CommunityCare

CC 80/500 A Lg

Medical Calendar Year Deductible	
Per Member	$500
Per Family	$1,000
Combined Medical and Pharmacy Out-of-Pocket Limit Per Calendar Year	
Per Member	$3,500
Per Family	$7,000
Physician Services	
(Additional Coinsurances/Copayments may apply)	
Primary Care Office Visits	$25 Copayment per Visit
Specialty Care Office Visits	$35 Copayment per Visit
Preventive Care	No Copayment
(Please see Member Handbook for details)	
Emergency Care and Urgent Care	
(Additional Coinsurances/Copayments may apply, regardless of where outpatient services are rendered)	
Hospital Emergency Room	20% Coinsurance *
Urgent Care Facility	$50 Copayment per Visit
Inpatient Hospital Care	
Room and Board	20% Coinsurance *
(Including all other medically necessary services)	

*After Deductible, the Coinsurance/Copayment will apply.

^See prescription drug benefit plan for additional information.

Mental Health, Alcohol and Drug Services	
Inpatient	20% Coinsurance *
Outpatient	20% Coinsurance *
Physician's Office	$25 Copayment per Visit
Applied Behavior Analysis	20% Coinsurance *
(Up to 25 hours of ABA services per week)	
Outpatient Surgery	
Primary Care Office Visits	$25 Copayment per Visit
Specialty Care Office Visits	$35 Copayment per Visit
Outpatient Surgical Facility	20% Coinsurance *
Outpatient Diagnostic Services	
(Additional Coinsurances/Copayments may apply, regardless of where outpatient services are rendered)	
Laboratory	No Copayment
Outpatient Radiology	No Copayment
MRI, CT Scan and PET Scan	20% Coinsurance *
Rehabilitation Therapy	
(Up to 60 treatment days per disability per calendar year)	
Inpatient Rehabilitation	20% Coinsurance *
Outpatient Physical, Occupational and Speech Therapy	20% Coinsurance *
Other Covered Services	
(Quantity limits may apply)	
Allergy Serum	20% Coinsurance *
Ambulance - Emergency Only	20% Coinsurance *
Chiropractic Care	$35 Copayment per Visit
Diabetic Supplies	20% Coinsurance

*After Deductible, the Coinsurance/Copayment will apply.

^See prescription drug benefit plan for additional information.

Durable Medical Equipment	20% Coinsurance *
Fertility Evaluation	20% Coinsurance *
General Anesthesia (during dental procedures as specified by state law)	20% Coinsurance *
Home Health Services	20% Coinsurance *
Hospice Care	20% Coinsurance
Immunosuppressives, Injectables (except immunizations) and Drugs administered in the physician's office	Non-Preferred Prescription Copayment ^
(Except for specialty drugs within this category - see Specialty Drugs below)	
Infusion	
(Must be medically necessary and may be subject to prior authorization)	
Administered in a physician's office	Non-Preferred Prescription Copayment ^
(Except for specialty drugs within this category - see Specialty Drugs below)	
Administered in an outpatient facility	20% Coinsurance *
Administered in a home setting	20% Coinsurance *
(Except for specialty drugs within this category - see Specialty Drugs below)	
Organ Transplants	20% Coinsurance *
Orthotics and Prosthetics	20% Coinsurance *
Ostomy and Urologic Supplies	20% Coinsurance
Prescription Drug Benefit	See Outpatient Prescription Drug Benefit
Skilled Nursing Facility Care	20% Coinsurance *
(Up to 60 treatment days per disability per calendar year)	
Specialty Drugs	Specialty Prescription Copayment ^
(Must be medically necessary and may be subject to prior authorization)	
All Other Covered Services	20% Coinsurance *

*After Deductible, the Coinsurance/Copayment will apply.

^See prescription drug benefit plan for additional information.

Comments

- Deductible must be satisfied before Coinsurance/Copayment begins.
- 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 individual medical deductibles to satisfy the family medical deductible requirement.
- All covered out-of-pocket expenses are applied toward your out-of-pocket limit.
- A calendar year is defined as the time period from January 1 - December 31.

Urgent and Emergency Care

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

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

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

---

*After Deductible, the Coinsurance/Copayment will apply.

^See prescription drug benefit plan for additional information.

CommunityCare

Multi-Language Interpreter Services – Taglines for Notices

Language	Translated Taglines
Spanish	Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de CommunityCare. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 1-800-777-4890.
Vietnamese	Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình CommunityCare. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ trúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 1-800-777-4890.
Chinese	本通知有重要的訊息。本通知有關於您透過[插入 SBM 項目的名稱 CommunityCare 提交的申請或 保險的重要訊息。請留意本通知內的重要日期。 您可能需要在截止日期之前採取行動， 以保留您的健康保險 或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 [在此插入數字1-800-777-4890
Korean	본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 CommunityCare 을 통한 커버리지 에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 1-800-777-4890로 전화하십시오.
German	Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch CommunityCare. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 1-800-777-4890.
Arabic	يحوي هذا الاشعار معلومات هامة. يحوي هذا الاشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من خلال CommunityCare.ابحث عن التواريخ الهامة في هذا الاشعار. قد تحتاج لاتخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك الصحية او للمساعدة في دفع التكاليف. لك الحق في الحصور على المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل بـ 1-800-777-4890
Burmese	ဤစာရွက် အေရးႀကီးေသာ အခ်က္အလက္ ပါဝင္ပါသည္။ ဤစာရြက် သင္၏ေလွ်ာက္လြႊာ သို႔မဟုတ္ CommunityCare ႏွင့္သက္ဆိုင္ေသာ သင့္ခံစားခြင့္အခ်က္အလက္မ်ား ပါဝင္ပါသည္။ အဓိကရက္စြဲမ်ားကို ဤစာရြက္စာတမ္းတြင္ ရွာေဖြပါ။ သတ္မွတ္ထားေသာ ေနာက္ဆံုးရက္ မတိုင္မီ က်န္းမာေရးခံစားခြင့္ သို႔မဟုတ္ စရိတ္စံခံစားခြင့္ ဆက္လက္ရရွိေနေစရန္ ေဆာင္ရြက္ရာရွိသည္ဆို႔ကို ေဆာင္ရြက္ပါ။ ဤကိစၥႏွင့္ပတ္သက္၍ မွန္ကန္ေသာအခ်က္အလက္မ်ားရရွိရန္ ကုန္က်စရိတ္ ေပးရန္မလိုဘဲ မိမိဘာသာစကားျဖင့္ အကူအညီရယူႏိုင္သည္။ 1-800-777-4890။

Updated 05/10/2017

CommunityCare

Multi-Language Interpreter Services – Taglines for Notices

Hmong	**Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb.** Tsab ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawm CommunityCare. Saib cov caij nyoog los yog tej hnub tseem ceeb uas sau rau hauv daim ntawv no kom zoo. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 1-800-777-4890.
Tagalog	Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng CommunityCare. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 1-800-777-4890.
French	Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de CommunityCare. Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez 1-800-777-4890.
Laotian	ການແຈ້ງການນີ້ມີຂໍ້ມູນສຳຄັນ. ການແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສຳຄັນກ່ຽວກັບຄຳຮ້ອງສະ ໝັກຫຼືການຄຸ້ມຄອງຂອງທ່ານໂດຍຜ່ານ CommunityCare. ເບິ່ງສຳລັບກຳນົດວັນທີສຳຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈຳເປັນຕ້ອງໃຊ້ເວລາດຳເນີນການໂດຍກຳນົດເວລາທີ່ແນ່ນອນ ຈະຮັກສາການຄຸ້ມຄອງສຸຂະພາບຂອງທ່ານຫຼືການຊ່ວຍເຫຼືອທີ່ມີຄ່າໃຊ້ຈ່າຍ. ທ່ານມີສິດທີ່ຈະໄດ້ຮັບຂໍ້ມູນຂ່າວສານນີ້ແລະການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານທີ່ບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ໂທ 1-800-777-4890.
Thai	ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้มีข้อมูลที่สำคัญเกี่ยวกับการการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน CommunityCare ดูกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 1-800-777-4890
Urdu	اس اشتہار میں اہم معلومات ہے۔ اس اشتہار میں CommunityCare سے اپ کے درخواست اور خدمات کے بارے میں اہم معلومات ہے۔اشتہار میں اہم تاریخوں کا نظر کریں۔ ہو سکتا ہے کی صحت کی خدمات کو برقرار رکھنے اور اخراجات کی ادائگی میں مالی مدد ملنے کے لیے، اپ کو خاص تاریخ یا ڈیڈ لائن سے پہلے کچھ کارروائی کرنی پڑے گی۔ اپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ 1-800-777-4890 فون کریں۔
Cherokee	ᎤᎳᏫᏗ ᏚᏃᏣᏢᎢ ᎤᏁᏫᏫᏗ. ᎯᎠ ᎤᎳᏫᏗ ᏒᎶᏃ4 ᏗᎶᎳᎵᏣᎢ ᏒᎶᏋᏫᏫᏙᏗ ᎤᏂᏫᎯᎳᏫᏬ ᎯᎵᏂᏙᎻ ᏒᎶᏚ4ᏫᏫᏬᏯ CommunityCare ᏚᎶᏫᏫᏓᏁᏅᎢ. ᏣᏚᎡᏫᏚᏫᏗ ᏓᏙᏬᏢᎡ ᎯᎠ ᏚᏃᏣᏢᎢ. ᎡᎷᏫ ᎪᎢᏫᏗ ᏦᎷᎶᏗ ᎠᎵ ᎶᏫᏂᎯᏯ ᏯhᏫᎯᎳᏫᏬ ᎤᏫᏢᏫᏗ ᏂᏚᎪᎷᎷᎶ. ᏙᏯ ᏀᏚᏁ ᎠhᎠᏬᏯᏯᏚ ᏀᎤᵛ ᎠᎵ ᏧᎬᏩᎳᏬᎢ ᏴᎡ ᎤᏁᏣᏴᏫᏗ hᏴᎡᎾ ᏀᏰᏩᏗ. ᎠᏬᏫᎯᎳᏫᏬ ᎠᏬᏫᏚᏩᏗ ᎡᏀᏁᏗ ᏃᎵ ᎡᎶᏃᏁᏗ ᏀᏚᏢᏫᎬ ᏀᏚᏩhᎯᏫᏗ ᎬᏁ ᏃᎵ ᏧᎬᏩᎳᏗ hᏴᎡᎾ ᏴᎡᎢ. ᏗᎳᏃᏢᏗ ᏗᏎᏫᏗ ᎯᎠ 1-800-777-4890.
Persian-Farsi	ابطوبورامش ای همیشوشوپ اوایضاقت فم مم درباره اعلا ا ومای هیلاعا نین ا شابهچم ت اعلا ا ومای هیلاعا ن ای ای ازم شوشوپ ظقح رای ربخیشوخ های خیرات بت لت ترا نهک امش .دیتاماجنوخیلاعا نین مم در مم های خیرات بت CommunityCare رای کمکم بت خارخ م بت لزلزم ای لزلزم کمک ماجنابوبزول ا نیاکیرتا را نیاقح امش.دیشابنلیاک و کمک ا اعلا ا نیا و کمک هلبز زبان خوبت طورایگان ریاهنز تفای دیا. 1-800-777-4890

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) 879-4048 (fax)
G&A@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.