VENTURA COUNTY HEALTH CARE PLAN
A Department of Ventura County Health Care Agency

2019 BENEFIT SUMMARY
COMMERCIAL PLAN

Benefit	Member Copayment		
Medical Benefits	Services by In-Network Providers		Services by Out-of-Network Providers
Inpatient Services	VCMC	Non-VCMC	Out of Network
Inpatient Facility Fee Semi-Private room and board, and medically necessary services and supplies, including subacute care, inpatient dialysis, bariatric, oral, reconstructive, and transplant surgery	$0	$150 per day up to 4 days; per admission	Not Covered
Inpatient Physician/Surgeon Fee	No Charge	No Charge	Not Covered
Emergency Services Benefits			
Emergency Room Physician Fee	No Charge	No Charge	No Charge
Emergency Room Facility Fee	$150 per visit (co-pay waived if admitted)	$150 per visit (co-pay waived if admitted)	$150 per visit (co-pay waived if admitted)
Outpatient Observation Care provided in hospital			
In conjunction with ER services	ER copay applies	ER copay applies	ER copay applies
Not in conjunction with ER services (direct observation)	No Charge	10% up to $250	10% up to $250
Outpatient Services	VCMC	Non-VCMC	Out of Network
Acupuncture Benefits			
Acupuncture Services (Reimbursement Benefit) (out of pocket expenses do not accumulate to the out of pocket maximum)	Not Available	$20 per visit member reimbursement to a combined maximum of 15 visits per plan year, no coverage thereafter	
Allergy Testing and Treatment Benefits			
Allergy Care (injections/serum)	$0	$0	Not Covered
Ambulance Benefits			
Emergency or authorized transport (Ground & Air)	Not Available	$150	$150
Ambulatory Surgery Center Benefits			
Ambulatory Surgery Center Outpatient Surgery Facility Fee	$0	10% up to $250	Not Covered
Ambulatory Surgery Center Outpatient Surgery Physician/Surgeon Fee	No Charge	No Charge	Not Covered
Chiropractic Benefits			
Chiropractic Services (Reimbursement Benefit) (out of pocket expenses do not accumulate to the out of pocket maximum)	Not Available	$20 per visit member reimbursement to a combined maximum of 15 visits per plan year, no coverage thereafter	
Diabetes Care Benefits			
Disease Management Program	No Charge	No Charge	Not Covered
Case Management	No Charge	No Charge	Not Covered
Dialysis Benefits			
Outpatient Dialysis Services	Not Available	$10	Not Covered
Durable Medical Equipment Benefits (as defined by Medicare)			
Breast pump (Reimbursement Benefit)	Not Available	$200 maximum member reimbursement per pregnancy	Not Covered
Other Durable Medical Equipment Includes but not limited to: insulin pumps, electric wheelchairs, CPAP/BIPAP machines, Continuous Glucose Monitoring Device	Not Available	10% copay; 50% copay for replacement when medically necessary	Not Covered

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Outpatient Services (continued)	VCMC	Non-VCMC	Out of Network
Family Planning Benefits			
Counseling and consulting	No Charge	No Charge	Not Covered
Diaphragm fitting procedure (When administered in an office location, this is in addition to the Physician office visit co-pay.)	No Charge	No Charge	Not Covered
Abortions	Not Available	$100	Not Covered
Implantable contraceptives	No Charge	No Charge	Not Covered
Infertility Services	Not Available	50% of covered services	Not Covered
Injectable contraceptives	No Charge	No Charge	Not Covered
Insertion and/or removal of intrauterine device (IUD)	No Charge	No Charge	Not Covered
Intrauterine Device (IUD)	No Charge	No Charge	Not Covered
Tubal Ligation	No Charge	No Charge	Not Covered
Vasectomy	No Charge	No Charge	Not Covered
Health Education and Promotion Benefits			
Preventive Health Program provided by VCHCP	No Charge	No Charge	Not Covered
Educational Outreach provided by VCHCP	No Charge	No Charge	Not Covered
Community Resources Repository provided by VCHCP	No Charge	No Charge	Not Covered
Home Health Care Benefits			
Home Health (nursing and rehab) services 100 visit maximum. (Maximum shall not apply to Behavioral Health Treatment)	Not Available	$20	Not Covered
Hospice Program Benefits			
Hospice Care	No Charge	No Charge	Not Covered
Outpatient Services Benefits			
Outpatient visit: Chemotherapy, outpatient radiation, outpatient infusion therapy	$0	$20	Not Covered
Outpatient Laboratory and Pathology: When provided to diagnose illness or injury	$0	$0	Not Covered
Outpatient X-Ray and Diagnostic Imaging: including Mammogram. When provided to diagnose illness or injury; performed in free-standing radiological facilities and/or outpatient hospital based setting	$0	$20	Not Covered
Imaging and/or other Diagnostic Services: including CT, PET scans, MRIs, and Nuclear Imaging performed in the outpatient department of a Hospital or free-standing outpatient center	$0	$125	Not Covered
Genetic testing	Not Available	10% of cost up to $500 maximum	Not Covered
Outpatient Services- Other	$0	10% of cost up to $250 maximum	Not Covered
Pregnancy and Maternity Care Benefits			
Comprehensive prenatal care (Services other than from an OB/GYN may require a copay.)	$0	$0	Not Covered
All necessary Inpatient Professional Services for normal deliver, Cesarean section and complications of pregnancy	$0	$0	Not Covered
Postnatal Physician office visits	$0	$0	Not Covered
Preventive Health Benefits			
Preventive Care, Screenings and Immunizations	No Charge	No Charge	Not Covered
Routine Physical Exam	No Charge	No Charge	Not Covered
Well Child Preventive Exam	No Charge	No Charge	Not Covered
Professional (Physician) Benefits			
Physician office visits	$10	$20	Not Covered
Other Practicioner office visit	$10	$20	Not Covered
Specialist office visit	$20	$40	Not Covered
Urgent Care visit (must use In-Network while in Ventura County)	$50	$50	$50

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Prosthetic and Orthotic Benefits			
Prosthetic equipment and devices	Not Available	10% copay; 50% copay for replacement when medically necessary	Not Covered
Orthotic equipment and devices	Not Available	10% copay; 50% copay for replacement when medically necessary	Not Covered
Rehabilitative and Habilitative Services Benefits (Physical, Occupational, Speech and Respiratory Therapy) Rehabilitative Services by a physical, occupational, or respiratory therapist in the following settings:			
Office Location	$10	$20	Not Covered
Outpatient department of a Hospital	$10	$20	Not Covered
Skilled Nursing Facility Benefits			
Services by a free standing Skilled Nursing Facility 100 day max for rehab/skilled nursing combination	Not Available	$50 per day up to 10 days; per admission	Not Covered
Vision Benefits			
Vision- refraction only (Reimbursement Benefit) (out of pocket expenses do not accumulate to the out of pocket maximum)	Not Available	Up to $50 member reimbursement for refraction, once every 12 months	Not Covered

Prescription Drug Benefits	Services by Express Scripts Inc. In-Network Pharmacies	Out of Network
Retail Prescriptions (up to a 30 day supply)		
Contraceptive Drugs and Devices	No Charge	Not Covered
Tier 1 (Most Generics)	$9	Not Covered
Tier 2 (Preferred Brand)	$30	Not Covered
Tier 3 (Non-Preferred Brand)	$45	Not Covered
Tier 4 (Specialty Drugs) Authorization is required	10% up to $250 per script per month	Not Covered
Mail Order Prescriptions (up to a 90 day supply; full copay applies regardless of quantity supplied)		
Contraceptive Drugs and Devices	No Charge	Not Covered
Tier 1 (Most Generics)	$18	Not Covered
Tier 2 (Preferred Brand)	$60	Not Covered
Tier 3 (Non-Preferred Brand)	$90	Not Covered
Infertility Medications	50% contracted rate	Not Covered

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Mental Health, Substance Use Disorder and Chemical Dependency Benefits	Services by Optum Behavioral Health In-Network Providers	Out of Network
Mental Health, Substance Use Disorder and Chemical Dependency Benefits Authorization is required for most Mental/Behavioral Health and Substance Use Disorder benefits. Please refer to the EOC for a list of benefits that do not require authorization		
Mental/Behavioral Health and Substance Use Disorder outpatient office visits: individual evaluation, treatment or counseling	$10	Not Covered
Mental/Behavioral Health and Substance Use Disorder outpatient office visits: evaluation, treatment or counseling in a group setting	$10	Not Covered
Mental/Behavioral Health and Substance Use Disorder other outpatient items and services: including but not limited to: Electroconvulsive Therapy (ECT), Transcranial Magnetic Stimulation (TMS); Behavioral Health Treatment for PDD/Autism	$0	Not Covered
Mental/Behavioral Health and Substance Use Disorder inpatient facility (e.g. hospital room)	$0	Not Covered
Mental/Behavioral Health and Substance Use Disorder inpatient physician/surgeon fee	$0	Not Covered
Mental/Behavioral Health and Substance Use Disorder Emergency Services	$150 copay; waived if admitted to Hospital	$150 copay; waived if admitted to Hospital
Mental/Behavioral Health and Substance Use Disorder Urgent Care visit (must use in-network while in Ventura County)	$50	Not Covered
Residential Treatment program and non-medical Transitional Residential Recovery Services- Mental Health	$0	Not Covered
Residential Treatment program and non-medical Transitional Residential Recovery Services- Substance Use Disorder	$0	Not Covered
Mental/Behavioral Health and Substance Use Disorder Outpatient partial hospitalization	$10	Not Covered
Outpatient Mental Health and Substance Use Disorder Care	$10	Not Covered
Methadone maintenance treatment	$10	Not Covered
Inpatient Services to treat acute medical complications of detoxification	$0	Not Covered
Psychological testing	$10	Not Covered
Psychiatric Observation	$10	Not Covered
Substance Use Disorder Day Treatment	$10	Not Covered
Substance Use Disorder Intensive Outpatient Treatment Programs	$10	Not Covered
Substance Use Disorder Medical Treatment for Withdrawal	$10	Not Covered