



Imperial County Schools Voluntary Employees Benefits Association (ICSVEBA) Summary 2023

866-533-4278

icsveba.mybeaconwellbeing.com

BASIC PLAN		
Service	Network Provider	Out-of-Network Provider
EAP		
Sessions 1-5	No copay	N/A
Mental Health and Substance Use Disorder		
Outpatient	\$35 copay deductible does not apply	50% coinsurance of UCR once deductible is met
Emergency Room (admissions must be reported within 48 hours)	\$250 copay (waived if admitted)	\$250 copay (waived if admitted)
Inpatient or Residential Treatment	\$250 copay per admission + 20% coinsurance once deductible is met	\$250 copay per admission + 50% coinsurance of UCR once deductible is met
Structured Outpatient Intensive Outpatient Partial Hospitalization	20% coinsurance once deductible is met	50% coinsurance of UCR once deductible is met
Lifetime Maximum	N/A	N/A
Annual Deductible (DED is based on calendar year)	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family
Co-Insurance Out-of-Pocket Maximum combined with Medical (does not apply towards deductible) OOPM is based on calendar year	\$6,600 Individual \$13,200 Family	\$10,000 Individual \$30,000 Family
<p>The Out-of-Pocket Maximum (OOPM) includes any services with a coinsurance or % next to them. Covered expenses applied to network OOPM do not apply to the out-of-network OOPM and vice-versa. They do not cross apply.</p> <p>*Concurrent review is required for Inpatient admissions. *Required pre-authorization is subject to medical necessity.</p>		

COB PLAN		
Service	Network Provider	Out-of-Network Provider
EAP		
Sessions 1-5	No copay	N/A
Mental Health and Substance Use Disorder		
Outpatient	30% coinsurance (deductible does not apply)	30% coinsurance of UCR
Emergency Room (admissions must be reported within 48 hours)	30% coinsurance (deductible waived)	30% coinsurance (deductible waived)
Inpatient or Residential Treatment	30% coinsurance	30% coinsurance of UCR
Structured Outpatient Intensive Outpatient Partial Hospitalization	30% coinsurance	30% coinsurance of UCR
Lifetime Maximum	N/A	N/A
Annual Deductible	N/A	N/A
Co-Insurance Out-of-Pocket Maximum	N/A	N/A
*Concurrent review is required for Inpatient admissions. *Required pre-authorization is subject to medical necessity.		

BRONZE PLAN-PPO		
Service	Network Provider	Out-of-Network Provider
EAP		
Sessions 1-5	No copay	N/A
Mental Health and Substance Use Disorder		
Outpatient	30% coinsurance	50% coinsurance of UCR
Emergency Room (admissions must be reported within 48 hours)	\$100 copay per incident, then 30% coinsurance (deductible waived)	\$100 copay per incident, then 30% coinsurance (deductible waived)
Inpatient or Residential Treatment	30% coinsurance once deductible is met	50% coinsurance of UCR once deductible is met
Structured Outpatient Intensive Outpatient Partial Hospitalization	30% coinsurance once deductible is met	50% coinsurance of UCR once deductible is met
Lifetime Maximum	N/A	N/A
Annual Deductible (calendar year)	\$5,000 Individual \$10,000 Family	\$15,000 Individual \$30,000 Family
Co-Insurance Out-of-Pocket Maximum combined with Medical (does not apply to deductible)	\$6,350 Individual \$12,700 Family	\$25,000 Individual \$50,000 Family
<p>The Out-of-Pocket Maximum (OOPM) includes any services with a coinsurance or % next to them. Covered expenses applied to network OOPM do not apply to the out-of-network OOPM and vice-versa. They do not cross apply.</p> <p>*Concurrent review is required for Inpatient admissions. *Required pre-authorization is subject to medical necessity.</p>		

COMPREHENSIVE PLAN

Service	Network Provider	Out-of-Network Provider
EAP		
Sessions 1-5	No copay	N/A
Mental Health and Substance Use Disorder		
Outpatient	\$10 copay (deductible does not apply)	50% coinsurance of UCR once deductible is met
Emergency Room (admissions must be reported within 48 hours)	\$250 copay (waived if admitted)	\$250 copay (waived if admitted)
Inpatient or Residential Treatment	\$250 copay per admission + 20% coinsurance once deductible is met	\$250 copay per admission + 50% coinsurance of UCR once deductible is met
Structured Outpatient Intensive Outpatient Partial Hospitalization	20% coinsurance once deductible is met	50% coinsurance of UCR once deductible is met
Lifetime Maximum	N/A	N/A
Annual Deductible (calendar year)	\$650 Individual \$1,950 Family	\$1,500 Individual \$4,500 Family
Co-Insurance Out-of-Pocket Maximum combined with Medical (does not apply to deductible)	\$3,000 Individual \$9,000 Family	\$9,000 Individual \$27,000 Family
<p>The Out of Pocket-Maximum (OOPM) includes any services with a coinsurance or % next to them. Covered expenses applied to network OOPM do not apply to the out-of-network OOPM and vice-versa. They do not cross apply.</p> <p>*Concurrent review is required for Inpatient admissions. *Required pre-authorization is subject to medical necessity.</p>		