

DESERT EAR NOSE AND THROAT - 2023 BLUE SHIELD BENEFIT SUMMARY

Medical	Blue Shield <u>Bronze Full PPO 6250/65 OffEx</u> Effective Date: 12/1/2022	Blue Shield <u>Silver Full PPO 1800/45 OffEx</u> Effective Date: 12/1/2022	Blue Shield <u>Platinum Access+ HMO 0/20 OffEx</u> Effective Date: 12/1/2022
DEDUCTIBLE			
Individual	PPO: \$6,250	PPO: \$1,800	HMO: \$0
Family	PPO: \$12,500 (embedded)	PPO: \$3,600 (embedded)	HMO: \$0
OUT-OF-POCKET MAX			
Individual	PPO: \$8,350 (includes ded)	PPO: \$8,350 (includes ded)	HMO: \$1,900
Family	PPO: \$16,700 (embedded; includes ded)	PPO: \$16,700 (embedded; includes ded)	HMO: \$3,800 (embedded)
PHYSICIAN SERVICES			
Office Visits	PPO: \$65/\$75 (First 3 visits ded waived; combined office limit)	PPO: \$45/\$75 (ded waived)	HMO: \$20/\$40
Telemedicine	PPO: 0% (ded waived)	PPO: 0% (ded waived)	HMO: 0%
Preventive Care	PPO: 0% (ded waived)	PPO: 0% (ded waived)	HMO: 0%
Diagnostic Lab/X-Ray	PPO: 40% after ded	PPO: FreeStanding: \$45/\$80 (ded waived); OPHosp: 35% after ded/\$130 (ded waived)	HMO: \$10/\$30
Imaging (CT/PET scans, MRIs)	PPO: FreeStanding: 40% after ded; OPHosp: \$100 + 40% after ded	PPO: FreeStanding: 35% after ded; OPHosp: \$150 + 35% after ded	HMO: FreeStanding: \$30; OPHosp: \$100
Rehabilitation/Habilitation (PT/OT/ST)	PPO: \$65 after ded	PPO: \$45 (ded waived)	HMO: \$20
Chiropractic Care	PPO: \$15 (ded waived; 20 visits per calendar year)	PPO: \$15 (ded waived; 20 visits per calendar year)	HMO: \$15 (20 visits per calendar year)
PRESCRIPTION DRUGS			
Pharmacy Deductible	PPO: Combined with Medical Ded (Subject to Tiers 2-4)	PPO: \$300/\$600 (Subject to Tiers 2-4)	HMO: None
Tier 1 (Generic Formulary)	PPO: \$20 (30-day supply)	PPO: \$20 (30-day supply)	HMO: \$5 (30-day supply)
Tier 2 (Preferred Brand Formulary)	PPO: \$65 (30-day supply)	PPO: \$75 (30-day supply)	HMO: \$15 (30-day supply)
Tier 3 (Non-Preferred Brand Formulary)	PPO: \$90 (30-day supply)	PPO: \$115 (30-day supply)	HMO: \$25 (30-day supply)
Tier 4 (Specialty Drugs)	PPO: 30% up to \$500 (30-day supply)	PPO: 30% up to \$250 (30-day supply)	HMO: 20% up to \$250 (30-day supply)
Mail Order	PPO: Tier 1-3: 2x retail; Tier 4: 30% up to \$1,000 (90-day supply)	PPO: Tiers 1-3: 2x retail; Tier 4: 30% up to \$500 (90-day supply)	HMO: Tiers 1-3: 2x retail; Tier 4: 20% up to \$500 (90-day supply)

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Create Date: 4/24/2023

Sorted By: Carrier,PlanType,Premium(Ascending)

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HOSPITAL FACILITY SERVICES			
Inpatient Hospital Services	PPO: 40% after ded	PPO: 35% after ded	HMO: \$500/Admission
Outpatient Surgery in a Hospital	PPO: \$200 + 40% after ded	PPO: \$250 + 35% after ded	HMO: \$150
Ambulatory Surgical Center	PPO: 40% after ded	PPO: 35% after ded	HMO: \$100
EMERGENCY SERVICES			
Emergency Room	PPO: 50% after ded	PPO: \$300 + 35% after ded (copay waived if admitted)	HMO: \$200 (copay waived if admitted)
Emergency Transport/Ambulance	PPO: 40% after ded	PPO: 35% after ded	HMO: \$150
Urgent Care	PPO: \$65 (First 3 visits ded waived; combined office limit)	PPO: \$45 (ded waived)	HMO: \$20
MENTAL HEALTH/SUBSTANCE USE DISORDER			
Outpatient Services	PPO: \$65 (First 3 visits ded waived; combined office limit)	PPO: \$45 (ded waived)	HMO: \$20
Inpatient Services	PPO: 40% after ded	PPO: 35% after ded	HMO: \$500/Admission
MATERNITY			
Prenatal and Postnatal Care	PPO: 0% (ded waived; prenatal and initial postnatal)	PPO: 0% (ded waived; prenatal and initial postnatal)	HMO: 0% (prenatal and initial postnatal)
Delivery and All Inpatient Services	PPO: 40% after ded	PPO: 35% after ded	HMO: \$500/Admission
PEDIATRIC SERVICES (UP TO AGE 19)			
Eye Exam	PPO: 0% (ded waived)	PPO: 0% (ded waived)	HMO: 0%
Glasses	PPO: Copay varies based on Selection of Frames & Lenses	PPO: Copay varies based on Selection of Frames & Lenses	HMO: Copay varies based on Selection of Frames & Lenses
Dental Check-up	PPO: 0% (ded waived)	PPO: 0% (ded waived)	HMO: 0%

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Presented By: Klein Insurance Services License# 0827306

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Rating Guidelines:

- Rates have not been adjusted for Federal or State COBRA enrollees.

For more details, please contact your Warner Pacific Sales Executive or Rating Analyst.

- The summary above is meant to be a brief description of plan benefits and features only. This is not a policy. Please consult the contract and/or evidence of coverage and disclosure brochure, either of which is available upon request, for a complete description of benefits, exclusions, limitations and participation requirements. The accuracy of this summary is not guaranteed and the information herein is subject to change without notice. This is not an offer of coverage.

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