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RICHLAND PARISH MCO PLAN BENEFIT OVERVIEW

PREFERRED PROVIDER NETWORK:

VERITY HEALTH & FIRSH HEALTH NETWORK

IN-NETWORK BENEFITS:

MEDICAL DEDUCTIBLE: \$0.00

URGENT CARE: \$30.00 COPAY

OUT-PATIENT SURGERY: \$275.00 COPAY

MRI/PET/SLEEP STUDIES: \$250.00 COPAY

ECHO CARDIO/STRESS TEST: \$30.00 COPAY

DURABLE MEDICAL EQUIPMENT: 80%

PRESCRIPTION DEDUCTIBLE: \$250.00

PCP OFFICE VISIT: \$30.00 COPAY

SPEC OFFICE VISIT: \$40.00 COPAY

BASELINE X-RAY AND LAB: \$30.00 COPAY

ULTRASOUNDS: \$30.00 COPAY

CT SCANS: \$100.00 COPAY

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

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%

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

CARDIAC/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 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.**

Cannon Cochran Management Services, Inc.

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