



Imperial County Schools Voluntary Employees Benefit Association

Benefit Summary 2020

BASIC PLAN

	Network Provider	Out-of-Network Provider
EAP	5-Sessions	N/A
Sessions 1-5	\$0.00 Co-Payment	N/A
Mental Health and Substance Abuse		
Emergency Room	\$250 co-pay (co-pay waived if admitted)	\$250 (co-pay waived if admitted)
Inpatient	\$250 co-pay per ADM + \$1,500 deductible + 20% co-pay	\$250 ADM + \$3,000 deductible + 50% copay of UCR
Structured Outpatient/Partial Day Treatment AKA Skilled Nursing (90 days per confinement)	Deductible applies, then 20% co-pay	Deductible + \$250 co-pay, then 50% co-pay of UCR \$500 co-pay (skilled nursing) then 50% copay of UCR
Outpatient	\$35 co-pay (no deductible applies)	Deductible, then 50% co-pay of UCR
Lifetime Maximum	UNLIMITED	
Annual Deductible***	Individual \$1,500 Family \$4,500	Individual \$3,000 Family \$9,000
Co-Insurance Out-of-Pocket Maximum – combined with Medical (does not apply to deductible)	Individual \$6,600 Family \$13,200	Individual \$10,000 Family \$30,000
<p>*Calendar year Out of Pocket Maximum **The Out of Pocket maximum includes any co-insurance or coverage that have a % next to them. Covered expenses applied to in-network oop max do not apply to your out of network oop max and vice-versa. *** Deductible renews 1/1 Calendar Year</p> <ul style="list-style-type: none"> • Concurrent review required for inpatient admission. • Required pre-authorization subject to medical necessity. • Emergency hospitalization must notify Holman within 48 hours of admission. • Inpatient Out-of-Network emergencies are paid at the same level as In-Network. 		

COB Plan

	Network Provider	Out-of-Network Provider
EAP	5-Sessions	N/A
Sessions 1-5	\$0.00 Co-Payment	N/A
Mental Health and Substance Abuse		
Inpatient	30% co-pay	30% co-pay of UCR
Structured Outpatient/Partial Day Treatment AKA Skilled Nursing (90 days per confinement)	30% co-pay	30% co-pay of UCR
Outpatient	30% co-pay (No deductible applies)	30% co-pay of UCR
Emergency Room	30% co-pay (deductible waived)	30% co-pay (deductible waived)
Lifetime Maximum	UNLIMITED	
Annual Deductible	N/A	N/A
Co-Insurance Out-of-Pocket Maximum	N/A	N/A
<ul style="list-style-type: none"> • Concurrent review required for inpatient admission. • Required pre-authorization subject to medical necessity. • Emergency hospitalization must notify Holman within 48 hours of admission. • Inpatient Out-of-Network emergencies are paid at the same level as In-Network. 		

Bronze Plan - PPO

	Network Provider	Out-of-Network Provider
Mental Health and Substance Abuse		
Inpatient	30% co-pay	50% co-pay
Structured Outpatient/Partial Day Treatment - AKA Skilled Nursing Limited to 90 days	30% co-pay	50% co-pay
Outpatient	30% co-pay	50% co-pay
Emergency Room	\$100 co-pay per incident, then 30% co-pay (deductible does not apply)	\$100 co-pay per incident, then 30% co-pay (deductible does not apply)
Lifetime Maximum	UNLIMITED	
Annual Deductible	\$5,000 – Individual \$10,000 – Family	\$15,000 – Individual \$30,000 - Family
Out-of-Pocket Maximum	\$6,350 – Individual \$12,700 – Family	\$25,000 – Individual \$50,000 - Family

- Concurrent review required for inpatient admission.
- Required pre-authorization subject to medical necessity.
- Emergency hospitalization must notify Holman within 48 hours of admission.
- Covered expenses applied to in-network oop max do not apply to out of network oop max and vice versa.

Comprehensive Plan

Network Provider

Out-of-Network Provider

EAP	5-Sessions	N/A
Sessions 1-5	\$0.00 Co-Payment	N/A
Mental Health and Substance Abuse		
Emergency Room	\$250 co-pay (co-pay waived if admitted)	\$250 (co-pay waived if admitted)
Inpatient	\$250 ADM + \$650 deductible + 20%	\$250 ADM + \$1,500 deductible + 50% co-pay of UCR
Structured Outpatient/Partial Day Treatment AKA Skilled Nursing (90 days per confinement)	20% co-pay Deductible (skilled nursing) + 20% co-pay	50% co-pay of UCR \$500 co-pay (skilled nursing), then 50% co-pay of UCR
Outpatient	\$10 co-pay (no deductible applies)	Deductible, then 50% co-pay of UCR
Lifetime Maximum	UNLIMITED	
Annual Deductible	Individual \$650 Family \$1,950	Individual \$1,500 Family \$4,500
Co-Insurance Out-of-Pocket Maximum – combined with Medical (does not apply to deductible)	Individual \$3,000 Family \$9,000	Individual \$9,000 Family \$27,000
<p>*Calendar year Out of Pocket Maximum **The Out of Pocket maximum includes any co-insurance or coverage that have a % next to them. *** Deductible renews 1/1 Calendar Year</p> <ul style="list-style-type: none"> • Concurrent review required for inpatient admission. • Required pre-authorization subject to medical necessity. • Emergency hospitalization must notify Holman within 48 hours of admission. • Inpatient Out-of-Network emergencies are paid at the same level as In-Network. 		



The Holman Group
Managed Behavioral Health Care Services

**TO ARRANGE A CONFIDENTIAL APPOINTMENT CALL:
800-321-2843 or visit www.holmangroup.com**

An EAP counselor is available 24 hours a day, 7 days a week for emergency and urgent assistance. To schedule an appointment, receive a community referral, or for inquiries our office is open 7:30 am to 6:30 pm PST.