



## COMPREHENSIVE GROUP MEDICAL PLAN

AVAILABLE TO ALL SMALL BUSINESSES LOCATED IN WAYNE/OAKLAND COUNTY

- ▶ NO DEDUCTIBLES OR COINSURANCE!!!
- ▶ PREVENTATIVE EXAMS COVERED IN FULL!!!
- ▶ \$20.00 OFFICE COPAY \$10/20 PRESCRIPTION COPAY!!!
- ▶ ONE STANDARD RATE REGARDLESS OF AGE OR GENDER!!!

### 2019 RATES

<b>Enrollment Category</b>	<b>Plan 1 Medical</b>	<b>Plan 2 Medical, Dental &amp; Vision</b>
Employee Only	\$ 259.00	\$285.00
Employee & Spouse	\$ 579.00	\$610.00
Employee & 1 Minor Family Dependent	\$ 399.00	\$430.00
Employee & Two Minor Family Dependents	\$ 529.00	\$560.00
Employee, Spouse & One Minor Child or Employee and Three Family Members	\$ 779.00	\$825.00
Employee & Four or more Family Members	\$1,009.00	\$1,059.00

FOR FURTHER INFORMATION: CALL: 313-278-2220 or email [ceo@dabor.com](mailto:ceo@dabor.com)



Wayne County/Oakland County

**Benefits at a Glance for HealthChoice Small Business Program**

**Co-pay Package**

This is intended as an easy-to-read summary. It is not a contract. An official description of benefits is contained in applicable HealthChoice Subscriber certificates and riders. Payment amounts are based on the HealthChoice approved amount, less any applicable co-pay amounts required by the program. This coverage is provided pursuant to a current, signed group-operating agreement between the group and the HealthChoice Executive Director. Services must be provided by member's primary care physician (PCP) or receive prior approval from health plan.

**HEALTHCHOICE BENEFITS AT A GLANCE**

**Preventive Services**

<b>Preventive Physical Exam</b>	<b>Covered - No co-pay for Preventive Health Exam</b>  <b>(1 preventive health exam is provided per calendar year for adults; and as required by federal preventive care guidelines for children),</b>  <b>Non-preventive office visits are subject to \$20.00 co-pay</b>
Annual Gynecological Exam	Covered
Annual Pao Smear Screenine:	Covered
Annual Mammography Screenine:	Covered
Well Babv and Child Care	Covered
ACIP Required/Recommended Immunizations - pediatric and adult	Covered
Prostate Specific Antigen (PSA) screening	Covered
Hearine: Screening:	Covered

Physician Office Visits

Office Visits	Covered-\$20 Co-pay
Specialist Visit	Covered-\$30 Co-pay

Prescription Coverage

Generic Drugs	Covered-\$10 Co-pay per prescription
Brand Name Drugs	Covered-\$20 Co-pay per prescription
Psychotherapeutics	Covered-50% of each prescription drug

Emergency Care

Hospital Emergency Visit	Covered -\$100.00 co-pay if not admitted; No co-pay if admitted. Provider is only responsible for reimbursement rate negotiated with in-network providers for emergency services. Members are liable for any and all charges that exceed this amount.
Urgent Care Center (24 hour access)	Covered - \$25.00 co-pay per visit
Ambulance Services- medically necessary	Covered - \$200.00 co-pay

Mental Health and Substance Abuse Services

Inpatient Mental Health and/or Substance Abuse Services*	Covered- \$200.00 co-pay per admission. Subject to limitations indicated in the Subscriber's Certificate
Outpatient Mental Health and Substance Abuse/Professional Services	Covered - \$20.00 co-pay

\*- Requires Prior Authorization

Diagnostic & Therapeutic Services

Radiology	Covered- No Co-pay
Diagnostic Laboratory	Covered- No Co-pay
Physical Therapy	Covered- 420 Co-pay (30 visits/year limit)
Durable Medical Equipment	Covered-50% per prescribed equipment

Maternity Services Provided by a Physician

Pre-Natal & Post-Natal Care	Covered - \$20.00 co-pay
Delivery & Nursery Care	Covered - \$200.00 co-pay per admission

Hospital Care

Inpatient physician care, general nursing care, Hospital Services and Supplies	Covered - \$200.00 co-pay per admission. Subject to limitations indicated in the Subscriber's Certificate
Outpatient Hospital Services	Covered - \$50.00 co-pay

Alternatives to Hospital Care

Home Health Care	Covered-\$20 per visit
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Surgical Services

Surgery- includes all related services and anesthesia. See member certificate for specifics	Covered - (see hospital care co-pay above)
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Vision Exam & Glasses	Covered subject to Co-payments and certain exclusions. See subscriber certificate
Dental	Covered subject to co-payments and certain exclusions. See subscriber certificate

MagellanRx  
MANAGEMENT<sup>SM</sup>



HEALTHCHOICE  
of Michigan

Community Care  
Associates, Inc.  
We Care About Your Health

# Be Healthy. Be Informed. Be Well.

Savings for Community Care Associates members on health and wellness items at Meijer stores every day

## Community Care Associates Well ness

Community Care Associates HealthChoice Plan members can now receive discounts and savings on pharmacy and well ness-related products with your Meijer Be Well card. Scan your card at the Meijer checkout for up to 20% savings on many of your favorite products.

## Discounts are available in the following product categories:

- Fresh Produce
- Protein Suppleme nts
- Fresh Seafood & Chicken
- Fitness & Weight Loss
- Health & Beauty Produ cts
- Select Vitamin Brands
- Smok ing Cessation

As your prescription benefits manager, Magellan Rx Management is dedicated to giving you the best information and resources to help you make better healthcare decisions. Our wide range of prescription benefits programs emphasize quality and cost-effective solutions that lead to better overall health choices.

Please contact Customer Service if you have questions about this program or anything else relate d to your prescript io n benefits.

## Questions

### Contact Magellan Rx Management

Customer Service is available to you 24 hours a day, 7 days a week at 1.800.424.0472. Please contact us with any questions you may have about any of our prescription programs.

[magella.nrx.com](http://magella.nrx.com)

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