

## CCHP PPO Plan Description of Coverage (CIP)

		In Network	Out of Network
<b>Basic Care</b> (See Provider Directory to select an in-network provider)			
Plan year deductible	\$750 per benefit recipient		
Plan year and lifetime maximums	Unlimited		
Out-of-pocket maximums	Individual	\$1,500	\$4,500
	Family	\$3,000	\$9,000
<b>Description of Coverage</b>			
<b>Hospital</b>			
Number of days of inpatient care	Unlimited when authorized	\$250 ded. per hospital admission 80% after the annual plan ded.	\$500 ded. per hospital admission 60% of allowable charges after the annual plan ded.
Room and board	Semi-private room, intensive care	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Surgeon's fees	Inpatient or outpatient	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Provider's visit		80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Medications		80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Other miscellaneous charges	Except personal comfort items	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
<b>Emergency</b>			
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	\$400 copay 80% after the annual plan ded.	\$400 copay 80% after the annual plan ded.
<b>Provider's Office</b>			
Provider's office visits	Exam, diagnosis, treatment	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Preventive care	ACA guidelines apply	100% coverage	60% of allowable charges after the annual plan ded.
Diagnostic tests and X-rays	May require authorization	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Immunizations		100% coverage	60% of allowable charges after the annual plan ded.
Allergy treatment and testing		80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
<b>Medical Services</b>			
Outpatient surgery	Surgery and observation; may require authorization	80% after the annual plan ded.	60% of allowable charges after annual plan deductible
Maternity care	Hospital care	Room and board, ancillary services, care of child during mother's stay \$250 deductible per admission 80% after the annual plan ded.	\$500 deductible per admission 60% after the annual plan deductible
	Provider care	Prenatal, delivery and post-natal care \$0 after annual plan deductible 80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Infertility services	See benefits certificate for details on coverage		
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	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Speech therapy – Pervasive developmental disorders	20 visits per contract year	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
<b>Other Services</b>			
Durable medical equipment	Prosthetic devices included	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Hospice		80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Home health care		80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Skilled nursing facility	When authorized	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Ambulance	When medically necessary	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Chiropractic services	30 visits per plan year	80% after the annual plan ded.	60% of allowable charges after the annual plan ded.
Organ transplants	Out-of-pocket maximum applies	80% after the \$250 transplant 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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