Communitycare
the health plan with a heart
PLAN

2018 Community Care Plan Benefits for Broward County Government Employees

If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please refer to the Medicare D notice in this Benefits Guide for more details.

TABLE OF CONTENTS

Community Care Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Community Care Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Community Care Plan konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks.

CONTACT INFORMATION

Resource / Service Provider	Contact Source	Details
Community Care Plan (Medical Insurance)	Member Services Email Website	866-224-5701 member.services@ccpcares.org www.ccpcares.org/BCG
EnvisionRx (Pharmacy Benefits)	Member Services Website	800-361-4542 www.envisionrx.com
MCNA (Dental Insurance)	Member Services Email	866-224-5701 member.services@ccpcares.org
20/20 Vision (Vision Insurance)	Member Services Email	866-224-5701 member.services@ccpcares.org
Managed Care Concepts (Behavioral Health Care)	Member Services	800-538-6979
Community Care Plan Wellness Program	Member Services Email	866-224-5701 member.services@ccpcares.org

INTRODUCTION

Community Care Plan (CCP) understands that your benefits are important to you and your family. We are based in Broward County and offer you a strong network of physicians and medical service providers affiliated with Broward Health, Cleveland Clinic (Weston, FL), Holy Cross Hospital and Memorial Healthcare System. Helping you understand the benefits available to you is essential. This Benefits Guide provides a description of CCP's benefit program.

This guide is not an employee/employer contract. It is not intended to cover all provisions of all plans, but rather a quick reference to help answer most of your questions.

Included in this guide are summary explanations of the benefits, as well as contact information for each provider. It is important to remember that only those benefit programs for which you are eligible and have enrolled apply to you.

We encourage you to review each section and to discuss your benefits with your family members. Be sure to pay close attention to applicable co-payments, deductibles, how to file claims, pre-authorization requirements, participating networks, and services that may be limited or not covered (exclusions). We hope this guide will give you an overview of your benefits and prepare you for the enrollment process.

MEDICAL INSURANCE

Community Care Plan offers a network of physicians and medical service providers affiliated with Broward Health, Cleveland Clinic (Weston, FL), Holy Cross Hospital, and Memorial Healthcare System.

This plan is Open Access and does not require a referral to seek care from a contracted specialist (with the exception of behavioral health). You may seek care directly from any contracted physician. Before scheduling an appointment with a physician, you should confirm their current participation status with the network.

If the service you are seeking requires an authorization from Community Care Plan, your provider will submit this request.

EXPLANATION OF PLAN YEAR DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM

DEDUCTIBLE

The Deductible is a specified dollar amount that you must pay for certain covered services per plan year. There are individual and family deductibles. You must pay all costs up to the deductible amount before this plan begins to pay for covered services for you. Copays and services listed in the Plan Document as "no charge" do not apply to the deductible. Once an individual or a family deductible has been satisfied, then copay or coinsurance applies, if applicable.

OUT-OF-POCKET MAXIMUM

The Annual Out-of-Pocket Maximum is the amount of covered expenses, (including deductible, coinsurance and copayments) that must be paid by you, either individually or combined as a covered family.

After the individual/family out-of-pocket maximum has been satisfied in a plan year, payment for covered services requiring copayment and coinsurance for that covered individual/family will be payable by Community Care Plan at the rate of 100% for the remainder of the plan year, subject to any other terms, limitation and exclusions.

Community Care Plan - BCG		
BENEFIT	**YOUR RESPONSIBILITY**	**LIMITATIONS, EXCEPTIONS AND OTHER IMPORTANT INFORMATION**
Calendar Year Deductible (CYD)		
Individual	$1,300	You must pay all costs up to the deductible amount before this plan begins to pay for covered services for you. Copays and services listed below as "no charge" do not apply to the deductible.
Family	$2,600	
Out-of-Pocket Maximums (includes deductible, copays and coinsurance expenses you pay)		
Individual Out-of-Pocket Maximum	$2,800	The out-of-pocket limit is the most you could pay during a coverage period for your share of the cost of covered services. This limit helps you plan for health care expenses. Not included in the out-of-pocket limit are premium, balance billing and health care services this plan does not cover.
Family Out-of-Pocket Maximum	$5,600	
Physician Office Services		
Primary care Physician (PCP) Office Visits	$25 copay	
Specialist Office Visits – No referrals required	$50 copay	
Other practitioner office visit (e.g., chiropractor)	20% co-insurance after deductible	Cost share applies for only manipulative (chiropractic) services and is limited to 24 visits per calendar year.
Virtual Visits (Telehealth)	$40 copay	Telehealth visits must be performed by a designated virtual network provider.
Preventive Care Visits	No charge	Includes preventative health services specified in the health care reform law. First mammography or colonoscopy (preventive or diagnostic) in the year are covered at 100%. No coverage non-network.
Urgent Care and Emergency Room		
Urgent Care Facility	$50 copay CCP Network only	
CVS Minute Clinic / MDNow Clinic	$25 copay	
Emergency Room (waived if admitted)	$250 per visit	Non-emergency use is not covered. Out-of-network emergency services are covered.

BENEFIT	YOUR RESPONSIBILITY	LIMITATIONS, EXCEPTIONS AND OTHER IMPORTANT INFORMATION
Emergency Medical Transportation	20% co-insurance after deductible	Non-emergency transportation requires prior authorization.
Diagnostic Services		
Diagnostic test (x-ray, ultrasound, lab work)	• Office or independent lab: no charge • Outpatient Facility: 20% co-insurance; up to $100; then covered at 100%; deductible does not apply	Excludes OB-related ultrasounds
Advanced Imaging (CT/PET/SPECT/MRI)	• Office: No charge • Outpatient Facility: 20% co-insurance; up to $100; then covered at 100%; deductible does not apply	PET/SPECT scans require prior authorization.
Outpatient Facility Services		
Facility Fee v(e.g., ambulatory surgery center)	20% co-insurance after deductible	Some services require prior authorization.
Physician / Surgeon fees	20% co-insurance after deductible	
Inpatient Hospital Services		
Facility Fee (e.g., hospital room)	20% co-insurance after deductible	Requires prior authorization.
Physician / Surgeon fees	20% co-insurance after deductible	
Behavioral Health Services		
Outpatient Services	First 20 visits per year: no charge After 20 visits: $25 copay per visit	Partial hospitalization / intensive outpatient treatment: $25 copay per visit. Requires prior authorization.
Inpatient Services	20% co-insurance after deductible	Requires prior authorization.
Specialty Services		
Home Health Care	20% co-insurance after deductible	Limited to 60 visits per calendar year. Requires prior authorization.
Rehabilitation Services	20% co-insurance after deductible	Limits per calendar year: 60 combined visits for physical, speech, occupational therapies; cardiac – unlimited visits; pulmonary – unlimited visits.
Habilitation Services	20% co-insurance after deductible	Limits are combined with Rehabilitation Services limits listed above.
Skilled Nursing Care	20% co-insurance after deductible	Limited to 60 days per calendar year (combined with inpatient rehabilitation). Requires prior authorization.

HEALTH BENEFITS

BENEFIT	YOUR RESPONSIBILITY	LIMITATIONS, EXCEPTIONS AND OTHER IMPORTANT INFORMATION
Durable Medical Equipment	20% co-insurance after deductible	Some services require prior authorization.
Hospice Services	20% co-insurance after deductible	Some services require prior authorization.
Pregnancy and Childbirth Services		
Office Visits	No charge	
Childbirth / Delivery professional services	20% co-insurance after deductible	Requires pre-authorization for global OB; Maternity care may include tests and services described elsewhere in the SBC.
Labor Checks	20% co-insurance after deductible	
Childbirth / delivery facility services	20% co-insurance after deductible	Requires prior authorization.
Prescription Drug Coverage		
EnvisionRx: the EnvisionRx Formulary consists of preferred prescription products that provide participants with effective, high-quality medications at affordable prices. Our EnvisionRx Formulary was developed on the recommendations of several committees, which review each drug to determine its safety and efficacy. This method of evaluation and selection is continuously performed for the inclusion of new drugs and the removal of existing drugs on the Formulary. Mail order is provided by EnvisionRx mail order, www.envisionrx.com.		

Tier*	**Retail: up to a 30-day supply	Retail: up to a 90-day supply	Mail order: up to a 90-day supply	
Generic Drugs	$7	$14	$14	Coverage for prescription drugs with EnvisionRx.
Preferred Brand Drugs	$30	$60	$60	Coverage for prescription drugs with EnvisionRx.
Non-Preferred Brand Drugs	$45	$90	$90	Coverage for prescription drugs with EnvisionRx.
Specialty Drugs	$75	N/A	N/A	Coverage for prescription drugs with EnvisionRx.
Annual Maximum Out-of-Pocket (not integrated with medical)	Individual: $3,000 – Family: $6,000 (if enrolled in Family coverage, the entire $6,000 maximum out-of-pocket must be met before the plan pays 100% of covered prescriptions)			

*Members will be required to pay the DAW 1 (physician request) or DAW 2 (member request) copayment if a brand is requested when a generic equivalent is available. DAW 1 = $75/30-day; $150/90-day; DAW 2 = Applicable brand copay + difference in cost between brand and generic
**Fourth and subsequent fills of maintenance medications must be transitioned to the 90-day at retail or mail service

Dental Services
• Annual dental evaluation covered at no charge • 20 – 40% discount on all additional services
Vision Services
• Annual vision evaluation covered at no charge • 25% discount on all glasses and lenses
Other Covered Services (limitations may apply to these services. This is not a complete list. Please see your Plan document)
• Hearing Services – no cost to the member, limited to two ears per year (annual maximum of $1500 per covered member)
Services your Plan generally does NOT cover (Check your policy or plan document for more information and a list of any other excluded services)
• Acupuncture • Bariatric Surgery • Cosmetic Surgery • Infertility Treatment (covers Infertility Rx only) • Long-term care • Non-emergency care when traveling outside the U.S. • Private-duty nursing • Routine foot care • Weight loss programs

PHYSICIANS MUST BE PARTICIPATING WITH CCP NETWORK, UNLESS OTHERWISE AUTHORIZED

CCP Network includes Broward Health, Cleveland Clinic (Weston, FL only),
Holy Cross Hospital and Memorial Healthcare System

BEHVIORAL HEALTH / SUBSTANCE ABUSE CARE

Managed Care Concepts provides a comprehensive managed behavioral health care program that gives members and companies what they want - flexibility, convenience, reliability and control. Covered participants access a full range of behavioral health and substance abuse services designed to address everyday issues as well as more serious problems.

Interested participants may contact Managed Care Concepts through a dedicated toll-free number at (800) 538-6979. Care Managers are accessible from 9:00 a.m. to 5:00 p.m. Monday through Friday, and crisis services are available 24 hours per day, seven days per week. Professional counselors evaluate each caller's clinical needs and provide members appropriate referrals to behavioral health facilities and providers based on a thorough clinical assessment. All members are given information describing their behavioral health benefits and procedures for obtaining services.

MY HEALTH, MY LIFE

CCP offers a Wellness Program to Broward County Government Employees that focuses on achieving and maintaining good health, called "My Health, My Life." This program is designed to educate, engage, involve and empower you to take control of your daily activities in order to maintain your optimal health status.

CCP's "My Health, My Life" Program will encourage you to take preventive measures such as routine Well Visits, Screening Tests, and Vaccines, along with good nutrition and appropriate activity levels. This can lead to your improved health and quality of life.

The program features several components and you may choose to participate in any or all of these components, in any order you choose. Completion of all components within a year will lead to cash rewards!

HEALTH MAINTENANCE AWARENESS AND PREVENTIVE CARE MEASURES

To educate and increase awareness on Health and Preventive Care topics, CCP offers national, evidence-based information, written in everyday language, on all relevant and trending health topics available on our website. These topics may include:

- Preventive Screenings
- Vaccines recommendations
- Disease-specific topics, such as Colon Cancer, Asthma, Heart Disease
- Information on Food Allergies, Exercise and Nutrition

Additionally, CCP's Concierge Care Coordination Manager is assigned to you and available to review any additional information and serve as your health coach.

Upon completion of review or coaching/counselling on at least six Health Topics, an Annual Well Visit and all age/gender appropriate Preventive Screening and Vaccines, you will have qualified for a reward of $100 Gift Card!

"LIVE WELL, BE WELL" NUTRITION AND ACTIVITY PROGRAM

This nutritionist-led program is tailored specifically to your needs as determined by an initial in-person meeting, onsite, or at your home. A comprehensive assessment, including a Health Needs Questionnaire, will be performed. A personalized set of goals and strategies will be formulated into a customized Action Plan. Bimonthly sessions to help you reach your goals will be scheduled at your convenience.

Any issues that are identified will be addressed at these sessions. We also offer you regular contact by emails or texts, to support you throughout the program.

- At three (3) months, a thorough progress evaluation is performed and goals are adjusted or reset as needed. At this time, the nutritionist will evaluate your understanding of your goals and strategies and how well you have integrated the plan into your daily routine.
- At six (6) months, a second session is scheduled with the purpose of insuring that the Plan of Action has become routine and is part of your everyday healthy lifestyle.
- At this time, you will have completed the program and will be eligible for the reward of a $100 Gift Card.
- The nutritionist will remain available for any questions or support you may need.

SMOKING CESSATION

If you want to quit smoking, CCP–BCG partners with Tobacco Free Florida and supports its "Quit for Life" Program.

Upon enrollment in CCP's Smoking Cessation Program, you are assigned a counselor who will assist you with choosing and enrolling in the most appropriate and convenient version of the "Quit For Life" Program. Regardless of the version chosen, you will receive a toolkit, free nicotine patches or gum, and text / email support provided by the program.

The CCP counselor will continue to support you after completion of the program. If you attest to being smoke-free for two months after completion of the program, you will receive a $100 Gift Card.

WEIGHT MANAGEMENT

If you need to lose weight, the Nutrition and Activity Program "Live Well, Be Well" is modified to include a prescribed exercise program with specific goals and targets in coordination with your physician, and with respect to your physical condition and needs. Upon completion of the program, you will receive a $100 Gift Card, if not previously rewarded for the "Live Well, Be Well" program participation in the same benefit year.

Members may earn up a maximum of $300 for employee, spouse, or domestic partner per calendar year.

URGENT CARE VS. EMERGENCY CARE?

Choosing the Right Health Care Setting – Do You Need Emergency Room or Urgent Care?

When an emergency strikes, you know you need medical care fast. But what if you're not sure if it's a true emergency?

While the answer is not always simple, knowing the difference between Urgent Care and Emergency Care and where to seek treatment could save you time and money.

SYMPTOMS

- ❑ Fever, colds and flu
- ❑ Sprains, strains and broken bones (without obvious deformity)
- ❑ Minor allergic reactions and asthma attacks
- ❑ Ear or sinus pain
- ❑ Nausea, vomiting and diarrhea
- ❑ Rashes
- ❑ Sore throat
- ❑ Stitches
- ❑ Cuts and scrapes
- ❑ Frequent and painful urination
- ❑ Minor head injuries without loss of consciousness
- ❑ Heat stroke and dehydration

VS.

SYMPTOMS

- ❑ Chest pain, numbness in face, arm or leg, or difficulty speaking
- ❑ Heart attack
- ❑ Life-threatening or disabling conditions
- ❑ Severe shortness of breath
- ❑ Coughing up or vomiting blood
- ❑ Symptoms of stroke
- ❑ Sudden or unexplained loss of consciousness
- ❑ High fever with stiff neck, mental confusion or difficulty breathing
- ❑ Wound that will not stop bleeding
- ❑ Inability to urinate
- ❑ Head injury with loss of consciousness
- ❑ Infants under eight weeks with fever

URGENT CARE

When you need treatment right away for minor illnesses and injuries.

EMERGENCY CARE

When you need immediate treatment for serious illnesses and injuries CALL 911.

BE PREPARED FOR MEDICAL CARE

Whether you're going to Urgent Care or the ER, take with you a list of all current prescription medications including dosages and any over-the-counter medications and vitamins. Many medications and even vitamins, can interact with the treatment options your physician recommends.

Also, take with you a list of any known allergies especially to medications. The list should include any previous invasive medical procedures and surgeries, the dates they were done and the names of the physicians or surgeons who treated you.

TIPS TO LOWER HEALTH COSTS

Are you managing your health or is your health managing you? Do you understand the benefits available to you? Are you aware that most medical, dental and vision plans have free or low-cost preventive services? Using the services of the benefit programs can help you stay healthy and possibly avoid having to incur additional healthcare costs.

Medical: Most medical plans provide for free preventive care. The services covered at no cost to you are typically based on guidelines from the American Medical Association (AMA) and your age and gender. Contact your health plan to confirm what is covered and the frequency for obtaining.

Dental and Vision: Most plans provide preventive screenings at no cost or minimal copay. To avoid developing conditions that can add extra expense and significantly affect your health, see your dentist and vision care provider at least annually.

In an emergency, who knows what medications you are on? Do you know the medication your family takes– and what the dosage is? Keep your **personal medication and emergency contact** information on a card in your wallet by your driver's license or download an APP to provide easy access for anyone. This can decrease the chance of medication errors or interactions. Don't forget to list all supplements and over-the- counter (OTC) medications because they can interfere with prescription medication. Also, keep your doctor up to date on all medications, supplements, and over-the-counter medications especially when prescribed a new drug.

Prepare for doctor visits: Preparation + Communication + Compliance = Better Care. Research shows that patients with a good relationship with their doctors receive better care. Go to www.ahrq.gov/questions for frequently asked questions. The suggested questions are especially important for upcoming procedures and/or for medication questions. Better Care = Saving Money!

Company	Program	Contact Information
CVS & Walgreens	Both chains offer "savings clubs" that allow members to save on medications that may be cheaper than your insurance plan or not on the insurance plan. This is not an insurance plan.	CVS: 888-616-2273 or www.cvs.com Walgreens: 866-922-7313 or www.walgreens.com
Publix	Free medications regardless of insurance: Antibiotics: 14-day supply of each Amoxicillin Ampicillin Sulfamethoxazole/Trimethoprim Ciprofloxacin Penicillin VK Amlodipine: For high blood pressure and chest pain (angina) Lisinopril: For high blood pressure, certain heart conditions, diabetes and chronic kidney conditions. Metformin: For diabetes Go to the Publix website or local pharmacy for more details on limits and specifics for each medication.	www.publix.com/pharmacy or call your local Publix pharmacy
Walmart	$4 generics for 30-day supply, $10 for 90-day supply. See medication list online. Brand drugs available; call for cost with your insurance card.	www.walmart.com/pharmacy or call your local store

HIPAA SPECIAL ENROLLMENT RIGHTS: If you are declining enrollment for yourself and your dependents (including your spouse) because of other health insurance or group health coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the health coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources.

MICHELLE'S LAW: The law allows for continued coverage for dependent children who are covered under your group health plan as a student if they lose their student status because of a medically necessary leave of absence from school. This law applies to medically necessary leaves of absence that begin on or after January 1, 2010.

If your child is no longer a student, as defined in your Certificate of Coverage, because he or she is on a medically necessary leave of absence, your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This continued coverage applies if your child was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (includes colleges, universities, some trade schools and certain other post-secondary institutions).

Your employer will require a written certification from the child's physician that states that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary.

SECTION 111: Effective January 1, 2009, Group Health Plans are required by Federal government to comply with Section 111 of the Medicare, Medicaid, and SCHIP Extension of 2007's new Medicare Secondary Payer regulations. The mandate is designed to assist in establishing financial liability of claim assignments. In other words, it will help establish who pays first. The mandate requires Group Health Plans to collect additional information, more specifically Social Security Numbers for all enrollees, including dependents six months of age or older. Please be prepared to provide this information on your Benefit Enrollment Form when enrolling into benefits.

Women's Health and Cancer Rights Act of 1998 – If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

THE NEWBORN'S AND MOTHER'S HEALTH PROTECTION ACT: Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and insurers may not, under Federal law, require that a provider obtain authorization from the plan or the insurer for prescribing a length of stay not more than 48 hours (or 96 hours).

PATIENT PROTECTION: If the Group Health Plan generally requires the designation of a primary care provider, you have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in obstetrics or gynecology, or for information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Plan Administrator or refer to the carrier website.

It is your responsibility to ensure that the information provided on your application for coverage is accurate and complete. Any omissions or incorrect statements made by you on your application may invalidate your coverage. The carrier has the right to rescind coverage on the basis of fraud or misrepresentation.

PREMIUM ASSISTANCE UNDER MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility.

ALABAMA - Medicaid

Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA - Medicaid

The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS - Medicaid

Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: Colorado.gov/HCPF/Child-Health- Plan-Plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711

FLORIDA - Medicaid

Website: http://www.flmedicaidtplrecovery.com/hipp
Phone: 1-877-357-3268

GEORGIA - Medicaid

Website: http://dch.georgia.gov/medicaid
Click on Health Insurance Premium Payment (HIPP)
Phone: 1-404-656-4507

INDIANA - Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: http://www.indianamedicaid.com
Phone 1-800-403-0864

IOWA - Medicaid

Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
Phone: 1-888-346-9562

KANSAS - Medicaid

Website: http://www.kdheks.gov/hcf/
Phone: 1-785-296-3512

KENTUCKY - Medicaid

Website: http://chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570

LOUISIANA - Medicaid

Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1-888-695-2447

MAINE - Medicaid

Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS - Medicaid and CHIP

Website: http://www.mass.gov/eohhs/gov/departments/masshealth/
Phone: 1-800-862-4840

MINNESOTA - Medicaid

Website: http://mn.gov/dhs/people-we- serve/seniors/health-care/health-care- programs/programs-and-services/medical-assistance.jsp
Phone: 1-800-657-3739

MISSOURI - Medicaid

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA - Medicaid

Website: http://dphhs.mt.govMontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA - Medicaid

Website: http://www.AccessNebraska.ne.gov
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA - Medicaid

Medicaid Website: http://dwss.nv.gov/
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE - Medicaid

Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
Phone: 603-271-5218

ANNUAL DISCLOSURES

NEW JERSEY - Medicaid and CHIP

Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK - Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA - Medicaid

Website: https://dma.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA - Medicaid

Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA - Medicaid and CHIP

Website: http://www.insureoklahoma.org
Phone:1-888-365-3742

OREGON - Medicaid

Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA - Medicaid

Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthipprogram/index.htm
Phone: 1-800-692-7462

RHODE ISLAND- Medicaid

Website: http://www.eohhs.ri.gov/
Phone: 855-697-4347

SOUTH CAROLINA - Medicaid

Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS - Medicaid

Website: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH - Medicaid and CHIP

Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT - Medicaid

Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA - Medicaid and CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

WASHINGTON - Medicaid

Website: http://www.hca.wa.gov/free-or- low-cost-health-care/program-administration/premium-payment-program
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA - Medicaid

Website: http://mywvhipp.com/
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN - Medicaid and CHIP

Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1-800-362-3002

WYOMING - Medicaid

Website: https://wyequalitycare.acs-inc.com/
Phone: 307-777-7531

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration

www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services

www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

NONDISCRIMINATION NOTICE

Community Care Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Community Care Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

COMMUNITY CARE PLAN:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact **CCP Member Services** at **866-224-5701**, or **member.services@ccpcares.org**.

If a disability hinders your access to information needed to make benefit elections, you may request special assistance. If you require an accomodation, please contact **CCP Member Services** at **866-224-5701**, or **member.services@ccpcares.org**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH
Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Spanish
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-954-622-3232 (TTY: 1-855-655-5303).

French Creole
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-954-622-3232 (TTY: 1-855-655-5303).

Vietnamese
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

Portuguese
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

Chinese
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-xxx-xxx-xxxx（TTY：1- xxx-xxx-xxxx).

French
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-xxx-xxx-xxxx (ATS : 1-xxx-xxx-xxxx).

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

NONDISCRIMINATION NOTICE

Russian
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-xxx-xxx-xxxx (телетайп: 1-xxx-xxx-xxxx).

Arabic
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. اتصل برقم xxx-xxx-xxxx-1 (رقم هاتف الصم والبكم: 1-xxx-xxx-xxxx).

Italian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

German
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

Korean
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-xxx- xxx-xxxx (TTY: 1-xxx-xxx-xxxx)번으로 전화해 주십시오.

Polish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

Gujarati
□યુ ના: જો તમે □જુ
રાતી બોલતા હો, તો □ન:□લ્ક ભાષા સહાય સેવાઓ તમારા માટ□ ઉપલબ્ધ છે.
ફોન કરો 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

Thai
เรียน: ถาคุณพดภาษาไทยคุณสามารถใชบริการช่วยเหลือทางภาษาได้ฟรี
โท 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

IMPORTANT NOTICE FROM COMMUNITY CARE PLAN ABOUT YOUR PRESCRIPTION DRUG COVERAGE & MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Community Care Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide a minimum standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Community Care Plan has determined that the prescription drug coverage administered by EnvisionRx™ is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage for the CCP Broward County Government Employees Plan. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current Community Care Plan coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Community Care Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with Community Care Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you have 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE…

Contact the person listed below for further information. **NOTE:** This notice will be updated each year. You will receive it before the next period you can join a Medicare drug plan and if this coverage through Community Care Plan changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will receive a copy of the handbook in the mail from Medicare every year. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit **www.medicare.gov**

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available.

For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at 1-800- 772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: January 1, 2018
Name of Entity / Sender: Broward County Government Employee Benefit Services
Phone Number: (954) 357-6700

The information in this guide is a summary of the benefits available to you and should not be intended to take the place of the official carriers' Member Certificates or our plan's Summary Plan Descriptions (SPD). This guide contains a general description of the benefits to which you and your eligible dependents may be entitled as an employee. This guide does not change or otherwise interpret the terms of the official plan documents. To the extent that any of the information contained in this guide is inconsistent with the official plan documents, the provisions of the official documents will govern in all cases and the plan document and carrier certificates will prevail.

Community Care Plan reserves the right, in its sole and absolute discretion, to amend, modify or terminate, in whole or in part, any or all of the provisions of the benefit plans.

This Benefits Guide is a Presentation Prepared by

Communitycare PLAN
the health plan with a heart