

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

## MEDICAL PLAN PREMIUMS (PER PAY PERIOD)

	COMMUNITY CARE SIGNATURE HMO		COMMUNITY CARE VALUE EPO		COMMUNITY CORE PPO	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
Employee Only	\$75.42	\$83.51	\$27.15	\$29.59	\$94.15	\$105.98
Employee + Spouse	\$264.87	\$303.84	\$134.35	\$153.23	\$313.24	\$361.89
Employee + Child(ren)	\$232.22	\$264.65	\$100.83	\$113.00	\$272.49	\$313.04
Employee + Family	\$351.51	\$407.82	\$180.17	\$208.20	\$421.35	\$491.63

## MEDICAL PLAN FEATURES

PLAN FEATURE	COMMUNITY CARE SIGNATURE HMO	COMMUNITY CARE VALUE EPO	COMMUNITY CORE PPO		
			In Plan	Out of Plan	
Choice of Doctors/ Hospitals	Community Care Health network (CCH) <sup>1</sup>	Community Care Health network (CCH) <sup>1</sup>	CMC Facilities & Affiliates <sup>2</sup> and Blueshield Physicians <sup>3</sup>	Blueshield contracted hospitals and facilities	Non Blueshield network
<b>Annual Deductible</b>					
• Individual	\$1,000	\$1,500	\$2,000	\$3,000	No coverage
• Family	\$2,000	\$3,000	\$4,000	\$6,000	No coverage
<b>Out-of-Pocket Maximum (includes deductible, but not prescription drugs)</b>					
• Individual	\$3,500	\$5,000	\$6,000	\$8,700	No coverage
• Individual + Spouse	\$7,000	\$10,000	\$12,000	\$17,400	No coverage
• Individual + Child(ren) or Family	\$7,000	\$10,000	\$12,000	\$17,400	No coverage
<b>Amount Plan Pays For Covered Services</b>					
Physician Office Visits (excluding other services)	\$20 co-pay	\$20 co-pay	\$25 co-pay	\$25 co-pay	No coverage
Specialists Office Visits (excluding other services)	\$20 co-pay	\$40 co-pay	\$40 co-pay	\$40 co-pay	No coverage

PLAN FEATURE	COMMUNITY CARE SIGNATURE HMO	COMMUNITY CARE VALUE EPO	COMMUNITY CORE PPO		
			In Plan - Tier 1 <sup>7</sup>	Out of Plan	
<b>Preventative Health Services<sup>4</sup></b>	100%	100%	100%	100%	No coverage
<b>Amount Plan Pays For Covered Services</b>					
<b>Urgent Care</b>	\$20 co-pay	\$20 co-pay	\$40 co-pay	\$40 co-pay	50%
<b>Emergency Room Visits</b>	\$400 co-pay, waived if admitted	\$400 co-pay, waived if admitted	\$400 co-pay, waived if admitted <sup>6</sup>	\$400 co-pay, waived if admitted <sup>6</sup>	\$400 co-pay, waived if admitted <sup>6</sup>
<b>Hospitalization</b>					
• <b>With Utilization Review</b>	\$500 per admission <sup>5</sup>	\$500 per admission <sup>5</sup>	80% <sup>2, 5</sup> only in Community Facilities	50% <sup>5</sup>	No coverage
• <b>Without Utilization Review</b>	N/A	N/A	70% <sup>2, 5</sup>	30% <sup>5</sup>	No coverage
<b>Outpatient Surgery</b>	\$250 per surgery <sup>5</sup>	\$450 per surgery <sup>5</sup>	80% <sup>2, 5</sup> only in Community Facilities	50% <sup>5</sup>	No coverage
<b>Lab/Radiology</b>	No co-pay	\$25 co-pay	80% <sup>2, 5</sup>	50% <sup>5</sup>	No coverage
<b>Advanced Radiology</b>	No co-pay	\$100 co-pay, after deductible	80% <sup>2, 5</sup> only in Community Facilities	50% <sup>5</sup>	No coverage
<b>Durable Medical Equipment</b>	90% with prior authorization	90% with prior authorization	80% <sup>5</sup> with prior authorization	50% <sup>5</sup> with no prior authorization	No coverage
<b>Other Covered Services</b>	Refer to HMO Evidence of Coverage	Refer to HMO Evidence of Coverage	See Summary Plan Description	See Summary Plan Description	No coverage
<b>Chiropractic Care</b>	\$20 co-pay per visit	\$25 co-pay per visit	\$25 per visit; maximum of 25 visits per year	\$25 per visit; maximum of 25 visits per year	No coverage

<sup>1</sup> The HMO plan involves selecting a primary care physician of your choice from the CCH panel of primary care physicians. If an election is not made, a PCP will be assigned to you.

<sup>2</sup> 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.

<sup>3</sup> In Plan Physicians include: Physicians participating in the Blueshield Network.

<sup>4</sup> 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.

<sup>5</sup> These services are subject to a deductible.

<sup>6</sup> \$400 co-pay waived, if medically necessary treatment of an emergency and/or you are admitted as in-patient; hospitalization.

<sup>7</sup> HMO Evidence of Coverage and Summary Plan description 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.