



Large Group Health Plan



Your Guide to Choosing the Best Plan for Your Employees

For effective dates:

January 1, 2024 through December 31, 2024

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The Central Valley's Local Health Care Plan

Because Your Community Is Our Community

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



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



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



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

The Power of Being Local

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



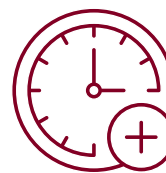
2,500+

Primary Care Providers
and Specialists



1,400

Practice Sites

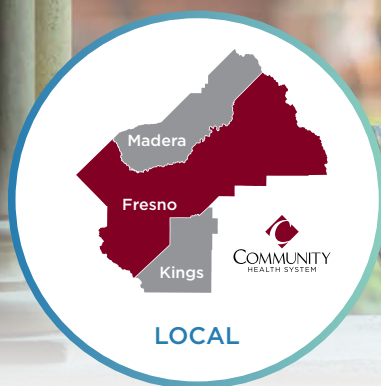


20

Urgent Care Centers



Where Am I Covered?



BlueCard Program

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.



PICTURE PERFECT CARE FOR YOUR WHOLE FAMILY

With the strength of a community this large, finding the right provider for you becomes easy. From a doctor who knows you and is always ready to answer the little questions to a team of specialists ready to walk you through life's biggest challenges, you can always count on care that's with you every step of the way.

We believe every person deserves a healthcare team that works around their needs, every day, and that some of today's health-related issues simply can't be put off until tomorrow. Which is why our primary care providers are now accepting new patients and **same-day appointments**.

To get the care you need,
when you need it, visit us at
CommunityHealthPartners.org



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>

Find a Provider

Search Results

Specialty: Pediatrics

Office Name: [Search]

Language: [Search]

Search Results

Sam Alana, MD

Specialty: Pediatrics

Office Name: [Search]

Language: [Search]

Find a Provider

Search Results

Specialty: Pediatrics

Office Name: [Search]

Language: [Search]

Search Results

Sam Alana, MD

Specialty: Pediatrics

Office Name: [Search]

Language: [Search]

Find a Provider

Search Results

Specialty: Pediatrics

Office Name: [Search]

Language: [Search]

Search Results

Sam Alana, MD

Specialty: Pediatrics

Office Name: [Search]

Language: [Search]

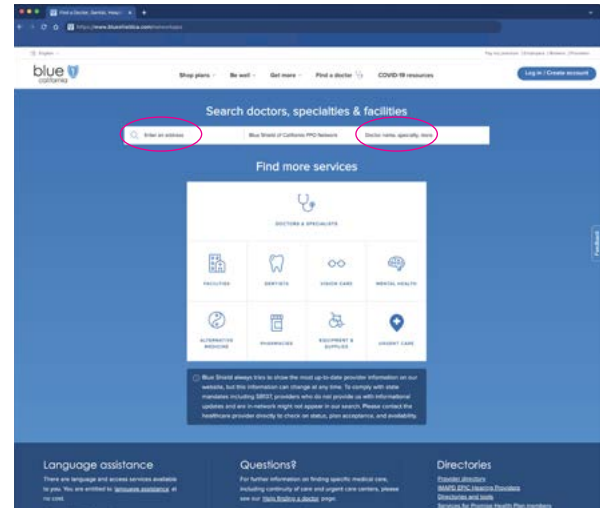


Covered Care Outside of the Area (Within California)

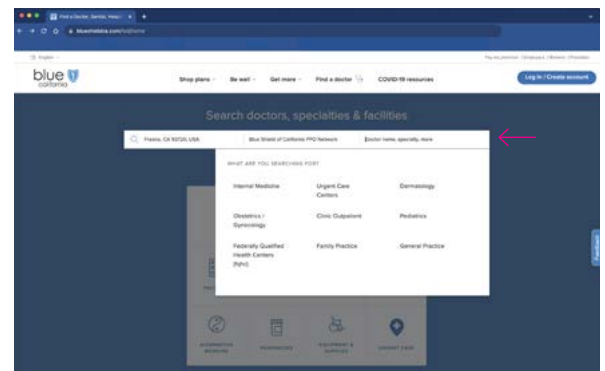
There will be situations where you will need access to medical care outside of the CCH Service Area. When you need to locate a provider in the State of California, outside of Fresno, Kings or Madera counties, follow the steps outlined below.

Go to <https://blueshieldca.com/networkppo>

PPO Plan (within CA)

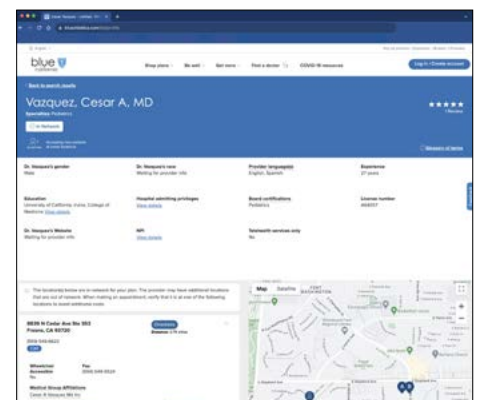
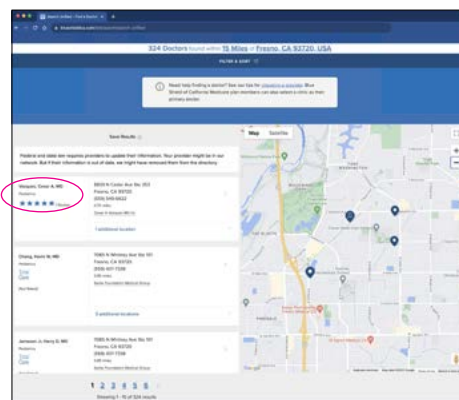
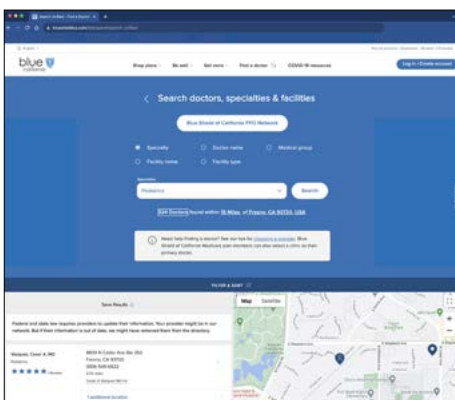


Enter your address > select Doctor name, specialty, more > and choose what you are searching for.



Example of search result

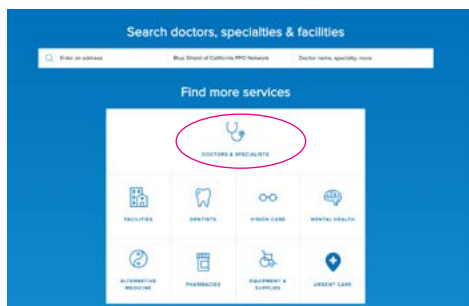
Scroll and click on any result to view full descriptions of physician, practice or facility.



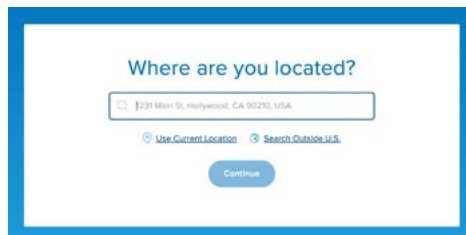
Covered Care Outside of the Area (Outside California)

There may be situations during which you will need to access medical care outside of the State of California. In those situations, please follow the steps outlined below.

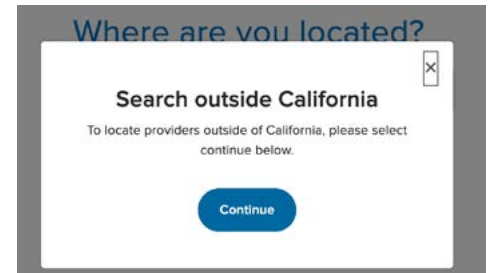
Go to <https://blueshieldca.com/networkppo>



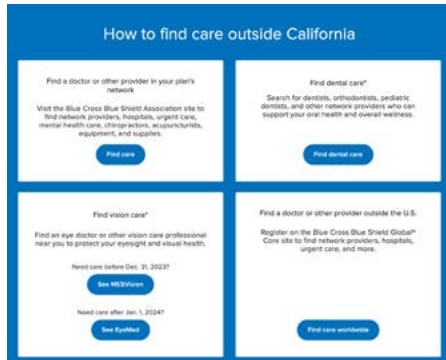
1. Select Doctors and Specialists



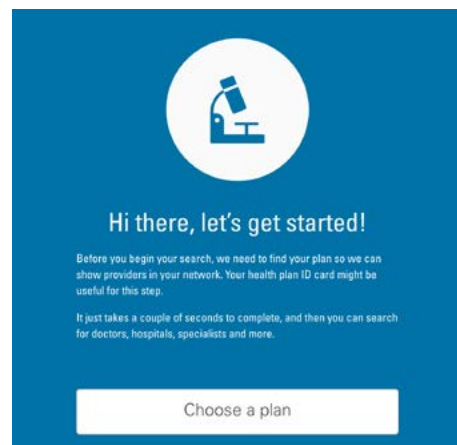
2. Enter Your Address



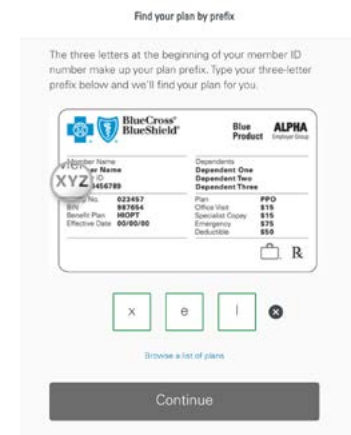
3. Select “Continue” to Search Providers Outside of California



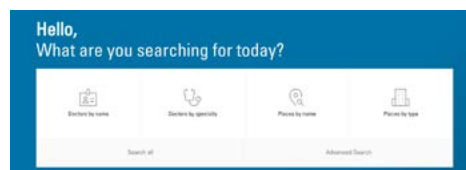
4. Click on “Find Care”



5. On the Pop-Up Window, Click on “Choose Plan” and Re-Enter Your Address

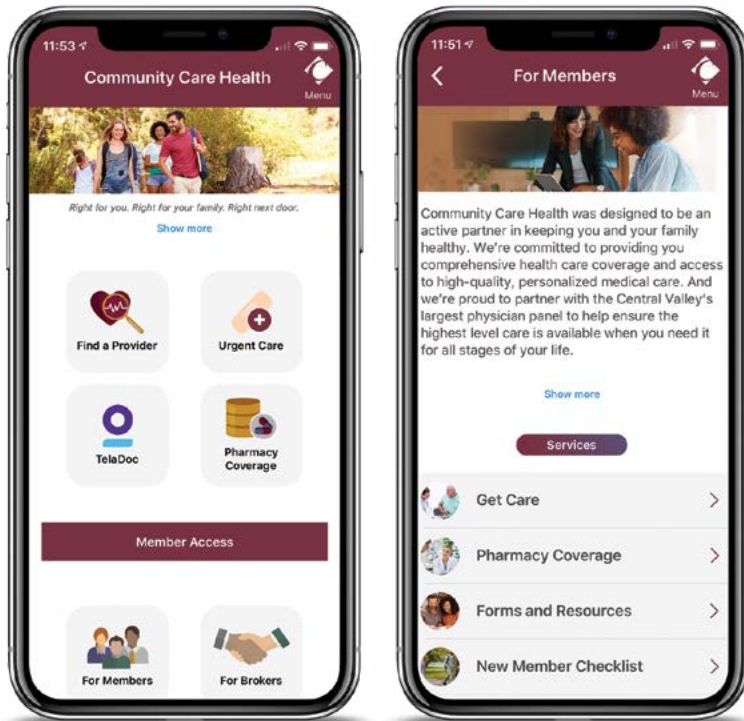


6. Enter “XEL” and Click “Continue”



7. You Can Now Search by Name, Specialty, Facility Name or Facility Type

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



COMMUNITY
CARE HEALTH



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



1

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

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

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

SET UP YOUR ACCOUNT

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



2

PROVIDE MEDICAL HISTORY

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



3

REQUEST A CONSULT

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

Talk to a doctor anytime!



[Teladoc.com](https://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.

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.

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:

- 1. 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.
- 2. 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.
- 3. 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.
- 4. 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.
- 5. 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.
- 6. 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.
- 7. 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.
- 8. 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.
- 9. 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.
- 10. Preventive Care at No Charge:** Most preventive services are covered at no charge and are not subject to the deductible.
- 11. Copay:** The set amount employees will pay for certain services.
- 12. 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)

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.



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

	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								
	VINEYARD				ORCHARD				Harvest Plan A
	Vineyard Plan A	Vineyard Plan B	Vineyard Plan C	Vineyard Plan D	Orchard Plan A	Orchard Plan B	Orchard Plan C	Orchard 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
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
Office Visit Copayment	\$10	\$15	\$20	\$20	\$20	\$25	\$20	\$25	\$30
Specialist Copayment	\$20	\$30	\$40	\$40	\$40	\$50	\$40	\$50	\$60
Inpatient Hospital	\$150	\$250	\$250	\$500	\$500	\$500	\$250	\$500	\$500
Outpatient Hospital	\$100	\$100	\$100	\$150	\$250	\$500	\$400	\$400	\$250
Emergency Room Visit	\$150	\$250	\$250	\$500	\$500	\$500	\$250	\$500	\$500
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
Health and Wellness Programs ⁽¹⁾	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wellness/Weight-Loss for Type 2 Diabetics ¹	✓	✓	✓	✓	✓	✓	✓	✓	✓

¹ 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



LARGE GROUP PRODUCT PORTFOLIO

							HSA Qualified			
HARVEST			SUMMIT				GLACIER			
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
\$1,500/ \$3,000	\$2,000/ \$4,000	\$2,000/ \$4,000	\$2,500/ \$5,000	\$2,500/ \$5,000	\$3,000/ \$6,000	\$3,000/ \$6,000	\$3,000/ \$6,000	\$4,000/ \$8,000	\$5,000/ \$10,000	\$5,000/ \$10,000
\$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
\$25	\$25	\$30	\$30	\$35	\$35	\$30	\$20	\$25	\$25	\$10
\$50	\$50	\$60	\$60	\$70	\$70	\$60	\$40	\$50	\$50	\$40
\$500	20%	20%	20%	30%	20%	20%	20%	20%	20%	20%
\$250	20%	20%	20%	30%	20%	20%	20%	20%	20%	20%
\$500	20%	20%	20%	30%	20%	20%	20%	20%	20%	20%
\$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
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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	

Get smarter vision care with DeltaVision®

CCH is committed to the total health of our members. That's why we have partnered with Delta Dental and VSP to bring a range of options. DeltaVision¹ plans include low out-of-pocket costs, a wide selection of frames and a large nationwide network from VSP, the number one choice in vision plans for consumers.²

Savings you expect

DeltaVision members save on eyewear and eyecare with a VSP network doctor. You'll also have access to Exclusive Member Extras, like savings and special offers, that can save you more than \$3,000.

Choices you deserve

It is easy to find a nearby in-network doctor to maximize your vision coverage. Log in to vsp.com or call 800-877-7195 to find a Premier Program location and get the most out of your benefits.

Styles you'll love

You'll find hundreds of frame options for you and your family.

See benefits description for more information.

¹ DeltaVision is administered by Vision Service Plan (VSP). ² 2017 National Vision Plan Member Research.

Effective 1/1/24 - 12/31/24 For Groups 100+	DeltaVision Value Plan		DeltaVision Core Plan	
COPAYS				
Exams	\$10		\$10	
Materials (Lenses And/Or Frames)	\$25		\$25	
FREQUENCY				
Exams	Every 12 Months		Every 12 Months	
Lenses	Every 12 Months		Every 12 Months	
Frames	Every 24 Months		Every 24 Months	
ALLOWANCES				
Frames	\$130		\$150	
Elective Contact Lenses*	\$130		\$150	
Visually Necessary Contact Lenses*	Covered in full after materials copay		Covered in full after materials copay	
DELTAVISION PROVIDER				
Examination	Covered in full after exam copay		Covered in full after exam copay	
Contact Lens Exam (Fitting And Evaluation)	15% savings on contact lens exam Covered in full after copay up to \$60		15% savings on contact lens exam Covered in full after copay up to \$60	
LENSES				
Single Vision	Covered in full after materials copay		Covered in full after materials copay	
Lined Bifocal	Covered in full after materials copay		Covered in full after materials copay	
Lined Trifocal	Covered in full after materials copay		Covered in full after materials copay	
Lenticular	Covered in full after materials copay		Covered in full after materials copay	
LENS ENHANCEMENTS		COPAYS		COPAYS
	Single Vision	Multifocal	Single Vision	Multifocal
Anti-Reflective Coating	\$41	\$41	\$41	\$41
Polycarbonate Lenses (For Children)	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Polycarbonate Lenses (Adults)	\$31	\$35	\$31	\$35
Standard Progressive Lenses	N/A	Covered in Full	N/A	Covered in Full
Premium Progressive Lenses	N/A	\$95 - \$105	N/A	\$95 - \$105
Custom Progressive Lenses	N/A	\$150 - \$175	N/A	\$150 - \$175
Photochromic Lenses	\$75	\$75	\$75	\$75
Scratch-Resistance Coating	\$17	\$17	\$17	\$17

* In Lieu of prescription glasses

^A Members may choose to upgrade to one of the following: higher frame or contact lens allowance (\$230), premium progressive lens coverage at no additional cost, anti-reflective coating, or photochromic lens coverage at no additional cost.

Vision

CCH has partnered with Delta Dental and VSP to bring options and savings for our members.

Here's an example of the savings with DeltaVision:

Save with DeltaVision coverage*

	Without DeltaVision Coverage**	With DeltaVision Coverage**
Eye exam	\$194	\$10 copay
Frame \$150	\$150	\$25 copay
Lens (bifocal)	\$158	
Premium progressive lenses (e.g., Varilux Physio)	\$163	\$105
TOTAL	\$665	\$140

Total savings with DeltaVision: \$525

* Comparison based on national averages for comprehensive eye exams and most commonly purchased brands. This chart represents typical savings for DeltaVision enrollees. Benefits are subject to the terms of the contract including limitations and exclusions.

**Based on DeltaVision plan with \$150 Frame allowance.

Vision plan options, continued.

DeltaVision Advantage Plan		DeltaVision Deluxe Plan		DeltaVision Easy Options Plan	
\$10		\$10		\$10	
\$25		\$25		\$25	
Every 12 Months		Every 12 Months		Every 12 Months	
Every 12 Months		Every 12 Months		Every 12 Months	
Every 12 Months		Every 12 Months		Every 12 Months	
\$150		\$200		\$150 / \$230^	
\$150		\$200		\$150 / \$230^	
Covered in full after materials copay		Covered in full after materials copay		Covered in full after materials copay	
Covered in full after exam copay		Covered in full after exam copay		Covered in full after exam copay	
15% savings on contact lens exam		15% savings on contact lens exam		15% savings on contact lens exam	
Covered in full after copay up to \$60		Covered in full after copay up to \$60		Covered in full after copay up to \$60	
Covered in full after materials copay		Covered in full after materials copay		Covered in full after materials copay	
Covered in full after materials copay		Covered in full after materials copay		Covered in full after materials copay	
Covered in full after materials copay		Covered in full after materials copay		Covered in full after materials copay	
Covered in full after materials copay		Covered in full after materials copay		Covered in full after materials copay	
COPAYS		COPAYS		COPAYS	
Single Vision	Multifocal	Single Vision	Multifocal	Single Vision	Multifocal
\$41	\$41	\$41	\$41	\$41	\$41
Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
\$31	\$35	\$31	\$35	\$31	\$35
N/A	Covered in Full	N/A	Covered in Full	N/A	Covered in Full
N/A	\$95 - \$105	N/A	\$95 - \$105	N/A	\$95 - \$105
N/A	\$150 - \$175	N/A	\$150 - \$175	N/A	\$150 - \$175
\$75	\$75	\$75	\$75	\$75	\$75
\$17	\$17	\$17	\$17	\$17	\$17

* In Lieu of prescription glasses

^ Members may choose to upgrade to one of the following: higher frame or contact lens allowance (\$230), premium progressive lens coverage at no additional cost, anti-reflective coating, or photochromic lens coverage at no additional cost.



Valley Fitness and CCH have teamed up to give members this offer.

CCH members and their family (any family members enrolled in the medical health plan) can join Valley Fitness with this special offer.

Your special membership features:

- 14 California locations:

Atascadero	Gilroy	Modesto
Atwater	Hanford	Selma
Fresno - Ashlan	Los Banos	Stockton
Fresno - Maroa	Madera	Visalia
Fresno - Herndon	Manteca	

- Unlimited access to HydroMassage to relax and recover
- Total Body Circuit for full body workout in 30 minutes
- Swimming pools and racquetball at select locations
- Top-of-the-line cardio, free weights and functional training equipment

Standard Rates	\$49 Enrollment Fee	\$19.99 per Month	\$39 Annual Fee	
Discount Rates	\$0 Enrollment Fee	\$14.99* or \$39.99* per Month	Annual Fee Waived	Offer Expires N/A

* Basic membership - \$14.99 (per person) offers access to all gyms and equipment.

* Boot Camp Group Training membership - \$39.99 (per person) includes the basic membership, plus group training: 60 minutes fully body workout, Zumba class, yoga classes and interval training.

* Only in California

For more information contact Merissa Luna
phone: (559) 286-0591 | email: merissa@valleyfitness.com

Health & Wellness Programs

CCH Partners with Weight Watchers



A happier, healthier life starts here.

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

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

Choose the offering that's right for you. Plans include the following features:	Digital	Digital + Workshop	WW for Diabetes
Easy-to-use app and website Track your food, activity, and weight any time with our Digital tools.	✓	✓	✓
Food plan Tailored to individual needs	✓	✓	✓
Endless food options With our database of 10,500+ delicious recipes, you'll eat what you love and lose weight.	✓	✓	✓
Total support in real time Get help and answers from a WW Coach 24 hours a day, seven days a week in 24/7 Expert Chat.	✓	✓	✓
Connect with our online community , day or night, for inspiration and motivation.	✓	✓	✓
Inspiration and connection Share your journey with a group of fellow members through weekly in-person Wellness Workshops (where available).		✓	✓
Weekly emails Information on diabetes and weight-loss management			✓
Confidential and unlimited access to a Certified Diabetes Educator (CDE).			✓
Monthly Value	\$22.95	\$44.95	\$65.95
Community Care Health contribution per month	Over 50% of the cost		
Your price per month	\$9.75*	\$18.25**	\$19.11†

Plans automatically renews monthly. See below for details.

Join WW Today!
Visit CommunityCareHealth.ww.com

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

* Digital offering: Pay \$9.75 today for your first month. Plan automatically renews monthly thereafter at \$9.75 until you cancel or until your membership with CCH terminates.

** Digital+ Workshops offering: Pay \$18.25 today for your first month. Plan automatically renews monthly thereafter at \$18.25 until you cancel or until your membership with CCH terminates. Available in participating areas only; may not be accepted for local workshops and/or Workshops in the workplace in all areas. Minimum enrollment and participation required to start and maintain Workshops in the workplace.

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

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Updated 10.15.2022

Health & Wellness Programs

CCH with Weight Watchers for Diabetics



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 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*

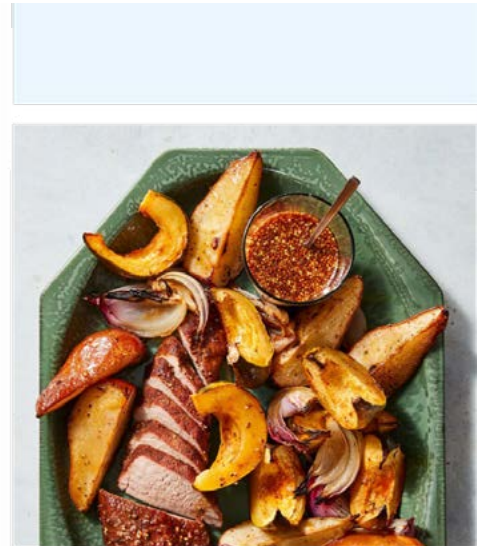
Join WeightWatchers through
Community Care Health for **discounted pricing*** on select plans!

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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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





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

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