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ASSUMPTION PARISH POLICE JURY PPO PLAN BENEFIT OVERVIEW

PREFERRED PROVIDER NETWORK:

VERITY HEALTH & FIRST HEALTH NETWORK

IN-NETWORK BENEFITS

DEDUCTIBLE: \$1,500.00
CO-INSURANCE: 80%
OUT OF POCKET: \$6,500.00
PCP OFFICE VISIT COPAY: \$25.00
SPEC OFFICE VISIT: 80% NO DEDUCTIBLE
HOPITALIZATIONS: DEDUCTIBLE/80%
URGENT CARE: \$25.00

OUT-OF-NETWORK BENEFITS

DEDUCTIBLE: \$1,500.00
CO-INSURANCE: 60% OF U&C
OUT OF POCKET: N/A
PCP OFFICE VISIT: DEDUCTIBLE/60%
SPEC OFFICE VISIT: DEDUCTIBLE/60%
HOPITALIZATIONS: DEDUCTIBLE/60%
Urgent Care: DEDUCTIBLE/60%

PRESCRIPTION COVERAGE: \$15.00/GENERIC \$30.00/BRAND

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
CARDIA/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 the 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.**

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