

2024 MEDICAL Comparison Chart (hourly rate greater than two times minimum wage)

MEDICAL PLAN PREMIUMS (PER PAY PERIOD)

	COMMUNITY HIGH DEDUCTIBLE HEALTH PLAN HDHP	
	Full-time	Part-time
Employee Only	\$59.15	\$70.98
Employee + Spouse	\$243.24	\$291.89
Employee + Child(ren)	\$202.49	\$243.04
Employee + Family	\$351.35	\$421.63

MEDICAL PLAN FEATURES

PLAN FEATURE	COMMUNITY HIGH DEDUCTIBLE HEALTH PLAN HDHP		
	In Plan	Out of Plan	
Choice of Doctors/ Hospitals	CMC Facilities & Affiliates ¹ and Blueshield Physicians ²	Blueshield contracted hospitals and facilities	Non Blueshield network
Annual Deductible			
• Individual	\$4,000	\$4,000	No coverage
• Family	\$8,000	\$8,000	No coverage
Out-of-Pocket Maximum			
• Individual	\$8,000	\$8,700	No coverage
• Individual + Spouse	\$16,000	\$17,400	No coverage
• Individual + Child(ren) or Family	\$16,000	\$17,400	No coverage
Amount Plan Pays For Covered Services⁴ *All services are subjected to a deductible, including prescriptions (except preventative care)			
Physician Office Visits (excluding other services)	\$25 co-pay ⁴		

PLAN FEATURE	COMMUNITY HIGH DEDUCTIBLE HEALTH PLAN HDHP		
	In Plan - Tier 1 ⁶	Out of Plan	
Preventative Health Services ³	100%	100%	No coverage
Amount Plan Pays For Covered Services			
Urgent Care	\$40 co-pay ⁴	\$40 co-pay ⁴	50% ⁴
Emergency Room Visits	\$400 co-pay, after deductible; subject to medical necessity; waived if admitted ⁵		
Hospitalization			
• With Utilization Review	70% ² only in Community Facilities ⁴	50% ⁴	No coverage
• Without Utilization Review	60% ^{1,4}	30% ⁴	No coverage
Outpatient Surgery	70% ^{1,4} only in Community Facilities	50% ⁴	No coverage
Lab/Radiology	70% ^{1,4}	50% ⁴	No coverage
Advanced Radiology	70% ^{1,4} only in Community Facilities	50% ⁴	No coverage
Durable Medical Equipment	70% with prior authorization ⁴	50% with no prior authorization ⁴	No coverage
Other Covered Services	See Summary Plan Description ⁴	See Summary Plan Description ⁴	No coverage
Chiropractic Care	\$25 per visit; maximum of 25 visits per year ⁴	\$25 per visit; maximum of 25 visits per year ⁴	No coverage

¹ Community's facilities and affiliates include: Clovis Community Medical Center, Community Regional Medical Center, Fresno Heart & Surgical Hospital, Community Health Partners, Valley Children's Hospital, Advanced Medical Imaging, Community Cancer Institute, California Imaging Institute and Quest Diagnostics.

² In Plan Physicians include: Physicians participating in the Blueshield Network.

³ Preventive Health Services include, but are not limited to: immunizations, including influenza, pneumococcal, Gardasil, Zostavax, etc.; mammograms; urinalysis; EKGs; colorectal cancer screening; colonoscopy at age 50, then every 10 years; cervical cancer screening; cholesterol screening; breast cancer screening; pap test; prostate screening, etc.

⁴ All services are subject to a deductible, with the exception of preventative care.

⁵ \$400 co-pay waived, if medically necessary treatment of an emergency and/or you are admitted as in-patient; hospitalization.

⁶ Summary Plan descriptions are available on the Forum, under HR Links: Community Benefits & Retirement. Community team members and their dependents enrolled in Core PPO and who reside outside of Fresno, Madera, & King Counties will be enrolled in OUT OF AREA BENEFITS and Tier 1 benefits apply when using Blueshield PPO facilities and providers in California and Blueshield National Provider Network outside of California.