

PBC Cascade Silver 2500

Washington plan for individuals and families

Start date January 1, 2023



BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association

Premera Preferred plans are exclusive provider organization (EPO) plans. Care outside of your plan's network is not covered, except for emergencies. See next page for important plan information.

You have access to the **Individual Signature Network** of providers.

Annual deductible	Per calendar year (PCY) Family = 2x individual (in-network only)	\$2,500
Coinsurance	Amount you pay after your deductible is met	30%
Out-of-pocket maximum	Includes deductible, coinsurance, and copays Family = 2x individual (in-network only)	\$8,500
10 essential health benefits		
1 Ambulatory patient services	Outpatient services	Facility: deductible, then \$600 copay Physician fee: deductible, then \$200 copay
Office visits	Designated PCP office visit	\$30 copay
	Specialist office visit	\$65 copay
	Urgent care	\$65 copay
	Spinal manipulation: 10 visits PCY; Acupuncture: 12 visits PCY	\$30 copay
2 Emergency services	Emergency care (copay waived if directly admitted to an inpatient facility)	Deductible, then \$800 copay
	Ambulance transportation (air and ground)	\$375 copay
3 Hospitalization	Inpatient services	Deductible, then \$800 copay, up to 5 days per admit
	Organ and tissue transplants, inpatient	Deductible, then \$800 copay, up to 5 days per admit
4 Maternity and newborn care	Prenatal and postnatal care	Deductible, then \$800 copay, up to 5 days per admit
	Inpatient delivery and services	Deductible, then \$800 copay, up to 5 days per admit
5 Mental health and substance use disorder services, including behavioral health treatment	Office visit	\$30 copay
	Inpatient hospital: mental/behavioral health	Deductible, then \$800 copay, up to 5 days per admit
	Outpatient services	\$30 copay
6 Prescription drugs	Preferred generic	\$25 copay
Retail/Specialty: 30-day supply	Preferred brand	\$75 copay
Mail order: 90-day supply (copay x3)	Non-preferred drugs	Deductible, then \$250 copay
	Specialty	Deductible, then \$250 copay
	Drug list	M4
7 Rehabilitative and habilitative services and devices	Inpatient rehabilitation: 30 days PCY	Deductible, then \$800 copay, up to 5 days per admit
	Physical, speech, occupational, massage therapy: 25 visits combined PCY	\$40 copay
	Durable medical equipment	Deductible, then 30%
8 Laboratory services	Includes x-ray, pathology, imaging and diagnostic, standard ultrasound	\$65 copay
	Major imaging, including MRI, CT, PET (preapproval required for certain services)	Deductible, then 30%
9 Preventive/wellness services	Screenings	Covered in full
	Exams and vaccinations	Covered in full
10 Pediatric vision under 19 years of age	Eye exam: 1 PCY	Covered in full
	Eyewear: 1 pair of glasses PCY (frames and lenses); 12-month supply of contacts PCY, in lieu of glasses (frames and lenses)	Covered in full
Virtual care	Doctor On Demand: general medicine	\$30 copay
	Boulder Care or Workit Health: Mental health including substance use disorder	\$30 copay
	All other virtual providers	\$65 copay

