



SoCal Dental Partners, Inc. Plan 1

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services
Coastal Administrative Services: Medical Plan

Coverage Period: 1/1/2023-12/31/2023
Coverage for: EE/EE+SPI/EE+CH(n)/FAM | Plan Type: PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call CAS at 855-373-8232. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, deductible, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.casbenefits.com or call 855-373-8232 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For network providers: \$1,000 individual / \$2,000 family For out-of-network providers: \$2,000 individual / \$4,000 family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care and primary care services are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	There are no specific deductible amounts before this plan begins to pay for specific services.
What is the out-of-pocket limit for this plan?	For network providers: \$5,000 individual / \$10,000 family For out-of-network providers: \$10,000 individual / \$20,000 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.casbenefits.com or call 855-373-8232 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No, you do not need a referral to see a specialist.	You can see the specialist you choose without a referral.

! All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15 <u>copay/office visit deductible</u> waived	50% <u>coinsurance</u> after deductible	None
	<u>Specialist</u> visit	\$50 <u>copay/office visit deductible</u> waived	50% <u>coinsurance</u> after deductible	
	<u>Preventive care/screening/immunization</u>	No charge	50% <u>coinsurance</u> after deductible	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (blood work)	\$15 <u>copay/deductible</u> waived	50% <u>coinsurance</u> after deductible	
	Imaging (CT/PET scans, MRIs)	\$200 <u>copay/deductible</u> waived	50% <u>coinsurance</u> after deductible	<u>Preauthorization</u> is required.
	Diagnostic Imaging (X-rays)	\$15 <u>copay/deductible</u> waived	50% <u>coinsurance</u> after deductible	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.usrxcare.com	Generic drugs (Tier 1)	\$5 <u>copay/prescription (retail)*</u> \$15 <u>copay/prescription (mail order)**</u>	Not covered	*30-day supply (retail and mail order) **90-day supply (mail order)
	Preferred brand drugs (Tier 2)	\$50 <u>copay/prescription (retail)*</u> \$150 <u>copay/prescription (mail order)**</u>	Not covered	Covers up to a 30-day retail supply (Exception: Generic drugs can be filled up to a 90-day supply at retail)
	Non-preferred brand drugs (Tier 3)	\$100 <u>copay/prescription (retail)*</u> \$300 <u>copay/prescription (mail order)**</u>	Not covered	Covers 30-90-day mail order supply
	Specialty drugs (Tier 4)	Not covered	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u> after deductible	50% <u>coinsurance</u> after deductible	<u>Preauthorization</u> is required.
	Physician/surgeon fees	20% <u>coinsurance</u> after deductible	50% <u>coinsurance</u> after deductible	

For more information about limitations and exceptions, see the plan or policy document at www.casbenefits.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	deductible \$250 copay/visit, then 0% coinsurance after deductible	deductible \$250 copay/visit, then 0% coinsurance after deductible	Copay waived if directly admitted
	Emergency medical transportation	20% coinsurance after deductible	20% coinsurance after deductible	
	Urgent care	\$50 copay/office visit deductible waived	50% coinsurance after deductible	
	Facility fee (e.g., hospital room)	20% coinsurance after deductible	50% coinsurance after deductible	Preauthorization is required inpatient hospital stays.
If you have a hospital stay	Physician/surgeon fees	20% coinsurance after deductible	50% coinsurance after deductible	
	Outpatient services	\$15 copay/office visit deductible waived	50% coinsurance after deductible	Preauthorization is required for inpatient and partial hospitalization services.
If you need mental health, behavioral health, or substance abuse services	Inpatient services	20% coinsurance after deductible	50% coinsurance after deductible	
	Office visits	\$15 copay/office visit deductible waived	50% coinsurance after deductible	Cost sharing does not apply for preventive services . Depending on the type of services, a coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
If you are pregnant	Childbirth/delivery professional services	20% coinsurance after deductible	50% coinsurance after deductible	
	Childbirth/delivery facility services	20% coinsurance after deductible	50% coinsurance after deductible	
	Home health care	20% coinsurance after deductible	50% coinsurance after deductible	
	Rehabilitation services	\$30 copay/office visit deductible waived	50% coinsurance after deductible	
If you need help recovering or have other special health needs	Habilitation services	20% coinsurance after deductible	50% coinsurance after deductible	Preauthorization is required.
	Skilled nursing care	20% coinsurance after deductible	50% coinsurance after deductible	
	Durable medical equipment	20% coinsurance after deductible	50% coinsurance after deductible	
	Hospice services	20% coinsurance after deductible	50% coinsurance after deductible	Preauthorization is required.

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