



LaCHIP Affordable Plan Level 1 Summary of Benefits



Lifetime Maximum Benefit (all eligible expenses) Unlimited

COVERED BENEFITS: IN-NETWORK

Medical Benefits: In-Network

Deductible

None

Hospital Services (inpatient) ¹	Member pays 10% of contracted rate
Surgeon, Anesthesia, Lab, X-rays & Injections	Member pays 10% of contracted rate
Hospital Emergency Room (facility only)	Member pays 10% of contracted rate & \$150 copay
Ambulatory Surgical Facilities	Member pays 10% of contracted rate
Physician Visits	Member pays 10% of contracted rate
MRI/CAT Scan	Member pays 10% of contracted rate
Sonograms	Member pays 10% of contracted rate
Chemical/Radiation Therapy	Member pays 10% of contracted rate
Pre-Admission Testing	Member pays 10% of contracted rate
Dialysis	Member pays 10% of contracted rate
Cardiac Rehabilitation Therapy ⁵	Member pays 10% of contracted rate
Physical and Occupational Therapy ³	Member pays 10% of contracted rate
Speech Therapy ^{1,4}	Member pays 10% of contracted rate
Oral Surgery (impacted tooth removal only)	Member pays 0% of fee schedule
Routine Pap Test ²	Member pays 0% of contracted rate
Durable Medical Equipment	Member pays 10% of contracted rate
Home Health Care ¹	Case management required Member pays 30% of negotiated rate
Hospice Care ¹	Case management required Member pays 30% of negotiated rate

Wellness Program

Baby/Child (Routine exams, scheduled immunizations)	Member pays 0% of eligible expenses
Adult (Physical exam, lab, X-ray) ²	Member pays 0% of eligible expenses

Prescription Drug Benefits: In-Network

<i>Administered by Catalyst Rx</i>	Member pays 50%; maximum \$50 per 30 day fill; after \$1200 per person per plan year, co-payment \$15 brand, \$0 generic
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Mental Health / Substance Abuse Benefits: In-Network

Administered by ValueOptions

Mental Health / Substance Abuse ¹	Member pays 10% of contracted rate
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COVERED BENEFITS: OUT-OF-NETWORK

Member pays 30% of fee schedule

¹ Pre-authorization required

² Age and/or time restrictions apply

³ Limited to 50 visits per year

⁴ Limited to 26 visits per year

⁵ Within 6 months of qualifying event

Level 0 Summary of Benefits

Benefits will be paid at 100% (without co-pays or co-insurance).

This chart is a summary of plan features. For details, refer to LaCHIP Affordable Plan Summary Plan Description. To determine actual member cost for services, contact physician or medical care provider.

**OGB Customer Service (toll-free) 1-800-272-8451 or 1-800-259-6771 (TDD)
or 225-925-6625 or 225-925-6770 (TDD)**