

# Cameron Roberts Speech Therapy, Inc.

Carlsbad, San Diego County, CA 92010

SIC Code: 8093 - Specialty Outpatient Facilities, NEC

Medical	Blue Shield <u>Silver Trio HMO 2350/65 OffEx</u>	Blue Shield <u>Gold Trio HMO 1500/35 OffEx</u>	Blue Shield <u>Gold Trio HMO 1000/35 OffEx</u>	Blue Shield <u>Gold Trio HMO 500/35 OffEx</u>	Blue Shield <u>Gold Trio HMO 0/30 OffEx</u>
	Effective Date: 8/1/2020	Effective Date: 8/1/2020	Effective Date: 8/1/2020	Effective Date: 8/1/2020	Effective Date: 8/1/2020
<b>DEDUCTIBLE</b>					
Individual	HMO: \$2,350	HMO: \$1,500	HMO: \$1,000	HMO: \$500	HMO: \$0
Family	HMO: \$4,700 (embedded)	HMO: \$3,000 (embedded)	HMO: \$2,000 (embedded)	HMO: \$1,000 (embedded)	HMO: \$0
<b>OUT-OF-POCKET MAX</b>					
Individual	HMO: \$7,800 (includes ded.)	HMO: \$7,800 (includes ded.)	HMO: \$7,500 (includes ded.)	HMO: \$7,500 (includes ded.)	HMO: \$6,750
Family	HMO: \$15,600 (embedded; includes ded.)	HMO: \$15,600 (embedded; includes ded.)	HMO: \$15,000 (embedded; includes ded.)	HMO: \$15,000 (embedded; includes ded.)	HMO: \$13,500 (embedded)
<b>PHYSICIAN SERVICES</b>					
Office Visits	HMO: \$65/\$95 (ded. waived)	HMO: \$35/\$60 (ded waived)	HMO: \$35/\$60 (ded waived)	HMO: \$35/\$55 (ded. waived)	HMO: \$30/\$55
Telemedicine	HMO: \$0 (ded. waived)	HMO: \$0 (ded. waived)	HMO: \$0 (ded. waived)	HMO: \$0 (ded. waived)	HMO: \$0
Preventive Care	HMO: 0% (ded. waived)	HMO: 0% (ded. waived)	HMO: 0% (ded. waived)	HMO: 0% (ded. waived)	HMO: 0%
Diagnostic Lab/X-Ray	HMO: \$55/\$100 (ded. waived)	HMO: \$40/\$60 (ded. waived)	HMO: \$40/\$60 (ded. waived)	HMO: \$35/\$55 (ded. waived)	HMO: \$30/\$55
Imaging (CT/PET scans, MRIs)	HMO: FreeStanding: \$100 (ded. waived); OPHosp: \$400 after ded.	HMO: FreeStanding: \$50 (ded. waived); OPHosp: \$250 after ded.	HMO: FreeStanding: \$50 (ded. waived); OPHosp: \$250 after ded.	HMO: FreeStanding: \$50 (ded. waived); OPHosp: \$250 after ded.	HMO: FreeStanding: \$50; OPHosp: \$250
Rehabilitation/Habilitation (PT/OT/ST)	HMO: \$65 (ded. waived)	HMO: \$35 (ded. waived)	HMO: \$35 (ded. waived)	HMO: \$35 (ded. waived)	HMO: \$30
Chiropractic Care	HMO: \$15 (ded. waived; 20 visits per calendar year)	HMO: \$15 (ded. waived; 20 visits per calendar year)	HMO: \$15 (ded. waived; 20 visits per calendar year)	HMO: \$15 (ded. waived; 20 visits per calendar year)	HMO: \$15 (20 visits per calendar year)
<b>PRESCRIPTION DRUGS</b>					
Pharmacy Deductible	HMO: \$350/\$700 (Subject to all Tiers)	HMO: \$100/\$200 (Subject to Tiers 2-4)	HMO: \$100/\$200 (Subject to Tiers 2-4)	HMO: None	HMO: None
Tier 1 (Generic Formulary)	HMO: \$20 (Level A); \$25 (Level B) (30-day supply)	HMO: \$15 (Level A); \$20 (Level B) (30-day supply)	HMO: \$15 (Level A); \$20 (Level B) (30-day supply)	HMO: \$15 (Level A); \$20 (Level B) (30-day supply)	HMO: \$15 (Level A); \$20 (Level B) (30-day supply)
Tier 2 (Preferred Brand Formulary)	HMO: \$85 (Level A); \$110 (Level B) (30-day supply)	HMO: \$35 (Level A); \$55 (Level B) (30-day supply)	HMO: \$35 (Level A); \$55 (Level B) (30-day supply)	HMO: \$35 (Level A); \$55 (Level B) (30-day supply)	HMO: \$35 (Level A); \$55 (Level B) (30-day supply)
Tier 3 (Non-Preferred Brand Formulary)	HMO: \$115 (Level A); \$165 (Level B) (30-day supply)	HMO: \$55 (Level A); \$85 (Level B) (30-day supply)	HMO: \$55 (Level A); \$85 (Level B) (30-day supply)	HMO: \$55 (Level A); \$85 (Level B) (30-day supply)	HMO: \$55 (Level A); \$85 (Level B) (30-day supply)
Tier 4 (Specialty Drugs)	HMO: 45% up to \$250 (30-day supply)	HMO: 20% up to \$250 (30-day supply)	HMO: 20% up to \$250 (30-day supply)	HMO: 20% up to \$250	HMO: 20% up to \$250 (30-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: 7/9/2020

Quote Id: 3275-7003

Sorted By: Carrier,PlanType,Premium(Ascending)

## Cameron Roberts Speech Therapy, Inc.

Carlsbad, San Diego County, CA 92010

SIC Code: 8093 - Specialty Outpatient Facilities, NEC

Medical	Blue Shield	Blue Shield	Blue Shield	Blue Shield	Blue Shield
	<u>Silver Trio HMO 2350/65 OffEx</u>	<u>Gold Trio HMO 1500/35 OffEx</u>	<u>Gold Trio HMO 1000/35 OffEx</u>	<u>Gold Trio HMO 500/35 OffEx</u>	<u>Gold Trio HMO 0/30 OffEx</u>
	Effective Date: 8/1/2020	Effective Date: 8/1/2020	Effective Date: 8/1/2020	Effective Date: 8/1/2020	Effective Date: 8/1/2020
Mail Order	HMO: 2x retail (90-day supply)	HMO: 2x retail (90-day supply)	HMO: 2x retail (90-day supply)	HMO: 2x retail (90-day supply)	HMO: 2x retail (90-day supply)
<b>HOSPITAL FACILITY SERVICES</b>					
Inpatient Hospital Services	HMO: 45% after ded.	HMO: 20% after ded.	HMO: 20% after ded.	HMO: 20% after ded.	HMO: \$600/day, 5 days max
Outpatient Surgery in a Hospital	HMO: \$1,000 after ded.	HMO: \$300 after ded.	HMO: \$300 after ded.	HMO: \$300 after ded.	HMO: \$300
Ambulatory Surgical Center	HMO: \$250 after ded.	HMO: \$150 after ded.	HMO: \$150 after ded.	HMO: \$150 after ded.	HMO: \$150
<b>EMERGENCY SERVICES</b>					
Emergency Room	HMO: 50% after ded. (copay waived if admitted)	HMO: \$300 after ded. (copay waived if admitted)	HMO: \$300 after ded. (copay waived if admitted)	HMO: \$300 after ded. (copay waived if admitted)	HMO: \$325 (copay waived if admitted)
Emergency Transport/Ambulance	HMO: \$175 after ded.	HMO: \$175 after ded.	HMO: \$175 after ded.	HMO: \$175 after ded.	HMO: \$175
Urgent Care	HMO: \$65 (ded. waived)	HMO: \$35 (ded. waived)	HMO: \$35 (ded. waived)	HMO: \$35 (ded. waived)	HMO: \$30
<b>MENTAL HEALTH/SUBSTANCE USE DISORDER</b>					
Outpatient Services	HMO: \$65 (ded. waived)	HMO: \$35 (ded. waived)	HMO: \$35 (ded. waived)	HMO: \$35 (ded. waived)	HMO: \$30
Inpatient Services	HMO: 45% after ded.	HMO: 20% after ded.	HMO: 20% after ded.	HMO: 20% after ded.	HMO: \$600/day, 5 days max
<b>MATERNITY</b>					
Prenatal and Postnatal Care	HMO: 0% (ded. waived; prenatal and initial postnatal)	HMO: 0% (ded. waived; prenatal and initial postnatal)	HMO: 0% (ded. waived; prenatal and initial postnatal)	HMO: 0% (ded. waived; prenatal and initial postnatal)	HMO: 0% (prenatal and initial postnatal)
Delivery and All Inpatient Services	HMO: 45% after ded.	HMO: 20% after ded.	HMO: 20% after ded.	HMO: 20% after ded.	HMO: \$600/day, 5 days max
<b>PEDIATRIC SERVICES (UP TO AGE 19)</b>					
Eye Exam	HMO: 0% (ded. waived)	HMO: 0% (ded. waived)	HMO: 0% (ded. waived)	HMO: 0% (ded. waived)	HMO: 0%
Glasses	HMO: 0% (ded. waived)	HMO: 0% (ded. waived)	HMO: 0% (ded. waived)	HMO: 0% (ded. waived)	HMO: 0%
Dental Check-up	HMO: 0% (ded. waived)	HMO: 0% (ded. waived)	HMO: 0% (ded. waived)	HMO: 0% (ded. waived)	HMO: 0%

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Quote Id: 3275-7003

Sorted By: Carrier,PlanType,Premium(Ascending)

Presented By: Unlimited Benefits License# 0B92998

## Cameron Roberts Speech Therapy, Inc.

Carlsbad, San Diego County, CA 92010

SIC Code: 8093 - Specialty Outpatient Facilities, NEC

Medical	Blue Shield <u>Platinum Trio HMO 0/30 OffEx</u>  Effective Date: 8/1/2020	Blue Shield <u>Platinum Trio HMO 0/25 OffEx</u>  Effective Date: 8/1/2020	Blue Shield <u>Platinum Trio HMO 0/20 OffEx</u>  Effective Date: 8/1/2020
<b>DEDUCTIBLE</b>			
Individual	HMO: \$0	HMO: \$0	HMO: \$0
Family	HMO: \$0	HMO: \$0	HMO: \$0
<b>OUT-OF-POCKET MAX</b>			
Individual	HMO: \$2,950	HMO: \$2,350	HMO: \$1,900
Family	HMO: \$5,900 (embedded)	HMO: \$4,700 (embedded)	HMO: \$3,800 (embedded)
<b>PHYSICIAN SERVICES</b>			
Office Visits	HMO: \$30/\$50	HMO: \$25/\$50	HMO: \$20/\$40
Telemedicine	HMO: \$0	HMO: \$0	HMO: \$0
Preventive Care	HMO: 0%	HMO: 0%	HMO: 0%
Diagnostic Lab/X-Ray	HMO: \$30/\$50	HMO: \$20/\$50	HMO: \$10/\$30
Imaging (CT/PET scans, MRIs)	HMO: FreeStanding: \$50; OPHosp: \$250	HMO: FreeStanding: \$50; OPHosp: \$200	HMO: FreeStanding: \$30; OPHosp: \$100
Rehabilitation/Habilitation (PT/OT/ST)	HMO: \$30	HMO: \$25	HMO: \$20
Chiropractic Care	HMO: \$15 (20 visits per calendar year)	HMO: \$15 (20 visits per calendar year)	HMO: \$15 (20 visits per calendar year)
<b>PRESCRIPTION DRUGS</b>			
Pharmacy Deductible	HMO: None	HMO: None	HMO: None
Tier 1 (Generic Formulary)	HMO: \$5 (Level A); \$10 (Level B) (30-day supply)	HMO: \$5 (Level A); \$10 (Level B) (30-day supply)	HMO: \$5 (Level A); \$10 (Level B) (30-day supply)
Tier 2 (Preferred Brand Formulary)	HMO: \$15 (Level A); \$30 (Level B) (30-day supply)	HMO: \$15 (Level A); \$30 (Level B) (30-day supply)	HMO: \$15 (Level A); \$30 (Level B) (30-day supply)
Tier 3 (Non-Preferred Brand Formulary)	HMO: \$25 (Level A); \$45 (Level B) (30-day supply)	HMO: \$25 (Level A); \$45 (Level B) (30-day supply)	HMO: \$25 (Level A); \$45 (Level B) (30-day supply)
Tier 4 (Specialty Drugs)	HMO: 20% up to \$250 (30-day supply)	HMO: 20% up to \$250 (30-day supply)	HMO: 20% up to \$250 (30-day supply)
Mail Order	HMO: 2x retail (90-day supply)	HMO: 2x retail (90-day supply)	HMO: 2x retail (90-day supply)

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Sorted By: Carrier,PlanType,Premium(Ascending)

Presented By: Unlimited Benefits License# 0B92998

**Cameron Roberts Speech Therapy, Inc.**

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Medical	<b>Blue Shield</b> <u>Platinum Trio HMO 0/30 OffEx</u>  Effective Date: 8/1/2020	<b>Blue Shield</b> <u>Platinum Trio HMO 0/25 OffEx</u>  Effective Date: 8/1/2020	<b>Blue Shield</b> <u>Platinum Trio HMO 0/20 OffEx</u>  Effective Date: 8/1/2020
<b>HOSPITAL FACILITY SERVICES</b>			
Inpatient Hospital Services	HMO: \$500/day, 4 days max	HMO: \$250/day, 3 days max	HMO: \$500/Admit
Outpatient Surgery in a Hospital	HMO: \$150	HMO: \$150	HMO: \$150
Ambulatory Surgical Center	HMO: \$100	HMO: \$100	HMO: \$100
<b>EMERGENCY SERVICES</b>			
Emergency Room	HMO: \$250 (copay waived if admitted)	HMO: \$250 (copay waived if admitted)	HMO: \$200 (copay waived if admitted)
Emergency Transport/Ambulance	HMO: \$150	HMO: \$150	HMO: \$150
Urgent Care	HMO: \$30	HMO: \$25	HMO: \$20
<b>MENTAL HEALTH/SUBSTANCE USE DISORDER</b>			
Outpatient Services	HMO: \$30	HMO: \$25	HMO: \$20
Inpatient Services	HMO: \$500/day, 4 days max	HMO: \$250/day, 3 days max	HMO: \$500/Admit
<b>MATERNITY</b>			
Prenatal and Postnatal Care	HMO: 0% (prenatal and initial postnatal)	HMO: 0% (prenatal and initial postnatal)	HMO: 0% (prenatal and initial postnatal)
Delivery and All Inpatient Services	HMO: \$500/day, 4 days max	HMO: \$250/day, 3 days max	HMO: \$500/Admit
<b>PEDIATRIC SERVICES (UP TO AGE 19)</b>			
Eye Exam	HMO: 0%	HMO: 0%	HMO: 0%
Glasses	HMO: 0%	HMO: 0%	HMO: 0%
Dental Check-up	HMO: 0%	HMO: 0%	HMO: 0%

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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.

### Blue Shield of California

- \* Unless stated, all services are subject to deductible.
- ANCILLARY RATES: Please note that the ancillary rates displayed are intended for NEW BUSINESS ONLY and should not be presented as renewal rates.
- Full Time and Full Time Equivalent (FTE) employee count must be between 1 - 100 in order to quote in small group. Call your Sales Executive for more info.
- OUT-OF-AREA (IN-STATE) / OUT-OF-STATE DEPENDENTS: For employees with one or more dependent(s) residing or attending school outside of CA and enrolled in an HMO, the dependent(s) is/are only covered for emergency services deemed medically necessary. Limited emergency-only coverage may also apply to dependents located outside of an HMO network but residing or attending school inside of CA.
- Rates, Benefits, or both may be Pending Regulatory Approval.

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

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