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POLICE JURY ASSOCIATION PPO PLAN BENEFIT OVERVIEW

PREFERRED PROVIDER NETWORK:

VERITY HEALTH NETWORK

IN-NETWORK BENEFITS

OUT-OF-NETWORK BENEFITS

DEDUCTIBLE: \$750.00
CO-INSURANCE: 80%
OUT OF POCKET: \$3,500.00
PCP OFFICE VISIT COPAY: \$15.00
SPEC OFFICE VISIT: 80% NO DEDUCTIBLE
HOPITALIZATIONS: DEDUCTIBLE/80%
URGENT CARE: \$15.00
EMERGENCY ROOM: \$50.00 COPAY/80%

DEDUCTIBLE: \$750.00
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: \$15.00
EMERGENCY ROOM: \$50.00 COPAY/80%

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
MENTAL HEALTH PARTIAL
CARDIA/PULMONARY REHAB
CHEMOTHERAPY/RADIATION TX
DURABLE MEDICAL EQUIPMENT
CHIROPRACTIC OVER 30 VISITS
PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY
EMERGENCY ADMITS MUST BE APPROVED WITHIN 48 HOURS OF ADMISSION.
OUTPATIENT SURGERY
23 HR OBSERVATION
KIDNEY DIALYSIS
PAIN MANAGEMENT
SLEEP STUDIES
PET SCANS
MENTAL HEALTH INPATIENT
HOME HEALTH
TRANSPLANTS
ARTHROSCOPIES
HOSPICE
MRI

**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.