



Summary of Benefits

Palo Alto Networks Inc
Effective January 1, 2023
PPO Savings Plan

Blue Shield Silver PPO Savings

This Summary of Benefits shows the amount you will pay for Covered Services under this Claims Administrator benefit plan. It is only a summary and it is included as part of the Benefit Booklet.¹ Please read both documents carefully for details.

Provider Network:

Full PPO Network

This Plan uses a specific network of Health Care Providers, called the Full PPO provider network. Providers in this network are called Participating Providers. You pay less for Covered Services when you use a Participating Provider than when you use a Non-Participating Provider. You can find Participating Providers in this network at blueshieldca.com.

Calendar Year Deductibles (CYD)²

A Calendar Year Deductible (CYD) is the amount a Member pays each Calendar Year before Claims Administrator pays for Covered Services under the Plan. The Claims Administrator pays for some Covered Services before the Calendar Year Deductible is met, as noted in the Benefits chart below.

		When using a Participating Provider ³	When using a Non-Participating Provider ⁴
Calendar Year medical Deductible	Individual coverage	\$4,000	\$4,000
	Family coverage	\$8,000	\$8,000

Calendar Year Out-of-Pocket Maximum⁵

An Out-of-Pocket Maximum is the most a Member will pay for Covered Services each Calendar Year. Any exceptions are listed in the Notes section at the end of this Summary of Benefits.

No Annual or Lifetime Dollar Limit

Under this Plan there is no annual or lifetime dollar limit on the amount Claims Administrator will pay for Covered Services.

	When using a Participating Provider ³	When using a Non-Participating Provider ⁴
Individual coverage	\$7,000	\$7,000
Family coverage	\$14,000	\$14,000

Blue Shield of California is an independent member of the Blue Shield Association

Benefits⁶

Your payment

	When using a Participating Provider ³	CYD ² applies	When using a Non-Participating Provider ⁴	CYD ² applies
Preventive Health Services⁷				
Preventive Health Services	\$0		30%	✓
Physician services				
Primary care office visit	30%	✓	30%	✓
Specialist care office visit	30%	✓	30%	✓
Physician home visit	30%	✓	30%	✓
Physician or surgeon services in an Outpatient Facility	30%	✓	30%	✓
Physician or surgeon services in an inpatient facility	30%	✓	30%	✓
Other professional services				
Other practitioner office visit <i>Includes nurse practitioners, physician assistants, and therapists.</i>	30%	✓	30%	✓
Acupuncture services <i>Up to 20 visits per Member, per Calendar Year.</i>	30%	✓	30%	✓
Chiropractic services <i>Up to 30 visits per Member, per Calendar Year.</i>	30%	✓	30%	✓
Teladoc consultation	30%	✓	Not covered	
Family planning				
• Counseling, consulting, and education	\$0		30%	✓
• Injectable contraceptive	\$0		30%	✓
• Diaphragm fitting	\$0		30%	✓
• Intrauterine device (IUD)	\$0		30%	✓
• Insertion and/or removal of intrauterine device (IUD)	\$0		30%	✓
• Implantable contraceptive	\$0		30%	✓
• Tubal ligation	\$0		30%	✓
• Vasectomy	30%	✓	30%	✓
• Diagnosis and Treatment of the Cause of Infertility	30%	✓	30%	✓
• Assisted reproductive technology (infertility)	Not covered		Not covered	
Podiatric services	30%	✓	30%	✓
Medical nutrition therapy, not related to diabetes	30%	✓	30%	✓
Pregnancy and maternity care				
Physician office visits: prenatal and postnatal	30%	✓	30%	✓

	When using a Participating Provider ³	CYD ² applies	When using a Non-Participating Provider ⁴	CYD ² applies
Physician services for pregnancy termination	30%	✓	30%	✓
Emergency Services				
Emergency room services	30%	✓	30%	✓
<i>If admitted to the Hospital, this payment for emergency room services does not apply. Instead, you pay the Participating Provider payment under Inpatient facility services/ Hospital services and stay.</i>				
Emergency room Physician services	30%	✓	30%	✓
Urgent care center services	30%	✓	30%	✓
Ambulance services	30%	✓	30%	✓
<i>This payment is for emergency or authorized transport.</i>				
Outpatient Facility services				
Ambulatory Surgery Center	30%	✓	30%	✓
Outpatient Department of a Hospital: surgery	30%	✓	30%	✓
Outpatient Department of a Hospital: treatment of illness or injury, radiation therapy, chemotherapy, and necessary supplies	30%	✓	30%	✓
Inpatient facility services				
Hospital services and stay	30%	✓	30%	✓
Transplant services				
<i>This payment is for all covered transplants except tissue and kidney. For tissue and kidney transplant services, the payment for Inpatient facility services/ Hospital services and stay applies.</i>				
• Special transplant facility inpatient services	30%	✓	Not covered	
• Physician inpatient services	30%	✓	Not covered	
Bariatric surgery services				
Inpatient facility services	30%	✓	30%	✓
Outpatient Facility services	30%	✓	30%	✓
Physician services	30%	✓	30%	✓

	When using a Participating Provider ³	CYD ² applies	When using a Non-Participating Provider ⁴	CYD ² applies
Diagnostic x-ray, imaging, pathology, and laboratory services				
<i>This payment is for Covered Services that are diagnostic, non-Preventive Health Services, and diagnostic radiological procedures, such as CT scans, MRIs, MRAs, and PET scans. For the payments for Covered Services that are considered Preventive Health Services, see Preventive Health Services.</i>				
Laboratory services				
<i>Includes diagnostic Papanicolaou (Pap) test.</i>				
• Laboratory center	30%	✓	30%	✓
• Outpatient Department of a Hospital	30%	✓	30%	✓
X-ray and imaging services				
<i>Includes diagnostic mammography.</i>				
• Outpatient radiology center	30%	✓	30%	✓
• Outpatient Department of a Hospital	30%	✓	30%	✓
Other outpatient diagnostic testing				
<i>Testing to diagnose illness or injury such as vestibular function tests, EKG, ECG, cardiac monitoring, non-invasive vascular studies, sleep medicine testing, muscle and range of motion tests, EEG, and EMG.</i>				
• Office location	30%	✓	30%	✓
• Outpatient Department of a Hospital	30%	✓	30%	✓
Radiological and nuclear imaging services				
• Outpatient radiology center	30%	✓	30%	✓
• Outpatient Department of a Hospital	30%	✓	30%	✓
Rehabilitative and Habilitative Services				
<i>Includes physical therapy, occupational therapy, and respiratory therapy.</i>				
Office location	30%	✓	30%	✓
Outpatient Department of a Hospital	30%	✓	30%	✓
Speech Therapy services				
Office location	30%	✓	30%	✓
Outpatient Department of a Hospital	30%	✓	30%	✓
Durable medical equipment (DME)				
DME	30%	✓	30%	✓

Benefits⁶
Your payment

	When using a Participating Provider ³	CYD ² applies	When using a Non-Participating Provider ⁴	CYD ² applies
Breast pump	\$0		30%	✓
Glucose monitor	30%	✓	30%	✓
Peak Flow Meter	30%	✓	30%	✓
Orthotic equipment and devices	30%	✓	30%	✓
Prosthetic equipment and devices	30%	✓	30%	✓
Home health care services <i>Up to 100 visits per Member, per Calendar Year, by a home health care agency. All visits count towards the limit, including visits during any applicable Deductible period. Includes home visits by a nurse, Home Health Aide, medical social worker, physical therapist, speech therapist, or occupational therapist, and medical supplies.</i>	30%	✓	30%	✓
Home infusion and home injectable therapy services Home infusion agency services <i>Includes home infusion drugs, medical supplies, and visits by a nurse.</i>	30%	✓	30%	✓
Hemophilia home infusion services <i>Includes blood factor products.</i>	30%	✓	30%	✓
Skilled Nursing Facility (SNF) services <i>Up to 100 days per Member, per benefit period, except when provided as part of a Hospice program. All days count towards the limit, including days during any applicable Deductible period and days in different SNFs during the Calendar Year.</i>				
Freestanding SNF	30%	✓	30%	✓
Hospital-based SNF	30%	✓	30%	✓
Hospice program services Pre-Hospice consultation Routine home care 24-hour continuous home care Short-term inpatient care for pain and symptom management Inpatient respite care	30% 30% 30% 30% 30%	✓ ✓ ✓ ✓ ✓	30% 30% 30% 30% 30%	✓ ✓ ✓ ✓ ✓
Other services and supplies Diabetes care services <ul style="list-style-type: none"> Devices, equipment, and supplies 	30%	✓	30%	✓

Benefits⁶

Your payment

	When using a Participating Provider ³	CYD ² applies	When using a Non-Participating Provider ⁴	CYD ² applies
• Self-management training	30%	✓	30%	✓
• Medical nutrition therapy	30%	✓	30%	✓
Dialysis services	30%	✓	30%	✓
PKU product formulas and special food products	30%	✓	30%	✓
Allergy serum billed separately from an office visit	30%	✓	30%	✓
Hearing aid services				
• Hearing aids and equipment	30%	✓	30%	✓
<i>2 hearing aids per member per 36 months.</i>				
<i>Up to \$5,000 combined maximum per Member, per 36-month period.</i>				
Wigs	30%	✓	30%	✓

Mental Health and Substance Use Disorder Benefits

Your payment

	When using a Participating Provider ³	CYD ² applies	When using a Non-Participating Provider ⁴	CYD ² applies
Outpatient services				
Office visit, including Physician office visit	30%	✓	30%	✓
Teladoc mental health	30%	✓	Not covered	
Intensive outpatient care	30%	✓	30%	✓
Behavioral Health Treatment in an office setting	30%	✓	30%	✓
Behavioral Health Treatment in home or other non-institutional setting	30%	✓	30%	✓
Office-based opioid treatment	30%	✓	30%	✓
Partial Hospitalization Program	30%	✓	30%	✓
Psychological Testing	30%	✓	30%	✓
Inpatient services				
Physician inpatient services	30%	✓	30%	✓
Hospital services	30%	✓	30%	✓
Residential Care	30%	✓	30%	✓

Prior Authorization

The following are some frequently-utilized Benefits that require prior authorization:

- Radiological and nuclear imaging services
- Outpatient mental health services, except office visits and office-based opioid treatment
- Inpatient facility services
- Hospice program services

Please review the Benefit Booklet for more about Benefits that require prior authorization.

Notes

1 Benefit Booklet:

The Benefit Booklet describes the Benefits, limitations, and exclusions that apply to coverage under this Plan. Please review the Benefit Booklet for more details of coverage outlined in this Summary of Benefits. You can request a copy of the Benefit Booklet at any time.

Capitalized terms are defined in the Benefit Booklet. Refer to the Benefit Booklet for an explanation of the terms used in this Summary of Benefits.

2 Calendar Year Deductible (CYD):

Calendar Year Deductible explained. A Calendar Year Deductible is the amount you pay each Calendar Year before the Claims Administrator pays for Covered Services under the Plan.

If this Plan has any Calendar Year Deductible(s), Covered Services subject to that Deductible are identified with a check mark (✓) in the Benefits chart above.

Covered Services not subject to the Calendar Year medical Deductible. Some Covered Services received from Participating Providers are paid by the Claims Administrator before you meet any Calendar Year medical Deductible. These Covered Services do not have a check mark (✓) next to them in the "CYD applies" column in the Benefits chart above.

This Plan has a separate Participating Provider Deductible and Non-Participating Provider Deductible.

For Family Coverage. The Family Deductible must be met by you and your Family members collectively within a Calendar Year.

3 Using Participating Providers:

Participating Providers have a contract to provide health care services to Members. When you receive Covered Services from a Participating Provider, you are only responsible for the Copayment or Coinsurance, once any Calendar Year Deductible has been met.

Teladoc. Teladoc mental health and substance use disorder consultations are provided through Teladoc.

"Allowable Amount" is defined in the Benefit Booklet. In addition:

- Coinsurance is calculated from the Allowable Amount.
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4 Using Non-Participating Providers:

Non-Participating Providers do not have a contract to provide health care services to Members. When you receive Covered Services from a Non-Participating Provider, you are responsible for:

- the Copayment or Coinsurance (once any Calendar Year Deductible has been met), and

- any charges above the Allowable Amount.

"Allowable Amount" is defined in the Benefit Booklet. In addition:

- Coinsurance is calculated from the Allowable Amount, which is subject to any stated Benefit maximum.
 - Charges above the Allowable Amount do not count towards the Out-of-Pocket Maximum, and are your responsibility for payment to the provider. This out-of-pocket expense can be significant.
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5 Calendar Year Out-of-Pocket Maximum (OOPM):

Calendar Year Out-of-Pocket Maximum explained. The Out-of-Pocket Maximum is the most you are required to pay for Covered Services in a Calendar Year. Once you reach your Out-of-Pocket Maximum, the Claims Administrator will pay 100% of the Allowable Amount for Covered Services for the rest of the Calendar Year.

Your payment after you reach the Calendar Year OOPM. You will continue to pay all charges for services that are not covered and charges above the Allowable Amount.

Any Deductibles count towards the OOPM. Any amounts you pay that count towards the medical Deductible also count towards the Calendar Year Out-of-Pocket Maximum.

This Plan has a separate Participating Provider OOPM and Non-Participating Provider OOPM.

For Family coverage. The Family OOPM must be met by you and your Family members collectively within a Calendar Year.

6 Separate Member Payments When Multiple Covered Services are Received:

Each time you receive multiple Covered Services, you might have separate payments (Copayment or Coinsurance) for each service. When this happens, you may be responsible for multiple Copayments or Coinsurance. For example, you may owe an office visit payment in addition to an allergy serum payment when you visit the doctor for an allergy shot.

7 Preventive Health Services:

If you only receive Preventive Health Services during a Physician office visit, there is no Copayment or Coinsurance for the visit by a Participating Provider. If you receive both Preventive Health Services and other Covered Services during the Physician office visit, you may have a Copayment or Coinsurance for the visit.

Plans may be modified to ensure compliance with Federal requirements.

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