



Together for Everyone

2021 Individual and Family Health Plans



About Children's Community Health Plan

Meet Children's Community Health Plan (CCHP)

We are a Wisconsin-based health plan that has offered affordable health insurance to individuals and families in our community for more than a decade. We have 130,000 members enrolled in our Medicaid (BadgerCare) plan, and in 2017 began offering health insurance coverage in southeast Wisconsin with our health plan — Together with CCHP. In 2020, Together with CCHP expanded and became available in select counties in northeast Wisconsin.



Award-winning customer service

Our dedication to our members shines through with award-winning customer service and health plan options priced for affordability. We are proud to be affiliated with Children's Wisconsin and want you to know — Together with CCHP offers coverage for adults, too. Together with CCHP offers members access to high-quality health care from a broad network of providers in Brown, Calumet, Door, Kenosha, Kewaunee, Manitowoc, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Washington, Waukesha and Winnebago counties.

Your community. Our community.

We know your community, because it's our community, too. From programs like Healthy Mom, Healthy Baby and health management to supporting local events and charities, our outreach efforts go beyond our members.

We're right here when you need us, and we'll work with you to find the right plan that fits your needs and the needs of your covered family members.



CCHP on Call



No-cost 24/7 nurseline
with MD consultations
(with prescription capabilities)



Select insulin
medications paid
at 100%



High-quality
provider network



Preventive care
paid at
100%¹



Locally-based plan
Community-focused
and driven



Member incentives

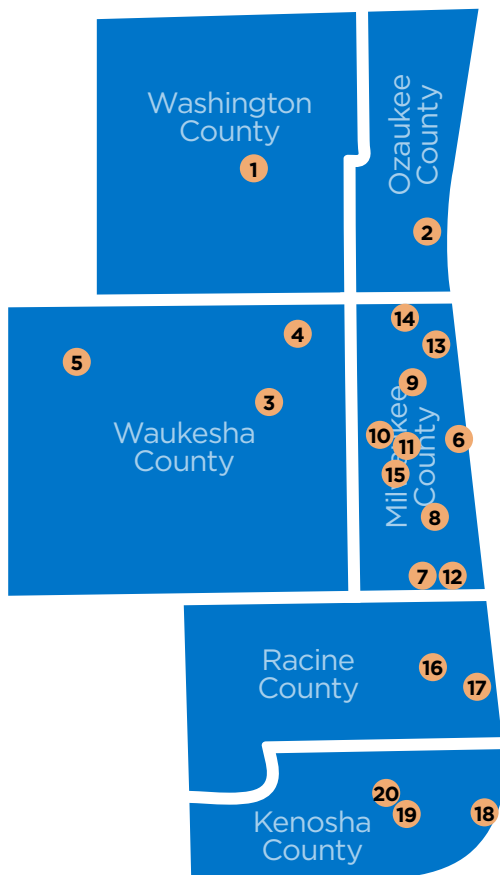
¹For preventive services recommended under the Affordable Care Act when you use providers in our network.

The network you want

Together with CCHP offers access to a broad network of high-quality providers from the major health systems listed below. Our service area includes in-network specialists, pharmacies and chiropractors, which makes finding care close to home easier.

Don't see your provider listed here? Go to our website at togetherCCHP.org/find-a-doc and search our Provider Directory to see if they are in our network.

When you go to an out-of-network provider for emergency or urgent care services, CCHP pays the provider a specific amount, based on our policies. This is called the Maximum Allowed Amount. The Maximum Allowed Amount may be less than the amount the provider billed. Because we are not contracted with out-of-network providers, the fees they charge, if not fully covered by our payment, may be billed to you. To avoid being charged for this remaining balance (called "balance billing"), you must use our in-network providers.



Network hospitals in our southeast Wisconsin service area include:

WASHINGTON COUNTY

- 1 St. Joseph's Hospital, West Bend

OZAUKEE COUNTY

- 2 Ascension - Columbia St. Mary's Hospital - Ozaukee

WAUKESHA COUNTY

- 3 Ascension - Wheaton Franciscan - Elmbrook Memorial
- 4 Community Memorial Hospital
- 5 Rogers Memorial Hospital

MILWAUKEE COUNTY

- 6 Ascension - Columbia St. Mary's
- 7 Ascension - Wheaton Franciscan Healthcare - Franklin
- 8 Ascension - Wheaton Franciscan Healthcare - St. Francis
- 9 Ascension - Wheaton Franciscan Healthcare - St. Joseph Campus
- 10 Children's Wisconsin Hospital
- 11 Froedtert Hospital and the Medical College of Wisconsin
- 12 Midwest Orthopedic Specialty Hospital - Franklin
- 13 Orthopaedic Hospital of Wisconsin - Glendale
- 14 Rogers Memorial Hospital - Brown Deer
- 15 Rogers Memorial Hospital - West Allis

RACINE COUNTY

- 16 Ascension - Wheaton Franciscan Healthcare - All Saints (Spring Street Campus)
- 17 Ascension - Wheaton Franciscan Healthcare - All Saints (Wisconsin Avenue Campus)

KENOSHA COUNTY

- 18 Froedtert South - Kenosha Medical Center
- 19 Froedtert South - St. Catherine's Medical Center
- 20 Rogers Memorial Hospital

Visit our website to see if your doctor is in the Together with CCHP Network —
togetherCCHP.org/find-a-doc.



Network hospitals in our northeast Wisconsin service area include:

BROWN COUNTY

- ❶ Bellin Memorial Hospital
- ❷ Bellin Psychiatric Hospital

CALUMET COUNTY

- ❸ Ascension Calumet Hospital

DOOR COUNTY

- ❹ Door County Medical Center

MANITOWOC COUNTY

- ❺ Holy Family Memorial Medical Center

OCONTO COUNTY

- ❻ Bellin Health Oconto Hospital

OUTAGAMIE COUNTY

- ❼ Ascension NE Wisconsin St Elizabeth Hospital

WINNEBAGO COUNTY

- ❽ Ascension NE Wisconsin Mercy Hospital
- ❾ Children's Wisconsin Hospital - Fox Valley



Plan benefits

CCHP on Call

Together with CCHP offers our members a no-cost nurseline called CCHP on Call, where you can speak directly to knowledgeable registered nurses who are available 24/7. They may provide symptom assessment and help you find the appropriate level of care and help keep your costs down. Depending on your needs, you may be directed to a nearby facility that has extended hours (such as an urgent care clinic), directed to your family doctor, given at-home treatment advice or offered a medical doctor (MD) consultation over the phone.



24/7 MD consultations

By combining MD consultations with our nurse triage service, we are proud to offer services that provide immediate care for certain common conditions. Depending on the circumstances, the nurses may answer questions, triage symptoms and provide care recommendations, while the doctors may be able to diagnose your condition, provide at-home treatment advice, and send a prescription (if appropriate) to the local participating pharmacy for common conditions.

Whether you are just not feeling well or not able to see your primary care provider, CCHP on Call is available 24/7 to help answer your health-related concerns.

Health management programs

Our local, personalized health management programs focus on members with chronic health problems or members who need extra help with their specific health care needs. Our specially trained clinical services staff works with you and your doctors to create a plan that fits your needs.

Together with CCHP health management programs include:

- **Case management** — If you are diagnosed with a serious illness or complex health condition, our case managers will work with you to help you learn how to best manage your condition.
- **Disease management** — Need help managing your asthma, diabetes or depression? Case managers are here to support you and help you learn more about your condition and how to best manage and improve it.
- **Free apps** — Together with CCHP also offers free apps to help you manage your diabetes or lower back pain. Check out togetherCCHP.org/members/Health-Programs for more information.

New for 2021!

Together with CCHP is covering select insulin medications at no extra charge for our members. This means no copay or coinsurance due when you pick up your insulin medication at an in-network pharmacy! For more information on your prescription drug benefits, please visit togetherCCHP.org/formulary.

New for 2021!

Treatment cost calculator

Together with CCHP is offering a new treatment cost calculator, which allows members to receive an estimate of costs of certain health care services upfront. Each estimate is personalized based on your benefits, deductible, provider and location. This gives you the ability to research and plan for your health care, so you have a better idea of what you will pay and what your plan will cover. More information available online at togetherCCHP.org.

Maintain a healthy lifestyle on a budget:

Together with CCHP covers preventive services recommended under the Affordable Care Act when you use providers in our network. This means there's no extra charge for these covered preventive services, which include certain recommended screenings, immunizations, tests, and annual checkups for each covered person on your plan.

For a full list of covered services, please visit togetherCCHP.org/preventive-guidelines



What plan is right for me?

Together with CCHP offers plans designed with you in mind. Plan categories differ based on the way you and the health plan share your health care costs. When deciding which plan option is right for you, consider what is important to you and how you expect to use your benefits.

	Catastrophic	Bronze	Silver	Gold
Monthly premium	\$	\$\$	\$\$\$	\$\$\$\$
Your cost	\$\$\$\$	\$\$\$	\$\$	\$
100% coverage for preventive prescription drugs ¹	✓	✓	✓	✓
100% coverage for preventive care ²	✓	✓	✓	✓

¹ Visit our website for a list of covered preventive prescription drugs in the Pharmacy Benefit Guide.

² For preventive services recommended under the Affordable Care Act when you use providers in our network.

High Deductible HSA plan

Together with CCHP offers a Bronze High Deductible Health Plan (HDHP). With the Bronze HDHP plan, you have the ability to combine your health insurance plan with a Health Savings Account (HSA) that provides for tax-free payment or reimbursement of eligible medical expenses to help lower your medical costs. With the Together with CCHP Bronze HDHP plan, you have the option to open an HSA at any participating bank or financial institution of your choice.

**Bronze HDHP Zero and Bronze HDHP Limited plans are not HSA-eligible. Together with CCHP is not responsible for the administration of any Health Savings Accounts. For more information on how to open a qualifying account, please visit your local bank or financial institution.*

Catastrophic plan

If you are under the age of 30 or are experiencing a hardship, the Catastrophic plan may be for you. Like the other Together with CCHP plans, the Catastrophic plan covers essential health benefits and certain preventive services at no cost. Catastrophic plans are designed for individuals who have low health care costs and primarily use their insurance for routine checkups. This plan has lower monthly premiums and a higher deductible. To see if you qualify for a hardship or the full list of hardship qualifications, please visit [healthcare.gov](https://www.healthcare.gov).

2021 health plan options

To help you understand what your plan coverage may look like for in-network services, the following pages contain a summary of covered benefits and features of all Together with CCHP plans (Off-Exchange, Catastrophic, Bronze, Silver, Gold and Cost Share Reduction plans). For more information, visit our website at togetherCCHP.org or call our Customer Service team at **1-844-201-4672**. Together with CCHP only offers coverage for in-network providers.

Off-Exchange plan

The Silver Choice plan is available for members to purchase Off-Exchange only. Apply for this plan directly on the togetherCCHP.org website. No advanced premium tax credits or cost share reduction benefits can be applied to this plan. For more information, contact your insurance agent or the Together with CCHP Sales team at **1-844-708-3837**.

	SILVER CHOICE
Individual medical and prescription deductible	\$5,300
Individual medical and prescription maximum out-of-pocket	\$8,550
Family medical and prescription maximum deductible	\$10,600
Family medical and prescription out-of-pocket maximum	\$17,100
Primary care office visit	\$50 copay
Specialty/specialist office visit	\$100 copay
Inpatient and outpatient services	40% after deductible
Outpatient lab services	40% after deductible
Urgent care	40% after deductible
Emergency room	40% after deductible
Prescription drugs	
Tier 1: Generic	\$15 copay
Tier 2: Preferred brand	40% after deductible
Tier 3: Non-preferred brand	40% after deductible
Tier 4: Specialty prescriptions	40% after deductible
Tier 5: ACA preventive prescriptions	\$0
Tier 6: Select generics, including select insulin	\$0
Health management programs	✓
CCHP on Call nurseline	✓

2021 health plan options

	CATASTROPHIC	BRONZE		SILVER			GOLD
	Catastrophic	Bronze	Bronze HDHP (HSA-eligible)	Silver	Silver Select	Standard Silver	Gold
Individual medical and prescription deductible	\$8,550	\$7,000	\$7,000	\$5,400	\$3,250	\$4,000	\$2,000
Individual medical and prescription maximum out-of-pocket ¹	\$8,550	\$8,550	\$7,000	\$8,550	\$8,550	\$8,550	\$6,500
Family medical and prescription maximum deductible	\$17,100	\$14,000	\$14,000	\$10,800	\$6,500	\$8,000	\$4,000
Family medical and prescription out-of-pocket maximum ¹	\$17,100	\$17,100	\$14,000	\$17,100	\$17,100	\$17,100	\$13,000
Primary care office visit	3 free visits, then 0% after deductible	\$60 copay	0% after deductible	\$50 copay	\$35 copay	\$35 copay	\$30 copay
Specialty/specialist office visit	0% after deductible	\$120 copay	0% after deductible	\$100 copay	\$80 copay	\$70 copay	\$60 copay
Inpatient and outpatient services	0% after deductible	50% after deductible	0% after deductible	40% after deductible	40% after deductible	20% after deductible	20% after deductible
Outpatient lab services	0% after deductible	50% after deductible	0% after deductible	40% after deductible	40% after deductible	\$40 copay	20% after deductible
Urgent care	0% after deductible	50% after deductible	0% after deductible	40% after deductible	40% after deductible	20% after deductible	20% after deductible
Emergency room	0% after deductible	50% after deductible	0% after deductible	40% after deductible	40% after deductible	20% after deductible	20% after deductible
Prescription Drugs ²							
Tier 1: Generic	0% after deductible	\$20 copay	0% after deductible	\$15 copay	\$15 copay	\$15 copay	\$10 copay
Tier 2: Preferred brand	0% after deductible	50% after deductible	0% after deductible	40% after deductible	\$55 copay	\$50 copay	\$55 copay
Tier 3: Non-preferred brand	0% after deductible	50% after deductible	0% after deductible	40% after deductible	40% after deductible	20% after deductible	20% after deductible
Tier 4: Specialty prescriptions ³	0% after deductible	50% after deductible	0% after deductible	40% after deductible	40% after deductible	20% after deductible	20% after deductible
Tier 5: ACA preventive prescriptions	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 6: Select generics, including select insulin	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Health management programs	✓	✓	✓	✓	✓	✓	✓
CCHP on Call Nurseline	✓	✓	✓	✓	✓	✓	✓

¹The out-of-pocket maximum is the sum of the deductible amount, prescription drug deductible amount (if applicable), copayment amount and coinsurance percentage of covered expenses, as shown in your Evidence of Coverage.

²Visit our website for a list of covered preventive prescriptions in the Together with CCHP Pharmacy Benefit Guide.

³Many specialty medications are paid according to medical plan benefits, not prescription drug benefits.

Cost share reduction plans

These plans are based on your household income, and only available to On-Exchange members who qualify. Please visit healthcare.gov for more information and to apply.

	SILVER			SILVER SELECT			STANDARD SILVER		
	200	150	100	200	150	100	200	150	100
Individual medical and prescription deductible	\$2,750	\$750	\$250	\$3,000	\$750	\$100	\$4,000	\$1,000	\$250
Individual medical and prescription maximum out-of-pocket	\$6,800	\$2,850	\$1,650	\$6,800	\$2,850	\$1,000	\$6,800	\$2,850	\$1,350
Family medical and prescription deductible	\$5,500	\$1,500	\$500	\$6,000	\$1,500	\$200	\$8,000	\$2,000	\$500
Family medical and prescription maximum out-of-pocket	\$13,600	\$5,700	\$3,300	\$13,600	\$5,700	\$2,000	\$13,600	\$5,700	\$2,700
Primary care office visit	\$40 copay	\$20 copay	\$5 copay	\$35 copay	\$30 copay	\$25 copay	\$30 copay	\$20 copay	\$10 copay
Specialty/specialist office visit	\$80 copay	\$40 copay	\$10 copay	\$75 copay	\$70 copay	\$50 copay	\$60 copay	\$50 copay	\$20 copay
Inpatient and outpatient services	35% after deductible	20% after deductible	10% after deductible	40% after deductible	20% after deductible	10% after deductible	20% after deductible	10% after deductible	5% after deductible
Outpatient lab services	35% after deductible	20% after deductible	10% after deductible	40% after deductible	20% after deductible	10% after deductible	\$40 copay	\$35 copay	\$20 copay
Urgent care	35% after deductible	20% after deductible	10% after deductible	40% after deductible	20% after deductible	10% after deductible	20% after deductible	10% after deductible	5% after deductible
Emergency room	35% after deductible	20% after deductible	10% after deductible	40% after deductible	20% after deductible	10% after deductible	20% after deductible	10% after deductible	5% after deductible
Prescription drugs									
Tier 1: Generic	\$10 copay	\$5 copay	\$5 copay	\$15 copay	\$10 copay	\$10 copay	\$15 copay	\$10 copay	\$5 copay
Tier 2: Preferred brand	35% after deductible	20% after deductible	10% after deductible	\$55 copay	\$50 copay	\$40 copay	\$40 copay	\$25 copay	\$15 copay
Tier 3: Non-preferred brand	35% after deductible	20% after deductible	10% after deductible	40% after deductible	20% after deductible	10% after deductible	20% after deductible	10% after deductible	5% after deductible
Tier 4: Specialty Prescriptions	35% after deductible	20% after deductible	10% after deductible	40% after deductible	20% after deductible	10% after deductible	20% after deductible	10% after deductible	5% after deductible
Tier 5: ACA preventive prescriptions	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 6: Select generics, including select insulin	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Health management programs	✓	✓	✓	✓	✓	✓	✓	✓	✓
CCHP on Call nurseline	✓	✓	✓	✓	✓	✓	✓	✓	✓





Get a quote online at togetherCCHP.org.

Monthly premiums vary based on your income. To see if you qualify for reduced premiums with a subsidy or a Cost Share Reduction Plan, please visit our website at **togetherCCHP.org** or **healthcare.gov**.

Before you apply, be sure to:

Gather the information you'll need for everyone you want to be covered on your Together with CCHP plan, including:

- Social Security numbers
- Employer and income tax statements, W-2s, or pay stubs
- If you have health insurance, have the policy numbers handy.
- Proof of legal residency

Apply

- Open enrollment is from November 1 through December 15, 2020.
- You can apply with us online at **togetherCCHP.org**, talk to your insurance agent or go to **healthcare.gov**.
- After you choose a plan, talk to your insurance agent to find out what your premium will be.



After you apply, be sure to:

- Find local network providers, hospitals and clinics in our Provider Directory at **togetherCCHP.org/find-a-doc**.
- Pay your first month's premium. Payment is required to be paid by your policy effective date.
- Check your mail for your Together with CCHP member ID card and Welcome Kit.



The 2021 Open Enrollment period is **November 1 – December 15, 2020**, with coverage effective date of **January 1, 2021**.



If you have any questions about what the health plan you have chosen covers, call Together with CCHP Customer Service at **1-844-201-4672**.

Terms and provisions

Protecting your personal health information is as important to us as it is to you. We want you to know how your protected health information (PHI) may be used and disclosed, and how you can get access to your PHI. We've prepared a few answers to some of the most frequently asked questions about the safeguards we have in place for your PHI.

We encourage you to read the Notice of Privacy Practices. It is included in your Evidence of Coverage, and prospective members can read it online at **togetherCCHP.org** or call 1-844-201-4672 for a copy. When we make a significant change in our privacy practices, we change the Notice of Privacy Practices and send it to our members or post it on our website at **togetherCCHP.org**.

How can I access my medical records?

For complete listings of your medical records or billing statements, Together with CCHP recommends that you contact your health care practitioner. Practitioners may charge you reasonable fees to cover their costs for providing records or completing requested forms. If you request medical forms or records from us, we also may charge you reasonable fees to cover costs for completing the forms or providing the records. Contact us for more information.

What does Together with CCHP do to safeguard my privacy?

We have technological and administrative protections in place to guard the privacy of our members' PHI, including race, ethnicity, and language data. Some of the ways Together with CCHP protects members' PHI are:

- We have mandatory staff training on how to protect and secure PHI.
- We secure PHI on our computers with firewalls and passwords.
- We have policies and procedures in place to protect PHI.

Where can I find more information on my privacy rights?

You can find more information in our official Notice of Privacy Practices in your Evidence of Coverage found online at **togetherCCHP.org**. A copy of your EOC will also be mailed to you upon enrollment. Please read

it carefully. CCHP reserves the right to change our privacy practices and the contents of this Notice of Privacy Practices as allowed by law. When we make a significant change in our privacy practices, we will change this notice and send it to our members or post it on our website at **togetherCCHP.org**.

Pharmaceutical Management Procedures

Our formulary is the list of Food and Drug Administration (FDA) -approved drugs that we cover. Our Pharmacy and Therapeutics (P&T) Committee researches and evaluates drugs it may cover. Committee members include doctors and pharmacists who meet regularly during the year to review and update the formulary. Committee members base their decision on the drug's safety, effectiveness and cost.

Our formulary is a six-tier formulary consisting of a generic tier, a preferred brand tier, a non-preferred brand tier, a specialty drug tier, a select generic tier, and a \$0 select tier. Brand drugs on the Preferred tier will be available to members at a lower cost share than non-preferred brands. Formulary high-cost medications such as biological and infusions are covered in the Specialty tier, which may have stricter days'-supply limitations than the other tiers. The \$0 Select tier has some preventive medications covered at no cost share to the member. Some medications may be subject to utilization management criteria, including but not limited to: Prior Authorization rules, quantity limits or step therapy. Selected medications are not covered with this formulary. You can contact Customer Service for a list of drugs that are covered by your plan or you can go to **togetherCCHP.org/formulary** for this information. When you have the list, you may show it to your doctor to determine whether to prescribe one of the drugs on this list for your medication needs.

Medications not covered

The following medications are benefit exclusions and will not be covered under the pharmacy benefit: antimalarial agents when used for prevention; anti-obesity medications, including but not limited to appetite suppressants and lipase inhibitors; blood or blood plasma products; compounded products containing excluded ingredients, drugs labeled for investigational use; fertility agents; legend vitamins (other than prenatal, fluoride and certain therapeutic

vitamins); most over-the-counter medications, needles/syringes (other than insulin), nutrition and dietary supplements; therapeutic devices/appliances; and urine strips.

This is not a complete list and there may be other medications that are not covered. For more information, please contact Customer Service at the phone number on the back of your member ID card or on the first page of this guide.

If the drug you take is not on the list of covered drugs for your benefit plan, you can ask us if we would cover it as a non-formulary exception. A request for a non-formulary exception will only be approved if there is documented evidence that the formulary alternatives are not effective in treating your condition; the formulary alternatives would cause adverse side effects; or a contraindication exists such that you cannot safely try the formulary drug.

If you need to request a non-formulary exception, contact Customer Service or access the exception request form at togetherCCHP.org/forms. When you make this request, we may contact your prescriber or physician for information to support your request.

Together with CCHP's network of retail pharmacies includes hundreds of locations, independent pharmacies, as well as multi-store chains throughout the region. You can take your prescription to any pharmacy in the network. You must use 75 percent of your drug before you can get a refill. Go to togetherCCHP.org/pharmacy for specific pharmacy names, locations and telephone numbers.

Utilization Management

Together with CCHP wants its members to get the best possible care when they need it most. Therefore, we use a prior authorization process, which is part of our Utilization Management (UM) Program. Utilization Management is the evaluation of the appropriateness and medical need of health care services procedures and facilities according to evidence-based criteria or guidelines, and under the provisions of your health benefits plan.

CCHP utilizes Milliman Care Guidelines (MCG) to determine medical necessity. These are clinical decision support tools used for treating specific patient conditions with appropriate levels of care and optimal progression toward discharge or transition. CCHP selects criteria, which align the interests of the member, provider and health plan, have evidence-based development, including input from recognized medical experts and are applied to a broad number of members.

Together with CCHP contracted providers are responsible for obtaining prior authorization before they provide services to covered members. However, if a provider is not contracted with Together with CCHP and provides services, or if Together with CCHP is not contacted by the provider, it is ultimately the responsibility of the covered member to ensure prior authorization was obtained.

CCHP's UM department reviews the following types of services and may require CCHP authorization for coverage:

- Pre-service – these are services that are reviewed prior to a visit or before you receive the service. CCHP will make a decision on these within 14 days of receipt.
- Pre-service urgent - these are services that are reviewed prior to a visit or before you receive the service in an expeditious manner. CCHP will make a decision within 72 hours.
- Concurrent – services that are occurring now such as an inpatient stay. CCHP will make a decision within 24 hours.
- Post-service – these are services that have already occurred. CCHP will make a decision within 30 days.

The CCHP website includes a list of services that require authorization. Your member handbook will also guide you on the services that require authorization and those services that are not covered under your benefit. You will receive written notification of a service that is denied because it is not part of the covered benefits or because it has been deemed not medically necessary. The letter will explain the service that was denied, why the request was denied, and

what your rights are, such as the right to appeal. The letter will include instruction on how to appeal.

CCHP allows you or your authorized representative to request an appeal. You have the right to be represented by anyone you choose, including an attorney. An appeal will be accepted in any written form, such as a letter or a fax. CCHP must receive it within 3 years from the date we sent the denial notice.

Non-covered benefits

There are certain benefits which are not covered by Together with CCHP. This list includes but is not limited to: homeopathy, acupuncture, holistic medicine, hypnosis, massage and relaxation therapy, yoga, infertility treatment, bariatric surgery, cosmetic surgery, dental braces, work-related injuries, any injuries sustained while participating in an illegal act or occupation, experimental services and routine foot care. This is not a full list of non-covered benefits. A complete list of exclusions is available in the Evidence of Coverage online at **togetherCCHP.org**.

Accident-only dental services

Together with CCHP plans do not include adult or pediatric dental services, except in the event of accidental injury. Dental coverage is available in the federal Health Insurance Marketplace and can be purchased separately. Please contact your agent or the federal Health Insurance Marketplace at **healthcare.gov** if you wish to purchase a separate dental insurance product.

Services obtained from out-of-network providers

If you use a doctor, hospital or other provider that is not part of your network, you will not receive network benefits or discounts, and you will be responsible for all expenses associated with that out-of-network service. For instance, providers who are not part of your network do not accept office visit copays, and you will

be responsible for the entire charge for that office visit. Be aware that your in-network doctor or hospital may use an out-of-network provider for some services.

This plan is an Exclusive Provider Organization. Except as specifically stated in the Evidence of Coverage found online at **togetherCCHP.org**, services received from an out-of-network provider are not covered. In addition, certain services you wish to receive from in-network providers require Prior Authorization. If you wish to receive coverage for those services, you must obtain Prior Authorization from us. If you do obtain services from an out-of-network provider that are covered under the Evidence of Coverage, the Maximum Allowed Amount is determined by Together with CCHP based on the contract's fee schedule, usual and customary charge (which is determined by comparing charges for similar services adjusted to the geographical area where the services are performed), or other method as defined in the EOC found online at **togetherCCHP.org**.

If you incur non-covered expenses, you are responsible for making the full payment to the health care provider for those expenses. The fact that a health care provider has performed or prescribed a medically necessary procedure, treatment, or supply, or the fact that it may be the only available treatment for a bodily injury or illness, does not mean that the procedure, treatment or supply is covered under the plan. Please review the Evidence of Coverage for all covered benefits, which can be found online at **togetherCCHP.org**.

Visit **togetherCCHP.org** or talk to your insurance agent to apply. For more information, call **1-844-708-3837**.



Non-Discrimination Disclosure

Together with CCHP complies with Federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability or sex. Si no habla inglés, se programarán servicios de idiomas en forma gratuita. Llame al 1-844-201-4672 (TTY: 7-1-1). Yog hais tias koj tsis txawj hais lus Askiv, peb yuav teem sij hawm muab kev pab txhais lus pub dawb rau koj. Hu rau 1-844-201-4672 (TTY: 7-1-1).

