

Archdiocese of New Orleans
Non-Grandfathered Plan
GroupCare PPO – effective: July 1, 2011

BENEFIT	PREFERRED PROVIDER ORGANIZATION	
	In-Network	Out-of-Network
Calendar Year Deductible Individual Family Aggregate		\$ 500 \$ 1,500
Out-of-Pocket Max (in addition to the deductible) Individual Family		\$ 2,000 \$ 4,000
Coinsurance	80%	60%
Physician In - Office Visits	\$30 Co-pay per visit	60% after deductible
Office Visit - Lab & Low Tech X-ray (Incl. Independent lab or Free-standing Imaging)	100%	60% after deductible
High Tech X-ray Services (Incl. Independent Lab or Free-standing Imaging)	80% after deductible	60% after deductible
Wellness Option *see brochure for benefits	No deductible then 100%	60% after deductible
Physician Inpatient Services	80% after deductible	60% after deductible
Surgery	80% after deductible	60% after deductible
Hospital Inpatient Coverage	80% after deductible	60% after deductible
Hospital Outpatient Coverage	80% after deductible	60% after deductible
Outpatient Lab and X-ray	80% after deductible	60% after deductible
Accidental Injury Benefit	100% up to \$350 per calendar year, then subject to the deductible & 80% coinsurance	100% up to \$350 per calendar year, then subject to the deductible & 60% coinsurance
Mental Health and Substance Abuse Inpatient Facility and Professional Services Outpatient Facility and Professional Services Office	80% after deductible 100% 100%	60% after deductible
Note: Coinsurance is applicable to the out of pocket maximum for the Mental Health and Substance Abuse benefits.		
Prescription Drug Copayments <i>Refer to the contract for applicable supply limitations</i>	Generic / Preferred Brand / Non-Preferred Brand / Multi-Source / Injectables -Contraceptives Excluded -	
Prescription Drug Deductible	\$100 per calendar year with \$200 per family maximum. The deductible applies only to Brand products (Excludes generic) on both Retail and Mail Order benefits.	
Retail – up to 30 day supply Mail Order – up to 90 day supply	\$5 / \$30 / \$50 / \$60 / \$50 \$15 / \$90 / \$150 / \$180 / \$150	

This outline is presented for general information only. It is not a contract, nor intended to be a contract. If there is any discrepancy between this document and the Benefit Plan, the provisions of the Benefit Plan will govern.