Marchest Page Marchest Pag								
10-8 520 90-6 230 19-8 3100 19-8 3100 19-8 3100 19-8 3100 19-8 3100 19-8 3100 19-8 3100 19-8 3100 19-8 3100 19-8 3100 19-8 3100 19-8 3100 19-8 3100 19-8 3100 19-8 3100 19-8 3100 19-8 3100 19-8 3100 31	2023-2024	Blue Shield	Blue Shield	Blue Shield	Blue Shield	Blue Shield	Blue Shield	Blue Shield
Meaning Meaning Meaning Pays Member		100-B \$20		80-G \$30			HSA \$3000	\$5000 (Formerly
	MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
PROFESSIONAL SERVICES		\$100/\$300	\$300/\$600	\$500/\$1,000	\$1,500*	\$3,000/\$3,000*	\$3,000/\$5,200*	\$5,000/\$10,000*
### STREETS OF Casy for 1st Sally 520 520 530 540 500		\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$3,000*	\$3,000/\$6,000*	\$5,000/\$10,000*	\$6,350/\$12,700*
		<u>l</u>	·	·	*Includes Rx	*Includes Rx	*Includes Rx	*Includes Rx
Second S					Deductible, then	Deductible, then	Deductible, then	1
Specialistic Consultants co-pay \$20 \$20 \$30 \$10% \$10% \$10% \$30% \$20% \$30% \$10% \$10% \$10% \$30% \$20% \$10% \$10% \$10% \$30% \$20% \$10% \$10% \$10% \$30% \$20% \$10% \$10% \$10% \$30% \$20% \$10% \$10% \$20		\$20	\$20	\$30		-		Deductible, then 30%
Premate postmarial office visit co-pay 520 520 530 10% 10% 20% 30				_				
Scass CT, CAT, MRI, PET etc. ON		·	·	_				
Diagnostic X-ray & Libboratory Procedures ON 10% 20% 10% 10% 20% 30% 30% 10%								
Mot covered								
Preventive Care (includes physical exams & screenings)								
Proventive Care includes physical exams & screening Ded Walved	Infertility (Refer to Plan Document)							
## Comparison South	Preventive Care (includes physical exams & screenings)							
Emergency Room visit	HOSDITAL & SUILLED MUDSING EACH ITV SEDVICES	Bed Walved	bed waived	bea waivea	Dea Walved	Dea Walvea	Dea Walvea	Dea Walvea
	Г	00/	100/	200/	100/	100/	100/	200/
Inpatient Hospital (presutherization required) - limits 0% 10% 20% 10% 10% 10% 3								
10% 10% 20% 10% 10% 10% 30%								
Dispatched Hospital 10% 10% 10% 10% 30%		0%	10%	20%	10%	10%	10%	30%
Surgery, Outpatient (performed in a Hospital) - limits 0% 10% 20% 10% 10% 10% 30	, , , ,	0%	10%	20%	10%	10%	10%	30%
Surgery, Outpatient (performed in a Hospital) - limits 0% 10% 20% 10% 10% 10% 30								
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT INPATIENT: Facility Based Care (preauth required) 0% 10% 20% 10% 10% 10% 10% 30% 30% 200/ 10% 10% 10% 10% 30% 30% 200/ 10% 10% 10% 20% 10% 10% 20% 3								
INPATIENT: Facility Based Care (preauth required)	may apply	0%	10%	20%	10%	10%	10%	30%
### OUTPATIENT: Facility Based Care (preauth required) 0% 10% 20% 10% 10% 10% 30% ### OTHER SERVICES 20%	MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT							
Ambulance (Ground or Air)	INPATIENT: Facility Based Care (preauth required)	0%	10%	20%	10%	10%	10%	30%
Ambulance (Ground or Air) 0% 10% 5100 co-pay 510	OUTPATIENT: Facility Based Care (preauth required)	0%	10%	20%	10%	10%	10%	30%
Single Co-pay Single Co-pa	OTHER SERVICES							I.
Acupuncture - Limits apply	Ambulance (Ground or Air)							
Chiropratic - Limits apply	Acupunctura Limite apply							
Durable Medical Equipment (DME) 0% 10% 20% 10% 10% 10% 30%								
Physical and Occupational Therapy - Limits apply Amount in excess of \$700 allowance/24 months PHARMACY BENEFITS Plan Pharmacy Benefit Manager Navitus								
Amount in excess of \$700 allowance/24 months of \$700 allow	Durable Medical Equipment (DME)	0%	10%	20%	10%	10%	10%	30%
Amount in excess of \$700 allowance/24 months of \$700 allow	Physical and Occupational Therapy - Limits apply	0%	10%	20%	10%	10%	10%	30%
Hearing Aids Amount in excess of \$700 allowance/24 months Amount in excess of \$700 of \$700 allowance/24 months Amount in excess of \$700 of \$700 of \$700 allowance/24 months Amount in excess of \$700 allowance/24 months Amount in excess of \$700 of \$700 allowance/24 months Amount in excess of \$700 of \$700 allowance/24 months Amount in excess of		Amount in excess	10% and	20% and	10% and	10% and	10% and	30% and
### Allowance/24 months al			Amount in excess	Amount in excess	Amount in excess	Amount in excess	Amount in excess	Amount in excess
## Allowance/24 months	Hearing Aids		of \$700	of \$700	of \$700	of \$700	of \$700	of \$700
PHARMACY BENEFITS Plan 7-25 7-25 9-35 HSA Rx Navitus			allowance/24	allowance/24	allowance/24	allowance/24	allowance/24	allowance/24
Plam Plam 7-25 7-25 9-35 HSA Rx Navitus Navitu		mondis	months	months	months	months	months	months
Plam Plam 7-25 7-25 9-35 HSA Rx Navitus Navitu	PHARMACY BENEFITS							
Pharmacy Benefit Manager Navitus Included w/ Medical ded Included w/ Medical ded MoDP Max OOP	Plan	7-25	7-25	9-35	HSA Rx	HSA Rx	HSA Rx	HSA Rx
Included w/ Medical ded Medica								
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays) So at Costco S7 at Other Network Pockwork Brand co-pay/30 days supply \$25					Included w/	Included w/	Included w/ Medical	Included w/ Medica
Solid Costco Soli								
So at Costco 57 at Other Network Protocol 59 at Other Network Protocol 50 at Other Network Protocol 50 at Other Protocol 50 at Other Protocol 50 at Other Protoco		\$1,500/\$2,500	\$1,500/\$2,500	\$2,500/\$3,500				
Generic co-pay/30 days supply Sp at Costco Sp at Costco Sp at Costco Sp at Other Network Sp at Other Sp at Other Network Sp at Other Sp at Other Network Sp at Other Sp at Other Network Sp at Other Sp at Other Network Sp at Other Network Sp at Ot	this acceptance and co-basel	40	40	40				
Specialty co-pay/gu days supply Sy at Other Network N								
Network Netw	Generic co-pay/30 days supply							
Brand co-pay/30 days supply \$25		Network	Network	Network				
Specialty co-pay/up to 30 days supply \$25 Must Use Navitus Mail Mail Order (Generic-Brand co-pay/90 days supply) \$0.560 \$0.560 \$0.560 \$0.560 \$0.560 \$0.590 Solution Mail Order (Costco Mail Order Costco	Brand co-pay/30 days supply	\$25	\$25.00	\$35.00	Deductible, then	Deductible, then	Deductible, then	Deductible, then \$3
Specialty co-pay/up to 30 days supply \$25 Must Use Navitus Mail Mail Order (Generic-Brand co-pay/90 days supply) \$0.560 \$0.560 \$0.560 \$0.560 \$0.560 \$0.590 Solution Mail Order (Costco Mail Order Costco							Deductible, then	Doductible then ca
Mail Order (Generic-Brand co-pay/90 days supply) Navitus Mail Navitus	Specialty co-pay/up to 20 days supply	\$25 Must Use	\$25 Must Use	\$35 Must Use				
Mail Order (Generic-Brand co-pay/90 days supply) \$0.\$60 \$0.\$	specially co-pay/up to 30 days supply			Navitus Mail				
Mail Order (Generic-Brand co-pay/90 days supply) S0-560 S0-560 S0-590 \$18-\$90 \$18-\$90 \$18-\$90 \$18-\$90 \$18-\$90 \$0-500 Mail Order Pharmacy Costco Mail Order					Mail)	Mail)	Mail)	-
Mail Order Pharmacy Costco Mail Order Costco Mai	Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$60	\$0-\$60	\$0-\$90				Deductible, then \$18 \$90
Pharmacy Pharmacy Pharmacy Pharmacy Pharmacy Pharmacy Pharmacy Pharmacy Pharmacy	Mail Order Pharmacy	Costco Mail Order	Costco Mail Order	Costco Mail Order				Costco Mail Order
	iviali Gruel Filatiliacy	Pharmacy	Pharmacy	Pharmacy	Pharmacy	Pharmacy	Pharmacy	Pharmacy