

## College of the Desert

2023-2024	Blue Shield	Blue Shield	Blue Shield	Blue Shield	Blue Shield	Kaiser
	100-D \$20	100-G \$20	90-G \$20	80-E \$20	10-0	Trad HMO \$20
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
ndividual/Family Deductibles	\$300/\$600	\$500/\$1,000	\$500/\$1,000	\$300/\$600	\$0/\$0	\$0
ndividual/Family Out-of-Pocket (OOP) Max includes medical deductibles, co-insurance and co-pays)	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$2,000	\$1,500/\$3,000
PROFESSIONAL SERVICES Office Visit (OV) co-pay (\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	\$20	\$20	\$20	\$20	\$10	\$20
Urgent Care co-pay	\$20	\$20	\$20	\$20	\$10	\$20
Specialists/Consultants co-pay	\$20	\$20	\$20	\$20	\$10	\$20
Prenatal, postnatal office visit co-pay	\$20	\$20	\$20	\$20	\$0	\$0
Scans: CT, CAT, MRI, PET etc.	0%	0%	10%	20%	\$0	\$0
Diagnostic X-ray & Laboratory Procedures	0%	0%	10%	20%	\$0	\$0
Infertility (Refer to Plan Document)	Not covered	Not covered	Not covered	Not covered	50%	Co-pay applies
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	\$0	\$0
HOSPITAL & SKILLED NURSING FACILITY SERVICES						
	00/	00/	10%	20%		
Emergency Room visit (copay waived if admitted)	0% \$100 co-pay	0% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	\$100	\$100
Inpatient Hospital (preauthorization required) - limits may apply	0%	0%	10%	20%	\$0	\$0
Outpatient Hospital	0%	0%	10%	20%	\$0	\$20
Surgery, Outpatient (performed in Surgery Center)	0%	0%	10%	20%	\$0	\$20
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	0%	10%	20%	\$0	\$20
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT						
INPATIENT: Facility Based Care (preauth required)	0%	0%	10%	20%	\$0	\$0
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required)	0%	0% 0%	10% 10%	20% 20%	\$0 \$10	\$0 \$20
INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required)	0%	0%	10%	20%		
INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES	0%	0%	10%	20%		
INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Ambulance (Ground or Air)	0%	0%	10%	20%	\$100 \$100 \$10/30 visits	\$20
INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Ambulance (Ground or Air) Acupuncture - Limits apply	0% 0% \$100 co-pay 0%	0% 0% \$100 co-pay 0%	10% 10% \$100 co-pay 10%	20% 20% \$100 co-pay 20%	\$10	\$50 \$10/30 visits (through ASH) combined w/chir/ \$10/30 visits
INPATIENT: Facility Based Care (preauth required) DUTPATIENT: Facility Based Care (preauth required)  DITHER SERVICES  Ambulance (Ground or Air)  Acupuncture - Limits apply	0% 0% \$100 co-pay 0%	0% 0% \$100 co-pay 0%	10% 10% \$100 co-pay 10%	20% \$100 co-pay 20% 20%	\$100 \$10/30 visits combined w/chiro \$10/30 visits combined w/acu	\$50 \$10/30 visits (through ASH) combined w/chirr \$10/30 visits (through ASH)
NPATIENT: Facility Based Care (preauth required)  DUTPATIENT: Facility Based Care (preauth required)  DTHER SERVICES  Ambulance (Ground or Air)  Acupuncture - Limits apply  Chiropractic - Limits apply  Durable Medical Equipment (DME)	0% 0% \$100 co-pay 0%	0% 0% \$100 co-pay 0%	10% 10% \$100 co-pay 10%	20% 20% \$100 co-pay 20%	\$100 \$10/30 visits combined w/chiro \$10/30 visits	\$50 \$10/30 visits (through ASH) combined w/chir \$10/30 visits (through ASH) combined w/acu no charge
INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Ambulance (Ground or Air) Acupuncture - Limits apply Chiropractic - Limits apply Durable Medical Equipment (DME)	0% 0% \$100 co-pay 0%	0% 0% \$100 co-pay 0%	10% 10% \$100 co-pay 10% 10% 10%	20% \$100 co-pay 20% 20% 20%	\$100 \$10/30 visits combined w/chiro \$10/30 visits combined w/acu	\$50 \$10/30 visits (through ASH) combined w/chirr \$10/30 visits (through ASH) combined w/acu
INPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Ambulance (Ground or Air) Acupuncture - Limits apply Chiropractic - Limits apply Durable Medical Equipment (DME)	0% 5100 co-pay 0% 0% 0% 0% Amount in excess	0%	10% 10% \$100 co-pay 10% 10%	20% \$100 co-pay 20% 20%	\$100 \$10/30 visits combined w/chiro \$10/30 visits combined w/acu 0%	\$50  \$10/30 visits (through ASH) combined w/chir \$10/30 visits (through ASH) combined w/act no charge \$20
OUTPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Ambulance (Ground or Air) Acupuncture - Limits apply Chiropractic - Limits apply Durable Medical Equipment (DME) Physical and Occupational Therapy - Limits apply	0% 0% \$100 co-pay 0% 0% 0% 0% Amount in excess of \$700	0% 0% \$100 co-pay 0% 0% 0% 0% Amount in excess of \$700	10% \$100 co-pay 10% 10% 10% 10%	20% \$100 co-pay 20% 20% 20% 20% 20% and	\$100 \$10/30 visits combined w/chiro \$10/30 visits combined w/acu 0% \$10	\$50 \$10/30 visits (through ASH) combined w/chir \$10/30 visits (through ASH) combined w/act no charge \$20 amount in excess
INPATIENT: Facility Based Care (preauth required)	0% 5100 co-pay 0% 0% 0% 0% Amount in excess	0%	10%  10% \$100 co-pay  10%  10%  10%  10%  10%  and  Amount in excess of \$700  allowance/24	20% \$100 co-pay 20% 20% 20% 20% 20% and Amount in excess of \$700 allowance/24	\$100 \$10/30 visits combined w/chiro \$10/30 visits combined w/acu 0% \$10 50% Coinsurance	\$50 \$10/30 visits (through ASH) combined w/chirr \$10/30 visits (through ASH) combined w/acu no charge \$20 amount in excess of
OUTPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Ambulance (Ground or Air) Acupuncture - Limits apply Chiropractic - Limits apply Durable Medical Equipment (DME) Physical and Occupational Therapy - Limits apply Hearing Aids	0%  0% \$100 co-pay  0%  0%  0%  0%  Amount in excess of \$700 allowance/24	0% \$100 co-pay 0% 0% 0% 0% Amount in excess of \$700 allowance/24	10% \$100 co-pay 10% 10% 10% 10% 10% 40% 10% Amount in excess of \$700	20% \$100 co-pay 20% 20% 20% 20% 20% and Amount in excess of \$700	\$100 \$10/30 visits combined w/chiro \$10/30 visits combined w/acu 0% \$10  50% Coinsurance 1 device/24	\$50 \$10/30 visits (through ASH) combined w/chir \$10/30 visits (through ASH) combined w/acu no charge \$20  amount in excess of \$500 allowance ever
OUTPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Ambulance (Ground or Air) Acupuncture - Limits apply Chiropractic - Limits apply Durable Medical Equipment (DME) Physical and Occupational Therapy - Limits apply Hearing Aids	0%  0% \$100 co-pay  0%  0%  0%  0%  Amount in excess of \$700 allowance/24	0% \$100 co-pay 0% 0% 0% 0% Amount in excess of \$700 allowance/24	10%  10% \$100 co-pay  10%  10%  10%  10%  10%  and  Amount in excess of \$700  allowance/24	20% \$100 co-pay 20% 20% 20% 20% 20% and Amount in excess of \$700 allowance/24	\$100 \$10/30 visits combined w/chiro \$10/30 visits combined w/acu 0% \$10  50% Coinsurance 1 device/24	\$50  \$10/30 visits (through ASH) combined w/chirr \$10/30 visits (through ASH) combined w/acu no charge \$20  amount in excess of \$500 allowance eve 36 months
DUTPATIENT: Facility Based Care (preauth required)  DUTPATIENT: Facility Based Care (preauth required)  DITHER SERVICES  Ambulance (Ground or Air)  Acupuncture - Limits apply  Chiropractic - Limits apply  Durable Medical Equipment (DME)  Physical and Occupational Therapy - Limits apply  Hearing Aids  PHARMACY BENEFITS  Plan	0%  0% \$100 co-pay  0%  0%  0%  0%  Amount in excess of \$700 allowance/24 months	0% 0% \$100 co-pay 0% 0% 0% 0% Amount in excess of \$700 allowance/24 months	10% \$100 co-pay  10%  10%  10%  10%  10%  10%  and  Amount in excess of \$700  allowance/24  months	20% \$100 co-pay 20% 20% 20% 20% 20% and Amount in excess of \$700 allowance/24 months	\$100 \$10/30 visits combined w/chiro \$10/30 visits combined w/acu 0% \$10  50% Coinsurance 1 device/24 months	\$50  \$10/30 visits (through ASH) combined w/chirr \$10/30 visits (through ASH) combined w/acu no charge \$20  amount in excess of \$500 allowance eve 36 months
OUTPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Ambulance (Ground or Air) Acupuncture - Limits apply Chiropractic - Limits apply Durable Medical Equipment (DME) Physical and Occupational Therapy - Limits apply Hearing Aids  PHARMACY BENEFITS Plan Pharmacy Benefit Manager	0% 5100 co-pay  0%  0%  0%  0%  0%  Amount in excess of \$700 allowance/24 months	0% 5100 co-pay  0%  0%  0%  0%  Amount in excess of \$700 allowance/24 months	10%  10% \$100 co-pay  10%  10%  10%  10%  10%  and  Amount in excess of \$700 allowance/24 months	20% \$100 co-pay 20% 20% 20% 20% 20% and Amount in excess of \$700 allowance/24 months	\$100 \$1000 \$10/30 visits combined w/chiro \$10/30 visits combined w/acu 0% \$10 \$50% Coinsurance 1 device/24 months	\$50  \$10/30 visits (through ASH) combined w/chir- \$10/30 visits (through ASH) combined w/acu no charge \$20  amount in excess \$500 allowance eve 36 months
OUTPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Ambulance (Ground or Air) Acupuncture - Limits apply Chiropractic - Limits apply Durable Medical Equipment (DME) Physical and Occupational Therapy - Limits apply	0%  0% \$100 co-pay  0%  0%  0%  0%  Amount in excess of \$700 allowance/24 months  9-35  Navitus	0%  0% \$100 co-pay  0%  0%  0%  0%  Amount in excess of \$700 allowance/24 months  200/10-35  Navitus	10%  10% \$100 co-pay  10%  10%  10%  10%  10%  10%  200/10-35  Navitus	20% \$100 co-pay 20% 20% 20% 20% 20% 20% allowance/24 months 200/10-35 Navitus	\$10  \$10/30 visits combined w/chiro \$10/30 visits combined w/acu  0% \$10  50% Coinsurance 1 device/24 months	\$50  \$10/30 visits (through ASH) combined w/chir \$10/30 visits (through ASH) combined w/acu no charge \$20  amount in excess (\$500 allowance eve 36 months  Trad HMO \$20  Kaiser none
OUTPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Ambulance (Ground or Air) Acupuncture - Limits apply Chiropractic - Limits apply Durable Medical Equipment (DME) Physical and Occupational Therapy - Limits apply Hearing Aids  PHARMACY BENEFITS Plan Pharmacy Benefit Manager Individual/Family Brand & Specialty Rx Deductibles Individual/Family Rx Out-of-Pocket (OOP) Max	0%  0% \$100 co-pay  0%  0%  0%  0%  Amount in excess of \$700 allowance/24 months  9-35  Navitus  none	0%  0% \$100 co-pay  0%  0%  0%  0%  Amount in excess of \$700 allowance/24 months  200/10-35  Navitus \$200/\$500	10%  10% \$100 co-pay  10%  10%  10%  10%  10%  10%  and  Amount in excess of \$700 allowance/24 months  200/10-35  Navitus \$200/\$500	20% \$100 co-pay 20% 20% 20% 20% 20% 20% allowance/24 months 200/10-35 Navitus \$200/\$500	\$100 \$10/30 visits combined w/chiro \$10/30 visits combined w/acu 0% \$10 50% Coinsurance 1 device/24 months  200/10-35 Navitus \$200/\$500	\$50  \$10/30 visits (through ASH) combined w/chirc \$10/30 visits (through ASH) combined w/acu no charge \$20  amount in excess of \$500 allowance eve 36 months  Trad HMO \$20  Kaiser none Included w/ Med
INPATIENT: Facility Based Care (preauth required)  OUTPATIENT: Facility Based Care (preauth required)  OTHER SERVICES  Ambulance (Ground or Air)  Acupuncture - Limits apply  Chiropractic - Limits apply  Durable Medical Equipment (DME)  Physical and Occupational Therapy - Limits apply  Hearing Aids  PHARMACY BENEFITS  Plan  Pharmacy Benefit Manager  Individual/Family Brand & Specialty Rx Deductibles  Individual/Family Rx Out-of-Pocket (OOP) Max  (includes Rx deductibles and co-pays)	0%  0%  5100 co-pay  0%  0%  0%  0%  Amount in excess of \$700 allowance/24 months  9-35  Navitus  none  \$2,500/\$3,500	0%  0% \$100 co-pay  0%  0%  0%  0%  Amount in excess of \$700 allowance/24 months  200/10-35  Navitus \$200/\$500 \$2,500/\$3,500	10%  10% \$100 co-pay  10%  10%  10%  10%  10%  10%  and  Amount in excess of \$700 allowance/24 months  200/10-35  Navitus \$200/\$500 \$2,500/\$3,500	20% \$100 co-pay 20% 20% 20% 20% 20% 30% 20% 20% allowance/24 months 200/10-35 Navitus \$200/\$500 \$2,500/\$3,500	\$100  \$10/30 visits combined w/chiro   \$10/30 visits combined w/acu   0% \$10  50% Coinsurance   1 device/24   months  200/10-35   Navitus   \$200/\$500   \$2,500/\$3,500	\$50  \$10/30 visits (through ASH) combined w/chirr \$10/30 visits (through ASH) combined w/acu no charge \$20  amount in excess of \$500 allowance eve 36 months  Trad HMO \$20  Kaiser none  Included w/ Med OOP Max
INPATIENT: Facility Based Care (preauth required)  OUTPATIENT: Facility Based Care (preauth required)  OTHER SERVICES  Ambulance (Ground or Air)  Acupuncture - Limits apply  Chiropractic - Limits apply  Durable Medical Equipment (DME)  Physical and Occupational Therapy - Limits apply  Hearing Aids  PHARMACY BENEFITS  Plan  Pharmacy Benefit Manager  Individual/Family Brand & Specialty Rx Deductibles  Individual/Family Rx Out-of-Pocket (OOP) Max  (includes Rx deductibles and co-pays)  Generic co-pay/30 days supply	0%  0% \$100 co-pay  0%  0%  0%  0%  Amount in excess of \$700 allowance/24 months  9-35  Navitus  none  \$2,500/\$3,500 \$0 at Costco	0%  0% \$100 co-pay  0%  0%  0%  0%  Amount in excess of \$700 allowance/24 months  200/10-35  Navitus \$200/\$500 \$2,500/\$3,500 \$0 at Costco	10%  10% \$100 co-pay  10%  10%  10%  10%  10%  10%  10%  200/10-35  Navitus  \$200/\$500  \$2,500/\$3,500 \$0 at Costco	20% \$100 co-pay 20% 20% 20% 20% 20% 20% allowance/24 months  200/10-35 Navitus \$200/\$500 \$2,500/\$3,500 \$0 at Costco	\$100  \$10/30 visits combined w/chiro   \$10/30 visits combined w/acu   0%  \$10  50% Coinsurance   1 device/24   months  200/10-35   Navitus   \$200/\$500   \$2,500/\$3,500   \$0 at Costco	\$50  \$10/30 visits (through ASH) combined w/chir( \$10/30 visits (through ASH) combined w/acu no charge \$20  amount in excess c \$500 allowance eve 36 months  Trad HMO \$20  Kaiser none Included w/ Med OOP Max \$10 up to 100 day
OUTPATIENT: Facility Based Care (preauth required) OUTPATIENT: Facility Based Care (preauth required) OTHER SERVICES Ambulance (Ground or Air) Acupuncture - Limits apply Chiropractic - Limits apply Durable Medical Equipment (DME) Physical and Occupational Therapy - Limits apply Hearing Aids  PHARMACY BENEFITS Plan Pharmacy Benefit Manager Individual/Family Brand & Specialty Rx Deductibles Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays) Generic co-pay/30 days supply Brand co-pay/30 days supply	0%  0% \$100 co-pay  0%  0%  0%  0%  Amount in excess of \$700 allowance/24 months  9-35  Navitus none  \$2,500/\$3,500 \$0 at Costco \$35	0%  0% \$100 co-pay  0%  0%  0%  0%  Amount in excess of \$700 allowance/24 months  200/10-35  Navitus \$200/\$500  \$2,500/\$3,500  \$0 at Costco \$35.00	10%  10% \$100 co-pay  10%  10%  10%  10%  10%  10%  10%  200/10-35  Navitus  \$200/\$500  \$2,500/\$3,500  \$0 at Costco \$35.00	20% \$100 co-pay 20% 20% 20% 20% 20% 20% 20% 300 and 20% 20% and 20% 20% and 20% 20% and 20% 20% 20% and 20% 20% 20% 20% and 20% 20% 20% 20% 20% 20% 20% 20% 20% 20%	\$100  \$10/30 visits combined w/chiro   \$10/30 visits combined w/chiro   \$10/30 visits combined w/acu   0%  \$10  50% Coinsurance   1 device/24   months  200/10-35   Navitus   \$200/\$500   \$2,500/\$3,500   \$0 at Costco   \$35.00	\$20  \$50 \$10/30 visits (through ASH) combined w/chir \$10/30 visits (through ASH) combined w/act no charge \$20  amount in excess \$500 allowance evi 36 months  Trad HMO \$20  Kaiser none Included w/ Met OOP Max \$10 up to 100 da \$20 up to 100 da