



www.ccmsi.com



RICHLAND PARISH MCO PLAN BENEFIT OVERVIEW

PREFERRED PROVIDER NETWORK: VERITY HEALTH & FIRSH 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	ULTRASOUNDS: \$30.00 COPAY
DURABLE MEDICAL EQUIPMENT: 80%	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.