

Terms and Provisions

Accident-only dental services

Together with CCHP plans do not include adult or pediatric dental services. 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.

Out-of-network services

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, your in-network doctor or hospital may use an out-of-network provider for some services.

Prior authorizations

Authorization is required before receiving certain types of inpatient and outpatient treatments. Failure to get authorizations for services such as transplants and specialty pharmacy will result in a reduction or exclusion of coverage.

Out-of-pocket maximum

The 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. The following do not count toward satisfying the out-of-pocket maximum:

- Services that are not covered by your benefit plan
- Amounts in excess of the maximum allowable amount (balance-billed charges)
- The difference in cost between a brand-name drug and what we will pay for a generic drug when a generic drug substitute exists but the brand-name is dispensed
- All out-of-network provider charges except for emergency and urgent care copayments

Other important information

You must be eligible for insurance and pay your premium to remain insured. Together with CCHP is guaranteed renewable coverage except under specific conditions. Your contract will terminate if any of the following occur: you request to terminate coverage; regarding your covered spouse and any of your stepchildren who are children of that spouse, upon divorce, separation or annulment from your covered spouse; regarding your dependent child, when that child is no longer a dependent; your premium is past due beyond any applicable grace period; you commit fraud or intentionally misrepresent a material fact under your contract with us; you no longer reside or live in the service area or in an area where we are authorized to do business; we discontinue offering policies of this type or all health insurance coverage in the individual market in the state of Wisconsin; our contract with you is no longer a Qualified Health Plan and is decertified by the Health Insurance Exchange; we terminate as a Qualified Health Plan Issuer; or your death. Please review the Evidence of Coverage available at togetherCCHP.org for more details.

Please visit our website at togetherCCHP.org for more information regarding the following: covered benefits; noncovered benefits; practitioner and provider availability; key Utilization Management procedures (including but not limited to pre-service review, urgent concurrent review, post-service review and filing an appeal); network, service or benefit restrictions; pharmaceutical management procedures (including but not limited to restrictions, instructions for obtaining management procedures or checking coverage, and the exceptions process for non-formulary pharmaceuticals); routine notification of privacy practices; use of authorizations; access to medical records; and protection of oral, written and electronic information across the organization.



2020 Benefit Plan Designs

For Agent Use Only



togetherCCHP.org



Meet Children's Community Health Plan (CCHP)

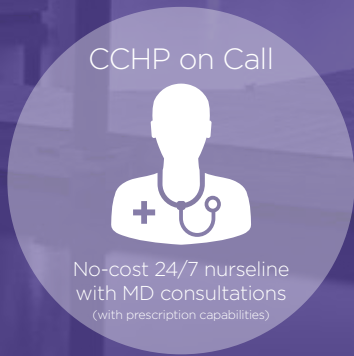
We are a Wisconsin-based health plan that has offered affordable health insurance to individuals and families in our community for more than 10 years. We have 122,000 members enrolled in our Medicaid (BadgerCare) plan, and in 2017 began offering health insurance coverage in southeast Wisconsin with our health plan — Together with CCHP. In 2020, Together with CCHP expanded and also became available in select counties in northeast Wisconsin.

We are proud to be affiliated with Children's Hospital of Wisconsin and want you to know — Together with CCHP offers coverage for adults, too.



How do I run a quote? To run a quote for a Together with CCHP plan, please log onto togethercchp.org and click on Broker Portal. A member of our dedicated Broker Support Team is also available for Broker Portal training. Please call (844) 459-6648 for assistance.

Where is Together available? 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.



What is CCHP on Call? Together with CCHP offers 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 to help keep your costs down. By combining MD consultations with our nurse triage service, we are proud to offer immediate care for certain common conditions.

What preventive services are included in the plan? 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 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.

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

Plan options

	CATASTROPHIC	BRONZE		SILVER			GOLD
	Catastrophic	Bronze	Bronze HDHP	Silver	Silver Select	Standard Silver	Gold
Individual medical and prescription deductible	\$8,150	\$7,000	\$6,900	\$5,200	\$3,250	\$4,000	\$2,000
Individual medical and prescription maximum out-of-pocket ¹	\$8,150	\$8,150	\$6,900	\$8,150	\$8,150	\$8,150	\$6,500
Family medical and prescription deductible	\$16,300	\$14,000	\$13,800	\$10,400	\$6,500	\$8,000	\$4,000
Family medical and prescription maximum out-of-pocket ¹	\$16,300	\$16,300	\$13,800	\$16,300	\$16,300	\$16,300	\$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
Lab outpatient and professional 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	\$120 copay then deductible/coinsurance	0% after deductible	\$100 copay then deductible/coinsurance	\$80 copay then deductible/coinsurance	\$70 copay then deductible/coinsurance	\$60 copay then deductible/coinsurance
Emergency room	0% after deductible	50% after deductible	0% after deductible	40% after deductible	40% after deductible	20% after deductible	20% after deductible
Prescription drugs¹							
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 ²	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	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Award-winning customer service	✓	✓	✓	✓	✓	✓	✓
CCHP on Call nurseline	✓	✓	✓	✓	✓	✓	✓

¹ Visit our website for a list of covered prescriptions in the Together with CCHP Pharmacy Benefit Guide.

² Many specialty medications are paid according to medical plan benefits, not prescription drug benefits.

Please be aware that the coinsurance percentage applies after the deductible has been met.

Plan benefits described below are for in-network services only. When members receive benefits from an out-of-network provider, such as in an emergency or urgent situation, Together with CCHP will seek to reimburse the out-of-network provider using the maximum allowed amount if a negotiated rate is not available.