

BENEFIT GUIDELINES

Section IV

I. INTRODUCTION

Community Health Plan offers benefit options to employers and individuals. Each has the opportunity to choose between various plans.

On the following pages, you will find a list of the PPO group product offerings (Select Choice; broad network; Quality Choice; limited network) and examples of the individual product (Advanced Choice) benefit summaries. Keep in mind that the benefit copayments, coinsurance and deductibles will vary by the benefits chosen.

	Community Health Plan Insurance Company (CHPIC) [All functions delegated to CHP via contract]		
	PPO - Group		PPO - Individual
Product	<u>Select Choice</u> – entire Par Provider network	<u>Quality Choice</u> – narrow Par Provider network [HRMC and St. Luke's]	Advanced Choice (2 offerings: Value and Value Plus)
Copayment / Coinsurance	Coinsurance / Deductible		Copayments/Coinsurance
Participating Or Non-Participating	Participating and Non-Participating benefits		Participating and Non- Participating benefits
Fully / Self Insured	Fully		Fully
Regulated by	State Department of Insurance		State Department of Insurance
Maximums	OOP maximum; lifetime maximum		OOP maximum; lifetime maximum
State Licensed	MO only		MO only
Purchased By	Employer		Individual

ADMINISTERED DRUGS, MEDICATIONS, BIOLOGICALS, AND FLUIDS

PPO Group Products

Select Choice (broad network); Quality Choice (limited network)

Administered drugs, medications (including injectable forms), biologicals and fluids are covered when ordered and administered by a provider and when they are considered medically necessary by Community Health Plan. The administration of these products will be subject to deductible and coinsurance.

Individual Products

Advanced Choice

Value Plan

Administered drugs, medications (including injectable forms), biologicals and fluids are covered when ordered and administered by a provider and when they are considered medically necessary by Community Health Plan. The administration of these products will be subject to deductible and coinsurance.

Value Plus

Administered drugs, medications (including injectable forms), biologicals and fluids are covered when ordered and administered by a provider and when they are considered medically necessary by Community Health Plan. The administration of these products will be subject to deductible and coinsurance.

Specialty Pharmacy

Specialty pharmacy medications must be obtained through Pharmacy Benefit Manager (PBM) for Community Health Plan members. PBM Specialty Pharmacy is a service provided by Caremark, CHP's Pharmacy Benefit Management (PBM) vendor. All high-cost medications and injectibles listed on the prior authorization list are to be obtained through PBM instead of the retail pharmacy or provider's office.

The process for prior authorization with CHP for specialty pharmacy medications can be obtained by telephone at (816) 271-1247 select Provider Option 3 then Option 4 or (800) 447-5819 select Option 4. Once the authorization is obtained, simply fax the prescription, accompanied with a patient specialty pharmacy prior authorization form to CHP at (816) 271-1266 or (800) 447-3894. A copy of the prior authorization form can be found in the Provider section of our web site at www.mychp.com or the forms section of the Provider's Reference Manual. PBM will coordinate your patient's care, services and delivery of their specialty medication. You do not need to make any changes to your prescribing regimen for your patients.

II. LAB AND RADIOLOGY

Routine diagnostic evaluations such as periodic lab and radiology services are covered only if the participating provider determines such a test is indicated based on the patient's age, sex, medical history and treatment regimen. Coinsurance may apply to lab and radiology services.

III. CHIROPRACTIC CARE

Chiropractic care charges are applied to the member's deductible and coinsurance.

Limited service schedule.

Radiology procedures must be performed and billed from Chiropractic's office.

Individual plans and most group plans have a 26 visit limit per calendar year.

Chiropractors may not order Radiology services to be performed by an outside radiology provider.

IV. OBSERVATION STAY (UP TO 23.9 HRS) IN THE HOSPITAL

The member will be responsible for deductible and coinsurance. The observation stay copay and/or coinsurance will apply to an observation stay. When an observation stay is billed with an emergency room visit or outpatient surgery, the highest copay will apply. An observation stay that exceeds 24 hours requires an inpatient prior authorization.

V. OBSTETRICAL CARE

Covered services are limited to pre-natal, obstetrical, and postpartum services. Only the initial office visit co-payment shall apply for physician obstetrical services. Upon completion of care, the services received will be subject to deductible and coinsurance.

Unless a shorter length of hospital stay is authorized, covered services include an inpatient stay of at least forty-eight (48) hours for a covered mother and a covered newborn child following any vaginal delivery or ninety-six (96) hours following a cesarean section delivery.

A shorter length of hospital stay for services related to maternity and newborn care may be authorized by the Plan if a shorter hospital stay meets with the approval of the attending physician after consulting with the mother. In the event that a shorter stay is authorized, the mother shall be entitled to post-discharge care, which consists of two (2) visits at least one (1) of which shall be in the member's home, in accordance with accepted maternal and neonatal physical assessments.

No benefit for obstetrical care exists under the Value option of the Advanced Choice individual product

There is a twenty four (24) month waiting period for maternity coverage under the Value Plus option of the Advanced Choice individual product.

VI. OUTPATIENT SURGERY

Any type of surgical services or procedure performed in an outpatient setting, an ambulatory surgery center or an outpatient surgery department of a hospital, will be subject to a deductible and coinsurance. The facility rather than the provider should collect this copayment and/or coinsurance and deductible. Please refer to prior authorization list before scheduling radiology procedures.

VII. OUTPATIENT THERAPY

The office visit copayment and/or coinsurance applies per day per provider for a physical therapy, occupational therapy, or speech therapy visit in a participating provider's office or in an approved outpatient physical therapy facility. Please refer to prior authorization list before scheduling procedures.

VIII. URGENT CARE

Community Health Plan provides benefits for urgent care services for non-emergency, urgent medical conditions at participating providers. Urgent Care is non-emergency, medical conditions treated at participating urgent care centers that are available 24/7. No referral from a primary care provider or authorization is necessary to obtain this covered service. Non-emergency urgent medical conditions may include (but are not limited to) lacerations, bites, abdominal pain, sore throats, earaches, colds and flu, minor injuries, acute rashes, and urinary tract infections. The urgent care copay and/or coinsurance will apply.