2024- PGRMA 003ZBC
St. Landry Solid Waste $750 Deductible

Benefit Levels	*In Network Coverage Level*	*Out of Network Coverage Level*
Calendar Year Deductible	**$750.00 per individual - Max of 3 per family**	
Out of Pocket Maximum	**$3500.00 per individual for in network charges ONLY - Max of 3 per family. Deductible, Out of Network expenses and Pre-Certification Penalties do not apply.**	

Wellness/Preventive Care	**100% for all Preventative Services**	**Deductible then 60%**
Adult Physical Examination	**100%**	**Deductible then 60%**
Well Child Exams	**100%**	**Deductible then 60%**
Routine GYN Exams	**100%**	**Deductible then 60%**
Mammogram / Prostate Screening / Bone Density	**100%**	**Deductible then 60%**
Routine Eye Exam (One per year)	**100%**	**Deductible then 60%**
Immunizations, Including: Flu, Pneumonia, Shingles	**100%**	**Deductible then 60%**
Routine Colonoscopy and EGD Testing	**100%**	**Deductible then 60%**

Supplemental Accident Benefit - Treatment must be within 90 days following the accident.	
Charges must be reported as an accident on a claim form	**100% up to $300.00 then regular in network or out of network benefits apply.**

Second Surgical Opinion (Required for certain procedures)	100% Coverage

Smoking Cessation	100% Coverage

Physician Services - General or Family Practice, Pediatrician, OB/GYN, Internal Medicine or Urgent Care Clinic		
Includes services rendered only by that doctor during that visit	**$15.00 co-pay, No deductible**	**Deductible then 60%**
Maternity Global physician fees (dependent children not covered)	**Deductible then 80%**	**Deductible then 60%**
Urgent Care	**$15.00 co-pay, No deductible**	**$15.00 co-pay, No Deductible**
Specialist Office Visit - Oncologist, Neurologist, Optometrist, Chiropractor, Dermatology, Cardiology etc.		
Includes services rendered only by that doctor during that visit	**80% coverage, No deductible**	**Deductible then 60%**

In office items without Office Visit		
In office injection w/out office visit billed	**80% coverage, No deductible**	**Deductible then 60%**
Minor in office surgery w/out office visit billed	**80% coverage, No deductible**	**Deductible then 60%**
Allergy testing w/out office visit billed	**80% coverage, No deductible**	**Deductible then 60%**
Hearing/audiology testing in office w/out office visit billed	**80% coverage, No deductible**	**Deductible then 60%**

Quest Select Benefit - Independent Network	**100% Coverage**	**In-Network Only**

Free Standing Lab / Radiology Clinic / Physician charges excluding office visit		
Baseline x-rays or labs other than Lab One	**80% coverage, No deductible**	**Deductible then 60%**
CT Scan, MRI, Pet Scan, Sleep Study, Hida Scan	**80% coverage, No deductible**	**Deductible then 60%**
Echo cardiogram, EKG, EMG, stress test, halter monitor, ultrasound, diagnostic mammogram at Imaging Center	**80% coverage, No deductible**	**Deductible then 60%**

Lab / Radiology done at Facility (Hospital or Outpatient Surgery Center)		
Baseline x-ray or labs	**Deductible then 80%**	**Deductible then 60%**
CT Scan, MRI, Pet Scan, Sleep Study, Hida Scan	**Deductible then 80%**	**Deductible then 60%**
Echo cardiogram, EKG, EMG, stress test, halter monitor, ultrasound, diagnostic mammogram	**Deductible then 80%**	**Deductible then 60%**

Physical / Occupational / Speech Therapy		
PT clinic or home	**80% coverage, No Deductible**	**Deductible then 60%**
Facility	**Deductible then 80%**	**Deductible then 60%**

Hospice	**Deductible then 80%**	**Deductible then 60%**

Home Health Care	**Deductible then 80%**	**Deductible then 60%**

Chemotherapy / Radiation / Dialysis	**Deductible then 80%**	**Deductible then 60%**

Cardiac Rehab	**Deductible then 80%**	**Deductible then 60%**

Durable Medical Equipment		
DME in office with office visit	**80% coverage, No deductible**	**Deductible then 60%**
DME from DME supplier	**Deductible then 80%**	**Deductible then 60%**

HOSPITAL SERVICES - All services rendered in a Hospital or Out patient Surgery Center are subject to the Deductible and Co-insurance Levels below		
Emergency Room Services	$50.00 co-pay, then 80% coverage No Deductible	$50.00 co-pay, then 80% coverage No Deductible
Emergency Room Physician and All Related Charges	$750 Deductible, then 80%	$750 Deductible, then 80%
Out Patient Hospital/Ambulatory Surgery Center - Any services done in a facility or surgery center	$750 Deductible, then 80% coverage	$750 Deductible, then 60% coverage
In Patient Hospital Admission	$750 Deductible, then 80% coverage	$750 Deductible + $250 co-pay, then 60% coverage
Maternity Inpatient Facility Fees	$750 Deductible, then 80% coverage	$750 Deductible + $250 co-pay, then 60% coverage
Hospital Related Charges: Physician, Radiology & Anesthesiology	$750 Deductible, then 80%	$750 Deductible, then 60%
Ambulance services	$750 Deductible, then 80%	$750 Deductible, then 80%

Prescriptions (If drug costs less than co-pay amount, you pay the lesser amount)		
- Pharmacy Dispensed		
Generic	$15.00 co-pay	In-Network Only
Preferred Brand Name	$30.00 co-pay	In-Network Only
Non-Preferred Brand Name	$60.00 co-pay	In-Network Only
- Mail Order	90 day supply for 2 co-pays	In-Network Only
Generic Mail Order	$30.00 copay	In-Network Only
Preferred Brand Mail Order	$60.00 copay	In-Network Only
Non-Preferred Brand Mail Order	$120.00 copay	In-Network Only

Organ Transplant		
Recipient	Deductible and co-insurance.	In-Network Only
Associated Costs	Deductible and co-insurance.	In-Network Only

Mental Health Care / Alcohol and Drug : Covered the same as any other illness		
Inpatient & Residential Treatment	Deductible then 80% coverage	Deductible then 60% coverage
Outpatient - Hospital	Deductible then 80% coverage.	Deductible then 60% coverage
Hospital related charges: physician, radiology	Deductible then 80% coverage.	Deductible then 60% coverage
Office Visit & Partial Hospital	$15.00 co-pay, no deductible	Deductible then 60% coverage

Please see attached for complete listing or contact CCMSI for further information

Required for surgical procedures or non-emergency hospital admission In-Network or Out-of-Network.
All Emergency admissions in and out of Network must be reported and approved within 48 hours of the admit.
Also, required for certain outpatient procedures including: MRI, Physical Therapy & Durable Medical Equipment
Chemotherapy/Radiation Treatment, Dialysis Treatmen, Out-patient Surgery.
Pre-certification is required at least 48 hours prior to any procedures.

Failure to pre-certify will result in the denial of the claim

Eligibility - All full time employees working 30 hours or more per week.

Elected officials and retirees may participate if designated an eligible class by the Group. Eligible dependents include legal spouses and dependent children up to the age of 26.

Non-Network Benefits :All out of network benefits are subject to review for resonable and customary fees. Any difference in the amount charged and the amount allowed will be the responsibility of the member. Eligible Expenses from a Non-Network provider are determined based on: Fees that are negotiated with the provider, a percentage of published rates that are allowed by Medicare for the same or similar service, 50% of the billed charge or a fee schedule that we develop.

PPO Network: Verity Health Network/First Health Network

Verity Health - www.verityhealth.com

First Health Network - https://providerlocator.firsthealth.com/home/index

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