2455 Pena's Disposal

2023 Benefits			
Annual Deductible	**Plan 1**	**Plan 2**	**Plan 3**
Per Person	$3,000.00	$1,000.00	$500.00
Per Family	$6,000.00	$2,000.00	$1,000.00
Percentage Payable	70%	80%	90%
Maximum out of pocket			
Per Person	$6,000.00	$5,000.00	$4,000.00
Per Family	$12,000.00	$10,000.00	$8,000.00
	Network – Healthsmart for Providers/Specialists		
Professional Services	*Applies to Deductible	*Applies to Deductible	*Applies to Deductible
Office visit (non-specialist)	$20.00 co-pay, then 100% of Healthsmart	$15.00 co-pay, then 100% of Healthsmart	$10.00 co-pay, then 100% of Healthsmart
Specialist Office Visit	$40.00 co-pay, then 100% of Healthsmart	$30.00 co-pay then 100% of Healthsmart	$20.00 co-pay then 100% of Healthsmart
Preventative Services - Child & Adult	No Cost	No Cost	No Cost
Outpatient Lab & X-Ray	30% of Negotiated Rate*	20% of Negotiated Rate*	10% of Negotiated Rate*
Specialty Testing/Scans	30% of Negotiated Rate*	20% of Negotiated Rate*	10% of Negotiated Rate*
Outpatient Services Facility	30% of Negotiated Rate*	20% of Negotiated Rate*	10% of Negotiated Rate*
Outpatient Services Physician	30% of Negotiated Rate*	20% of Negotiated Rate*	10% of Negotiated Rate*
Emergency Services			
Emergency Room	$75 co-pay + 30% of Negotiated Rate*	$75 co-pay + 20% of Negotiated Rate*	$75 co-pay + 10% of Negotiated Rate*
Ambulance	30% of Negotiated Rate*	20% of Negotiated Rate*	10% of Negotiated Rate*
Hospital Benefits			
Inpatient	30% of Negotiated Rate*	20% of Negotiated Rate*	10% of Negotiated Rate*
Additional Outpatient Services			
Skilled Nursing ($2,000 calendar year max)	30% of Negotiated Rate*	20% of Negotiated Rate*	10% of Negotiated Rate*
Chiropractic Services	30% of Negotiated Rate*	20% of Negotiated Rate*	10% of Negotiated Rate*
Acupuncture Services	30% of Negotiated Rate*	20% of Negotiated Rate*	10% of Negotiated Rate*
Physical/Occupational Services	30% of Negotiated Rate*	20% of Negotiated Rate*	10% of Negotiated Rate*
Mental Outpatient	$40.00 co-pay then 100% of Healthsmart	$30.00 co-pay then 100% of Healthsmart	$10.00 co-pay then 100% of Healthsmart
Durable Medical Equipment	30% of Negotiated Rate*	20% of Negotiated Rate*	10% of Negotiated Rate*
Substance Abuse Outpatient	30% of Negotiated Rate*	20% of Negotiated Rate*	10% of Negotiated Rate*
Pediatric Dental & Vision	No Cost	No Cost	No Cost
Prescriptions			
Generic	$15.00 co-pay	$15.00 co-pay	$15.00 co-pay
Brand Formulary	$250 Deductible (Common Deductible) $30 co-pay	$30.00 co-pay	$30.00 co-pay
Brand Non-Formulary	$250 Deductible $50 co-pay	$50.00 co-pay	$50.00 co-pay
Specialty Medication	30%	20%	10%
Mail Order (90 Days)			
Generic	$30.00 co-pay	$30.00 co-pay	$30.00 co-pay
Brand Formulary	$250 Deductible $60 co-pay	$60.00 co-pay	$60.00 co-pay
Brand Non-Formulary	$250 Deductible $100 co-pay	$100.00 co-pay	$100.00 co-pay

2023 Beneficios			
Deducible Anual	**Plan 1**	**Plan 2**	**Plan 3**
Por Persona	$3,000.00	$1,000.00	$500.00
Por Familia	$6,000.00	$2,000.00	$1,000.00
Porcentaje Pagable	70%	80%	90%
Límite de gastos de su bolsillo			
Por Persona	$6,000.00	$5,000.00	$4,000.00
Por Familia	$12,000.00	$10,000.00	$8,000.00
	De la Red - Healthsmart Proveedores/Instalaciones		
Servicios Profesionales	*Aplica al deducible	*Aplica al deducible	*Aplica al deducible
Visitas de Oficina	$20.00 copago, después 100% de Healthsmart	$15.00 copago, después 100% de Healthsmart	$10.00 copago, después 100% de Healthsmart
Visitas de Especialistas	$40.00 copago, Después 100% de Healthsmart	$30.00 copago, Después 100% de Healthsmart	$20.00 copago, Después 100% de Healthsmart
Servicios Preventivos – Niño y Adulto	No tiene costo	No tiene costo	No tiene costo
Paciente Externo – Laboratorio y Rayos X	30% del precio negociado*	20% del precio negociado*	10% del precio negociado*
Pruebas Especializadas/Tomografías	30% del precio negociado*	20% del precio negociado*	10% del precio negociado*
Institución de Servicios para Paciente Externo	30% del precio negociado*	20% del precio negociado*	10% del precio negociado*
Servicios de Paciente Externo de Doctor	30% del precio negociado*	20% del precio negociado*	10% del precio negociado*
Servicios de Emergencia			
Cuarto de Emergencia	$75 copago + 30% del precio negociado *	$75 copago + 20% del precio negociado *	$75 copago + 10% del precio negociado *
Ambulancia	30% del precio negociado*	20% del precio negociado*	10% del precio negociado*
Beneficios de Hospital			
Paciente Internado	30% del precio negociado*	20% del precio negociado*	10% del precio negociado*
Servicios Adicionales de Paciente Externo			
Enfermería Especializada ($2,000 año calendario máximo)	30% del precio negociado*	20% del precio negociado*	10% del precio negociado*
Servicios de Quiropráctico	30% del precio negociado*	20% del precio negociado*	10% del precio negociado*
Servicios de Acupuntura	30% del precio negociado*	20% del precio negociado*	10% del precio negociado*
Servicios Físico/Ocupacional	30% del precio negociado*	20% del precio negociado*	10% del precio negociado*
Paciente Externo Mental	$40.00 copago, después 100% de Healthsmart	$30.00 copago, después 100% de Healthsmart	$10.00 copago, después 100% de Healthsmart
Equipo Duradero	30% del precio negociado*	20% del precio negociado*	10% del precio negociado*
Abuso de Substancias Paciente Externo	30% del precio negociado*	20% del precio negociado*	10% del precio negociado*
Dental y Visión Pediátrico	No tiene costo	No tiene costo	No tiene costo
Prescripciones			
Genérico	$15.00 copago	$15.00 copago	$15.00 copago
Marca Formulario	$250 Deducible (deducible común) $30.00 copago	$30.00 copago	$30.00 copago
Marca No Formulario	$250 Deducible $50.00 copago	$50.00 copago	$50.00 copago
Medicamentos Especiales	30%	20%	10%
Orden por Correo (90 días)			
Genérico	$30.00 copago	$30.00 copago	$30.00 copago
Marca Formulario	$250 Deducible $60.00 copago	$60.00 copago	$60.00 copago
Marca No Formulario	$250 Deducible $100.00 copago	$100.00 copago	$100.00 copago