

# HDHP comparison

## High Deductible Health Plan



	LCMC Health Choice plan		LCMC Health Basic plan	
	Tier 1	Tier 2	Tier 1	Tier 2
PPO network	LCMC Health system facilities	Verity (LA) <b>or</b> Aetna (outside of LA)	LCMC Health system facilities	Verity <b>and</b> Aetna
Out-of-network coverage	Only emergency services are covered out-of-network under both plans			
Deductible (Individual/Family)	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	
Out-of-pocket maximum (Individual/Family)				
Medical expenses	\$6,000/\$12,000 (combined)		\$6,000/\$12,000 (combined)	
Rx expenses				
Physician services				
Preventive care/screening/immunizations (per CDC guidelines)	Covered at 100%		Covered at 100%	
Primary care (not preventive)	10% after deductible		20% after deductible	
Specialist				
Immediate medical attention				
Hospital emergency room	20% after deductible		20% after deductible	
Emergency medical transportation				
Urgent care				
Testing¹				
Lab services	10% after deductible		20% after deductible	20% after deductible
Imaging (X-rays, CT/PET scans, MRIs)				
Hospital inpatient stay				
Facility fee	20% after deductible	Out-of-Louisiana benefit 20% after deductible	\$150/day x 3; then 20% after deductible	\$400/day x 3; then 20% after deductible
Outpatient surgery				
Facility fee	20% after deductible	Out-of-Louisiana benefit 20% after deductible	20% after deductible	
Therapies				
PT/OT/Speech; Chemo/Radiation	20% after deductible	Out-of-Louisiana benefit 20% after deductible	20% after deductible	

<sup>1</sup> Check with WebTPA for excluded lab services under the LCMC Health plan.



# PPO plan comparison

Preferred Provider Organization



	LCMC Health Choice plan		LCMC Health Basic plan	
	Tier 1	Tier 2	Tier 1	Tier 2
PPO network	LCMC Health system facilities	Verity (LA) <b>or</b> Aetna (outside of LA)	LCMC Health system facilities	Verity <b>and</b> Aetna
Out-of-network coverage	Only emergency services are covered out-of-network under both plans			
Member coinsurance	10%	20%	10%	20%
Deductible (Individual/Family)	\$750/\$1,500	\$1,000/\$2,000	\$1,000/\$2,000	
Out-of-pocket maximum (Individual/Family)				
Medical expenses	\$6,500/\$13,000 (combined)		\$6,500/\$13,000 (combined)	
Rx expenses				
Physician services				
Preventive care/screening/immunizations (per CDC guidelines)	Covered at 100%		Covered at 100%	
Primary care (not preventive)	\$15 copay	Out-of-Louisiana \$30	\$15 copay	\$30 copay
Specialist	\$30 copay	Out-of-Louisiana \$50	\$30 copay	\$50 copay
Immediate medical attention				
Hospital emergency room	\$350 copay	\$350 copay + 20% after deductible	\$350 copay	\$350 copay + 20% after deductible
Emergency medical transportation	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Urgent care	\$35 copay	\$75 copay	\$35 copay	\$75 copay
Virtual urgent care	\$25 copay	\$75 copay	\$25 copay	\$75 copay
Testing¹				
Lab services	Covered at 100%	20% after deductible	Covered at 100%	20% after deductible
Imaging (X-rays, CT/PET scans, MRIs)	10% after deductible	20% after deductible	10% after deductible	20% after deductible
Hospital inpatient stay				
Facility fee	10% after deductible	20% after deductible	\$150/day x 3; then 10% after deductible	\$400/day x 3; then 20% after deductible
Outpatient surgery				
Facility fee	10% after deductible	20% after deductible	10% after deductible	20% after deductible
Therapies				
PT/OT/Speech; Chemo/Radiation	10% after deductible	20% after deductible	10% after deductible	20% after deductible

<sup>1</sup> Check with WebTPA for excluded lab services under the LCMC Health plan.

If you select the Choice Plan and reside outside of Louisiana, you are eligible for out-of-area coverage at the Tier 2 coverage level if you see an in-network provider in your home state. Out-of-area coverage is based upon the member's home address. If you select the Basic network, and reside outside of the 700-, 701-, and St. Tammany parish ZIP codes, you are eligible for out-of-area coverage at Tier 2 if you see a Verity or Aetna in-network provider.



# Medical plan rates

## HDHP (High Deductible Health Plan)

(per pay period)

	LCMC Health Choice plan	LCMC Health Basic plan
<b>Full-time employees<sup>1</sup></b>		
Employee	\$63.50	\$66.00
Employee + spouse	\$171.00	\$177.50
Employee + child(ren)	\$136.50	\$141.50
Family	\$229.00	\$237.50
<b>Part-time/RN limited benefits<sup>1</sup></b>		
Employee	\$215.00	\$223.00
Employee + spouse	\$458.00	\$475.00
Employee + child(ren)	\$414.50	\$430.00
Family	\$654.50	\$679.00

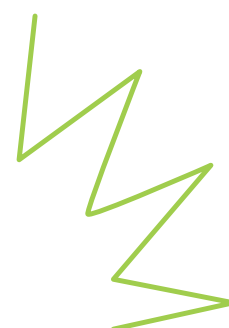
<sup>1</sup> Additional spousal surcharges (\$300/month) and tobacco surcharges (\$25/month) may apply.

## PPO (Preferred Provider Organization)

(per pay period)

	LCMC Health Choice plan	LCMC Health Basic plan
<b>Full-time employees<sup>1</sup></b>		
Employee	\$98.00	\$102.00
Employee + spouse	\$265.50	\$275.00
Employee + child(ren)	\$211.00	\$219.00
Family	\$355.50	\$368.50
<b>Part-time/RN limited benefits<sup>1</sup></b>		
Employee	\$236.00	\$245.00
Employee + spouse	\$503.00	\$521.50
Employee + child(ren)	\$456.00	\$473.00
Family	\$720.00	\$746.00

<sup>1</sup> Additional spousal surcharges (\$300/month) and tobacco surcharges (\$25/month) may apply.



## Benefits All In (BAI)

Benefits All In can provide you with personal and confidential **alternative medical coverage options** outside of the LCMC Health Group Health benefit Plan. This benefit can assist you with life events such as loss of employment, new diagnosis, Medicaid/Medicare, VA or Tricare, and a birth or adoption.

BAI will proactively reach out and see if there is anything they can do to help or you can contact them for additional information.

➔ Call **504.434.4862** for more information.

