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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

DEDUCTIBLE: \$750.00

CO-INSURANCE: 80%

CO-INSURANCE: 60% OF U&C

OUT OF POCKET: \$3,500.00

OUT OF POCKET: N/A

PCP OFFICE VISIT COPAY: \$15.00

PCP OFFICE VISIT: DEDUCTIBLE/60%

SPEC OFFICE VISIT: 80% NO DEDUCTIBLE

SPEC OFFICE VISIT: DEDUCTIBLE/60%

HOPITALIZATIONS: DEDUCTIBLE/80%

HOPITALIZATIONS: DEDUCTIBLE/60%

URGENT CARE: \$15.00

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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**Cannon Cochran Management Services, Inc.**

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