

2024 MEDICAL Comparison Chart (hourly rate equal to or less 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	\$57.05	\$64.46	\$21.14	\$23.38	\$74.22	\$85.07
Employee + Spouse	\$207.39	\$241.86	\$103.47	\$120.17	\$240.82	\$293.21
Employee + Child(ren)	\$183.70	\$213.43	\$75.77	\$86.91	\$220.61	\$257.78
Employee + Family	\$284.03	\$333.84	\$143.99	\$168.80	\$332.30	\$407.98

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) ¹	Community Care Health network (CCH) ¹ No Primary Care assignment required.	CMC Facilities & Affiliates ² and Blueshield Physicians ³	Blueshield contracted hospitals and facilities	Non Blueshield network
Annual Deductible					
• Individual	\$1,000	\$1,500	\$2,000	\$3,000	No coverage
• Family	\$2,000	\$3,000	\$4,000	\$6,000	No coverage
Out-of-Pocket Maximum (includes deductible)					
• 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
Amount Plan Pays For Covered Services					
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 ⁷	Out of Plan	
Preventative Health Services⁴	100%	100%	100%	100%	No coverage
Amount Plan Pays For Covered Services					
Urgent Care	\$20 co-pay	\$20 co-pay	\$40 co-pay	\$40 co-pay	50%
Emergency Room Visits	\$400 co-pay, waived if admitted	\$400 co-pay, waived if admitted	\$400 co-pay, waived if admitted ⁶	\$400 co-pay, waived if admitted ⁶	\$400 co-pay, waived if admitted ⁶
Hospitalization					
• With Utilization Review	\$500 per admission ⁵	\$500 per admission ⁵	80% ^{2, 5} only in Community Facilities	50% ⁵	No coverage
• Without Utilization Review	N/A	N/A	70% ^{2, 5}	30% ⁵	No coverage
Outpatient Surgery	\$250 per surgery ⁵	\$450 per surgery ⁵	80% ^{2, 5} only in Community Facilities	50% ⁵	No coverage
Lab/Radiology	No co-pay	\$25 co-pay	80% ^{2, 5}	50% ⁵	No coverage
Advanced Radiology	\$25 co-pay	\$100 co-pay, after deductible	80% ^{2, 5} only in Community Facilities	50% ⁵	No coverage
Durable Medical Equipment	90% with prior authorization	90% with prior authorization	80% ⁵ with prior authorization	50% ⁵ with no prior authorization	No coverage
Other Covered Services	Refer to HMO Evidence of Coverage	Refer to HMO Evidence of Coverage	See Summary Plan Description	See Summary Plan Description	No coverage
Chiropractic Care	\$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

¹ 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.

² 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.

³ In Plan Physicians include: Physicians participating in the Blueshield Network.

⁴ 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.

⁵ These services are subject to a deductible.

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

⁷ 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.