





ACADIA PARISH MCO PLAN BENEFIT OVERVIEW

PREFERRED PROVIDER NETWORK: VERITY HEALTH NETWORK

IN-NETWORK BENEFITS:

MEDICAL DEDUCTIBLE: \$0.00 PRESCRIPTION DEDUCTIBLE: \$250.00 URGENT CARE: \$30.00 COPAY PCP OFFICE VISIT: \$30.00 COPAY OUT-PATIENT SURGERY: \$275.00 COPAY SPEC OFFICE VISIT: \$40.00 COPAY

MRI/PET/SLEEP STUDIES: \$250.00 COPAY BASELINE X-RAY AND LAB: \$30.00 COPAY

ECHO CARDIO/STRESS TEST: \$30.00 COPAY

DURABLE MEDICAL EQUIPMENT: 80%

ULTRASOUNDS: \$30.00 COPAY

CT SCANS: \$100.00 COPAY

INPATIENT FACILITY: \$350.00/DAY COPAY MAX OF 5 DAYS

EMERGENCY ROOM: \$100.00 COPAY

INPATIENT MENTAL HEALTH FACILITY: \$300.00/DAY COPAY MAX OF 5 DAYS

OUTPATIENT MENTAL HEALTH CARE VISIT: \$30.00 COPAY

OUT OF NETWORK BENEFITS:

DEDUCTIBLE: \$5000.00 CO-INSURANCE: 50%

OUT OF NETWORK INPATIENT ADMISSIONS: DEDUCTIBLE, \$500.00 COPAY THEN 50% EMERGENCY ROOM: \$100.00 COPAY URGENT CARE: \$30.00 COPAY

THE ABOVE BENEFITS ARE SUBJECT TO APPLICABLE POLICY EXCLUSIONS.

PRIOR AUTHORIZATION IS REQUIRED FOR THE FOLLOWING. PLEASE CONTACT MANAGED CARE CONCEPTS AT 1-866-750-2723 OR FAX CLINICAL TO 1-409-886-0409. FAILURE TO OBTAIN PRIOR AUTHORIZATION WILL RESULT IN DENIAL OF PAYMENT.

INPATIENT HOSPITALIZATIONS OUTPATIENT SURGERY MENTAL HEALTH INPATIENT

MENTAL HEALTH PARTIAL 23 HR OBSERVATION HOME HEALTH CARDIAC/PULMONARY REHAB KIDNEY DIALYSIS TRANSPLANTS CHEMOTHERAPY/RADIATION TX PAIN MANAGEMENT ARTHROSCOPIES

DURABLE MEDICAL EQUIPMENT SLEEP STUDIES HOSPICE CHIROPRACTIC OVER 30 VISITS PET SCANS MRI

PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY

EMERGENCY ADMITS MUST BE APPROVED WITHIN 48 HOURS OF ADMISSION.

**This is not a guarantee of benefits and the actual payments made maybe other than stated above. Circumstances not yet revealed may dictate that denial of the claim in whole or in part may occur. All claims are subject to eligibility requirements, benefit plan limitations and policy provisions upon receipt.