

# Choose Quality, Local Health Care



## Your Select Network

**Community Care Plan (CCP)** is a local health plan operating since 1998.

We are **locally based** in Broward County, and are owned by **Broward Health** and **Memorial Healthcare System**.

Our plans are **Open Access** and **do not require a referral to seek care from a contracted specialist** (except for behavioral health). We also offer a **CareGuardian option**, which provides additional support and enhanced benefits for members with qualifying conditions.

This Benefits Guide provides a description of CCP's benefits programs, summary explanation of benefits, as well as contact information. It is not an employee/employer contract and is not intended to cover all provisions of all plans but provides a quick reference guide to help answer most of your questions. For the complete Benefits Guide, please visit **ChooseCommunityCare.org**.

**For additional help, please contact CCP Member Services at 866-224-5701.**

## CCP HDHP SELECT NETWORK

MEDICAL	EE ONLY	FAMILY (CHILD(REN) AND/OR SPOUSE/DP)	Limitations, Exceptions and Other Important Information <sup>(2)</sup>
Annual Deductible	\$1,350	\$2,700	Annual deductible and coinsurance do not carry over to the following year.
Annual Coinsurance 20%	\$2,075	\$4,150	
Annual Maximum Out-of-Pocket	\$3,425	\$6,850	
HSA Funding	\$1,200	\$2,400	Based on completion of annual Engagement Incentive, prorated by month of entry into plan.
Preventive Care	No Cost when billed as Preventive Care		Includes Preventive Lab Work and EKG during annual physical.
PCP	Deductible then 20% coinsurance CareGuardian <sup>(1)</sup> – Deductible then no cost		
Specialist Visits	Deductible then 20% coinsurance CareGuardian <sup>(1)</sup> – Deductible then no cost		
Virtual Visit (Telehealth)	Deductible then 20% coinsurance		
Allergist Testing, Office Visits, Injections, Serum	Deductible then 20% coinsurance		
Urgent Care and Emergency Room: Facility and Physician Fees	Deductible then 20% coinsurance		
Ambulance; Hospital-Inpatient, Outpatient Surgery, Surgical Phys Fees	Deductible then 20% coinsurance		Hospital Inpatient includes Mental Health/Substance Abuse.
Childbirth/delivery - Professional and Facility Services	Deductible then 20% coinsurance		
Lab & X-Ray in office	Deductible then 20% coinsurance		
Advanced Imaging	Deductible then 20% coinsurance		MRI, PET, CAT, and SPECT at Freestanding, Outpatient Facility or ER.
Mammography	1st preventative mammogram performed in calendar year covered at 100%		Age specific.
Colonoscopy	1st preventative colonoscopy performed in calendar year covered at 100%		Age specific.
Mental Health/Outpatient	Deductible, then 20 visits at no cost, then 20% coinsurance		
Mental Health/Partial Hospitalization	Deductible then 20% coinsurance		
Home Health Care and Skilled Nursing Facility	Deductible then 20% coinsurance		Home Health Care: Up to 60 visits per calendar year. Skilled Nursing Facility: Up to 60 days per calendar year.
Therapy and Rehabilitation	Deductible then 20% coinsurance		Physical, occupational, cognitive and speech therapy: up to 60 combined visits per year. Rehabilitation includes Cardiac and Pulmonary.
Hospice	Deductible then 20% coinsurance		
Durable Medical Equipment	Deductible then 20% coinsurance		Including diabetic - Insulin infusion pumps and related supplies.

Additional dental benefits are also available, including Accidental Injury, TMJ, Orthognathic Surgery, and Wisdom Teeth Removal.

### PHARMACY: NEW PHARMACY ADMINISTRATOR: SOUTHERN SCRIPTS

Preventive List	No Cost
Generic, Preferred, Non-Preferred, and Specialty	Deductible then 20% coinsurance
Pharmacy Annual Maximum Out-of-Pocket	Deductible, coinsurance, and Maximum Out-of-Pocket for Medical and Pharmacy are combined.

(1) CareGuardian – Additional support and enhanced benefits for members with qualifying conditions who enroll. Qualifying conditions limited to: Asthma/COPD, Diabetes/Pre-Diabetes, High Risk Pregnancy, and Hypertension. (2) Some services will require prior authorization.

# CCP CDH SELECT NETWORK

MEDICAL	EE ONLY	FAMILY (CHILD(REN) AND/OR SPOUSE/DP)	Limitations, Exceptions and Other Important Information <sup>(3)</sup>
Annual Deductible	\$1,300	\$2,600	Annual deductible and coinsurance do not carry over to the following year. Copays do not apply toward the Annual Medical Deductible. Copays apply toward the Annual Maximum Out-of-Pocket. Pharmacy copays do not apply to Annual Medical Deductible and Maximum Out-of-Pocket.
Annual Coinsurance 20%	\$1,500	\$3,000	
Annual Maximum Out-of-Pocket	\$2,800	\$5,600	
Preventive Care	No Cost when billed as Preventive Care		Includes Preventive Lab Work and EKG during annual physical.
PCP Visit	\$25 Copay CareGuardian <sup>(1)</sup> – \$0 Copay		Lab & X-Ray in office: Included in applicable PCP or Specialist Visit Copay
Specialist Visit	\$50 Copay CareGuardian <sup>(1)</sup> – \$25 Copay		
Virtual Visit (Telehealth)	\$40 Copay		
Allergist Office Visit	\$50 Copay		Allergy Injections (no Office Visit) – \$25 Copay.
CVS Minute Clinics	\$25 Copay		
Urgent Care	\$50 Copay		Includes MD Now Clinics
Emergency Room: Facility and Physician Fees	\$250 Copay		
Ambulance; Hospital-Inpatient, Outpatient Surgery, Surgical Phys Fees; Childbirth/delivery - Professional and Facility Services	Deductible then 20% Coinsurance		Hospital Inpatient includes Mental Health/Substance Abuse/Autism. Hospice includes hospice home visits.
Advanced Imaging	Deductible does not apply, 20% Coinsurance up to a max of \$100, then 100% per scan.		MRI, PET, CAT, and SPECT at Freestanding or Outpatient Facility.
Mammography	1st mammogram performed in calendar year covered at 100%		Age specific: Whether preventive or diagnostic, including 3D mammogram. Does not include ultrasounds.
Colonoscopy	1st colonoscopy performed in calendar year covered at 100%		Age specific: Whether preventive or diagnostic. Includes removal of polyps during procedure.
Mental Health - Outpatient	First 20 visits of calendar year at no cost, then \$25 Copay		Includes Substance Abuse and Autism.
Mental Health – Partial Hospitalization	\$25 Copay		
Home Health Care and Skilled Nursing Facility	Deductible then 20% Coinsurance		Home Health Care: Up to 60 visits per calendar year. Skilled Nursing Facility: Up to 60 days per calendar year.
Therapy and Rehabilitation	Deductible then 20% Coinsurance		Physical, occupational, cognitive and speech therapy: up to 60 combined visits per year. Rehabilitation: Cardiac and Pulmonary.
Hospice	Deductible then 20% Coinsurance		Includes hospice home visits.
Durable Medical Equipment - Diabetic	No Deductible, 20% Coinsurance		Insulin infusion pumps and related supplies.
Durable Medical Equipment - Non-Diabetic	Deductible then 20% Coinsurance		

## PHARMACY: NEW PHARMACY ADMINISTRATOR: SOUTHERN SCRIPTS

Pharmacy does not apply to Annual Health Deductible and Maximum Out-of-Pocket	30 Day Supply <sup>(2)</sup>	90 Day Supply
Generic	\$7 / CareGuardian <sup>(1)</sup> – \$0 Copay	\$14 / CareGuardian <sup>(1)</sup> – \$0 Copay
Preferred	\$30 / CareGuardian <sup>(1)</sup> – \$0 Copay	\$60 / CareGuardian <sup>(1)</sup> – \$0 Copay
Non-Preferred	\$50	\$100
Specialty	\$75	N/A
Pharmacy Annual Maximum Out-of-Pocket	<ul style="list-style-type: none"> <li>\$3,000 Individual *No one family member can exceed the Individual Maximum Out-of-Pocket.</li> <li>\$6,000 Family</li> </ul>	

(1) CareGuardian – Additional support and enhanced benefits for members with qualifying conditions who enroll. Qualifying conditions limited to: Asthma/COPD, Diabetes/Pre-Diabetes, High Risk Pregnancy and Hypertension. (2) Maintenance medications can only be filled 3 times as a 30-day fill, must then be filled as a 90-day supply. (3) Some services will require prior authorization.

## Community Care Plan's CareGuardian Program

Our CareGuardian program provides dedicated and personalized support, as well as enhanced benefits for members with qualifying conditions. The qualifying conditions include:

- Diabetes/Pre-Diabetes
- Hypertension (high blood pressure)
- High Risk Pregnancy
- Respiratory conditions: Asthma/ Chronic Obstructive Pulmonary Disease (COPD)

Once enrolled in the CareGuardian program, participating members are connected directly with a Concierge Care Coordination (C3) nurse. The assigned C3 nurse works with the member to access the care and programs they need to achieve their health goals and improve self-reliance. These services include:

- Assistance with health benefits:
  - Locating in-network specialists
  - Scheduling appointments
  - Coordinating services
- Providing coaching services for provider's treatment plans and medication management
- Providing health education materials

These invaluable services can help members improve their self-care by reducing missed appointments and unnecessary trips to the emergency room. Even after the member's care plan goals are achieved, the member can continue to work with their C3 nurse with any questions or concerns or if there are any changes in their health status or condition(s).

## Additional Benefits Information

### Dental Plan Services

- Annual dental evaluation covered at no charge.
- 20-40% discount on additional dental services.

### Vision Plan Services

- Annual vision evaluation covered at no charge.
- 25% discount on all glasses and lenses.

### WellSteps Plan

CCP offers a fun, healthy, and rewarding wellness plan that's easy to track with the WellSteps mobile application or website. Simply register with and login to WellSteps, complete, and submit your activities (i.e. preventive visit, walking, flu shot, dental exam, wellbeing event), and earn up to \$300 in gift cards each calendar year!

### Services your plan generally does NOT cover:

Infertility; Reproductive Resource Services; Routine foot care unless for neurological or vascular diseases arising from diseases, such as diabetes; Obesity Surgery, i.e. Bariatric Surgery, gastric sleeve, etc.; Travel Immunizations, and Private Duty Nursing – inpatient or outpatient.

## Benefits Contact Information

Resource / Service Provider	Contact Source
Medical Insurance: Community Care Plan	Phone: 866-224-5701 Email: <a href="mailto:member.services@CCPcares.org">member.services@CCPcares.org</a> Website: <a href="http://ChooseCommunityCare.org">ChooseCommunityCare.org</a>
Pharmacy Benefits: Southern Scripts	Phone: 866-224-5701 Website: <a href="http://southernscripts.net">http://southernscripts.net</a>
Dental Plan: MCNA	Phone: 866-224-5701 Website: <a href="mailto:member.services@CCPcares.org">member.services@CCPcares.org</a>
Vision Plan: 20/20 Vision	Phone: 866-224-5701 Website: <a href="mailto:member.services@CCPcares.org">member.services@CCPcares.org</a>
Behavioral Health Care: Managed Care Concepts	Phone: 800-538-6979
Wellness Program: Community Care Plan	Phone: 866-224-5701 Website: <a href="mailto:member.services@CCPcares.org">member.services@CCPcares.org</a>