



Large Group Health Plan



Your Guide to Choosing the Best Plan for Your Employees

For effective dates:

January 1, 2023 through December 31, 2023

What's Inside

Who We Are	4
Remote Access to Care	
Teladoc	13
About Your Plan	
Your Medical Plan Options	14
Health Payment Accounts	15
Understanding Health Plans	16
Exclusive Provider Organization (EPO)	
NEW EPO Plans	17
Product Portfolio Summaries	
Large Group Product Portfolio	18
Other Benefits	
Dental Plans	20
Vision Plans	23
Health & Wellness Programs	
CCH Partners with Weight Watchers®	24
CCH Partners with Weight Watchers for Diabetics	24
Our Community Is Your Community	
Giving Back to the Community	26



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 health plans.



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 (Community Care Health) 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)



A Powerful Network for Comprehensive Care



2,500+
Primary Care Providers
and Specialists

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





LOCAL



CALIFORNIA



NATIONAL





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.



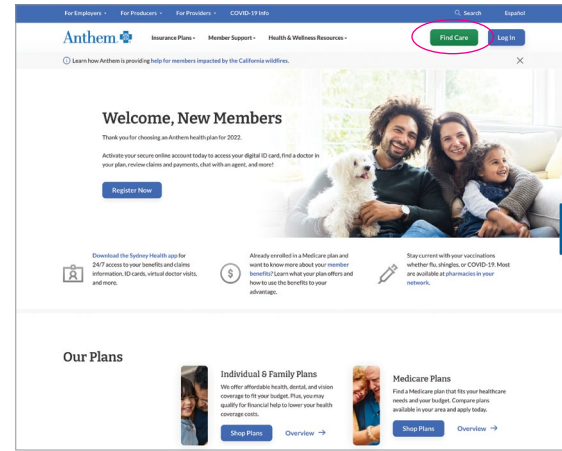
Covered Care Outside of the Area (Within California)

There will be situations where you will need access to medical care outside of the CCH Service Area. When you need to locate a provider in the State of California, outside of Fresno, Kings or Madera counties, follow the steps outlined below.

Finding a Provider

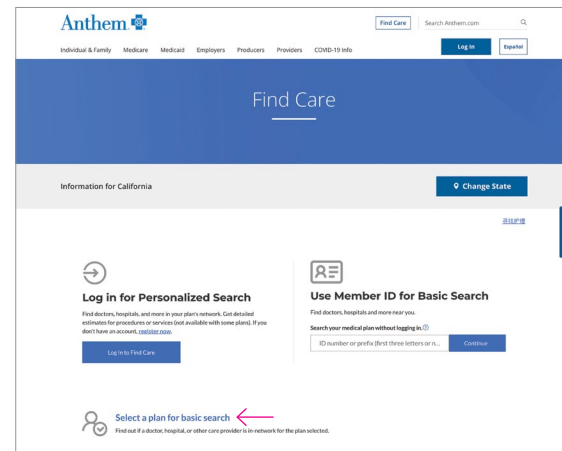
Go to <https://www.anthem.com/ca/>

To locate a provider, click on “Find Care” located at the top right of the page.

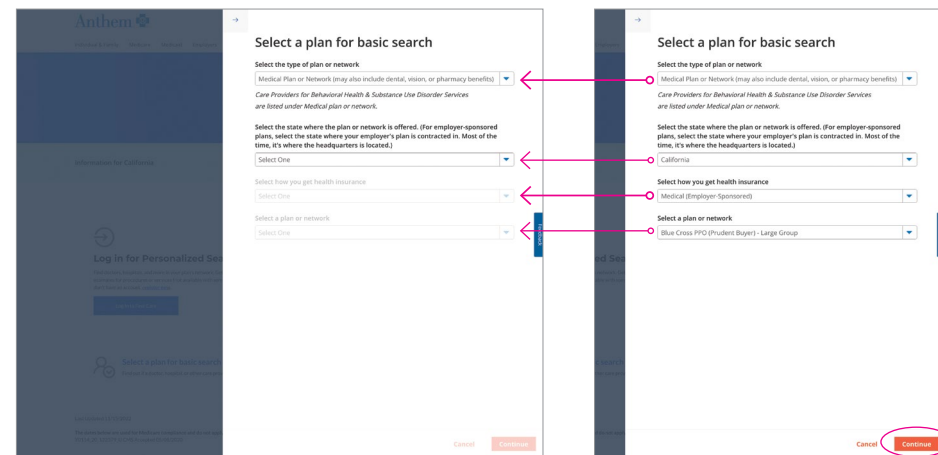


You have now been directed to the Find Care page.

Click on “Select a plan for basic search”



A slider will appear from the right side with (4) pulldowns

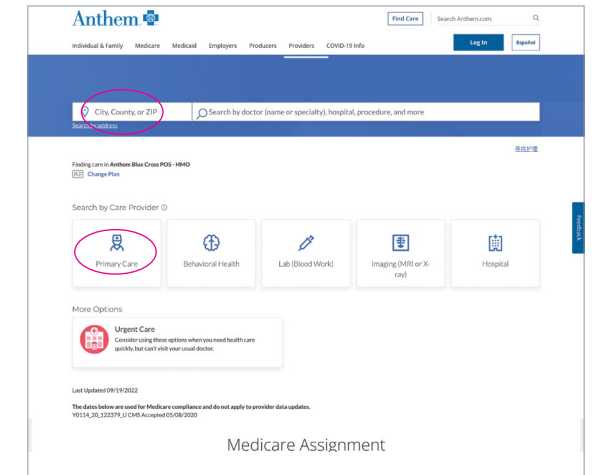


Please select the following and then click on “Continue”.

1. Medical Plan or Network
2. California
3. Medical (Employer-Sponsored)
4. Blue Cross PPO Prudent Buyer - (Large Group)

You are now in the search page

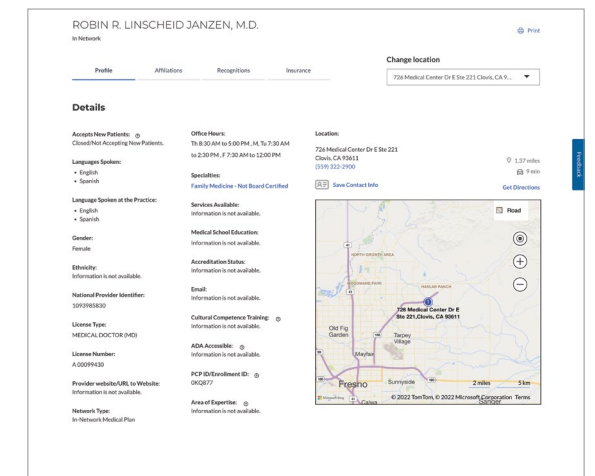
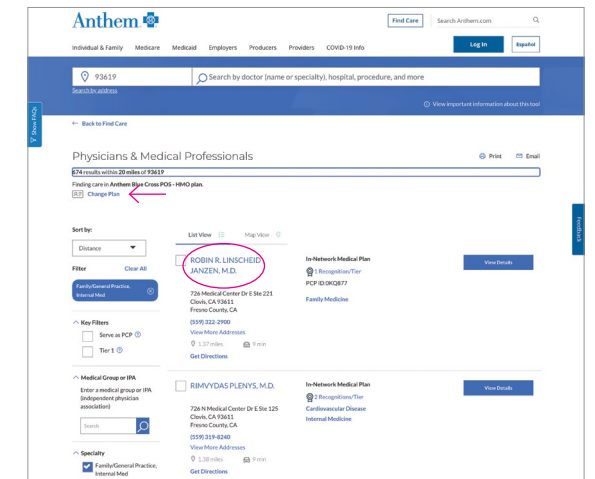
1. Enter in the City, County or Zip
2. Select the type of provider



Example of search result

Click on provider name for full detail

Click on “Change Plan” to start over



Covered Care Outside of the Area (Outside California)

CCH is pleased to introduce our members to a tool that will assist you in locating providers to meet your health care needs when you are outside the state of California. This guide will provide you with step by step instructions on how to locate a provider.

HealthSmart Provider Search Tool

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

Click on **Find a Provider** button.

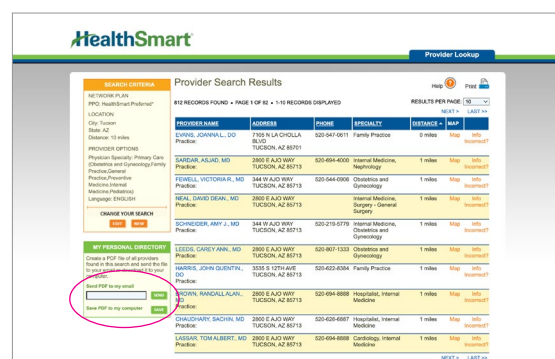
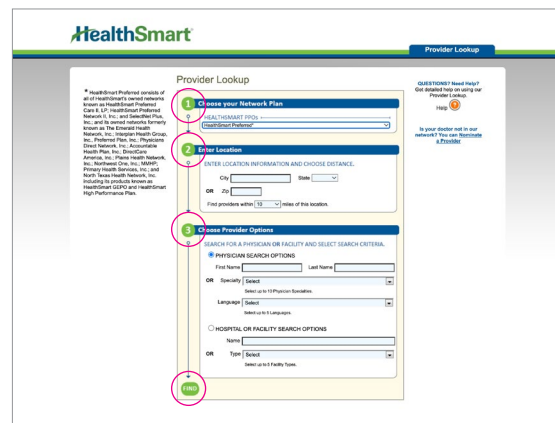
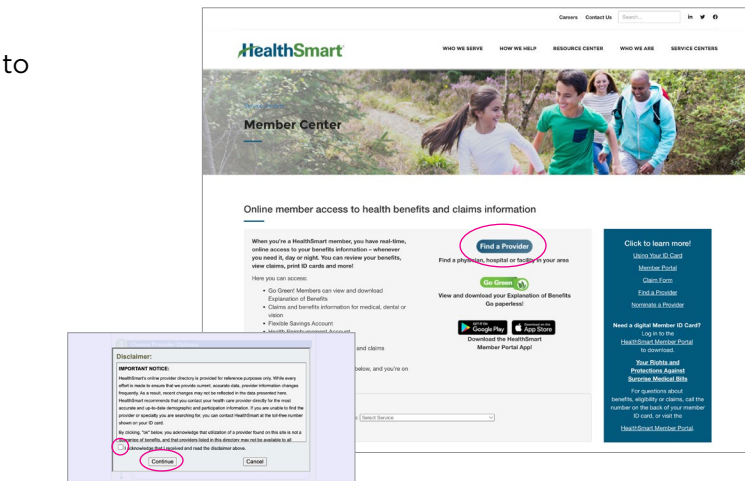
A **Disclaimer** popup will appear. Acknowledge the disclaimer by checking the box and click 'Continue'.

Choose Your Network Plan

For all states with the exception of Alabama, Colorado, Georgia, Idaho, Maryland, Massachusetts, New Hampshire, New Jersey, New York, North Carolina, Oregon, Pennsylvania, South Carolina, Tennessee and Utah select "HealthSmart Preferred".

Fill in the correct information in **Box 2** and **Box 3**, click **FIND** when complete.

Example of Search Results

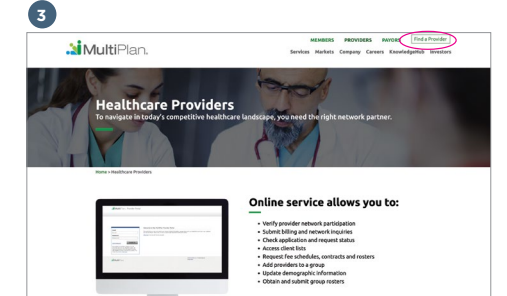
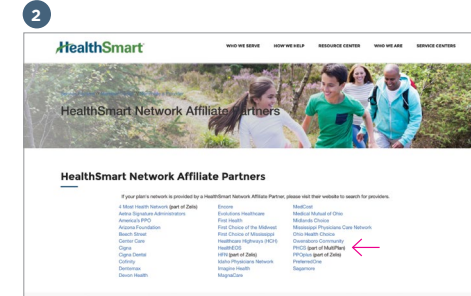
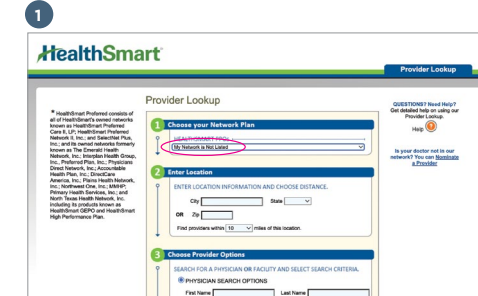


Option to save search to your computer or email it.

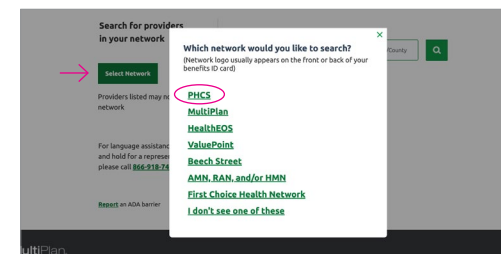
Covered Care Outside of the Area (Outside California)

For Alabama, Colorado, Georgia, Idaho, Maryland, Massachusetts, New Hampshire, New Jersey, New York, North Carolina, Oregon, Pennsylvania, South Carolina, Tennessee and Utah, go to <https://providerlookup.healthsmart.com>.

1. When selecting the Network, scroll down and select "My Network is Not Listed." You will automatically be taken to the 'HealthSmart Network Affiliated Partners' page.
2. Select 'PHCS (part of MultiPlan)'. 3. At the top of the screen, click on "Find a Provider".

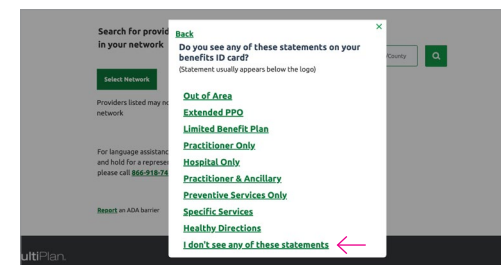


Click on "Select Network." A popup with network options will appear. Choose "PHCS" from the list.



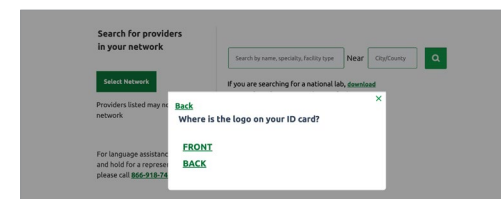
After selecting PHCS, popup #2 will appear. Do you see any of these statements on your benefits ID card?

Bypass it by selecting "I don't see any of these statements."



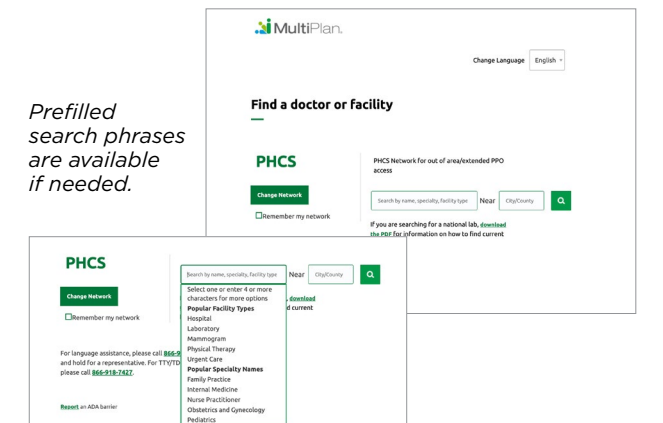
Popup #3 may appear: Where is the logo on your ID card?

Answer the question and be directed to the provider search page where you can search by name, specialty, facility type, NPI # or license #.

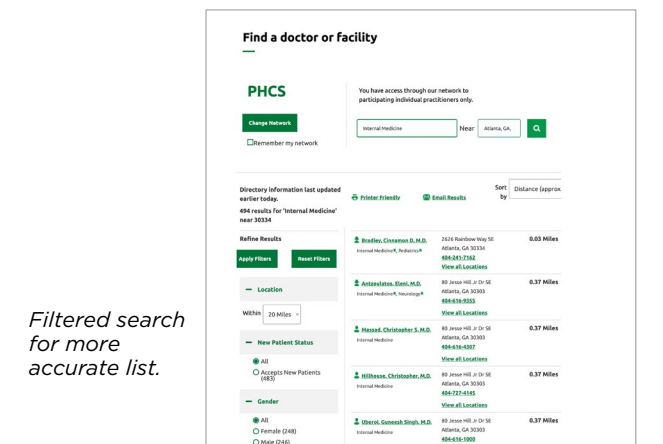


Provider Search Page

Fill in the correct information in the search boxes, click the Q icon when complete.

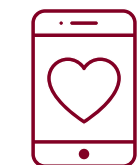
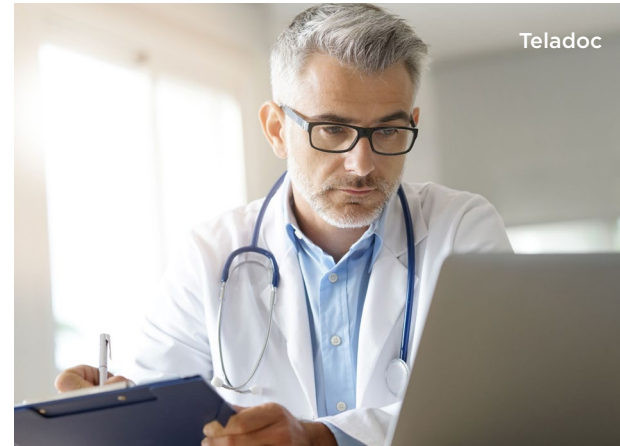
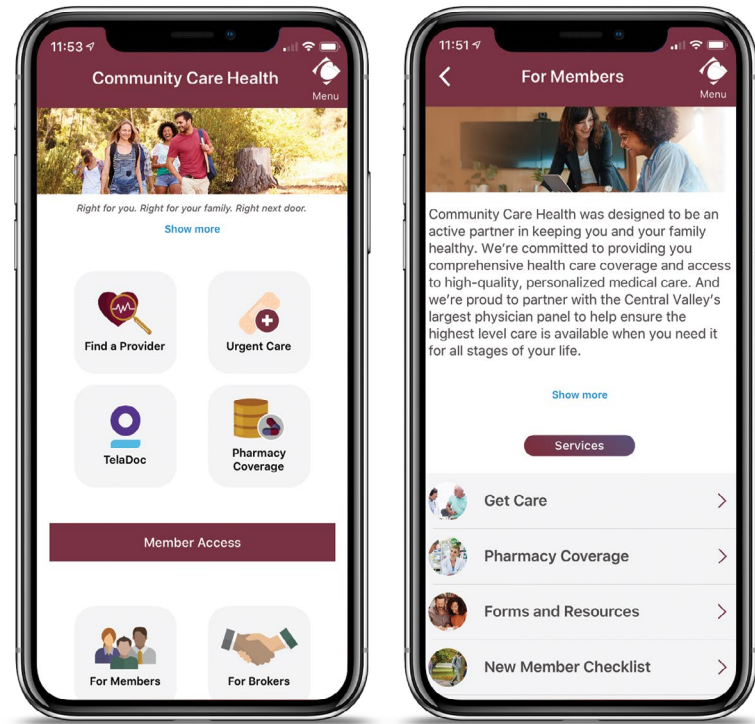


Example of Search Results



Filtered search for more accurate list.

Innovative Customer Tools



CCH Mobile App



CCH Member Portal



Teladoc



Pharmacy Benefit Portal



Online Chat (Coming Soon)



MyHealthMate powered by 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

SET UP YOUR ACCOUNT

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

Online:
Go to 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.



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!



Teladoc.com

1-800-Teladoc



MEMBER NOTICE

Before the start of your visit, Teladoc will ask you to agree to telehealth as an acceptable way to receive health care services.

You have a right to access Teladoc's records of your visit as required by California law.

Teladoc will share their records of your visit with your primary care physician, unless you object. If you object, please tell your Teladoc provider during your visit.

Services that you receive from Teladoc are available at in-network cost-sharing. Your out-of-pocket costs for services from Teladoc will be applied to your deductible or out-of-pocket maximum, if applicable.

Teladoc is not your only option. You may also receive these services on an in-person basis or via telehealth, if available, from your primary care physician, treating specialist, or from another participating provider. Those services will be provided according to the timeliness and geographic access standards required by California law.

If you are currently receiving telehealth services for a mental or behavioral health condition from a participating provider, you may continue to receive those services from that provider.

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Updated 4.22.2022

Your Medical Plan Options

CCH offers flexible health plan options. Our customizable plans feature 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.

NEW - Exclusive Provider Organization (EPO) Plans — Our EPO plans offer in-network coverage through our CCH network. Out-of-network services are covered for emergency and urgent care. CCH does not require the selection of PCP and referrals are not required to see specialists.

Copay HMO Plans — Our copay HMO plans feature first dollar benefits 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.

Deductible HMO Plans — Our deductible HMO plans offer a more affordable option with competitive benefits. PCP and Specialist office visits are not subject to the deductible and telehealth is also a first dollar benefit.

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](https://www.irs.gov/publications).

Infertility — All CCH plans offer infertility benefits as an optional benefit. 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 — Chiropractic and Acupuncture are included in all plans. 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.

*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.

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.

- **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 flexible health plan options. Our customizable plans feature 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:

- EPO:** An Exclusive Provider Organization (EPO) offers in-network coverage through our CCH network. Out-of-network services are covered for emergency and urgent care. CCH does not require the selection of PCP and referrals are not required to see specialists.
- 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 offer coverage in partnership with primary care physicians and specialists, urgent care centers, and hospitals. CCH offers a large network of local care in addition to access to care through the Anthem network in California, and HealthSmart PCHS outside of California.
- 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.
- 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.
- 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.
- 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.
- Referral:** Your PCP helps make the decision about whether specialist services are necessary for you. Our EPO plans do not require a referral to see a specialist. Under the HMO, members can self-refer Emergency and Urgent Care, Dermatology, Behavioral Health and Substance Abuse (Halcyon), Allergy, Chiropractic, and OBGYN services.
- Prior Authorization:** Prior Authorization is the process of evaluating medical services prior to the provision of services in order to determine Medical Necessity, appropriateness, and benefit coverage. Services requiring Prior Authorization should not be scheduled until a Provider receives approval from CCH. CCH reserves the right to deny payment for authorized services if it is determined that inaccurate information was provided to support the authorization request.
- 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.
- Preventive Care at No Charge:** Most preventive services are covered at no charge and are not subject to the deductible.
- Copay:** The set amount employees will pay for certain services.
- 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.

Exclusive Provider Organization (EPO)

New for 2023

CCH is excited to add our Exclusive Provider Organization (EPO) plan options for your health coverage solutions.

The EPO offers in-network coverage through our CCH network. Out-of-network services are covered for emergency and urgent care.

CCH does not require the selection of a PCP and referrals are not required to see specialists.

Please note that some specialist's offices may require referral before they will make an appointment.



	EPO	HMO
PCP Selection/Assignment Required		X
PCP Referral Required for Specialty Care		X
Access to CCH Participating Providers	X	X
Access to Community Health System and Other Participating Hospitals in the Area	X	X
Services Must be Medically Necessary/Authorized	X	X
Authorized Care Outside of the Area	X	X
All Emergency and Urgent Care Covered at In-Network Benefit Level	X	X

A Complete and Flexible Health Plan Portfolio

We make it easy to find the plan you need with a full range of EPO and HMO plans to High Deductible Health Plans (HDHPs). CCH offers options that allow you to tailor your benefit needs to your business needs, choosing what you feel is most important in your health plan.

The plans listed below are just a few of the options CCH offers. If you are interested in learning more, please contact (559) 776-7925.



LARGE GROUP PRODUCT PORTFOLIO

PLAN NAME	HMO & EPO																HSA Qualified			
	VINEYARD				ORCHARD				HARVEST				SUMMIT				GLACIER			
	Vineyard Plan A	Vineyard Plan B	Vineyard Plan C	Vineyard Plan D	Orchard Plan A	Orchard Plan B	Orchard Plan C	Orchard Plan D	Harvest Plan A	Harvest Plan B	Harvest Plan C	Harvest Plan D	Summit Plan A	Summit Plan B	Summit Plan C	Summit Plan D	Glacier Plan A	Glacier Plan B	Glacier Plan C	Glacier Plan D
Deductible	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000	\$6,000/\$12,000	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000
Out-of-Pocket Maximum	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000	\$3,000/\$6,000	\$2,000/\$4,000	\$2,500/\$5,000	\$2,500/\$5,000	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,500/\$13,000	\$5,000/\$10,000	\$5,500/\$11,000	\$6,000/\$12,000	\$6,100/\$12,200
Office Visit Copayment	\$10	\$15	\$20	\$20	\$20	\$25	\$20	\$25	\$30	\$25	\$25	\$30	\$30	\$35	\$35	\$30	\$20	\$25	\$25	\$10
Specialist Copayment	\$20	\$30	\$40	\$40	\$40	\$50	\$40	\$50	\$60	\$50	\$50	\$60	\$60	\$70	\$70	\$60	\$40	\$50	\$50	\$40
Inpatient Hospital	\$150	\$250	\$250	\$500	\$500	\$500	\$250	\$500	\$500	\$500	20%	20%	20%	30%	20%	20%	20%	20%	20%	20%
Outpatient Hospital	\$100	\$100	\$100	\$150	\$250	\$500	\$400	\$400	\$250	\$250	20%	20%	20%	30%	20%	20%	20%	20%	20%	20%
Emergency Room Visit	\$150	\$250	\$250	\$500	\$500	\$500	\$250	\$500	\$500	\$500	20%	20%	20%	30%	20%	20%	20%	20%	20%	20%
Prescription Drugs	\$5/15/30	\$5/15/30	\$5/15/30	\$5/15/30	\$10/20/40	\$10/20/40	\$10/20/40	\$10/20/40	\$10/25/50	\$10/25/50	\$10/25/50	\$10/25/50	\$15/30/60	\$15/30/60	\$15/30/60	\$15/30/60	\$15/30/60	\$15/30/60	\$15/30/60	\$15/30/60
Health and Wellness Programs*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wellness/Weight-Loss for Type 2 Diabetics*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

* Offered through WW (Weight Watchers®)

* All of our standard plan designs are Medicare Part D Creditable

* All plans can be customized and offered as either an HMO or EPO

Other Benefits

Dental Plans

As your full-service, health insurance provider, CCH is proud to offer members a number of dental plans through our partnership with Delta Dental. Featuring traditional and orthodontic coverage, this is yet another benefit available to ensure you receive comprehensive healthcare with Community Care Health.

Delta Dental PPO™

Save with PPO

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.

Set up an online account.

Get information about your plan anytime, anywhere by signing up for an online account at deltadentalins.com. This free service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or social security number. If your family members are covered under your plan, they will need your information. Prefer to take a paper or electronic ID card with you? Simply log in to your account, where you can view or print your card with the click of a button.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.⁴ You can find this date by logging in to your online account.

Newly covered?

Visit deltadentalins.com/welcome.

Save with a
PPO dentist



PPO



NON-PPO

¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

LEGAL NOTICES: Access federal and state legal notices related to your plan at deltadentalins.com/about/legal/index-enrollee.html.

Dental

Delta Dental Plan Options



	Program A		Program B		Program C	
DEDUCTIBLE	Does not apply to diagnostic, preventive, periodontal prophylaxes, oral hygiene instructions and nitrous oxide					
Per Patient/Calendar Year	\$50		\$50		\$50	
Per Family/Calendar Year	\$150		\$150		\$150	
BENEFIT MAXIMUM	Excludes Diagnostic & Preventive					
Per Patient/Calendar Year	\$1,500		\$1,500		\$1,500	
	Delta Dental PPO Dentist	Non-Delta Dental PPO Dentist	Delta Dental PPO Dentist	Non-Delta Dental PPO Dentist	Delta Dental PPO Dentist	Non-Delta Dental PPO Dentist
Diagnostic & Preventive	100%	100%	100%	100%	100%	100%
Basic Services	90%	80%	90%	80%	80%	80%
Endodontics	90%	80%	90%	80%	80%	80%
Periodontics	90%	80%	90%	80%	80%	80%
Oral Surgery	90%	80%	90%	80%	80%	80%
Major Services	60%	50%	60%	50%	50%	50%
Prosthodontics	60%	50%	60%	50%	50%	50%
Orthodontic - Child to Age 19	50%	50%	Not Covered		50%	50%
Orthodontics - Adult	50%	50%	Not Covered		50%	50%
Orthodontic Lifetime Maximum	\$1,500		N/A		\$1,500	
TMJ	Not Covered		Not Covered		Not Covered	

	Program D		Program E		Program F	
DEDUCTIBLE	Does not apply to diagnostic, preventive, periodontal prophylaxes, oral hygiene instructions and nitrous oxide					
Per Patient/Calendar Year	\$50		\$50		\$50	
Per Family/Calendar Year	\$150		\$150		\$150	
BENEFIT MAXIMUM	Excludes Diagnostic & Preventive					
Per Patient/Calendar Year	\$1,000		\$2,000		\$2,000	
	Delta Dental PPO Dentist	Non-Delta Dental PPO Dentist	Delta Dental PPO Dentist	Non-Delta Dental PPO Dentist	Delta Dental PPO Dentist	Non-Delta Dental PPO Dentist
Diagnostic & Preventive	100%	90%	100%	100%	100%	100%
Basic Services	80%	80%	90%	80%	80%	80%
Endodontics	80%	80%	90%	80%	80%	80%
Periodontics	80%	80%	90%	80%	80%	80%
Oral Surgery	80%	80%	90%	80%	80%	80%
Major Services	50%	50%	60%	50%	50%	50%
Prosthodontics	50%	50%	60%	50%	50%	50%
Orthodontic - Child to Age 19	Not Covered		50%	50%	Not Covered	
Orthodontics - Adult	Not Covered		50%	50%	Not Covered	
Orthodontic Lifetime Maximum	N/A		\$1,500		N/A	
TMJ	Not Covered		Not Covered		Not Covered	

Dental

Delta Dental Plan Options



	Program G		Program H	
DEDUCTIBLE	Does not apply to diagnostic, preventive, periodontal prophylaxes, oral hygiene instructions and nitrous oxide			
Per Patient/Calendar Year	\$50		\$50	
Per Family/Calendar Year	\$150		\$150	
BENEFIT MAXIMUM	Excludes Diagnostic & Preventive			
Per Patient/Calendar Year	\$2,500		\$2,500	
	Delta Dental PPO Dentist	Non-Delta Dental PPO Dentist	Delta Dental PPO Dentist	Non-Delta Dental PPO Dentist
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	90%	80%	80%	80%
Endodontics	90%	80%	80%	80%
Periodontics	90%	80%	80%	80%
Oral Surgery	90%	80%	80%	80%
Major Services	60%	50%	50%	50%
Prosthodontics	60%	50%	50%	50%
Orthodontic - Child to Age 19	50%	50%	50%	50%
Orthodontics - Adult	50%	50%	50%	50%
Orthodontic Lifetime Maximum	\$2,000		N/A	
TMJ	Not Covered		Not Covered	

	Program I		Program J	
DEDUCTIBLE	Does not apply to diagnostic, preventive, periodontal prophylaxes, oral hygiene instructions and nitrous oxide			
Per Patient/Calendar Year	\$50		\$50	
Per Family/Calendar Year	\$150		\$150	
BENEFIT MAXIMUM	Excludes Diagnostic & Preventive			
Per Patient/Calendar Year	\$3,000		\$5,000	
	Delta Dental PPO Dentist	Non-Delta Dental PPO Dentist	Delta Dental PPO Dentist	Non-Delta Dental PPO Dentist
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	90%	80%	100%	80%
Endodontics	90%	80%	100%	80%
Periodontics	90%	80%	100%	80%
Oral Surgery	90%	80%	100%	80%
Major Services	60%	50%	80%	50%
Prosthodontics	60%	50%	80%	50%
Orthodontic - Child to Age 19	50%	50%	50%	50%
Orthodontics - Adult	50%	50%	50%	50%
Orthodontic Lifetime Maximum	\$3,000		\$2,500	
TMJ	Not Covered		Not Covered	

Vision



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
 - Sam's Club
 - Costco
 - Sears Optical
 - Visionworks
 - Pearle Vision
 - Wal-Mart
 - Target Optical
 - 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 Weight Watchers

COMMUNITY CARE HEALTH

WeightWatchers

healthy habits, simplified

WW MEMBER ADAM Y. -70 LB[^]

WW MEMBER NIKKI M. -72 LB[^]

no quick fixes
Meet the program built on groundbreaking nutritional and behavior change research.

nutrition made simple
Get an eating plan for *your* body, 200 foods you don't need to track, and 12,000-plus recipes.

an award-winning app
Tap into innovative trackers, on-demand workouts, meditations, and more.

24/7 support
Find a sense of belonging and always-on support at in-person and virtual Workshops.

tailored diabetes support
Unlock guidance from a certified diabetes educator, an in-app blood sugar tracker, and diabetes-tailored resources.†

[^]People following the WW program can expect to lose 1–2 lb./wk.

Join today for as low as **\$9.75 per month** on select plans—
50% off the retail price!*

Learn more at CommunityCareHealth.WW.com.

Already a WeightWatchers member?

Sync your current account, or call WeightWatchers customer service at 866-204-2885.

*Savings reflect WW's Core membership for your organization's employees. Monthly payment required in advance. You'll be automatically charged each month in accordance with company pricing until you cancel. Pricing will adjust to the standard monthly rate when your employment with your organization terminates or the agreement between your employer and WW terminates.

†Reminder: WeightWatchers is not a replacement for medical care. Consult your doctor for any health concerns.

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Health & Wellness Programs

CCH with Weight Watchers for Diabetics

WeightWatchers | **COMMUNITY CARE HEALTH**

Live Well with Diabetes

If you have diabetes, you can manage it without starting from scratch. Our wellness partner, WeightWatchers®, has the support and tools you need to make living with diabetes a bit less complicated—and still full of joy.

WeightWatchers offers a **WW for Diabetes program** which offers all the benefits of WW, plus:

- ✓ Unlimited guidance from a Certified Diabetes Educator
- ✓ Personalized meal plan tailored to your individual lifestyle needs
- ✓ Weekly newsletter to help you apply Workshop topics to your diabetes program
- ✓ Content specific to weight loss and diabetes

Then **Now**

"WeightWatchers has done so much more than change the number on the scale. I feel like I've gotten my life back."
—WW MEMBER CHERIA M., LOST 53 POUNDS*

Join WeightWatchers through **Community Care Health** for **discounted pricing*** on select plans!

Visit CommunityCareHealth.WW.com to sign up.

*People following the WW program can expect to lose 1 to 2 pounds per week.

**"As low as" price reflects WW Digital plan for your organization's employees. Monthly payment required in advance. You'll be automatically charged each month in accordance with company pricing until you cancel, your employment with your organization terminates, or the agreement between your employer and WW terminates.

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Our Community Is Your Community

CCH is more than a health plan. As members of the very community we serve, we understand our responsibility to give back throughout the year. We are honored to work with these local organizations and events - and look forward to continuing and growing these efforts in the years to come.

Central Valley Food Bank

To help address food insecurity in the Central Valley, CCH employees regularly volunteer at local food banks. During the 2021 holiday season alone, we helped raise funds, package and deliver food and meals for more than 2,000 of our most-in-need neighbors.

Central California Blood Center

During this unprecedented time, the Central California Blood Center is proud to serve as a resource to our medical professionals in the fight against the novel coronavirus virus. CCH supports this mission and is actively working to increase plasma and blood donations from patients who have recovered from COVID-19. Through our Web Site, quarterly Health Matters newsletter, Mobile App and other communications media, we share this important message with thousands of members.

Catholic Charities

Giving is important throughout the year, and especially during the holiday season.

- For the last three years, CCH has worked with Catholic Charities to help organize its Annual Turkey Drive - a fundraising effort that this year alone provided more than 1,200 in-need families with a holiday meal box and turkey for the Thanksgiving holiday.
- CCH supported the efforts of the Adopt-A-Family program— providing gifts to a number of local families.

Fresno Area College Night

From 2019 to 2021 (via a virtual online event), CCH along with the Fresno County Superintendent of Schools, welcomed thousands of students to the Fresno Area College Night.

- **CCH has been a primary sponsor** for the last three years. The all-virtual event allowed for a safe, virus-free gathering and greater participation than ever before.
- More than 5,000 students were able to attend for free - many of whom will be the first generation in their families to attend college.
- With colleges and universities from around the nation, along with breakout sessions designed to answer college planning questions, the Fresno Area College Night is “one-stop-shopping” for all of their higher education needs.

Central California Women’s Conference

In 2022, The Central California Women’s Conference returned on September 20, 2022 after a two-year hiatus. Community Care Health, alongside Community Health System, were proud to be a presenting sponsor. The mission of the Central California Women’s Conference is to empower women in all stages of their lives. This conference serves to educate and facilitate idea-sharing about how to succeed personally and professionally in life while juggling the increasingly complex and diverse demands of family and community. In previous years, this event saw between 3,500-4,000 attendees, drawing in women from across the Central Valley and beyond.



Peace of Mind Happens Here.



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

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