

**County Managed Care Plan (CMCP)**  
**Benefits and Co-Payments for In-Network and Out-of-Network**

<b>July 1, 2025 to June 30, 2026</b>	<b>In-Network</b>	<b>Out-of-Network</b> (Patient pays charges above UCR)
Deductible per Plan Year	None	\$100 / person; 3 per family max
Lifetime Maximum Benefits Payable	Unlimited	Unlimited
Out-of-Pocket Maximum - excludes deductibles, costs above UCR, emergency care, prescriptions, chiropractic, and durable medical.	\$1,000 per Person, \$2,500 per family per year Once annual maximum is met, plan pays 100% of eligible expense for balance of plan year.	\$3,000 per Person
Hospital Inpatient or ICU	\$100 per admission (waived at SJGH), 90%/10%*	20%
Outpatient Surgery Facility	90%/10%*	15%
Emergency Room - Outpatient	\$30 SJGH/\$40, waived if admitted	\$40, waived if admitted
Ambulance, if pre-authorized or emergency	90%/10%	20%
Skilled Nursing Facility/Home Health Care/Hospice	90% / 10% - 60 days max per year per condition	20% - 60 days max per condition; 100 days per year
Doctor Visits	\$15	20%
Urgent Care Facility	\$20	\$20 plus 10% of remaining allowable charge
Diagnostic Lab/X-Ray Outpatient	90%/10%*	20%
Prescriptions (Rx) Outpatient – Provided through Medicare Prescription Drug Plan	\$5 generic \$20 preferred brand-name \$35 non-preferred brand-name	\$5.00 plus 20% of charges in excess of \$35.00
Physical, Speech, or Occupational Therapy - 60 visits max per year for all	\$15 per visit	20% *only if no PPO provider available
Chiropractic, with valid diagnostic code - Maximum 20 visits per year	Plan pays \$25 per visit	Plan pays \$25 per visit
Eye Refraction /Hearing Tests, age 18 or under	\$15	20%
Allergy Test or Treatment	\$15	20%
Durable Medical/Prosthetics	50% - least expensive of purchase, rental or repair	
Mental Health & Substance Abuse Outpatient	\$15	20%
Mental Health & Substance Abuse Inpatient	\$100 per admission (waived at SJGH), 90%/10%*	20%

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**CMCP In-Network**

- For Medicare recipients, Medicare is primary. Benefits will be coordinated with Medicare after plan deductibles are satisfied. No assignment of Medicare is required.
- Prescription co-payments for a 30-day supply are \$5 for generic, \$20 for preferred brand name, and \$35 for non-preferred brand name.
- Co-insurance for inpatient and outpatient services is waived for services received at SJC Health Care Services facilities. For all other providers, the Plan pays 90% of the covered expense; the member pays 10% up to the out-of-pocket maximum of \$1,000 per individual and \$2,500 per family per plan year. The coinsurance does not apply to physician visits, prescription drugs, chiropractic services, emergency care, and durable medical equipment.

**CMCP Out-of-Network**

- For Medicare recipients, Medicare is primary. Benefits will be coordinated with Medicare after plan deductibles are satisfied. No assignment of Medicare is required.
- Benefits and out-of-pocket limits are based on allowable rates for In-Network and UCR (Usual, Customary and Reasonable) for out-of-network.
- Participants using out-of-network providers will be responsible for all charges in excess of UCR.
- See benefit handbook for actual language, limitations, and exclusions. The benefit handbook can be obtained at the open enrollment meetings or at SJCERA.
- Participants Out-of-Network utilizing In-Network providers receive In-Network benefits.