Chinese Community Health Plan CCHP

Conversion Plan

Benefit and Coverage Matrix

Effective: 01.01. 2009

Note: This matrix is intended to be used to help you compare coverage benefits and is a summary ONLY. The evidence of coverage and plan contract should be consulted for a detailed description of coverage benefits and limitations.

Covered Services	Member Pay
ANNUAL OUT-OF-POCKET MAXIMUM (per calendar year)	$3,500 per individual $7,000 per family
LIFETIME MAXIMUM	No Limit
Professional Services	
Primary and specialty care visits	$25 per visit
Well-baby visits: birth to 24 months	$10 per visit
Age 2 to 17	$25 per visit
Adults	$25 per visit
Eye examinations	$25 per visit
Hearing examinations	$25 per visit
Outpatient Services	
Lab tests, X-rays	No charge
Allergy testing, testing materials and serum	50% of cost
Immunizations	No charge
Physical, speech & occupation therapy	$25 per visit
Outpatient surgery (facility)	$100 per procedure
Hospitalization Services	
Inpatient hospital services	$250 per day; limit of $1,000 per admission
Skilled nursing facility care (up to 60 days per benefit period)	No charge
Emergency Room	$100 per visit (waived if admitted directly to the hospital as an inpatient)
Ambulance	$100 per trip
Prescription Drug Coverage (on CCHP formulary)	
Generic drugs	$10 up to a 30-day supply
Brand-name drugs* **brand-name drugs have a $250 calendar year deductible*	$30 up to a 30-day supply
Durable Medical Equipment & Prosthetics	
Inpatient	No charge
Outpatient	50% of cost; max annual benefit of $2000
Mental Health & Chemical Dependency	
Inpatient Mental Health services (Max of 30 days per year)*	
Inpatient chemical dependency—detoxification only	$250 per day; limit of $1,000 per admission
Outpatient Care (maximum of 20 visit per year)*	$25 per visit
**with some diagnoses these limits do not apply*	
Home Health Services	No charge

華人健保計劃 東華醫院 Chinese Community Health Plan CCHP

Conversion Plan 保障範圍簡要

01.01.2009 生效

以下撮要是作參考之用，至於保障的詳細內容，計劃中的細節及不保項目，必須參閱保障說明書。

保障簡要	投保人自付費
每曆年累積自付費	
個人 / 全家	$3500 / $7000
一生累積保額限制	沒有限制
專業服務	
家庭科及專科醫務所診症	每次 $25
身體檢查: 嬰兒-24 個月	每次 $10
2 歲-17 歲	每次 $25
成人	每次 $25
視覺檢查	每次 $25
聽覺檢查	每次 $25
門診服務	
化驗，放射線（X 光）	全 保
過敏症測試，藥物及血清	醫療費之 50%
免疫注射	全 保
物理，言語機能，職業療法	每次 $25
門診手術	每次 $100
醫院服務	
住院留醫	每天$250, 最高每次入院 $1,000
特技護理院（每個保障期限最高 60 日）	全 保
急症室服務（隨即住院留醫，自付費則免）	每次 $100
救護車服務	每程 $100
處方配藥保障 (按 CCHP 藥物目錄, 最高可配至 30 日藥量)	
非商標藥物	每種 $10
商標藥物 (每歷年$250 扣除額達到後開始計算)	每種 $30
耐用醫療器材及義肢	
住院期間	全 保
非住院期間	價格之 50%, 每年最高限額爲$2,000
精神科護理及解除毒素	
精神科住院或住院解除毒素(每年限三十日)*	每天$250, 最高每次入院 $1,000
門診(每年限二十次)*	每次 $25
*某些診斷次數不在此限	
家居醫療護理	全 保