2022- PGRMA Group Health Benefit Plan

Acadia Parish Police Jury

Managed Care Plan



| Calendar Year Deductible No Deductible S5000.00 Deductible Welless/Preentive Gree 100% of 10 Preentative Services In Network Only Multi Physicia Extension 100% In Network Only Well Cash Exams 100% In Network Only Mannengar / Prostate Screening / Bone Density 100% In Network Only Mannengar / Prostate Screening / Bone Density 100% In Network Only Mannengar / Prostate Screening / Bone Density 100% In Network Only Mannengar / Prostate Screening / Bone Density 100% In Network Only Significant Screening / Bone Density 100% In Network Only Significant Screening / Bone Density 100% In Network Only Significant Screening / Screening / Screening Screening / Screenin | Benefit Levels | In Network Coverage Level | Out of Network Coverage Level | | | |
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| Home Health Care \$40.00 co-pay/visit Deductible then 50% Chemotherapy / Radiation / Dialysis \$75.00 co-pay/visit Deductible then 50% Cardiac Rehab \$40.00 co-pay/visit Deductible then 50% Durable Medical Equipment DME in office visit 80% Deductible then 50% | Lab One Benefit - Independent Network Free Standing La Baseline x-rays or labs other than Lab One MRI, Pet Scan, Sleep Study, Hida Scan Ct Scan Echo cardiogram, EKG, EMG, stress test, halter monitor, ultrasound, diagnostic mammogram at Imaging Center Lab / Radiolog Baseline x-ray or labs MRI, Pet Scan, Sleep Study, Hida Scan CT Scan Echo cardiogram, EKG, EMG, stress test, halter monitor, ultrasound, diagnostic mammogram PT clinic or home | 100% Coverage ab / Radiology Clinic / Physician charges excluding (\$30.00 co-pay) \$250.00 co-pay \$30.00 co-pay \$100.00 co-pay \$100.00 co-pay \$30.00 co-pay \$40.00 co-pay/visit | In-Network Only office visit Deductible then 50% Deductible then 50% Center) Center) Deductible then 50% | | | |
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| Cardiac Rehab \$40.00 co-pay/visit Deductible then 50% Durable Medical Equipment DME in office visit 80% Deductible then 50% | Lab One Benefit - Independent Network Free Standing La Baseline x-rays or labs other than Lab One MRI, Pet Scan, Sleep Study, Hida Scan Ct Scan Echo cardiogram, EKG, EMG, stress test, halter monitor, ultrasound, diagnostic mammogram at Imaging Center Lab / Radiolog Baseline x-ray or labs MRI, Pet Scan, Sleep Study, Hida Scan CT Scan Echo cardiogram, EKG, EMG, stress test, halter monitor, ultrasound, diagnostic mammogram PT clinic or home Facility | 100% Coverage b / Radiology Clinic / Physician charges excluding \$30.00 co-pay \$250.00 co-pay \$100.00 co-pay \$30.00 co-pay \$40.00 co-pay \$40.00 co-pay/visit \$40.00 co-pay/visit | In-Network Only office visit Deductible then 50% Deductible then 50% Deductible then 50% Center) Deductible then 50% | | | |
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HOSPITAL SERVICES

| Emergency Room Services | \$100.00 co-pay per visit | \$100.00 co-pay per visit |
|---|---|---|
| Emergency Room Physician and All Related Charges | 100% | 100% |
| Out Patient Hospital /Ambulatory Surgery Center Procedures (other than diagnostic procedures listed above) | \$275.00 co-pay per visit | Deductible then 50% |
| In Patient Hospital Admission | \$350.00 co-pay/day, max of 5 days | Deductible + \$500 co-pay, then 50% coverage |
| Maternity Inpatient Facility Fees | Same as any inpatient stay | Deductible + \$500 co-pay, then 50% coverage |
| Hospital Related Charges: Physician, Radiology & Anesthesiology | 100% | Deductible then 50% |
| Ambulance Services | Ground Transport \$50 co-pay; Air Transport \$250 co-pay | Ground Transport \$50 co-pay; Air Transport \$250 co-pay |

| Prescriptions (If drug costs less than co-pay amount, you pay the lesser amount) | | | | |
|--|--|-----------------|--|--|
| Deductible | \$250.00 Deductible | In-Network Only | | |
| Pharmacy Dispensed | | | | |
| Generic | \$20.00 co-pay | In-Network Only | | |
| Preferred Brand Name | \$35.00 co-pay | In-Network Only | | |
| Non-Preferred Brand Name | \$70.00 co-pay | In-Network Only | | |
| - Mail Order | 90 day supply for 2 co-pays | In-Network Only | | |
| Generic Mail Order | \$40.00 co-pay | In-Network Only | | |
| Brand Mail Order | \$70.00 co-pay | In-Network Only | | |
| Non-Preferred Brand Name | \$140.00 co-pay | In-Network Only | | |
| Organ Transplant | | | | |
| Recipient | \$500.00 inpatient copay/day maximum 5 days | In-Network Only | | |
| Associated Costs | Subject to regular benefits | In-Network Only | | |

| Mental Health Care / Alcohol and Drug : Covered the same as any other illness | | | | |
|---|---------------------------------------|------------------------------|--|--|
| Inpatient & Residential Treatment | \$300.00 co-pay/day maximum of 5 days | Deductible then 50% coverage | | |
| Hospital related charges: physician, radiology | 100% | Deductible then 50% coverage | | |
| Office Visit and Partial Hospitalization | \$30.00 co-pay per visit | Deductible then 50% 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

WWW.VERITYHEALTH.COM

Cannon Cochran Management Services, Inc. (CCMSI) 1-888-578-5555