

Archdiocese of New Orleans

Core Plan Summary of Benefits



Jan 1, 2025

Covered Services	Ochsner / In Network / Out of Network
Calendar Year Deductible	
Per Person	\$3,000 / \$4,500 / \$5,000
Family	\$9,000 / \$13,500 / \$10,000
Maximum Out-of-Pocket Expense	
Per Calendar Year	
Per Person	\$6,000 / \$8,000 / \$10,000
Family	\$12,000 / \$16,000 / \$20,000
Physician Office Services	\$25 co-pay / \$30 co-pay / Deductible- 40%
Specialist Office Visits	\$35 co-pay / \$45 co-pay / Deductible- 40%
Urgent Care Visit	\$35 co-pay / \$55 co-pay / Deductible- 40%
Ambulance Transportation	After deductible - 20% / 20% / 20%
Emergency Room	\$350 co-pay / \$350 co-pay / \$350 co-pay
Durable Medical Equipment	After deductible - 20% / 30% / 40%
Outpatient Diagnostic X-ray and Lab	After deductible - 20% / 30% / 40%
Outpatient Hospital Services	After deductible - 20% / 30% / 40%
Outpatient Surgery	\$400 co-pay / \$500 co-pay / Deductible- 40%
Inpatient Hospital Services	\$400 co-pay / \$500 co-pay / Deductible- 40%
Physical Therapy	\$25 co-pay / \$30 co-pay / Deductible- 40%
Speech, Hearing Occupational Therapy	\$25 co-pay / \$30 co-pay / Deductible- 40%
Teladoc	\$5 co-pay
Preventive/Routine Exams	0% / 0% / not covered
Immunizations	0% / 0% / not covered
Preventive/Routine Diagnostic Lab and X-Rays	0% / 0% / not covered
Preventive Mammograms	0% / 0% / not covered
Preventive/Routine Pap Test	0% / 0% / not covered
Preventive/Routine PSA and Prostate	0% / 0% / not covered
Preventive/Routine Colonoscopy, Sigmoidoscopy and Other Similar Procedures	0% / 0% / not covered
Preventive/Routine Hearing Exams	0% / 0% / not covered
Women's Preventive Health Care	0% / 0% / not covered

This is a summary of benefits and not a guarantee. Benefit payments are subject to all plan provisions and eligibility requirements at the time services are rendered. The plan document and summary plan description are the official sources of information. In the event of a discrepancy, the plan document and summary plan description will prevail.