



PPO (Out of Area)

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



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%.



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**



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 E

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



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.



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.

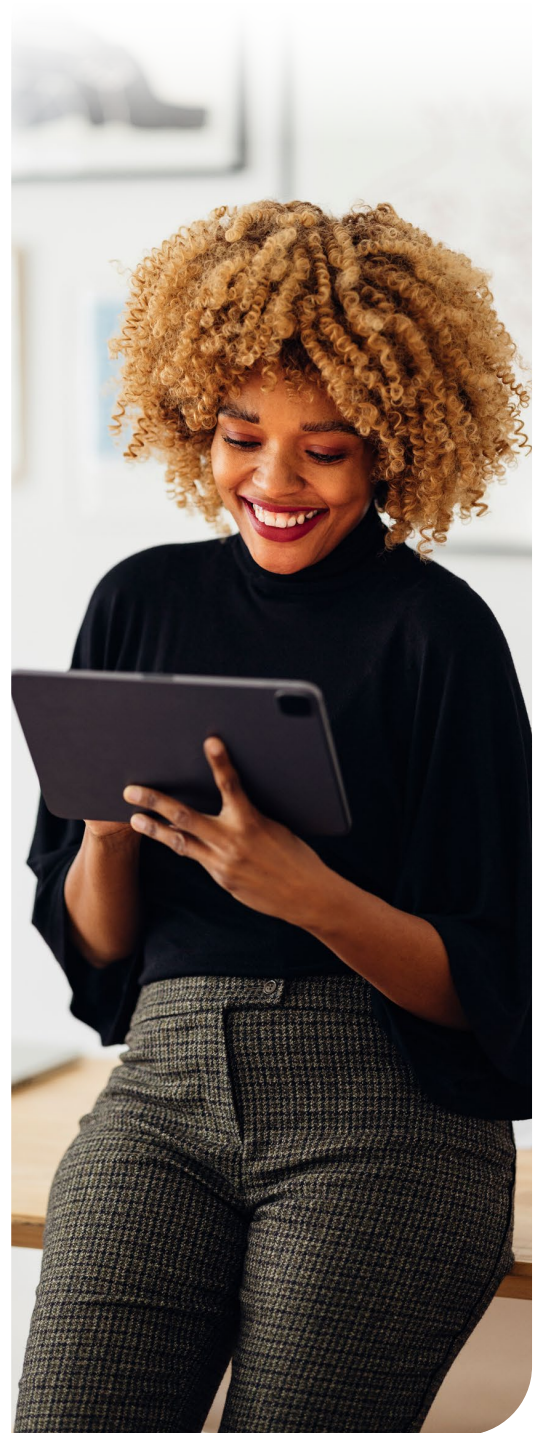
Virtual Scheduled Appointments *designed to replace in person visits during business hours*

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



PPO Out-of-Area Plan Option

	<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

(Additional Coinsurances/Copayments may apply)

Primary Care Office Visits	\$40 Copayment per Visit	50% Coinsurance *
Preferred Primary Care and Hormone Management		
-Axis/Anointed Healthcare	\$20 Copayment per Visit	
-Eastern Oklahoma Wellness Center Medical	\$20 Copayment per Visit	
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 your Certificate for details)</i>		

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

(Additional Coinsurances/Copayments may apply) (Benefits will be denied if not medically necessary)

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	20% Coinsurance *	50% Coinsurance *
<i>(Must be medically necessary and may be subject to pre-certification)</i>		

*After Deductible, the Coinsurance/Copayment will apply.

^See prescription drug benefit plan for additional information.

Mental Health, Alcohol and Drug Services

(Must be medically necessary and may be subject to pre-certification)

Inpatient	20% Coinsurance *	50% Coinsurance *
Outpatient	\$40 Copayment per Visit	50% Coinsurance *
Preferred Mental Health		
-Synergy Wellbeing	\$20 Copayment per Visit	
-Axis/Anointed Healthcare	\$20 Copayment per Visit	
Oakwood Springs		
Inpatient		
Active and Retired Officers	100% paid, No Coinsurance	
Non-Officer Spouse and Dependents	20% Coinsurance*	
Outpatient	\$40 Copayment per Visit	

Outpatient Surgery

(Must be medically necessary and may be subject to pre-certification)

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

(Must be medically necessary and may be subject to pre-certification)

(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 *
Various Heart and Calcium CT Scans	No Coinsurance when performed at Ascension St. John, Saint Francis, Hillcrest or Oklahoma Heart Institute. 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	\$40 Copayment per Visit	50% Coinsurance *

*After Deductible, the Coinsurance/Copayment will apply.

^See prescription drug benefit plan for additional information.

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 *
(Emergency only)		
Chiropractic Care	\$40 Copayment per Visit	50% Coinsurance *
(Limited to a total of 60 visits per calendar year to include direct contracts and insurance contracts combined)		
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 *
Hospice Care	20% Coinsurance *	50% Coinsurance *
(Inpatient requires pre-certification)		
Immunosuppressives, Injectables (except immunizations) and Drugs administered in the physician's office	20% Coinsurance *	50% Coinsurance *
Infusion		
(Must be medically necessary and may be subject to prior authorization)		
Administered in a physician's office	\$40 Copayment per Visit	50% Coinsurance *
(Except for specialty drugs within this category - see Specialty Drugs below)		
Administered in an outpatient facility	20% Coinsurance *	50% Coinsurance *
Administered in a home setting	20% Coinsurance *	50% Coinsurance *
(Except for specialty drugs within this category - see Specialty Drugs below)		
Organ Transplants (Must be medically necessary and may be subject to prior authorization)	20% Coinsurance *	Not Covered outside the Transplant Network
Orthotics and Prosthetics	20% Coinsurance *	50% Coinsurance *

*After Deductible, the Coinsurance/Copayment will apply.

^See prescription drug benefit plan for additional information.

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	20% Coinsurance *	50% Coinsurance *
<i>(Up to 60 treatment days per disability per calendar year)</i>		
Specialty Drugs from a medical provider	20% Coinsurance *	50% Coinsurance *
<i>(Must be medically necessary and may be subject to prior authorization)</i>		
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.
- All services will be reviewed for medical necessity. If services are found to not be medically necessary services may be denied.

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.



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

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 <i>Generic prescriptions not subject to coinsurance</i>
Tier 2 - Non-Preferred Generic Drugs	\$30 Copayment <i>Generic prescriptions not subject to coinsurance</i>
*Tier 3 - Preferred Brand Drugs	\$70 Copayment <i>Brand Prescriptions \$1,000 or more 20% Coinsurance</i>
*Tier 4 - Non-Preferred Brand Drugs	\$120 Copayment <i>Prescriptions \$1,000 or more 20% Coinsurance Copayment</i>

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 <i>Prescriptions \$1,000 or more 20% Coinsurance Copayment</i>
Biosimilars	Biosimilars \$15 Copayment <i>Biosimilars not subject to coinsurance</i>

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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