



HDP Select

Benefit Booklet

Plan year effective: July 1, 2025



Welcome

Thank you for choosing CommunityCare as your health insurance plan. 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

Customer Service (918) 594-5201 or
 (800) 777-4890

MedalistRX (855) 633-2579

Email

ccare@ccok.com

Online

Visit our website at 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, facility and pharmacy searches
- Formulary drug search
- Member handbook and benefit materials
- Print temporary member ID cards
- Order replacement ID cards
- Popular forms & resources
- Mail order prescription drug program information
- Wellness resources and more



Save Paper

Paperless Explanation of Benefits (EOB) statements

CommunityCare offers you electronic paperless EOBs. Once you register for 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 fop.ccok.com.
- Select "Benefit Details" from the top menu.
- Select your plan.
- Select the "Network" link - it will be the sixth from the top.

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

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 fop.ccok.com/health-and-wellness:

- 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: 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.

Updated 04/12/2022



***When you're
not at
your best,
we will be.***



MEDWISE URGENT CARE - CORE SERVICES



INJURIES • ILLNESSES • INFECTIONS

MedWise Urgent Care treats a variety of conditions for all ages including: skin conditions, allergies, colds, flu, cuts, wounds, and broken bones.



X-RAYS • TESTING (COVID-19 • FLU • STREP • RSV • AND MORE)

MedWise tests for common viral and bacterial infections including: COVID-19, Influenza A and B, strep throat, and RSV. We also offer lab testing, x-rays, EKG, women's and men's health screenings, E.G. testing for pregnancy and sexually transmitted infections (STI).



PHYSICAL EXAMS

MedWise provides a variety of physical exams to determine overall health. MedWise also conducts: sports physicals, school physicals, and camp physicals. Physical exams can be essential in determining the ability to perform certain tasks while avoiding injury.



VACCINATIONS • FLU SHOTS • MEDICATIONS

MedWise administers common vaccines and immunizations to help protect patients from infection. This includes: flu shot, tetanus and diphtheria (TD) shots associated with wounds, acellular pertussis/whooping cough (TDAP) and other medications.



TELEMEDICINE / VIRTUAL VISIT

MedWise offers telemedicine appointments for certain types of healthcare concerns. To schedule a telemedicine appointment with one of our providers call **1-833-863-3947** or visit **www.medwiseuc.com**



www.medwiseuc.com



MEDWISE LOCATIONS

Admiral & Sheridan A

6336 E Admiral Pl
Tulsa, OK 74115
Near Intersection:
E Admiral Pl & Sheridan
 **918-727-2830**

Bartlesville D

505 SE Washington Blvd Unit B
Bartlesville, OK 74006
Near Intersection:
Frank Phillips & Washington
 **918-524-9760**

Bixby A

14801 S Memorial Dr
Bixby, OK 74008
Near Intersection:
151st & Memorial
 **918-727-2820**

Broken Arrow East A

2550 N 9th St
Broken Arrow, OK 74012
Near Intersection:
61st & Lynn Lane
 **918-727-2850**


Broken Arrow North B

1095 N Aspen Ave
Broken Arrow, OK 74012
Near Intersection:
71st & 145th
 **918-727-2820**

Coweta A

11495 OK-51
Coweta, OK 74429
Near Intersection:
N 111th & Hwy 51
 **918-727-2780**

Owasso A

11760 E 86th St N
Owasso, OK 74055
Near Intersection:
86th and Hwy 169
 **918-998-9960**

Sand Springs D

110 E 41st St
Sand Springs, OK 74063
Near Intersection:
41st & Hwy 97
 **918-727-2860**

Sapulpa A

32 West Taft Ave Sapulpa,
OK 74066
Near Intersection:
Taft Ave & Main St
 **918-727-2840**

Tahlequah A

1930 S Muskogee Ave
Tahlequah, OK 74464
Near Intersection:
S Muskogee Ave & Hwy 51
 **918-998-9970**

Wagoner C

1520 SW 1st St
Wagoner, OK 74467
Near Intersection:
Hwy 51 & Hwy 69
 **918-727-2790**

Woodland Hills A

6701 S Memorial Dr
Tulsa, OK 74133
Near Intersection:
71st & Memorial Dr
 **918-727-2810**



MedWise
URGENT CARE



A **CLINIC HOURS**

MON-FRI: 8AM-8PM
SAT-SUN: 10AM-6PM

B **CLINIC HOURS**

MON-FRI: 8AM-8PM
SAT-SUN: 8AM-8PM

C **CLINIC HOURS**

MON-FRI: 8AM-7PM
SAT-SUN: 10AM-6PM

D **CLINIC HOURS**

MON-FRI: 8AM-8PM
SAT-SUN: 8AM-4PM

www.medwiseuc.com

PLEASE NOTE: The copay is \$40 except for the high deductible plan members who must meet their deductible prior to receiving 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 or fax the phone numbers below.

First Responders
Phone: 405-438-3000
Fax: 405-534-5222

5. Benefit Coverage.
 - Coverage for officers and retired officers will be paid at 100% by the Trust for Inpatient Treatment. This means that you may access this program with \$0 cost share. Outpatient Treatment is available at normal plan benefits.
 - 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%.



(918) 749-1840 option 4 | 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 a traumatic incident?
- 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.

****High Deductible Plan (HDP) members visits are subject to a 3-visit limit (combined with PCP) at a \$20 copay then subject to the deductible.****

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

Call (918) 749-1840 option 4 to speak with our care navigator who will help connect you with the counselor who 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 profile for:



Abigail Bliss, LPC, ATR/BC

Together we will discover ways to cope with and recover from depression, anxiety, bi-polar disorder, and grief/loss. I also enjoy working with blended families and people who are neurodivergent.

Tate Freeman, LPC

I work with teens, families and couples who are members of sexual and gender minorities, or just trying to figure it out. I feel privileged to help clients discover a life with fewer barriers and more joy.



Mackenzie Gaut, LMFT

I work with couples, families, adolescents and adults who want to feel more empowered and fulfilled in their social connections. Loving yourself is the foundation for healthy relationships.

Robin Hicks, LPC, LADC

I believe in your capacity to learn from difficulties. You can expect a safe, non-judgmental atmosphere to heal, gain insight, and move forward. I am open minded and relational in my approach.



Mark Ingram, LADC/MH

My strong faith, commitment to serve and passion for helping others led me to the counseling profession after retiring from the U.S. military. I am EMDR certified for the treatment of trauma.

Glenda Ireton, LPC, LADC

My life is a rich tapestry of experiences. While traveling with my military husband I met people from many cultures. This, and my Christian faith, shape my holistic approach to therapy. Telehealth only.



Dianna Jurena, LPC, CTS

As a Certified Trauma Specialist, my therapy dog, Shadow, and I will help you heal. I often use Thought Field Therapy with fast, effective results. I also find laughter integral to healing in therapy.

Karis Poufpybitty, LMFT

I work with adolescents, young adults and families. I particularly love helping Indigenous folks and people of color reconnect with their cultural traditions and teachings as part of their healing journey. I am a Citizen of the Kiowa and Cherokee Nations.



Katy Sandefur, LMFT

I am passionate about helping couples find healing, growth, and fulfillment. My past career as an actor provided a great foundation for my work as a therapist by helping me understand people's inner-life. Telehealth only

Kay Todd, LPC

I want to help your trust their inner guidance and bravely explore the dark. My practice focuses on grief therapy, dream tending, mindfulness, active imagination, and other symbolic expression.



Jane Wright, LPC, LADC

Like my work with textiles to create quilted portraits, I want to help you knit together a life of clarity, focus and self-compassion; with hope for the future and confidence in yourself.



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 at fop.ccok.com or member portal at www.ccok.com, the member will be asked to choose a health system. Once a selection is made, their online visit will begin with a health care professional.

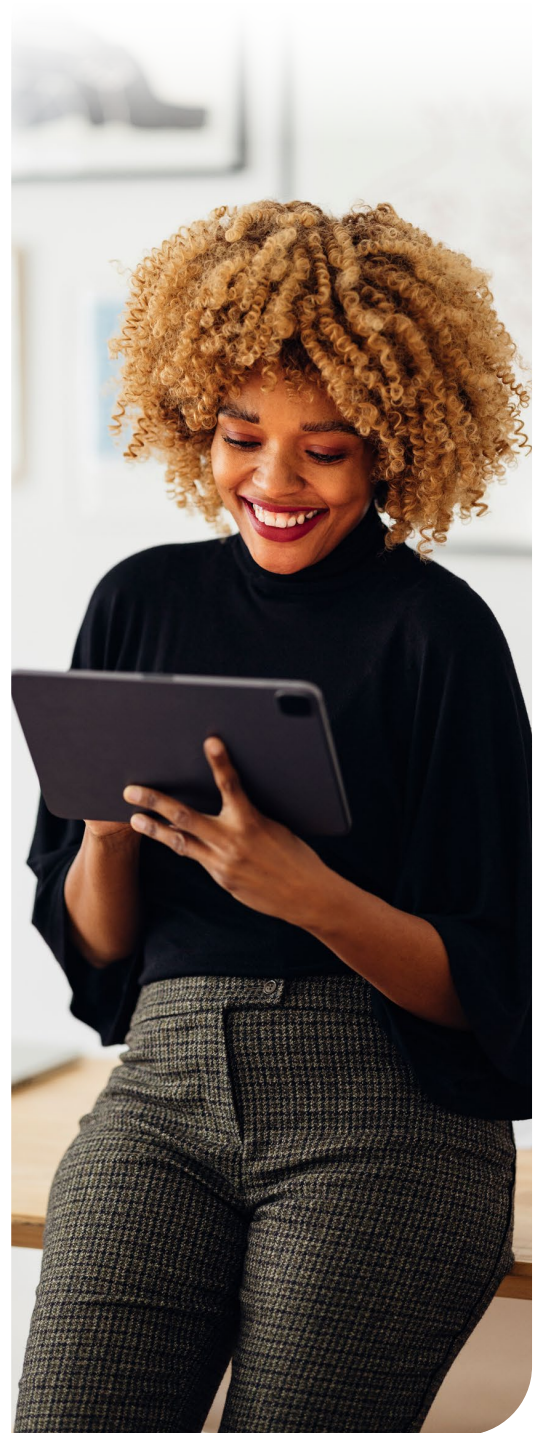
Virtual Scheduled Appointments *designed to replace in person visits during business hours*

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**.

HDP plan members - Limited to the first 3 visits combined per year, then deductible applies+.



April 2025



HDP Plan Option

Calendar Year Deductible

Per Individual	\$5,000
Per Family	\$10,000

Out-of-Pocket Limit Per Calendar Year

Per Individual	\$5,000
Per Family	\$10,000

Total Medical Annual Expense Risk

Per Individual	\$5,000
Per Family	\$10,000

Physician Services

Primary Care Office Visits	\$40 Copayment per Visit (Limited to the first 3 visits combined per year, then deductible applies+)
Preferred Primary Care and Hormone Management	
-Axis/Anointed Healthcare	\$20 Copayment per Visit (Limited to the first 3 visits combined per year, then deductible applies+)
-Eastern Oklahoma Wellness Center Medical	\$20 Copayment per Visit (Limited to the first 3 visits combined per year, then deductible applies+)
Pediatrician Office Visit (Up to age 19)	\$25 Copayment per Visit (Limited to the first 3 visits combined per year, then deductible applies+)
Specialty Care Office Visits	Deductible Applies*
Preventive Care (Please see Handbook for details)	No Copayment

Virtual Visits

Primary Care Office Visits	No Copayment (Limited to the first 3 visits combined per year, then deductible applies+)
Outpatient Mental Health, Alcohol and Drug Services	No Copayment (Limited to the first 3 visits combined per year, then deductible applies+)
Specialty Care Office Visits	Deductible Applies*
Preventive Care	No Copayment

Emergency Care and Urgent Care

(Benefits will be denied if not medically necessary)

Hospital Emergency Room	Deductible Applies*
Urgent Care Facility	Deductible Applies*

Inpatient Hospital Care

(Must be medically necessary and may be subject to prior authorization)

Room and Board	Deductible Applies*
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(Including all other medically necessary services)

*Subject to deductible

^See prescription drug benefit plan for additional information.

+This benefit is limited to 3 combined visits (Primary care, Pediatrician, Mental Health, and Virtual Visits) per year.
CommunityCare 2025/2026

(877) 589-5214

FOP.cook.com

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Mental Health, Alcohol and Drug Services

(Must be medically necessary and may be subject to prior authorization)

Inpatient	Deductible Applies*
Outpatient	\$40 Copayment per Visit (Limited to the first 3 visits combined per year, then deductible applies+)
Preferred Mental Health	
-Synergy Wellbeing	\$20 Copayment per Visit (Limited to the first 3 visits combined per year, then deductible applies+)
-Axis/Anointed Healthcare	\$20 Copayment per Visit (Limited to the first 3 visits combined per year, then deductible applies+)
Oakwood Springs	
Inpatient	
Active and Retired Officers	100% paid, No Coinsurance
Non-Officer Spouse and Dependents	Deductible Applies*
Outpatient	\$40 Copayment per Visit (Limited to the first 3 visits combined per year, then deductible applies+)

Outpatient Surgery

(Must be medically necessary and may be subject to prior authorization)

Primary Care Office Visits	\$40 Copayment per Visit (Limited to the first 3 visits combined per year, then deductible applies+)
Pediatric Office Visit (Up to age 19)	\$25 Copayment per Visit (Limited to the first 3 visits combined per year, then deductible applies+)
Specialty Care Office Visits	Deductible Applies*
Outpatient Surgical Facility	Deductible Applies*

Outpatient Diagnostic Services

(Must be medically necessary and may be subject to prior authorization)

Laboratory	Deductible Applies*
Outpatient Radiology	Deductible Applies*
MRI, CT Scan and PET Scan	Deductible Applies*
Various Heart and Calcium CT Scans (Ascension St. John, Saint Francis, Hillcrest or Oklahoma Heart Institute. All other locations, please refer to Outpatient Diagnostic Services.)	No Coinsurance

Rehabilitation Therapy

(Must be medically necessary and may be subject to prior authorization)

(Up to 60 treatment visits per benefit type)

Inpatient Rehabilitation	Deductible Applies*
Outpatient Physical, Occupational, and Speech Therapy	Deductible Applies*

*Subject to deductible

^See prescription drug benefit plan for additional information.

+This benefit is limited to 3 combined visits (Primary care, Pediatrician, Mental Health, and Virtual Visits) per year.
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Other Covered Services

(Quantity limits may apply)

Allergy Serum/Injections	Deductible Applies*
Allergy Testing & Treatment	Deductible Applies*
Allergy Testing & Treatment not in a Physicians Office	Deductible Applies*
Ambulance - Emergency Only	Deductible Applies*
Chiropractic Care <i>(Limited to a total of 60 visits per calendar year to include direct contracts and insurance contracts combined)</i>	Deductible Applies*
Diabetic Supplies <i>(Some services may be subject to prior authorization)</i>	Deductible Applies*
Durable Medical Equipment	Deductible Applies*
Fertility Evaluation	Deductible Applies*
Hearing Aids (Children under the age of 19)	Deductible Applies*
General Anesthesia (for eligible dental procedures only)	Deductible Applies*
Home Health Services	Deductible Applies*
Hospice Care	Deductible Applies*
Immunosuppressives, Injectables (except immunizations) and Drugs administered in the physician's office	Deductible Applies*
Infusion <i>(Must be medically necessary and may be subject to prior authorization)</i>	
Administered in a physician's office	Deductible Applies*
<i>(except for specialty drugs within this category - see specialty drugs below)</i>	
Administered in an outpatient facility	Deductible Applies*
Administered in a home setting	Deductible Applies*
<i>(except for specialty drugs within this category - see specialty drugs below)</i>	
Organ Transplants <i>(Must be medically necessary and may be subject to prior authorization)</i>	Deductible Applies*
Orthotics and Prosthetics	Deductible Applies*
Ostomy and Urologic Supplies	Deductible Applies*
Prescription Drug Benefit	See Outpatient Prescription Drug Benefit^
Radiation Therapy	Deductible Applies*
Skilled Nursing Facility Care <i>(Up to 60 treatment days per disability per calendar year)</i>	Deductible Applies*
Specialty Drugs from a medical provider <i>(Must be medically necessary and may be subject to prior authorization)</i>	Deductible Applies*
All Other Covered Services	Deductible Applies*

*Subject to deductible

^See prescription drug benefit plan for additional information.

+This benefit is limited to 3 combined visits (Primary care, Pediatrician, Mental Health, and Virtual Visits) per year.

CommunityCare 2025/2026

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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.
- 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 out-of-pocket expenses are applied toward your out-of-pocket limit.
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.
- All services are reviewed for medical necessity. If services are determined to not be medically necessary services may be denied
- Certain services may require prior authorization. If prior authorization is not obtained services may be denied

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 follow-up care. 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 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.

*Subject to deductible

^See prescription drug benefit plan for additional information.

+This benefit is limited to 3 combined visits (Primary care, Pediatrician, Mental Health, and Virtual Visits) per year.

CommunityCare 2025/2026



Prescription Drug Schedule of Benefits

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

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

BENEFIT COPAYMENTS

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. 90-day retail supply available at 2 Copayments.

Tier 1 - Preferred Generic Drugs	\$0 Copayment Generic prescriptions not subject to coinsurance
Tier 2 - Non-Preferred Generic Drugs	\$15 Copayment Generic prescriptions not subject to coinsurance
*Tier 3 - Preferred Brand Drugs	\$35 Copayment Brand Prescriptions \$1,000 or more 20% Coinsurance
*Tier 4 - Non-Preferred Brand Drugs	\$60 Copayment Prescriptions \$1,000 or more 20% Coinsurance Copayment

MAIL ORDER PHARMACY

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

Tier 1 - Preferred Generic Drugs	\$0 Copayment Generic prescriptions not subject to coinsurance
Tier 2 - Non-Preferred Generic Drugs	\$30 Copayment Generic prescriptions not subject to coinsurance
*Tier 3 - Preferred Brand Drugs	\$70 Copayment Brand Prescriptions \$1,000 or more 20% Coinsurance
*Tier 4 - 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 specialty 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
Biosimilars	Biosimilars \$15 Copayment Biosimilars not subject to coinsurance

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.

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 medications 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, the member will be responsible for their remaining deductible/ OOP amounts.
- 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

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