

# Plan Benefits – Community Choice

Effective July 1, 2025







## Summary of Community Choice benefits









This summary shows Community Choice plan benefits for many medical and behavioral health services. For a complete and detailed description of benefits and Plan provisions, see the member handbook.



- ❑ **Deductible** – The Community Choice plan deductible is \$400 for one person or \$800 for a family each plan year.
- ❑ **Out-of-pocket cost limits** – The **out-of-pocket maximum** (\$5,000 for one person and \$10,000 for a family) limits your costs for non-hospital services and services at Community Choice hospitals. The separate **non-Community Choice coinsurance limit** (\$5,000 per person) limits the coinsurance you owe for services at non-Community Choice hospitals.
- ❑ **Allowed amounts** – All benefits shown in this summary are limited to Wellpoint’s allowed amounts. The allowed amount is the most that Wellpoint pays for a covered service.
- ❑ **Preapprovals** – Services marked with a 📞 phone symbol need to be preapproved.

## Benefits for medical care under Community Choice




Service	Your member costs
📞 Ambulances	Deductible
Anesthesia	Deductible
Bereavement counseling	Deductible and 20% coinsurance ( <i>limited to \$1,500 for a family in a plan year</i> )
Cardiac rehab programs	\$20 copay
Chemotherapy	Deductible
Chiropractic care	\$20 copay ( <i>limited to 20 visits in a plan year</i> )
Diabetic supplies	<ul style="list-style-type: none"> <li>▪ <b>Contracted suppliers:</b> Deductible</li> <li>▪ <b>Non-contracted suppliers:</b> Deductible and 20% coinsurance</li> </ul>
Dialysis	Deductible
<b>Doctor visits</b> <ul style="list-style-type: none"> <li>▪ PCP visits</li> </ul>	\$20 copay
<ul style="list-style-type: none"> <li>▪ Specialist visits</li> </ul>	\$30/60/75 copay
<ul style="list-style-type: none"> <li>▪ Virtual care (telehealth)</li> </ul>	\$20 copay
<b>Doctors – other services</b> <ul style="list-style-type: none"> <li>▪ At an emergency room</li> </ul>	Deductible
<ul style="list-style-type: none"> <li>▪ Inpatient hospital care</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Community Choice</b> – Deductible</li> <li>▪ <b>Non-Community Choice</b> – Deductible</li> </ul>
<ul style="list-style-type: none"> <li>▪ Outpatient hospital care</li> </ul>	\$30/60/75 copay
<b>Drug screening (lab tests)</b> <ul style="list-style-type: none"> <li>▪ Outpatient hospital</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Community Choice</b> – Deductible</li> <li>▪ <b>Non-Community Choice</b> – \$50 daily copay and deductible</li> </ul>
<ul style="list-style-type: none"> <li>▪ Non-hospital-owned lab</li> </ul>	Deductible

Service	Your member costs
 Durable medical equipment (DME)	<ul style="list-style-type: none"> <li>Contracted suppliers: Deductible</li> <li>Non-contracted suppliers: Deductible and 20% coinsurance</li> </ul>
Early intervention programs	No member costs
Emergency room visits	<ul style="list-style-type: none"> <li>Community Choice – \$100 copay and deductible</li> <li>Non-Community Choice – \$100 copay and deductible</li> </ul>
 Enteral therapy	<ul style="list-style-type: none"> <li>Contracted suppliers: Deductible</li> <li>Non-contracted suppliers: Deductible and 20% coinsurance</li> </ul>
Eye exams (routine)	\$30/60/75 copay (limited to one exam every 24 months)
Eyeglasses and contact lenses	Deductible (limited to the first lenses within six months after eye injury or cataract surgery)
Family planning services	No member costs
Fitness club reimbursement	Reimbursed up to \$100 for one person and \$200 for a family in a plan year
Hearing aids	
<ul style="list-style-type: none"> <li>Age 21 and under</li> </ul>	No member costs (limited to \$2,000 for each impaired ear every 24 months)
<ul style="list-style-type: none"> <li>Age 22 and over</li> </ul>	No member costs (limited to \$1,700 for each impaired ear every 24 months)
Hearing exams	No member costs (but you may owe a copay for the office visit)
 High-tech imaging (e.g., MRIs, CT and PET scans)	
<ul style="list-style-type: none"> <li>Inpatient hospital</li> </ul>	<ul style="list-style-type: none"> <li>Community Choice – Deductible</li> <li>Non-Community Choice – Deductible and 20% coinsurance</li> </ul>
<ul style="list-style-type: none"> <li>Outpatient hospital</li> </ul>	<ul style="list-style-type: none"> <li>Community Choice – \$100 daily copay and deductible</li> <li>Non-Community Choice – \$200 daily copay and deductible</li> </ul>
<ul style="list-style-type: none"> <li>Non-hospital-owned locations</li> </ul>	\$100 daily copay and deductible
 Home health care	<ul style="list-style-type: none"> <li>Contracted suppliers: Deductible</li> <li>Non-contracted suppliers: Deductible and 20% coinsurance</li> </ul>
Home infusion therapy	<ul style="list-style-type: none"> <li>Contracted suppliers: Deductible</li> <li>Non-contracted suppliers: Deductible and 20% coinsurance</li> </ul>
 Hospice care	Deductible
Immunizations (vaccines)	No member costs (but you may owe a copay for the office visit)
 Inpatient medical care	
<ul style="list-style-type: none"> <li>At a hospital or rehab facility (semi-private room)</li> </ul>	<ul style="list-style-type: none"> <li>Community Choice – \$275 quarterly copay and deductible</li> <li>Non-Community Choice – \$750 per-admission copay, deductible, and 20% coinsurance</li> </ul>
<ul style="list-style-type: none"> <li>At a hospital or rehab facility (medically necessary private room)</li> </ul>	<ul style="list-style-type: none"> <li>Community Choice: <ul style="list-style-type: none"> <li>First 90 days: \$275 quarterly copay and deductible</li> <li>After 90 days: Dollar difference between the semi-private room rate and the private room rate</li> </ul> </li> <li>Non-Community Choice: <ul style="list-style-type: none"> <li>First 90 days: \$750 per-admission copay, deductible, and 20% coinsurance</li> <li>After 90 days: 20% coinsurance, and the dollar difference between the semi-private room rate and the private room rate</li> </ul> </li> </ul>

Service	Your member costs
 <b>Inpatient services (continued)</b> <ul style="list-style-type: none"> <li>▪ Neonatal ICU</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Community Choice</b> – \$275 quarterly copay and deductible</li> <li>▪ <b>Non-Community Choice:</b> <ul style="list-style-type: none"> <li>▪ <b>At a designated hospital:</b> \$275 quarterly copay and deductible</li> <li>▪ <b>At other hospitals:</b> \$750 per-admission copay, deductible, and 20% coinsurance</li> </ul> </li> </ul>
<b>Lab services</b>	
<ul style="list-style-type: none"> <li>▪ Inpatient hospital</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Community Choice</b> – Deductible</li> <li>▪ <b>Non-Community Choice</b> – Deductible and 20% coinsurance</li> </ul>
<ul style="list-style-type: none"> <li>▪ Outpatient hospital</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Community Choice</b> – Deductible</li> <li>▪ <b>Non-Community Choice</b> – \$50 daily copay and deductible</li> </ul>
<ul style="list-style-type: none"> <li>▪ Non-hospital-owned locations</li> </ul>	Deductible
<b>Nutrition counseling</b>	No member costs
 <b>Occupational therapy</b>	\$20 copay <i>(limited to 30 visits in a plan year except with autism diagnosis)</i>
<b>Office visits</b>	See “Doctor visits” on page 1.
<b>Oxygen</b>	<ul style="list-style-type: none"> <li>▪ <b>Contracted suppliers:</b> Deductible</li> <li>▪ <b>Non-contracted suppliers:</b> Deductible and 20% coinsurance</li> </ul>
<b>Personal Emergency Response Systems</b>	
<ul style="list-style-type: none"> <li>▪ Installation</li> </ul>	Deductible and 20% coinsurance <i>(limited to \$50 in a plan year)</i>
<ul style="list-style-type: none"> <li>▪ Rental</li> </ul>	Deductible and 20% coinsurance <i>(limited to \$40 a month)</i>
 <b>Physical therapy</b>	\$20 copay <i>(limited to 30 visits in a plan year except with autism diagnosis)</i>
<b>Prescription drugs</b>	<ul style="list-style-type: none"> <li>▪ From a network pharmacy (30-day supply): \$10/30/65 copay</li> <li>▪ By mail order (90-day supply): \$25/75/165</li> </ul> <i>Benefits administered by CVS Caremark. Call 877-876-7214 for information.</i>
<b>Preventive care</b>	No member costs
 <b>Prosthetics and orthotics</b>	Deductible
 <b>Radiation therapy</b>	Deductible
<b>Radiology (e.g., X-rays)</b>	
<ul style="list-style-type: none"> <li>▪ Inpatient hospital</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Community Choice</b> – Deductible</li> <li>▪ <b>Non-Community Choice</b> – Deductible and 20% coinsurance</li> </ul>
<ul style="list-style-type: none"> <li>▪ Outpatient hospital</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Community Choice</b> – Deductible</li> <li>▪ <b>Non-Community Choice</b> – \$50 daily copay and deductible</li> </ul>
<ul style="list-style-type: none"> <li>▪ Non-hospital-owned locations</li> </ul>	Deductible
<b>Retail health clinic visits</b>	\$20 copay
 <b>Skilled nursing and long-term care facilities</b>	Deductible and 20% coinsurance <i>(limited to 100 days in a plan year)</i>
<b>Sleep studies</b>	<ul style="list-style-type: none"> <li>▪ <b>Community Choice</b> – Deductible</li> <li>▪ <b>Non-Community Choice</b> – \$50 daily copay and deductible</li> </ul>
 <b>Speech therapy</b>	\$20 copay
 <b>Surgery – inpatient hospital</b> <i>(You also have an inpatient copay; see “Inpatient services”)</i>	<ul style="list-style-type: none"> <li>▪ <b>Community Choice</b> – Deductible</li> <li>▪ <b>Non-Community Choice</b> – Deductible and 20% coinsurance</li> </ul>

Service	Your member costs
 <b>Surgery – outpatient</b> <ul style="list-style-type: none"> <li>At a hospital           <ul style="list-style-type: none"> <li><b>Community Choice</b> – \$250 quarterly copay and deductible</li> <li><b>Non-Community Choice</b> – Deductible and 20% coinsurance</li> </ul> </li> <li>Eye and GI surgery at a non-hospital-owned facility           <ul style="list-style-type: none"> <li>\$150 quarterly copay and deductible</li> </ul> </li> <li>All other surgery at a non-hospital-owned facility           <ul style="list-style-type: none"> <li>\$250 quarterly copay and deductible</li> </ul> </li> <li>At a doctor's office           <ul style="list-style-type: none"> <li>Deductible (<i>you may also owe a copay for the office visit</i>)</li> </ul> </li> </ul>	
<b>Tobacco cessation counseling</b>	No member costs ( <i>refer to GIC on limit</i> )
 <b>Transplants</b> <ul style="list-style-type: none"> <li>At a Quality Center or Designated Hospital for transplants           <ul style="list-style-type: none"> <li>\$275 quarterly copay and deductible</li> </ul> </li> <li>At other hospitals           <ul style="list-style-type: none"> <li><b>Community Choice</b> – \$275 quarterly copay, deductible, and 20% coinsurance</li> <li><b>Non-Community Choice</b> – \$750 per-admission copay, deductible, and 20% coinsurance</li> </ul> </li> </ul>	
<b>Urgent care center visits</b>	\$20 copay
<b>Virtual care (telehealth)</b>	\$20 copay
<b>Wigs (after cancer treatment)</b>	20% coinsurance

## Benefits for behavioral health care under Community Choice

Service	Your member costs with contracted providers	Your member costs with non-contracted providers
 <b>Applied Behavior Analysis (ABA)</b>	\$20 copay	Deductible and 20% coinsurance
<b>Emergency service programs</b>	No member costs	No member costs
 <b>Inpatient behavioral health care</b> <ul style="list-style-type: none"> <li>Facility charges           <ul style="list-style-type: none"> <li>\$275 quarterly copay and deductible</li> </ul> </li> <li>Professional services           <ul style="list-style-type: none"> <li>No member costs</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>Facility charges           <ul style="list-style-type: none"> <li>\$750 per-admission copay, deductible, and 20% coinsurance</li> </ul> </li> <li>Professional services           <ul style="list-style-type: none"> <li>Deductible and 20% coinsurance</li> </ul> </li> </ul>
<b>Medication-assisted treatment (MAT)</b>	No member costs	No member costs
 <b>Outpatient services</b>	\$20 copay	Deductible and 20% coinsurance
<b>Substance use disorder assessment / referral</b>	No member costs	No member costs
<b>Therapy (outpatient)</b>	\$20 copay	Deductible and 20% coinsurance
<b>Virtual care (telehealth)</b>	\$20 copay <i>You don't owe a copay for the first 3 visits.</i>	Deductible and 20% coinsurance