



CCHP

HIPAA-GI 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 Well-baby visits: birth to 24 months Age 2 to 17 Adults Eye examinations Hearing examinations	\$25 per visit \$10 per visit \$25 per visit \$25 per visit \$25 per visit \$25 per visit
Outpatient Services Lab tests, X-rays Allergy testing, testing materials and serum Immunizations Physical, speech & occupation therapy Outpatient surgery (facility)	No charge 50% of cost No charge \$25 per visit \$100 per procedure
Hospitalization Services Inpatient hospital services Skilled nursing facility care (up to 30 days per benefit period)	\$250 per day; limit of \$1,000 per admission 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 Brand-name drugs* <i>*brand-name drugs have a \$250 calendar year deductible</i>	\$10 up to a 30-day supply \$30 up to a 30-day supply
Durable Medical Equipment & Prosthetics Inpatient Outpatient	No charge 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 Outpatient Care (maximum of 20 visit per year)* <i>*with some diagnoses these limits do not apply</i>	\$250 per day; limit of \$1,000 per admission \$25 per visit
Home Health Services	No charge

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 身體檢查： 嬰兒-24 個月 2 歲-17 歲 成人 視覺檢查 聽覺檢查	每次 \$25 每次 \$10 每次 \$25 每次 \$25 每次 \$25 每次 \$25
門診服務 化驗，放射線 (X 光) 過敏症測試，藥物及血清 免疫注射 物理，言語機能，職業療法 門診手術	全保 醫療費之 50% 全保 每次 \$25 每次 \$100
醫院服務 住院留醫 特技護理院 (每個保障期最高 30 日)	每天\$250, 最高每次入院 \$1,000 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 商標藥物 (每歷年\$250 扣除額達到後開始計算)	每種 \$10 每種 \$30
耐用醫療器材及義肢 住院期間 非住院期間	全保 價格之 50%, 每年最高限額為\$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)* 門診(每年限二十次)* *某些診斷次數不在此限	每天\$250, 最高每次入院 \$1,000 每次 \$25
家居醫療護理	全保