

# DZSP 21, LLC.

## 2025 Benefit Changes



Beginning January 1, 2025 benefit changes are as follows.

### BOS 70/30 Plan

MEDICAL BENEFITS	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS
<b>MENTAL HEALTH CARE</b> <b>(Outpatient)</b>	Plan Pays 70%; Member pays 30% <del>for the first 20 visits;</del> Plan pays 40%; Member pays 60% <del>after the 20<sup>th</sup> visit</del>	Plan Pays 60% <del>50%</del> ; Member pays 40% <del>50%</del> <del>for the first 20 visits;</del> Plan pays 40%; Member pays 60% <del>after the 20<sup>th</sup> visit</del>
<b>MENTAL HEALTH CARE</b> <b>(Autism Spectrum Disorder)</b>	Outpatient Services: Plan Pays 70%; Member pays 30% <del>for the first 20<sup>th</sup> visits</del> Plan Pays 40%; Member pays 60% <del>after the 20<sup>th</sup> visit.</del> Inpatient Services: Plan Pays 70%; Member pays 30% Prescription Drugs: Please refer to Prescription Drugs member share below. In accordance with Public Laws 34-06 and 35-19 <ul style="list-style-type: none"> <li>Covered Persons under age 16                \$75,000.00 annual maximums</li> <li>Covered Persons ages 16 to 20                \$25,000.00 annual maximum</li> </ul> Applies only to groups with at least 10 employees Pre-certification required Limited to Guam Participating Providers only	Not Covered

### CONTACT US

We are servicing via telephone, email and video conference. Contact us at 671-477-5091 or [customercare@staywellguam.com](mailto:customercare@staywellguam.com) Monday-Friday, 8am-5pm. After Office Hours: Informed Choice 671-971-1190.