sapulpa, OK 74066
Nearest Intersection:
Taft Ave and Main St
P. 918-727-2840

Sand Springs (A)

110 E 41st St
Sand Springs, OK 74063
Nearest Intersection:
41st and Hwy-97
P. 918-727-2860

Woodland Hills (A)

6701 S Memorial Dr
Tulsa, OK 74133
Nearest Intersection:
71st and Memorial Dr
P. 918-727-2810

Owasso (A)

86th St N. & Hwy 169
Owasso, OK 74055
Nearest Intersection:
86th and Hwy 169
P. 918-998-9960

Bixby (A)

14801 S Memorial Dr
Bixby, OK 74008
Nearest Intersection:
151st and Memorial
P. 918-727-2820

Collinsville (A)

East 116th St N
Collinsville, OK 74055
Nearest Intersection: N
132nd Ave & E 116th St
Opening March 2022

Broken Arrow South*

S Elm and Creek Turnpike
Broken Arrow, OK 74011
Nearest Intersection:
S Elm Pl Creek Turnpike
Opening April, 2022

81st and Yale*

81st and Yale
Tulsa, OK 74136
Nearest Intersection:
81st and Yale
Opening 2022



MedWise[™]
URGENT CARE

Clinic Hours: (A)

Monday – Friday
8am-8pm
Saturday – Sunday
10am -6pm

Clinic Hours: (B)

Monday – Friday
8am-8pm
Saturday – Sunday
8am-8pm

*Please note that High
Deductible Plan
Members must meet
their deductible prior
to receiving benefits*



**location subject to finalization of contract for property*



When you are not at your best, we will be.

Core Services:

Treatment of illnesses, injuries and infections for all ages

We treat a variety of conditions including skin conditions, allergies, colds, flu, cuts, wounds and broken bones.

[BOOK APPOINTMENT](#)



Testing for COVID-19, flu, strep, RSV, x-rays and labs, women's & men's health, etc.

We test for common viral and bacterial infections at our urgent care clinic, including COVID-19, influenza a and b, strep throat, colds and RSV. We also offer lab and x-ray services as well as women's & men's health screenings, e.g. testing for pregnancy and sexually transmitted diseases (STDs).

[BOOK APPOINTMENT](#)



Physical exams

We conduct a variety of physical exams to:

- Avoid injury (sports physical)
- Check growth and development (well child physical)
- Verify overall health and mandatory vaccinations for children (school physical)
- Ensure employment eligibility (employment physical)
- Verify overall health e.g. weight, cholesterol, biometric screening, etc. (women's and men's physicals)
- Determine insurance risk (insurance physical)

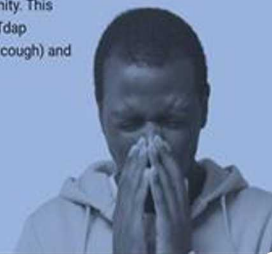
[BOOK APPOINTMENT](#)



Vaccinations, flu shots and other medications

We administer common vaccines and immunizations that help maintain the health of you and your community. This includes the flu shot, Td (tetanus and diphtheria), Tdap (tetanus, diphtheria, acellular pertussis/whooping cough) and other medications.

[BOOK APPOINTMENT](#)





SYNERGY WELLBEING
Live your life better.

888-529-1156 | synergytulsa.com

Wellbeing is a sense of peace and contentment that endures through the trials and triumphs that life can bring. Synergy Wellbeing will help you move through difficult times toward a life with greater satisfaction and fulfillment.

- Has your life lost a sense of purpose?
- Are you struggling to balance all that life seems to demand of you?
- Are you having difficulty recovering from trauma?
- Are you concerned about the worry, fear, or sadness you feel?
- Have you lost someone close to you, either through death or separation?
- Are you ready to escape the hold that drugs, alcohol or another addiction has on your life?
- Are you trying to cope with a chronic illness or that of a loved one?
- Are you working harder than you think you should to maintain a relationship?
- Is your child struggling with school or with life in general? Are you needing parenting guidance?
- Are you wanting to learn how to Live Your Life Better?

The professionals at Synergy Wellbeing can help. We want to help you rediscover your happiness, regain peace of mind, alleviate anxiety and depression and revitalize your most treasured relationships.

**TIMELY, CONFIDENTIAL APPOINTMENTS
WITH A REDUCED \$20 COPAY!**

Officers, retired officers, spouses and dependents will be offered an appointment with a licensed mental health professional within 10 calendar days. Appointments for urgent concerns within a few days and if you are in crisis, within 24 hours. Evening and weekend appointments are also available.

**All services are completely CONFIDENTIAL at a discrete location.
Private entrance available upon request.**

Call 888-529-1156 to speak with one of our care navigators who will help connect you with the counselor that is the right fit for you. Or you can complete the survey on our website at synergytulsa.com.

2202 E 49TH ST, SUITE 400 | TULSA, OK 74105

Visit synergytulsa.com and click on "Our Counselors" to view the complete profiles for:



Abigail L. Bliss, LPC, ATR/BC

My goal is to give you a safe place to feel what you need to feel. If we agree to work together, we will work collaboratively to discover ways to cope with and recover from depression, anxiety, grief/loss, blended family concerns, bi-polar disorder or ADHD.



Robin Hicks, LPC, LADC

Depression, trauma, substance abuse, and unhealthy relationships are often debilitating. But after 25 years of working in the mental health field, I'm optimistic that you have the ability to move through and overcome difficulties. You are the expert on yourself.



Mark Ingram, LADC/MH

My strong faith, commitment to serve and passion for helping others live their best life led me to the counseling profession after retiring from the US military. I have been a Licensed Alcohol and Drug Counselor/Mental Health since 2007 and have worked in hospitals, drug court and private practice. I am EMDR certified for the treatment of trauma.



Glenda Ireton, LPC, LADC (Telehealth Only)

I believe in addressing the whole person – mentally, emotionally, physically, and spiritually. I help my clients address a variety of issues including anxiety, stress, depression, grief/loss, trauma, and PTSD and give my clients the tools they need to enhance their lives.



Dianna Jurena, LPC, CTTS

I work with individuals who have experienced trauma, are struggling with anxiety, phobias, PTSD, depression, and grief, and who have been diagnosed with personality disorders, or mood disorders such as Bi-Polar Disorder. My therapy dog in training, Shadow, is a "bringer of joy." She is attuned to feelings and will sometimes sit with you as you release your feelings – all without judgement.



Kathy Pitcock, LCSW

Throughout my career, I've been honored to walk alongside people who were ill, grieving, or struggling with any number of life's obstacles. I specialize in grief, stress, anxiety, depression, life transitions, parenting and chronic illness. I work with individuals who have been hurt by or are struggling with religion..



Jane Wright, LPC, LADC

I work with individuals and families who are dealing with addiction or mental health issues. I treat mood disorders such as depression and anxiety, addiction and intervention issues, grief and loss, trauma, life transitions and spirituality as it applies to recovery. I am a certified Stephen Minister, a volunteer layman who provides one-to-one pastoral care to those experiencing grief and loss.

Virtual Visits and 24/7 Online Care

Virtual 24/7 Immediate Appointments *designed for after hours and weekends*

Introducing 24/7 Online Care. This option will provide easy access for immediate care and allow member access to a local health care professional. This service is being provided at NO COST for FOP members.

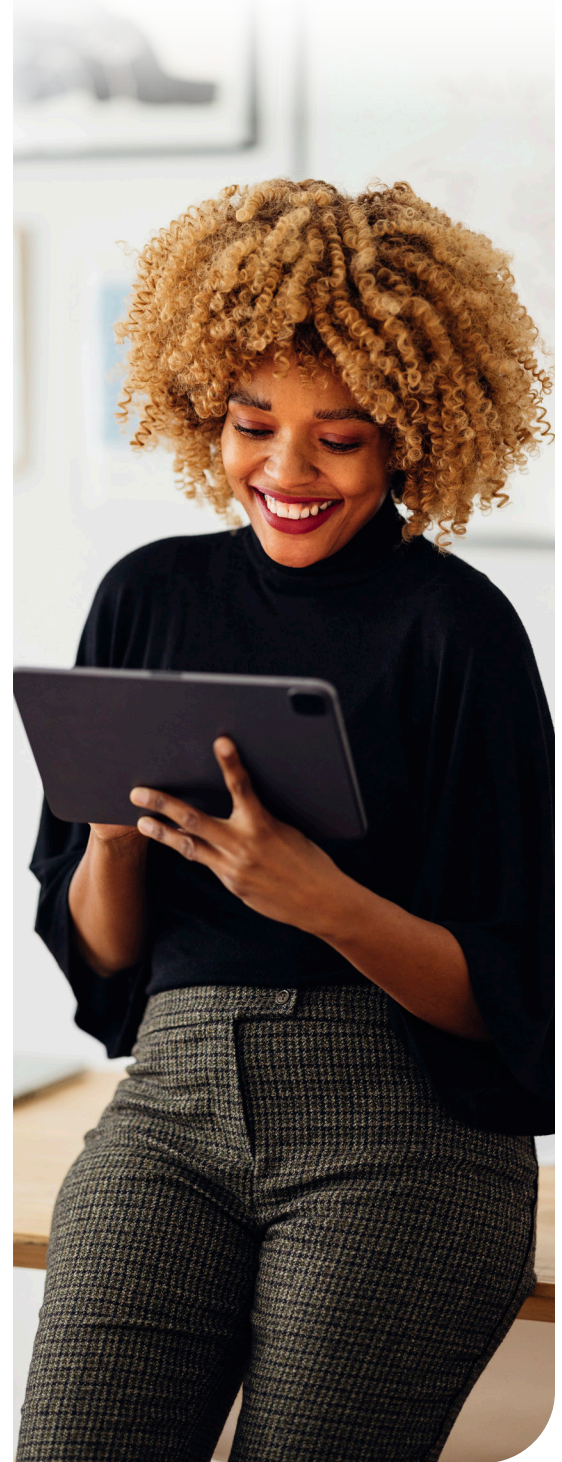
When the 24/7 Online Care option is selected from the FOP microsite or member portal, the member will be asked to choose which health system they prefer for their care, Ascension St. John or Saint Francis Health System. Once a selection is made, their online visit will begin with a health care professional.

Virtual Scheduled Appointments *designed to replace in person visits during business hours*

Traditional virtual care with your network PCP or Specialist is still available through the provider's online patient portal. Members can initiate an online appointment with their provider of choice. PCP virtual visits are at NO COST for FOP members. Specialist virtual visits remain at the \$40 Specialist copay.

Members should contact their physician's office for guidance in using virtual visit services through a patient portal.

If you have questions, please contact Customer Service at **(918) 594-5201**.





PPO Out-of-Area Plan Option

	<u>In-Network</u>	<u>Out-of-Network</u>
Calendar Year Deductible		
Per Member	\$1,000	\$2,000
Per Family	\$2,000	\$4,000
Out-of-Pocket Limit Per Calendar Year		
Per Member	\$1,500	\$3,000
Per Family	\$3,000	\$6,000
Total Medical Annual Expense Risk		
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 <i>(Please see your Certificate for details)</i>	No Copayment	50% Coinsurance *
Virtual Visits		
Primary Care Office Visits	No Copayment	50% Coinsurance *
Specialty Care Office Visits	\$40 Copayment per Visit	50% Coinsurance *
Preventive Care	No Copayment	50% Coinsurance *
Outpatient Mental, Alcohol and Drug Services	No Copayment	50% Coinsurance *
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 *
Medwise Urgent Care	\$40 Copayment per Visit	
Inpatient Hospital Care		
Room and Board <i>(Including all other medically necessary services)</i>	20% Coinsurance *	50% Coinsurance *
Mental Health, Alcohol and Drug Services		
Inpatient	20% Coinsurance *	50% Coinsurance *
Outpatient	\$40 Copayment per Visit	50% Coinsurance *
Synergy Wellbeing	\$20 Copayment per Visit	

*After Deductible, the Coinsurance/Copayment will apply.
 ^See prescription drug benefit plan for additional information.

Oakwood Springs

Inpatient

Active and Retired Officers	100% paid, No Coinsurance
Non-Officer Spouse and Dependents	20% Coinsurance*

Outpatient \$40 Copayment per Visit

Summit Detox Center

Inpatient

Active and Retired Officers	
First Admission per calendar year:	100% paid, No Coinsurance
Subsequent visits:	20% Coinsurance*
Non-Officer Spouse and Dependents	20% Coinsurance*

Transformations Treatment Center

Inpatient and Partial Hospitalization with Supportive Housing

Active and Retired Officers	
First Admission per calendar year:	100% paid, No Coinsurance
Subsequent visits:	20% Coinsurance*
Non-Officer Spouse and Dependents	20% Coinsurance*

Mending Fences Treatment Center

Inpatient and Partial Hospitalization with Supportive Housing

Active and Retired Officers	
First Admission per calendar year:	100% paid, No Coinsurance
Subsequent visits:	20% Coinsurance*
Non-Officer Spouse and Dependents	20% Coinsurance*

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.

*After Deductible, the Coinsurance/Copayment will apply.
^See prescription drug benefit plan for additional information.

Rehabilitation Therapy

(Up to 60 treatment visits per benefit type)

Inpatient Rehabilitation	20% Coinsurance *	50% Coinsurance *
Outpatient Physical, Occupational and Speech Therapy	\$40 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	20% Coinsurance *	20% Coinsurance *
<i>(Emergency only)</i>		
Chiropractic Care	\$40 Copayment per Visit	50% Coinsurance *
<i>(Limited to a total of 60 visits per calendar year to include direct contracts and insurance contracts combined)</i>		
Diabetic Supplies	20% Coinsurance *	50% Coinsurance *
Durable Medical Equipment	20% Coinsurance *	50% Coinsurance *
Fertility Evaluation	20% Coinsurance *	Not Covered
General Anesthesia <i>(for eligible dental procedures only)</i>	20% Coinsurance *	50% Coinsurance *
Hearing Aids (Children under the age of 19)	20% Coinsurance *	50% Coinsurance *
Home Health Services	20% Coinsurance *	50% Coinsurance *
Hospice Care	20% Coinsurance *	50% Coinsurance *
<i>(Inpatient requires pre-certification)</i>		
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	\$40 Copayment per Visit	50% Coinsurance *
<i>(Except for specialty drugs within this category - see Specialty Drugs below)</i>		
Administered in an outpatient facility	20% Coinsurance *	50% Coinsurance *
Administered in a home setting	20% Coinsurance *	50% Coinsurance *
<i>(Except for specialty drugs within this category - see Specialty Drugs below)</i>		

*After Deductible, the Coinsurance/Copayment will apply.

^See prescription drug benefit plan for additional information.

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 ^	See Outpatient Prescription Drug Benefit ^
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 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.
- 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 Schedule of Benefits does not contain a complete listing of conditions which apply to the benefits shown. Please refer to this handbook for additional information, including 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 2 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

SPECIALTY DRUGS

Up to a 30-day supply for each prescription. Refer to your formulary guide for a list of speciality drug medications. Specialty drugs can be obtained from a retail pharmacy or specialty pharmacy provider.

Specialty Drugs	\$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-100% Coinsurance Copayment at time of purchase. Can be reimbursed at a later date. Reimbursement will be based on the lowest contracted amount of a Participating Pharmacy minus the applicable Copayment or Coinsurance Copayment as shown in the Schedule of Benefits.

For a list of Exclusions and Limitations, please see your 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 Plan Document and Summary Plan Description. See your Handbook for additional information regarding exclusions and limitations.

+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.