



Small Group Health Plan Options

Your Complete Guide to Choosing the Best Plan for Your Employees

For effective dates:

January 1, 2022 through December 31, 2022

communitycarehealth.org

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The Central Valley's Local Health Care Plan

Because Your Community Is Our Community

Community Care Health (CCH) is not your traditional health insurer. We see our members as family, which is why we are focused not only on designing the strongest portfolio of products, member tools, and services, but also on building a stronger community for us to share.



REINVESTMENT in the community. Your premium dollar **remains** here in the Central Valley



PARTNERS with our community through **employment, charity** and **local spending**



RESPONSIVE to customer needs because we are **part of the local community** and **best understand the Central Valley**

The Power of Being Local

Because CCH is locally based and part of the community which we serve, we are able to both tailor plans that meet the unique needs of our members while also providing a level of responsiveness unmatched by nationwide networks.



Customer Service



Account Management



Leadership



Hospital Relationships

CCH Representatives Are Based Right Here in the Central Valley

Community Health System

Community Health System is a locally owned, not-for-profit, public-benefit organization based in Fresno, California. Community is the region's largest healthcare provider and private employer.

- › Locally Owned, Not-For-Profit
- › Region's Largest Healthcare Provider and Private Employer
- › Comprised of Medical Foundation, Health Plan and Acute-Care Hospitals
- › 3rd Largest HMO in the Central Valley
- › Physician Residency Program with UCSF
- › Level 1 Trauma and Comprehensive Burn Center (only one between Los Angeles and Sacramento)



COMMUNITY
HEALTH SYSTEM



A Powerful Network for Comprehensive Care


2,500+
Primary Care Providers
and Specialist


1,400 Practice Sites


20 Urgent Care Centers

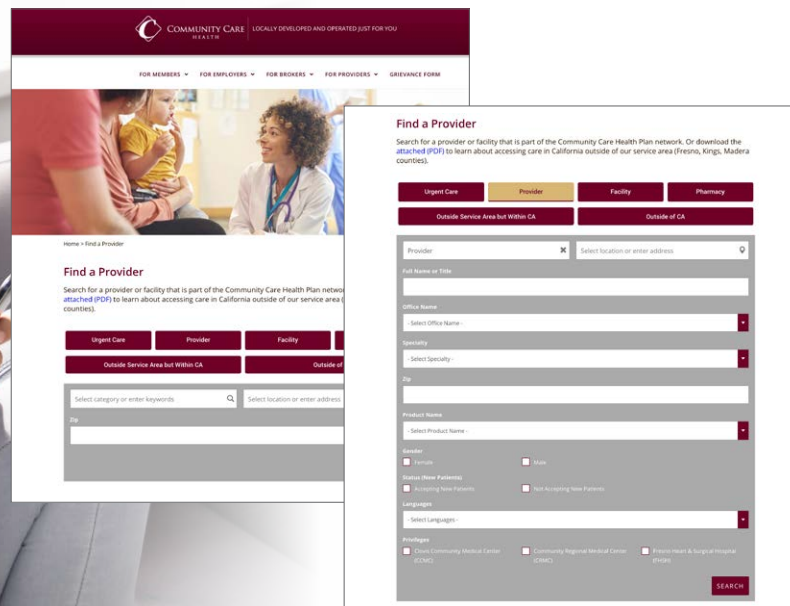


Provider Directory

Find a Provider

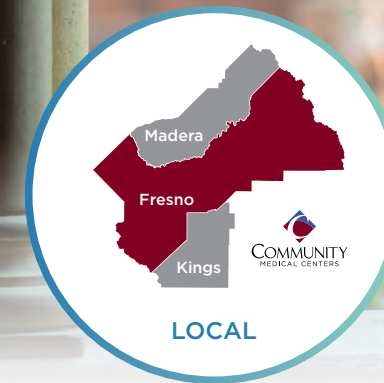
CCH ensures access to a broad network of primary care providers, specialists, practice sites and urgent care locations. Thanks to our online Provider Directory, also available on our Mobile App, members can search and find in-network providers based on specialty, location, service area and more.

<https://www.communitycarehealth.org/find-a-provider>



Coverage Wherever Our Members Live, Work & Study

Where Am I Covered



Covered Care Outside of the Area

CCH provides continuing coverage while you or your family are traveling outside of the area (including children away at school) - giving you peace of mind that you and your family will always have access to the care you need, wherever you are.



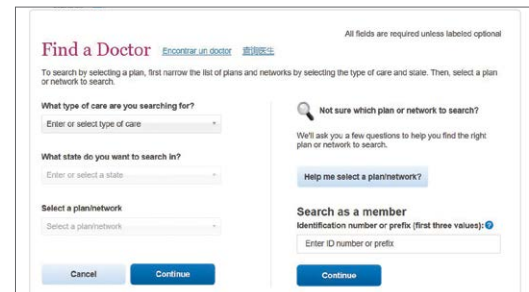
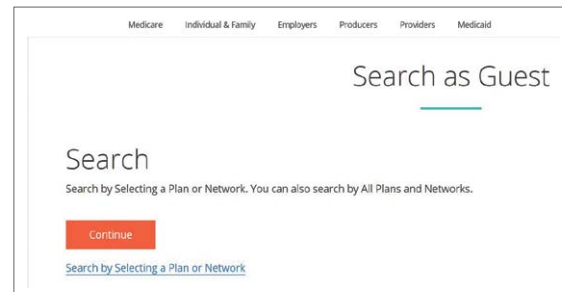
Covered Care Outside of the Area

Members outside our service area, but within the State of California

There will be situations where members will need access to medical care outside of the CCH Service Area, specifically, Fresno, Kings or Madera counties. In these situations, we work with Anthem to ensure members receive the coverage - and care - they require.

Finding a Provider

Go to <https://www.anthem.com/ca/find-doctor/?dplid=sso.dpl.providerdirectory.search-criteria>

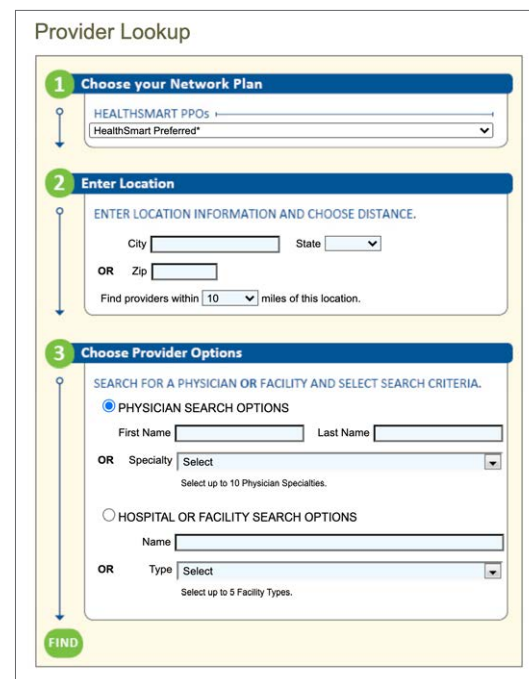
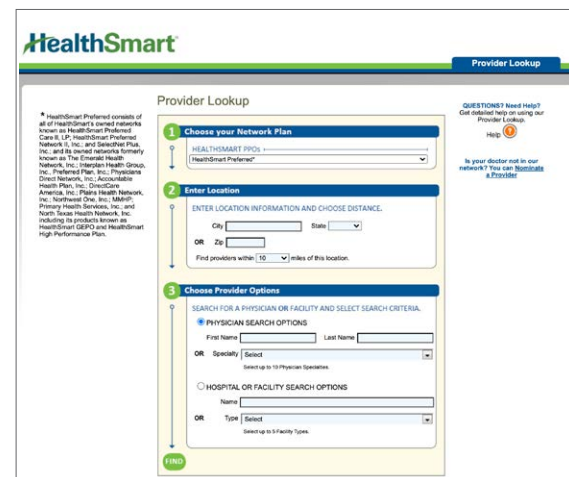


Members outside of California - HealthSmart

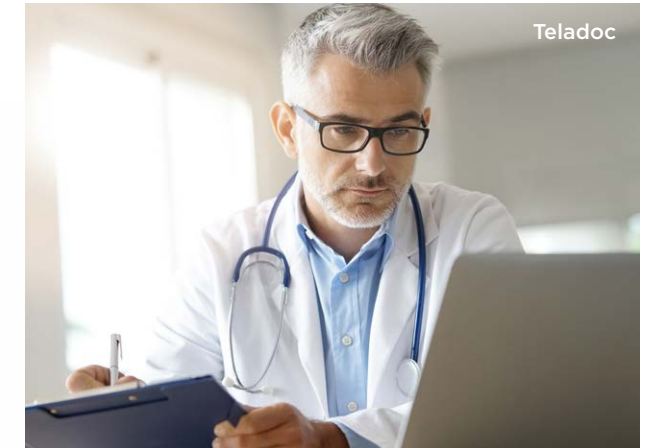
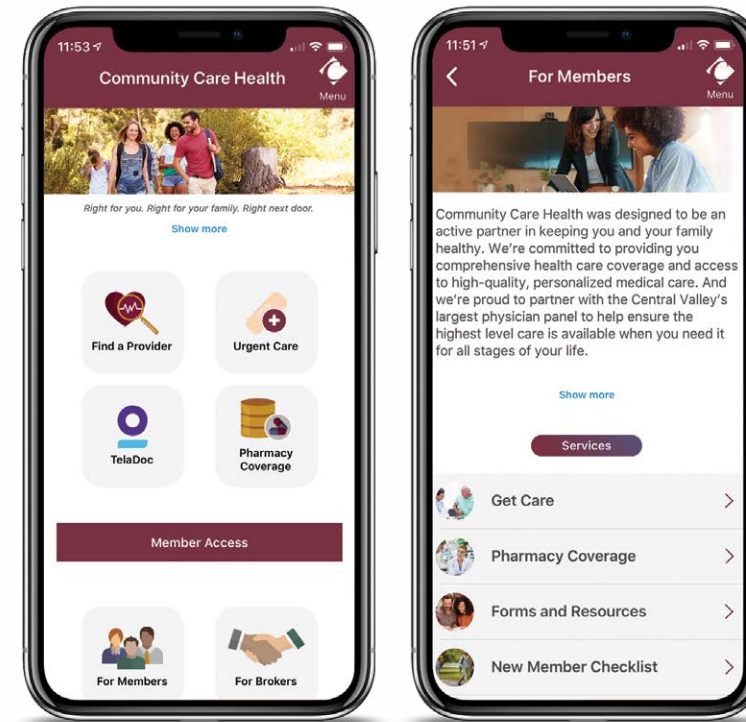
Use our CCH Healthsmart Provider lookup tool to locate providers to meet your health care needs when you are outside the State of California.

HealthSmart Provider Lookup tool

To access the HealthSmart Provider Lookup tool, go to <https://providerlookup.healthsmart.com/SearchProviders.aspx>



Innovative Customer Tools



CCH Mobile App



CCH Member Portal



Teladoc



Pharmacy Benefit Portal



Online Chat (Coming Soon)



MyChart



Online Provider, Pharmacy and Urgent Care Directory

Remote Access to Care



Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. Set up your account today so when you need care now, a Teladoc doctor is just a call or click away.



1

Online:
Go to [Teladoc.com](https://teladoc.com) and click "set up account."

Mobile app:
Download the app and click "Activate account." Visit teladoc.com/mobile to download the app.

Call Teladoc:
Teladoc can help you register your account over the phone.

SET UP YOUR ACCOUNT

Set up your account by phone, web or mobile app.



2

PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.



3

REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care. And talk to a doctor by phone, web or mobile app.

Talk to a doctor anytime!



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Your Medical Plan Options

CCH offers all four categories of coverage, known as "metal plans" — Bronze, Silver, Gold, and Platinum. These four categories offer varying copays, coinsurance, and deductibles for essential health benefits.

Our plans provide your employees with access to care and resources to stay healthy, active, and productive — top doctors and hospitals providing high-quality, personalized care, focusing on prevention and innovative health promotion programs.

COPAY HMO PLANS — A copay is the fixed dollar amount you pay for covered services and prescriptions. Copay plans feature mostly set fees and have no deductible, helping you know in advance how much you'll pay for services like doctor's office visits and prescriptions.

- Platinum 90 HMO 0/10/250
- Platinum 90 HMO 0/10/500
- Platinum 90 HMO 0/25
- Platinum 90 HMO 0/20

DEDUCTIBLE HMO PLANS — A deductible is the amount you must pay for most covered services within a plan year before your health plan begins to pay. After you reach your deductible, you'll start paying a copay or coinsurance (a percentage of the full charges) for most covered services for the rest of the plan year until you reach your out-of-pocket maximum. Depending on your plan, you may pay copays or coinsurance for some services without having to reach your deductible.

- Gold 80 HMO 250/35
- Gold 80 HMO 500/35
- Gold 80 HMO 750/30
- Gold 80 HMO 1000/35
- Silver 70 HMO 2250/50
- Bronze 60 HMO 6300/65

HSA-QUALIFIED HIGH DEDUCTIBLE HEALTH PLANS (HDHP) — These deductible HMO plans can be paired with a health savings account (HSA). Employees can contribute pretax or tax-deductible dollars* to the HSA and use that money to pay for qualified medical expenses. For a complete list of qualified medical expenses, see IRS Publication 502, Medical and Dental Expenses, at irs.gov/publications.

- Silver 70 HDHP HMO 2500/20
- Bronze HDHP HMO 7000/0

DEDUCTIBLE HMO WITH HRA PLAN — These deductible plan options can be paired with a health reimbursement arrangement (HRA), which you'll set up for your employees. You contribute money into your employees' HRAs, which they can use to pay for the health care services they receive. Because this money isn't considered part of their wages it will not be subject to federal taxes. CCH allows limited employer funding for the following plans:

- Gold 80 HMO HRA 2150/35 - employee only coverage up to \$400, employee plus one or more up to \$800
- Silver 70 HMO HRA 2250/50 - employee only coverage up to \$1,000, employee plus one or more up to \$2,000

INFERTILITY — All CCH plans offer infertility benefits as a buy-up option. Coverage is provided by Participating Providers for services such as natural and stimulated artificial insemination, gamete intrafallopian transfer and cryopreservation. A limited number of services are covered per individual, please refer to the EOC supplement for complete information.

CHIROPRACTIC AND ACUPUNCTURE — Acupuncture benefits are included in all plans. Coverage for chiropractic services is included in a selection of our plan options. Please see benefit summary pages for details regarding the inclusion of chiropractic benefits. Members are covered for a combined total of 20 visits per year. The total maximum number of visits does not apply to acupuncture treatment of nausea or as part of a comprehensive pain management program.

PEDIATRIC DENTAL AND VISION — All plans include coverage for pediatric dental and vision exams and services up to the age of 19. Vision exams and materials are provided through our partnership with MES Vision. Pediatric dental coverage is through Delta Dental's DeltaCare USA DHMO. All pediatric dental services must be obtained through a primary care dentist which can be chosen or assigned.

*Tax references relate to federal income tax only. Consult with your financial or tax adviser for information about state income tax laws. Federal and state tax laws and regulations are subject to change.

Health Payment Accounts

Pairing a health savings account (HSA) or a health reimbursement arrangement (HRA) with your health plan is a solution that gives you and your employees the opportunity to save on health premiums, become wise healthcare consumers, and realize tax benefits.

HSA

+ Advantage to Employer

- Tax benefit
- Flexibility with account contributions as employer can choose to contribute or not
- Reduced record-keeping
- Offer employees a vehicle for saving for health-related expenses in retirement
- Employees manage their own HSA funds and become more informed consumers of their own health care

+ Advantage to Employee

- Tax-free contributions and interest
- Asset accumulation
- Tax-free spending for health care related expenses
- Investments with interest
- Assets are portable and owned by the employee
- Payroll-based deductions for convenient account funding

Choose your own financial institution for account administration. Accounts are employee owned. Any administrative fees may be paid by the employer or the employee.

Available to eligible employees enrolled in the following plans:

- Silver 70 HDHP HMO 2500/20
- Bronze 60 HDHP HMO 7000/0

HRA

+ Advantage to Employer

- Increased employee retention
- Can be integrated with Flexible Spending Account
- Employer control over plan design and fund rollover
- Additional tax-favored benefit

+ Advantage to Employee

- Can be paired with a traditional plan
- Funded entirely by the employer
- Asset accumulation
- Funds are available from the first day of coverage
- Provides for some first dollar benefits in addition to preventive care

There are multiple types of HRAs available, ranging from limited to more comprehensive coverage.

A monthly administrative fee per employee account, is paid by you, the employer. Administration is available through our preferred vendor, Administrative Solutions, Inc.

Available to employees enrolled in the following plans:

- Gold 80 HMO HRA 2150/35
- Silver 70 HMO HRA 2250/50

- **Easy online access** — Your employees can take advantage of 24-hour access to their health plan and Health Payment Account through the vendor website and mobile app (if applicable).
- **A variety of payment options** — No matter which account type you choose to offer; your employees will get convenient payment options that make access to their Health Payment Account funds simple while reducing paperwork.
- **To learn more** about your account options, contact your CCH representative.

Tax references relate to federal income tax only. Consult with your financial or tax adviser for information about state income tax laws. Federal and state tax laws and regulations are subject to change.

Refer to IRS Publication 502 for a list of qualified medical and dental expenses.

Understanding Health Plans

CCH offers all four categories of coverage, known as “metal plans” — Bronze, Silver, Gold, and Platinum. These four categories offer varying copays, coinsurance, and deductibles for essential health benefits. The following pages provide a summary of each plan and what your employees can expect to pay for certain, commonly accessed benefits.

Words you should know:

1. HMO

A Health Maintenance Organization (HMO) offers healthcare services through a network of providers who agree to provide services to its members. CCH's HMO plans provides coverage in partnership with primary care physicians and specialists, urgent care centers, and hospitals. CCH offers a large network of local providers in addition to access to care through the Anthem network in California, and HealthSmart PCHS outside of California.

2. Primary Care Physician (PCP)

A PCP is considered your main doctor and you will be required to choose a PCP when you enroll. Your PCP is typically a family physician or generalist and is responsible for managing the majority of your healthcare. You can see your PCP for new and undiagnosed illnesses or injuries, chronic ongoing conditions, and preventive care. If you need a referral to a specialist, you will obtain one from your PCP.

3. Actuarial value

The percentage of total average costs for covered benefits that a plan will cover. For example, if a plan has an actuarial value of 70%, on average, members would be responsible for 30% of the costs of all covered benefits. However, members could be responsible for a higher or lower percentage of the total costs of covered services for the year, depending on their actual health care needs and the terms of their policy.

4. Plan deductible

The set amount employees pay for most covered services within a plan year before the health plan begins paying. This is included in the out-of-pocket maximum.

5. Embedded accumulation

Each individual family member will begin paying copays or coinsurance after meeting his or her individual deductible, or when the family deductible is satisfied, whichever comes first. Also, individual family members are not subject to cost sharing when they reach their individual out-of-pocket maximum, or when the family out-of-pocket maximum is met, whichever comes first. Not all services are subject to the deductible and/or out-of-pocket maximum.

6. Out-of-pocket maximum

The maximum amount an individual or family will pay for all covered services in a year before the plan starts paying 100% for most or all covered services. Copays and Coinsurance credit toward the maximum out-of-pocket specified for each plan.

7. Preventive care at no charge

Most preventive services are covered at no charge and are not subject to the deductible.

8. Copay

The set amount employees will pay for certain services.

9. Coinsurance

The percentage of the total cost for certain services that an employee will pay after meeting the deductible up to the out-of-pocket maximum.

Platinum HMO Plans

AMOUNTS PER ACCUMULATION PERIOD	Platinum HMO 0/10/250		Platinum HMO 0/10/500	
	Individual	Family	Individual	Family
Medical Deductible ¹	\$0	\$0	\$0	\$0
Prescription Drug Deductible ¹	\$0	\$0	\$0	\$0
Out-of-Pocket Maximum ¹	\$2,000	\$4,000	\$3,500	\$7,000
COVERED BENEFITS	Subject to Deductible	MEMBER PAYS	Subject to Deductible	MEMBER PAYS
In Office Services				
Primary Care Office Visits		\$10 / visit		\$10 / visit
Urgent Care Visits		\$10 / visit		\$10 / visit
Specialist Office Visits		\$20 / visit		\$20 / visit
Preventive physical exams, immunizations, and related laboratory services ²		\$0		\$0
Prenatal and Postpartum Office Visit		No Charge		No Charge
Well-Baby and Well-Child Exams ²		\$0		\$0
Allergy Injections		\$20 / visit		\$20 / visit
Outpatient Physical, Occupational and Speech Therapy		\$10 / visit		\$10 / visit
Laboratory Tests and Services		\$20 / visit		\$20 / visit
Radiology Services (x-rays, diagnostic imaging)		\$40 / visit		\$40 / visit
Advanced Radiology (including but not limited to MRI, MRA, MRS, CT Scan, Pet, MUGA SPECT)		\$150 / procedure		\$150 / procedure
Outpatient Surgery (per procedure)		\$250 / procedure		\$300 / procedure
Emergency Services				
Emergency Room Visit (waived if admitted directly to hospital)		\$250 / visit		\$200 / visit
Emergency and Non-Emergency Medical Transportation		\$150 / trip		\$150 / trip
Prescription Drugs ⁶				
Tier 1: Most generic drugs and low-cost preferred brands 30-day supply (retail)/90-day supply (mail order)		\$5 / \$10		\$5 / \$10
Tier 2: Non-preferred generic and Preferred brand name drugs 30-day supply (retail)/90-day supply)		\$15 / \$30		\$15 / \$30
Tier 3: Non-preferred brand name drugs 30-day supply (retail)/90-day supply (mail order)		\$25 / \$50		\$25 / \$50
Tier 4: Specialty Items/Drugs 30-day supply (retail only)		20% coinsurance ⁵ (Up to \$250 per 30-day supply)		20% coinsurance ⁵ (Up to \$250 per 30-day supply)
Hospitalization				
Facility Fee		\$250 / admission		\$500 / admission
Physician/Surgeon Fees		No Charge		No Charge
Skilled nursing facility services (maximum 100 days per accumulation period)		\$250 / admission		\$250 / admission
Mental Health and Chemical Dependency				
Individual Office Visit		\$10 / visit		\$10 / visit
Inpatient Hospitalization		\$250 / admission		\$500 / admission
Other Benefits				
E-Visit Consultations ⁴		\$0 / visit		\$0 / visit
Teladoc Visit		\$10 / visit		\$10 / visit
Acupuncture/Chiropractic Office Visits (20 visit per year combined) ⁸		\$10 / visit		\$10 / visit
Durable Medical Equipment		10% coinsurance ⁵		10% coinsurance ⁵
Prosthetics and Orthotics		10% coinsurance ⁵		10% coinsurance ⁵
Pediatric Eye Exam		No Charge		No Charge
Pediatric Optical (Eyewear)		1 pair per accumulation period		1 pair per accumulation period
Home Health Services (up to 2 hours per visit / up to 3 visits per day / maximum of 100 visits per accumulation period)		No Charge		No Charge
Hospice Care (Inpatient and Outpatient)		No Charge		No Charge

Platinum HMO Plans

AMOUNTS PER ACCUMULATION PERIOD	Platinum HMO 0/25		Platinum 90 HMO 0/20	
	Individual	Family	Individual	Family
Medical Deductible ¹	\$0	\$0	\$0	\$0
Prescription Drug Deductible ¹	\$0	\$0	\$0	\$0
Out-of-Pocket Maximum ¹	\$2,500	\$5,000	\$4,500	\$9,000
COVERED BENEFITS	Subject to Deductible	MEMBER PAYS	Subject to Deductible	MEMBER PAYS
In Office Services				
Primary Care Office Visits		\$25 / visit		\$20 / visit
Urgent Care Visits		\$25 / visit		\$20 / visit
Specialist Office Visits		\$50 / visit		\$30 / visit
Preventive physical exams, immunizations, and related laboratory services ²		\$0		\$0
Prenatal and Postpartum Office Visit		No Charge		No Charge
Well-Baby and Well-Child Exams ²		\$0		\$0
Allergy Injections		\$50 / visit		\$30 / visit
Outpatient Physical, Occupational and Speech Therapy		\$25 / visit		\$20 / visit
Laboratory Tests and Services		\$20 / visit		\$20 / visit
Radiology Services (x-rays, diagnostic imaging)		\$75 / visit		\$30 / visit
Advanced Radiology (including but not limited to MRI, MRA, MRS, CT Scan, Pet, MUGA SPECT)		\$200 / procedure		\$100 / procedure
Outpatient Surgery (per procedure)		\$400 / procedure		\$100 / procedure
Emergency Services				
Emergency Room Visit (waived if admitted directly to hospital)		\$250 / visit		\$150 / visit
Emergency and Non-Emergency Medical Transportation		\$150 / trip		\$150 / trip
Prescription Drugs ⁶				
Tier 1: Most generic drugs and low-cost preferred brands 30-day supply (retail)/90-day supply (mail order)		\$5 / \$10		\$5 / \$10
Tier 2: Non-preferred generic and Preferred brand name drugs 30-day supply (retail)/90-day supply)		\$15 / \$30		\$20 / \$40
Tier 3: Non-preferred brand name drugs 30-day supply (retail)/90-day supply (mail order)		\$25 / \$50		\$30 / \$60
Tier 4: Specialty Items/Drugs 30-day supply (retail only)		20% coinsurance ⁵ (Up to \$250 per 30-day supply)		10% coinsurance ⁵ (Up to \$250 per 30-day supply)
Hospitalization				
Facility Fee		\$500 / admission		\$250/day (Up to 5 days)
Physician/Surgeon Fees		No Charge		No Charge
Skilled nursing facility services (maximum 100 days per accumulation period)		\$500 / admission		\$150/day (Up to 5 days)
Mental Health and Chemical Dependency				
Individual Office Visit		\$25 / visit		\$20 / visit
Inpatient Hospitalization		\$500 / admission		\$250/day (Up to 5 days)
Other Benefits				
E-Visit Consultations ⁴		\$0 / visit		\$0 / visit
Teladoc Visit		\$10 / visit		\$0 / visit
Acupuncture/Chiropractic Office Visits (20 visit per year combined) ⁸		\$25 / visit		\$20 / visit Acupuncture only
Durable Medical Equipment		20% coinsurance ⁵		10% coinsurance ⁵
Prosthetics and Orthotics		20% coinsurance ⁵		10% coinsurance ⁵
Pediatric Eye Exam		No Charge		No Charge
Pediatric Optical (Eyewear)		1 pair per accumulation period		1 pair per accumulation period
Home Health Services (up to 2 hours per visit / up to 3 visits per day / maximum of 100 visits per accumulation period)		No Charge		\$20 / visit
Hospice Care (Inpatient and Outpatient)		No Charge		No Charge

Gold HMO Plans

AMOUNTS PER ACCUMULATION PERIOD	Gold 80 HMO 250/35		Gold 80 HMO 500/35	
	Individual	Family	Individual	Family
Medical Deductible ¹	\$250	\$500	\$500	\$1,000
Prescription Drug Deductible ¹	\$0	\$0	\$0	\$0
Out-of-Pocket Maximum ¹	\$7,800	\$15,600	\$7,000	\$14,000
COVERED BENEFITS	Subject to Deductible	MEMBER PAYS	Subject to Deductible	MEMBER PAYS
In Office Services				
Primary Care Office Visits		\$35 / visit		\$35 / visit
Urgent Care Visits		\$35 / visit		\$35 / visit
Specialist Office Visits		\$55 / visit		\$75 / visit
Preventive physical exams, immunizations, and related laboratory services ²		\$0		\$0
Prenatal and Postpartum Office Visit		No Charge		No Charge
Well-Baby and Well-Child Exams ²		\$0		\$0
Allergy Injections		\$55 / visit		\$75 / visit
Outpatient Physical, Occupational and Speech Therapy		\$35 / visit		\$35 / visit
Laboratory Tests and Services		\$35 / visit		\$75 / visit
Radiology Services (x-rays, diagnostic imaging)		\$55 / visit		\$100 / visit
Advanced Radiology (including but not limited to MRI, MRA, MRS, CT Scan, Pet, MUGA SPECT)	X	\$250 / procedure	X	\$200 / procedure
Outpatient Surgery (per procedure)	X	\$300 / procedure	X	\$600 / procedure
Emergency Services				
Emergency Room Visit (waived if admitted directly to hospital)	X	\$250 / visit	X	\$200 / visit
Emergency and Non-Emergency Medical Transportation	X	\$250 / trip	X	\$250 / trip
Prescription Drugs ⁶				
Tier 1: Most generic drugs and low-cost preferred brands 30-day supply (retail)/90-day supply (mail order)		\$15 / \$30		\$20 / \$40
Tier 2: Non-preferred generic and Preferred brand name drugs 30-day supply (retail)/90-day supply)		\$40 / \$80		\$50 / \$100
Tier 3: Non-preferred brand name drugs 30-day supply (retail)/90-day supply (mail order)		\$70 / \$140		\$80 / \$160
Tier 4: Specialty Items/Drugs 30-day supply (retail only)		20% coinsurance ⁵ (Up to \$250 per 30-day supply)		20% coinsurance ⁵ (Up to \$250 per 30-day supply)
Hospitalization				
Facility Fee	X	\$600/day (Up to 5 days)	X	\$1,500 / admission
Physician/Surgeon Fees		No Charge		No Charge
Skilled nursing facility services (maximum 100 days per accumulation period)	X	\$300/day (Up to 5 days)	X	\$175 / admission
Mental Health and Chemical Dependency				
Individual Office Visit		\$35 / visit		\$35 / visit
Inpatient Hospitalization	X	\$600/day (Up to 5 days)	X	\$1,500 / admission
Other Benefits				
E-Visit Consultations ⁴		\$0 / visit		\$0 / visit
Teladoc Visit		\$0 / visit		\$10 / visit
Acupuncture/Chiropractic Office Visits (20 visit per year combined) ⁸		\$35 / visit Acupuncture only		\$35 / visit
Durable Medical Equipment		20% coinsurance ⁵		20% coinsurance ⁵
Prosthetics and Orthotics		20% coinsurance ⁵		20% coinsurance ⁵
Pediatric Eye Exam		No Charge		No Charge
Pediatric Optical (Eyewear)		1 pair per accumulation period		1 pair per accumulation period
Home Health Services (up to 2 hours per visit / up to 3 visits per day / maximum of 100 visits per accumulation period)		\$30 / visit		\$35 / visit
Hospice Care (Inpatient and Outpatient)		No Charge		No Charge

Gold HMO Plans

AMOUNTS PER ACCUMULATION PERIOD	Gold 80 HMO 750/30		Gold 80 HMO 1000/35	
	Individual	Family	Individual	Family
Medical Deductible ¹	\$750	\$1,500	\$1,000	\$2,000
Prescription Drug Deductible ¹	\$0	\$0	\$0	\$0
Out-of-Pocket Maximum ¹	\$6,500	\$13,000	\$6,800	\$13,600
COVERED BENEFITS	Subject to Deductible	MEMBER PAYS	Subject to Deductible	MEMBER PAYS
In Office Services				
Primary Care Office Visits		\$30 / visit		\$35 / visit
Urgent Care Visits		\$30 / visit		\$35 / visit
Specialist Office Visits		\$60 / visit		\$50 / visit
Preventive physical exams, immunizations, and related laboratory services ²		\$0		\$0
Prenatal and Postpartum Office Visit		No Charge		No Charge
Well-Baby and Well-Child Exams ²		\$0		\$0
Allergy Injections		\$60 / visit		\$50 / visit
Outpatient Physical, Occupational and Speech Therapy		\$30 / visit		\$35 / visit
Laboratory Tests and Services		\$40 / visit		\$35 / visit
Radiology Services (x-rays, diagnostic imaging)		\$100 / visit		\$35 / visit
Advanced Radiology (including but not limited to MRI, MRA, MRS, CT Scan, Pet, MUGA SPECT)	X	\$300 / procedure	X	\$200 / procedure
Outpatient Surgery (per procedure)	X	\$600 / procedure	X	\$500 / procedure
Emergency Services				
Emergency Room Visit (waived if admitted directly to hospital)	X	\$400 / visit	X	\$250 / visit
Emergency and Non-Emergency Medical Transportation	X	\$250 / trip	X	\$250 / trip
Prescription Drugs ⁶				
Tier 1: Most generic drugs and low-cost preferred brands 30-day supply (retail)/90-day supply (mail order)		\$10 / \$20		\$5 / \$10
Tier 2: Non-preferred generic and Preferred brand name drugs 30-day supply (retail)/90-day supply)		\$45 / \$90		\$25 / \$50
Tier 3: Non-preferred brand name drugs 30-day supply (retail)/90-day supply (mail order)		\$75 / \$150		\$50 / \$100
Tier 4: Specialty Items/Drugs 30-day supply (retail only)		20% coinsurance ⁵ (Up to \$250 per 30-day supply)		20% coinsurance ⁵ (Up to \$250 per 30-day supply)
Hospitalization				
Facility Fee	X	\$600/day (Up to 5 days)	X	\$600/day (Up to 5 days)
Physician/Surgeon Fees		No Charge		No Charge
Skilled nursing facility services (maximum 100 days per accumulation period)	X	\$300/day (Up to 5 days)	X	\$250/day (Up to 5 days)
Mental Health and Chemical Dependency				
Individual Office Visit		\$30 / visit		\$35 / visit
Inpatient Hospitalization	X	\$600/day (Up to 5 days)	X	\$600/day (Up to 5 days)
Other Benefits				
E-Visit Consultations ⁴		\$0 / visit		\$0 / visit
Teladoc Visit		\$10 / visit		\$10 / visit
Acupuncture/Chiropractic Office Visits (20 visit per year combined) ⁸		\$30 / visit		\$35 / visit
Durable Medical Equipment		20% coinsurance ⁵		20% coinsurance ⁵
Prosthetics and Orthotics		20% coinsurance ⁵		20% coinsurance ⁵
Pediatric Eye Exam		No Charge		No Charge
Pediatric Optical (Eyewear)		1 pair per accumulation period		1 pair per accumulation period
Home Health Services (up to 2 hours per visit / up to 3 visits per day / maximum of 100 visits per accumulation period)		No Charge		\$35 / visit
Hospice Care (Inpatient and Outpatient)		No Charge		No Charge

HRA Plans

AMOUNTS PER ACCUMULATION PERIOD	Gold 80 HMO HRA 2150/35		Silver 70 HMO HRA 2250/50	
	Individual	Family	Individual	Family
Medical Deductible ¹	\$2,150	\$4,300	\$2,250	\$4,500
Prescription Drug Deductible ¹	\$0	\$0	\$300	\$600
Out-of-Pocket Maximum ¹	\$7,550	\$15,100	\$7,800	\$15,600
COVERED BENEFITS	Subject to Deductible	MEMBER PAYS	Subject to Deductible	MEMBER PAYS
In Office Services				
Primary Care Office Visits		\$35 / visit		\$50 / visit
Urgent Care Visits		\$35 / visit		\$50 / visit
Specialist Office Visits		\$50 / visit		\$85 / visit
Preventive physical exams, immunizations, and related laboratory services ²		\$0		\$0
Prenatal and Postpartum Office Visit		No Charge		No Charge
Well-Baby and Well-Child Exams ²		\$0		\$0
Allergy Injections		\$50 / visit		\$85 / visit
Outpatient Physical, Occupational and Speech Therapy	X	\$35 / visit		\$50 / visit
Laboratory Tests and Services	X	25% coinsurance ⁵		\$40 / visit
Radiology Services (x-rays, diagnostic imaging)	X	25% coinsurance ⁵		\$85 / visit
Advanced Radiology (including but not limited to MRI, MRA, MRS, CT Scan, Pet, MUGA SPECT)	X	25% coinsurance ⁵		\$300 / procedure
Outpatient Surgery (per procedure)	X	25% coinsurance ⁵		20% coinsurance ⁵
Emergency Services				
Emergency Room Visit (waived if admitted directly to hospital)	X	25% coinsurance ⁵	X	\$400 / visit
Emergency and Non-Emergency Medical Transportation	X	25% coinsurance ⁵	X	\$250 / trip
Prescription Drugs ⁶				
Tier 1: Most generic drugs and low-cost preferred brands 30-day supply (retail)/90-day supply (mail order)		\$15 / \$30	X	\$17 / \$34
Tier 2: Non-preferred generic and Preferred brand name drugs 30-day supply (retail)/90-day supply)		\$30 / \$60	X	\$65 / \$130
Tier 3: Non-preferred brand name drugs 30-day supply (retail)/90-day supply (mail order)		\$45 / \$90	X	\$90 / \$180
Tier 4: Specialty Items/Drugs 30-day supply (retail only)		20% coinsurance ⁵ (Up to \$250 per 30-day supply)	X	20% coinsurance ⁵ (Up to \$250 per 30-day supply)
Hospitalization				
Facility Fee	X	25% coinsurance ⁵	X	20% coinsurance ⁵
Physician/Surgeon Fees	X	No Charge		20% coinsurance ⁵
Skilled nursing facility services (maximum 100 days per accumulation period)	X	25% coinsurance ⁵	X	20% coinsurance ⁵
Mental Health and Chemical Dependency				
Individual Office Visit		\$35 / visit		\$50 / visit
Inpatient Hospitalization	X	25% coinsurance ⁵	X	20% coinsurance ⁵
Other Benefits				
E-Visit Consultations ⁴		\$0 / visit		\$0 / visit
Teladoc Visit		\$10 / visit		\$10 / visit
Acupuncture/Chiropractic Office Visits (20 visit per year combined) ⁸		\$35 / visit		\$50 / visit
Durable Medical Equipment		50% coinsurance ⁵		20% coinsurance ⁵
Prosthetics and Orthotics		50% coinsurance ⁵		20% coinsurance ⁵
Pediatric Eye Exam		No Charge		No Charge
Pediatric Optical (Eyewear)		1 pair per accumulation period		1 pair per accumulation period
Home Health Services (up to 2 hours per visit / up to 3 visits per day / maximum of 100 visits per accumulation period)		No Charge		\$45 / visit
Hospice Care (Inpatient and Outpatient)		No Charge		No Charge

Silver HMO Plans

AMOUNTS PER ACCUMULATION PERIOD	Silver 70 HMO 2250/50		Silver 70 HDHP HMO 2500/20	
	Individual	Family	Individual	Family
Medical Deductible ¹	\$2,250	\$4,500	\$2,500	\$5,000
Prescription Drug Deductible ¹	\$300	\$600	\$0	\$0
Out-of-Pocket Maximum ¹	\$7,800	\$15,600	\$6,850	\$13,700
COVERED BENEFITS	Subject to Deductible	MEMBER PAYS	Subject to Deductible	MEMBER PAYS
In Office Services				
Primary Care Office Visits		\$50 / visit	X	20% coinsurance ⁵
Urgent Care Visits		\$50 / visit	X	20% coinsurance ⁵
Specialist Office Visits		\$85 / visit	X	20% coinsurance ⁵
Preventive physical exams, immunizations, and related laboratory services ²		\$0		\$0
Prenatal and Postpartum Office Visit		No Charge		No Charge
Well-Baby and Well-Child Exams ²		\$0		\$0
Allergy Injections		\$85 / visit	X	20% coinsurance ⁵
Outpatient Physical, Occupational and Speech Therapy		\$50 / visit	X	20% coinsurance ⁵
Laboratory Tests and Services		\$40 / visit	X	20% coinsurance ⁵
Radiology Services (x-rays, diagnostic imaging)		\$85 / visit	X	20% coinsurance ⁵
Advanced Radiology (including but not limited to MRI, MRA, MRS, CT Scan, Pet, MUGA SPECT)		\$300 / procedure	X	20% coinsurance ⁵
Outpatient Surgery (per procedure)		20% coinsurance ⁵	X	20% coinsurance ⁵
Emergency Services				
Emergency Room Visit (waived if admitted directly to hospital)	X	\$400 / visit	X	20% coinsurance ⁵
Emergency and Non-Emergency Medical Transportation	X	\$250 / trip	X	20% coinsurance ⁵
Prescription Drugs ⁶				
Tier 1: Most generic drugs and low-cost preferred brands 30-day supply (retail)/90-day supply (mail order)	X	\$17 / \$34	X	20% coinsurance ⁵ (Up to \$250)
Tier 2: Non-preferred generic and Preferred brand name drugs 30-day supply (retail)/90-day supply)	X	\$65 / \$130	X	20% coinsurance ⁵ (Up to \$250)
Tier 3: Non-preferred brand name drugs 30-day supply (retail)/90-day supply (mail order)	X	\$90 / \$180	X	20% coinsurance ⁵ (Up to \$250)
Tier 4: Specialty Items/Drugs 30-day supply (retail only)	X	20% coinsurance ⁵ (Up to \$250 per 30-day supply)	X	20% coinsurance ⁵ (Up to \$250 per 30-day supply)
Hospitalization				
Facility Fee	X	20% coinsurance ⁵	X	20% coinsurance ⁵
Physician/Surgeon Fees		20% coinsurance ⁵	X	20% coinsurance ⁵
Skilled nursing facility services (maximum 100 days per accumulation period)	X	20% coinsurance ⁵	X	20% coinsurance ⁵
Mental Health and Chemical Dependency				
Individual Office Visit		\$50 / visit	X	20% coinsurance ⁵
Inpatient Hospitalization	X	20% coinsurance ⁵	X	20% coinsurance ⁵
Other Benefits				
E-Visit Consultations ⁴		\$0 / visit	X	No Charge
Teladoc Visit		\$10 / visit	X	No Charge
Acupuncture/Chiropractic Office Visits (20 visit per year combined) ⁸		\$50 / visit	X	20% coinsurance ⁵ Acupuncture only
Durable Medical Equipment		20% coinsurance ⁵	X	20% coinsurance ⁵
Prosthetics and Orthotics		20% coinsurance ⁵	X	20% coinsurance ⁵
Pediatric Eye Exam		No Charge		No Charge
Pediatric Optical (Eyewear)		1 pair per accumulation period		1 pair per accumulation period
Home Health Services (up to 2 hours per visit / up to 3 visits per day / maximum of 100 visits per accumulation period)		\$45 / visit	X	20% coinsurance ⁵
Hospice Care (Inpatient and Outpatient)		No Charge	X	No Charge

Bronze HMO Plans

AMOUNTS PER ACCUMULATION PERIOD	Bronze 60 HDHP HMO 7000/0		Bronze 60 HMO 6300/65	
	Individual	Family	Individual	Family
Medical Deductible ¹	\$7,000	\$14,000	\$6,300	\$12,600
Prescription Drug Deductible ¹	\$0	\$0	\$500	\$1,000
Out-of-Pocket Maximum ¹	\$7,000	\$14,000	\$8,150	\$16,300
COVERED BENEFITS	Subject to Deductible	MEMBER PAYS	Subject to Deductible	MEMBER PAYS
In Office Services				
Primary Care Office Visits	X	No Charge	X	\$65 / visit *
Urgent Care Visits	X	No Charge	X	\$65 / visit *
Specialist Office Visits	X	No Charge	X	\$95 / visit *
Preventive physical exams, immunizations, and related laboratory services ²		\$0		\$0
Prenatal and Postpartum Office Visit		No Charge		No Charge
Well-Baby and Well-Child Exams ²		\$0		\$0
Allergy Injections	X	No Charge	X	\$95 / visit
Outpatient Physical, Occupational and Speech Therapy	X	No Charge		\$65 / visit
Laboratory Tests and Services	X	No Charge		\$40 / visit
Radiology Services (x-rays, diagnostic imaging)	X	No Charge	X	40% coinsurance ⁵
Advanced Radiology (including but not limited to MRI, MRA, MRS, CT Scan, Pet, MUGA SPECT)	X	No Charge	X	40% coinsurance ⁵
Outpatient Surgery (per procedure)	X	No Charge	X	40% coinsurance ⁵
Emergency Services				
Emergency Room Visit (waived if admitted directly to hospital)	X	No Charge	X	40% coinsurance ⁵
Emergency and Non-Emergency Medical Transportation	X	No Charge	X	40% coinsurance ⁵
Prescription Drugs ⁶				
Tier 1: Most generic drugs and low-cost preferred brands 30-day supply (retail)/90-day supply (mail order)	X	No Charge	X	\$18 / \$36
Tier 2: Non-preferred generic and Preferred brand name drugs 30-day supply (retail)/90-day supply	X	No Charge	X	40% coinsurance ⁵ (Up to \$500)
Tier 3: Non-preferred brand name drugs 30-day supply (retail)/90-day supply (mail order)	X	No Charge	X	40% coinsurance ⁵ (Up to \$500)
Tier 4: Specialty Items/Drugs 30-day supply (retail only)	X	No Charge	X	40% coinsurance ⁵ (Up to \$500 per 30-day supply)
Hospitalization				
Facility Fee	X	No Charge	X	40% coinsurance ⁵
Physician/Surgeon Fees	X	No Charge	X	40% coinsurance ⁵
Skilled nursing facility services (maximum 100 days per accumulation period)	X	No Charge	X	40% coinsurance ⁵
Mental Health and Chemical Dependency				
Individual Office Visit	X	No Charge	X	\$65 / visit *
Inpatient Hospitalization	X	No Charge	X	40% coinsurance ⁵
Other Benefits				
E-Visit Consultations ⁴	X	\$0 / visit	X	\$0 / visit *
Teladoc Visit	X	\$0 / visit	X	\$10 / visit *
Acupuncture/Chiropractic Office Visits (20 visit per year combined) ⁸	X	\$0 / visit Acupuncture only	X	\$65 / visit *
Durable Medical Equipment	X	No Charge	X	40% coinsurance ⁵
Prosthetics and Orthotics	X	No Charge	X	40% coinsurance ⁵
Pediatric Eye Exam		No Charge		No Charge
Pediatric Optical (Eyewear)		1 pair per accumulation period		1 pair per accumulation period
Home Health Services (up to 2 hours per visit / up to 3 visits per day / maximum of 100 visits per accumulation period)	X	No Charge	X	40% coinsurance ⁵
Hospice Care (Inpatient and Outpatient)	X	No Charge		No Charge

* Deductible waived for the 1st three non-preventive visits

Footnotes for all Medical Plans

Cost-share amounts for in-network services accumulate toward the out-of-pocket maximum.

Preventive services are available at no cost share except for services from non-participating providers. For a complete list of preventive services, please refer to the *Evidence of Coverage*, or communitycarehealth.org.

CCH plans do not include any limitations or restrictions for pre-existing conditions.

- In a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out-of-pocket maximum amount. Cost sharing payments (deductibles, copayments and coinsurance, but not premiums) made by each individual in a family contribute to the family deductible and out-of-pocket maximums. The family deductible may be satisfied by a combination of individual deductible payments, after which member copays or coinsurance apply until the family out-of-pocket maximum is reached. Once the family out-of-pocket maximum is reached, the plan pays all costs for covered services for all family members. Cost sharing payments for all in-network services accumulate toward the deductible, if deductible applies to that service, and the out-of-pocket maximum.
- Includes preventive services with a rating of A or B from the US Preventive Services Task Force; immunizations for children, adolescents and adults recommended by the Centers for Disease Control; and preventive care and screenings supported by the Health Resources and Services Administration for infants, children, adolescents and women. If preventive care is received at the time of other services, the applicable copayment for such services other than preventive care may apply.
- Other Practitioner Office Visits includes office visits not provided by Primary Care Physicians or Specialty Physicians, and office visits not specified in another benefit category.
- E-visits with local providers are available to patients of select Community Medical Providers primary care physicians who are currently part of the program.
- Of contracted rates
- Member cost share will not exceed \$250 per individual prescription of up to a 30-day supply of a covered oral anti-cancer drug. 90-day supply cost share applies to maintenance medications filled by mail order only.
- Other outpatient services include, but are not limited to: mental health psychological testing; mental health outpatient monitoring of drug therapy; substance use disorder treatment for withdrawal; day treatment such as partial hospitalization and intensive outpatient program; outpatient behavioral health treatment for pervasive developmental disorder and autism delivered at home; and other outpatient intermediate services that fall between inpatient care and regular outpatient office visits.
- The annual visit limitation shall not apply to acupuncture visits that are for the treatment of nausea or as part of a comprehensive pain management program for the treatment of chronic pain. Not all plans include chiropractic benefits.

Additional Notes:

- In order to be covered, most services require a referral from your PCP and many also require Prior Authorization by your PCP's medical group. Please consult the complete EOC for additional information on referral and Prior Authorization requirements.
- Upon request from a Member or prescriber, a pharmacist may, but is not required to dispense a partial fill of a prescription for an oral, solid dosage form of a Schedule II controlled substance in accordance with Section 4052.10 of the California Business and Professions Code. The Cost Sharing for a partial fill of a prescription will be prorated.
- All plans have an unlimited lifetime maximum benefit while insured.
- Plans do not include any pre-existing condition limitations.
- All plans cover essential health benefits, including child dental services, as defined by Affordable Care Act (ACA) regulations. Upon enrollment in the medical plan(s) you've chosen, employees and dependents will be enrolled in a separate child dental plan underwritten by Delta Dental of California.
- This booklet is a summary of available options and is for reference only. The Evidence of Coverage (EOC) contains a complete explanation of benefits, exclusions, and limitations. In the case of any discrepancy, the information in the EOC shall supersede this summary and govern any coverage determination.
- Summary of Benefits and Coverage (SBC) documents for all of our plans are available at <https://communitycarehealth.org>. These documents provide summary information about your health coverage options, helping you easily compare CCH to other vendor options.

Other Benefits

Vision Plans



CCH offers vision plan options through our partnership with MESVision. As one of the largest providers of vision coverage, MESVision gives you and your employees access to a broad and diverse network including:

- Independent Ophthalmologists (MD)
- Independent Optometrist (OD)
- Independent Opticians (OPT)
- Optical Chain Locations Including:
 - LensCrafters
 - Sears Optical
 - Wal-Mart
 - Sam's Club
 - Visionworks
 - Target Optical
 - Costco
 - Pearle Vision
 - And many more...

You can utilize any provider for both your examination and eyewear materials or you can receive your exam from one provider and your materials from another provider. Additionally, your benefit may be used with any frame or you can choose contact lenses in lieu of lenses and frames according to the plan benefit. Your plan will pay up to the plan allowance shown. If an out of network provider is used, employees may have to pay up front and submit the claim to MES for reimbursement up the allowances shown below. Additional plan options are available.

BENEFIT	Frequency		Frequency		Frequency	
Exams	Every 12 Months		Every 12 Months		Every 12 Months	
Frames	Every 24 Months		Every 12 Months		Every 12 Months	
Lenses	Every 24 Months		Every 24 Months		Every 12 Months	
COVERED BENEFITS	In Network Allowance	Out of Network Allowance	In Network Allowance	Out of Network Allowance	In Network Allowance	Out of Network Allowance
Exams	\$10 COPAY		\$10 COPAY		\$10 COPAY	
Ophthalmologic Exam	Covered	Up to \$40	Covered	Up to \$40	Covered	Up to \$40
Optometric Exam	Covered	Up to \$40	Covered	Up to \$40	Covered	Up to \$40
Materials	\$10 COPAY		\$20 COPAY		\$20 COPAY	
Frames*	Up to \$120	Up to \$40	Up to \$120	Up to \$40	Up to \$120	Up to \$40
Single Vision Lenses	Covered	Up to \$30	Covered	Up to \$30	Covered	Up to \$30
Bifocal Lenses	Covered	Up to \$50	Covered	Up to \$50	Covered	Up to \$50
Trifocal Lenses	Covered	Up to \$65	Covered	Up to \$65	Covered	Up to \$65
Polycarbonate Lenses	Up to \$85	Up to \$55	Up to \$85	Up to \$55	Up to \$85	Up to \$55
Standard Progressive Lenses	Covered	Up to \$65	Covered	Up to \$65	Covered	Up to \$65
Premium Progressive Lenses	Up to \$89.50	Up to \$65	Up to \$89.50	Up to \$65	Up to \$89.50	Up to \$65
Ultra Progressive Lenses	Up to \$89.50	Up to \$65	Up to \$89.50	Up to \$65	Up to \$89.50	Up to \$65
Aphakic Monofocal	Covered	Up to \$125	Covered	Up to \$125	Covered	Up to \$125
Aphakic Multifocal	Covered	Up to \$125	Covered	Up to \$125	Covered	Up to \$125
Contact Lenses*	\$10 COPAY		\$20 COPAY		\$20 COPAY	
One Pair Medically Necessary (evaluation, fitting, and materials)	Covered	Up to \$250	Covered	Up to \$250	Covered	Up to \$250
Cosmetic or Convenience* (evaluation, fitting, and materials)	Up to \$120	Up to \$120	Up to \$120	Up to \$120	Up to \$120	Up to \$120
Additional Savings						
Cosmetic Extras - tints, coatings, etc.	20% Discount		20% Discount		20% Discount	
Additional Pairs of Glasses and/or Contact Lenses	20% Discount		20% Discount		20% Discount	
Lasik	Available though LasikPlus® and QualSight® LASIK		Available though LasikPlus® and QualSight® LASIK		Available though LasikPlus® and QualSight® LASIK	

*Additional plan options are available with higher in-network frame and contact lens allowances of \$130 and \$150. Out of network reimbursement levels may vary by plan.

Health & Wellness Programs

CCH PARTNERS WITH WW (WEIGHT WATCHERS REIMAGINED)



A happier, healthier life starts here.

Community Care Health is committed to helping you and your family reach your wellness goals-to lose weight, eat healthier, move more, develop a more positive mindset, or all the above by **covering 50% of the cost** for the **WW (Weight Watchers® Reimagined)** offerings listed below. Join WW, and you'll get access to lots of exciting features, including exclusive mindset content through Headspace®, and incredible products and experiences through our rewards program, **WellnessWins™**.

WW welcomes everyone who seeks to be healthier, not just those who seek to manage their weight.

Choose the offering that's right for you. Offerings include the following features:	Digital	Digital + Workshop	WW for Diabetes
Easy-to-use app and website Track your food, activity, and weight any time with our Digital tools.	✓	✓	✓
Endless food options With our database of 4,000+ delicious recipes, you'll eat what you love and lose weight.	✓	✓	✓
Total support in real time Get help and answers from a WW Coach 24 hours a day, seven days a week in 24/7 Expert Chat.	✓	✓	✓
Connect with our WW community , day or night, for inspiration and motivation.	✓	✓	✓
Inspiration and connection Share your journey with a group of fellow members through weekly in-person Wellness Workshops (where available).		✓	✓
Food plan Tailored to individual needs			✓
Weekly emails Information on diabetes and weight-loss management			✓
Confidential and unlimited access to a Certified Diabetes Educator (CDE).			✓
Monthly Value	\$19.95	\$44.95	\$56.06
Community Care Health contribution per month	Over 50% of the cost		
Your price per month	\$8.05*	\$18.25**	\$19.11†

All Community Care Health members age 18 or older will be eligible to participate in WW offerings. Dependents age 17 or under will be eligible to participate in Kurbo by WW.

* **Digital offering:** Pay \$8.48 today for your first month. Plan automatically renews monthly thereafter at \$8.48 until you cancel or until your membership with CCH terminates

** **Digital+ Workshops offering:** Pay \$19.11 today for your first month. Plan automatically renews monthly thereafter at \$19.11 until you cancel or until your membership with CCH terminates. Available in participating areas only; may not be accepted for local workshops and/or Workshops in the workplace in all areas. Minimum enrollment and participation required to start and maintain Workshops in the workplace.

† **WW for Diabetes membership plan:** May be available to those who meet eligibility criteria, and participation requires a Digital+ Workshops membership plan, the availability of which will vary in accordance with company size and commitment. Further restrictions apply. The WW for Diabetes information and guidance provided by the CDE is not intended as a substitute for medical diagnosis or treatment; you should always consult your physician about any healthcare issues.

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Revised January 2021

Health & Wellness Programs

WW FOR DIABETES



WW for Diabetes*

This offer combines the science-backed WW program with confidential, unlimited, one-to-one email and phone support from a Certified Diabetes Educator (CDE).**

What's included as a member:

- Unlimited access to the award-winning WW app and WW's live Virtual Workshops
- A personalized food plan tailored to meet your needs and goals
- Materials and guidance to address weight loss & maintain healthy blood sugar levels.
- Weekly CDE emails to tailor Workshop topics to members with Type 2 Diabetes.

A moderate weight loss of **5%**, even for people who are significantly overweight, can have a positive impact on blood sugar.¹

Start your health and weight loss journey today!

To learn more or to sign up for WW, visit CommunityCareHealth.WW.com
CCH will cover over 50% of your WW membership costs!

Questions? Call WW at 866-204-2885.

* WW for Diabetes subscription: May be available to those who meet eligibility criteria, and participation requires a Digital + Workshops subscription, the availability of which will vary in accordance with company size and commitment. Further restrictions apply.
 **The WW for Diabetes information and guidance provided by the CDE is not intended as a substitute for medical diagnosis or treatment; you should always consult your physician about any healthcare issues.
 1 Klein S, Sheard EL, Pi-Sunyer X, et al. Weight management through lifestyle modification for the prevention and management of type 2 diabetes: rationale and strategies. Diabetes Care. 2004;27:2076-2073.
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Health & Wellness Programs

WW KURBO FOR KIDS & TEENS

Free to join for CCH members.

kurbo by WW



Helping kids and teens build healthy habits for life



Samantha, 16
lost 18 lbs*

Kurbo by WW (Weight Watchers® Reimagined) is the simple, proven program that helps **kids and teens** adopt good-for-you habits and reach a healthier weight.

* Results not typical. Weight loss and/or BMI reduction will vary by age, weight, and height.

Why kids and teens love Kurbo:

- They get to pick what they eat.**
All foods are allowed, just follow the traffic lights! The simple traffic light system labels foods as green, yellow, or red to guide kids and teens toward healthier options.
- They use their phones to track.**
The fun app keeps them on track so that parents don't have to play food cop. Videos and games encourage physical activity, and in-app meditations help kids and teens manage stress.
- They connect with a personal coach.**
Regular check-ins with a Kurbo-certified coach deliver all the tips and encouragement kids need to reach their goals and celebrate their success.



CCH dependents age 8-17 are eligible to participate in Kurbo by WW.

Free to join for CCH members.

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Peace of Mind Happens Here.



Right for You. Right for Your Family. Right Next Door.

45 River Park Place West, Suite 501
Fresno, CA 93720

(559) 779-9161

communitycarehealth.org