



LCDHP PPO Plan Description of Coverage (LGHP HD)

		In Network	Out of Network
Basic Care (See Provider Directory to select an in-network provider)			
Plan-year and lifetime maximums	Unlimited		
Deductibles	Individual	\$1,500	\$3,000
	Family	\$3,000	\$6,000
Note: For members who have at least one dependent, the family deductible must be met before any family member can receive coverage at the benefits levels of 70%.			
Out-of-pocket maximums	Individual	\$3,000	\$6,000
	Family	\$6,000	\$12,000
Description of Coverage			
Hospital			
Number of days of inpatient care	Unlimited when authorized	90% after the annual plan ded.	70% of allowable charges after the annual plan ded.
Room and board	Semi-private room, intensive care	90% after the annual plan ded.	70% of allowable charges after the annual plan ded.
Surgeon's fees	Inpatient or outpatient	90% after the annual plan ded.	70% of allowable charges after the annual plan ded.
Provider's visit		90% after the annual plan ded.	70% of allowable charges after the annual plan ded.
Medications		90% after the annual plan ded.	70% of allowable charges after the annual plan ded.
Other miscellaneous charges	Except personal comfort items	90% after the annual plan ded.	70% of allowable charges after the annual plan ded.
Emergency			
Emergency services (medical conditions of sufficient severity such that a prudent layperson could reasonably expect the absence of immediate medical attention to result in serious jeopardy of the person's health, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part)	Copay waived if admitted as an inpatient for same condition within 48 hours	90% after the annual plan ded.	70% of allowable charges after the annual plan ded.
Provider's Office			
Provider's office visits	Exam, diagnosis, treatment	90% after the annual plan ded.	70% of allowable charges after the annual plan ded.
Preventive care	ACA guidelines apply	100% coverage	covered in-network only
Diagnostic tests and X-rays	May require authorization	90% after the annual plan ded.	70% of allowable charges after the annual plan ded.
Immunizations		100% coverage	70% of allowable charges after the annual plan ded.
Allergy treatment and testing		90% after the annual plan ded.	70% of allowable charges after the annual plan ded.
Medical Services			
Outpatient surgery	Surgery and observation; may require authorization	90% after the annual plan ded.	70% of allowable charges after the annual plan ded.
Maternity care			
	Hospital care	Room and board, ancillary services, care of child during mother's stay	90% after the annual plan ded.
	Provider care	Prenatal, delivery and post-natal care	90% after the annual plan ded.
Infertility services	See benefits certificate for details on coverage		70% of allowable charges after the annual plan ded.
Mental health treatment		Administered through the state self-insured behavioral health benefits manager	
Substance abuse treatment		Administered through the state self-insured behavioral health benefits manager	
Outpatient rehabilitation services	60-day treatment period per condition	90% after the annual plan ded.	60% after the annual plan ded.
Speech therapy – Pervasive developmental disorders	20 visits per contract year	90% after the annual plan ded.	70% of allowable charges after the annual plan ded.
Other Services			
Durable medical equipment	Prosthetic devices included	90% after the annual plan ded.	70% of allowable charges after the annual plan ded.
Hospice		90% after the annual plan ded.	70% of allowable charges after the annual plan ded.
Home health care		90% after the annual plan ded.	70% of allowable charges after the annual plan ded.
Skilled nursing facility	When authorized	90% after the annual plan ded.	70% of allowable charges after the annual plan ded.
Ambulance	When medically necessary	90% after the annual plan ded.	70% of allowable charges after the annual plan ded.
Chiropractic services	30 visits per plan year	90% after the annual plan ded.	70% of allowable charges after the annual plan ded.
Organ transplants	Out-of-pocket maximum applies when authorized	90% after the annual plan ded.	Not covered
Prescription drugs		Administered through the state self-insured prescription benefits manager	
Dental services	Not covered	n/a	n/a
Vision care	Not covered	n/a	n/a

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