

BENEFIT GUIDELINES

Section IV

I. INTRODUCTION

Copayments and/or coinsurance are a benefit design created by the employer with input from Community Health Plan. Community Health Plan offers benefit options to the employer with assigned premiums and the employer decides which plan would best meet the needs of the employees and the group.

The provider shall collect the copay at the time of service. Members may have copayment and/or coinsurances for several types of services, including emergency room, outpatient procedures, and inpatient admissions. The Emergency Room (ER) copayment and/or coinsurance may be waived if an admission takes place directly from the ER. However, the inpatient copay and/or coinsurance may apply to the admission.

Coinsurance will apply to certain employer groups as well as specific services, such as Durable Medical Equipment rental or purchase.

In order to know if the current member's benefit plan includes a copay and/or coinsurance, check the member's Community Health Plan ID card each time services are rendered. Verify the member's primary care provider, benefits, copays and/or coinsurance. You are responsible for collecting the copay and/or coinsurance.

What follows is a baseline description of member benefits. Each specific employer group may have its own unique benefit criteria.

(The following page lists the HMO group product offerings)

CHP HMO Product Offerings page

	Community Health Plan (CHP)		Community Health Plan Insurance Company (CHPIC) [All functions delegated to CHP via contract]		CHP - KS	
	HMO	ASO (TPA)	PPO - Group		POS-2	
Product	Community Gold; Community Choice; Community Point-of-Service (POS)	(TPA – Third Party Administrator) HMO/POS/PPO products	<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)	KS group offering only HMO license [combines Levels 1&2 of POS, with separate Level 3.]
Copayment / Coinsurance	Copayments, except for Durable Medical Equipment	Varied Copayments, Deductible, etc. Dependent upon group	Coinsurance / Deductible		Copayments/Coinsurance	Coinsurance
Participating Or Non-Participating	Gold and Community Choice: Participating Provider benefit only; POS: Par and Non-Participating benefit	Participating and Non-Participating benefits are dependent upon option purchased.	Participating and Non-Participating benefits		Participating and Non-Participating benefits	Participating and Non-Participating benefits
Fully / Self Insured	Fully	Self	Fully		Fully	Fully
Regulated by	State Department of Insurance	ERISA/COBRA/HIPAA/Other Federal Regulations	State Department of Insurance		State Department of Insurance	State Department of Insurance
Maximums	No lifetime maximum	Dependent upon group	OOP maximum; lifetime maximum		OOP maximum; lifetime maximum	No lifetime maximum
State Licensed	MO and KS	MO only	MO only		MO only	KS only
Purchased By	Employer	Employer	Employer		Individual	Employer

II. ADMINISTERED DRUGS, MEDICATIONS, BIOLOGICALS, AND FLUIDS

Any drug, medication, biological or fluid is covered when such drug, medication, biological or fluid which you provide, which is a covered service for the member, to be administered, in whole or in part, while a member is under your care. You are responsible for obtaining authorization from Community Health Plan for those drugs, medications, biologicals or fluids that require authorization prior to administration. Please refer to the prior authorization list for a list of medications requiring prior authorization from Community Health Plan.

Specialty Pharmacy

Specialty pharmacy medications must be obtained through the PBM Specialty Pharmacy for Community Health Plan members. Specialty Pharmacy is a service provided by our PBM vendor. All high-cost medications and injectibles listed on the prior authorization list are to be obtained through Specialty Pharmacy 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.

Simply fax the prior authorization request 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 website at 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.

III. CHIROPRACTIC

Limited service schedule.

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

All 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. LAB AND RADIOLOGY

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

Please refer to the Prior Authorization list for a list of Radiology procedures requiring prior authorization from Community Health Plan.

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

The observation stay copay and/or coinsurance, and deductible 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.

VI. 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.

VII. OUTPATIENT SURGERY

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

VIII. OUTPATIENT THERAPY

The office visit copay 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 radiology procedures.

IX. 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.