SISC
Custom HMO 30-20%/Zero Facility Deductible

Benefit Summary (For groups of 300 and above)
(Uniform Health Plan Benefits and Coverage Matrix)

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE *EVIDENCE OF COVERAGE* AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Blue Shield of California

Highlights: A description of the prescription drug coverage is provided separately

Effective October 1, 2013

Calendar Year Facility Deductible	None
Calendar Year Copayment Maximum[1] (For many covered services)	$1,500 per individual
LIFETIME BENEFIT MAXIMUM	None

Covered Services	Member Copayment
PROFESSIONAL SERVICES	
Professional (Physician) Benefits	
• Physician and specialist office visits (Note: A woman may self-refer to an OB/GYN or family practice physician in her Personal Physician's medical group or IPA for OB/GYN services)	$30 per visit
• Outpatient X-ray, pathology and laboratory	No Charge
Allergy Testing and Treatment Benefits	
• Office visits (includes visits for allergy serum injections)	$30 per visit
Access+ *Specialist*℠ Benefits[1, 2]	
• Office visit, Examination or Other Consultation (Self-referred office visits and consultations only)	$45 per visit
Preventive Health Benefits	
• Preventive Health Services (As required by applicable federal and California law.)	No Charge
OUTPATIENT SERVICES	
Hospital Benefits (Facility Services)	
• Outpatient surgery performed at an Ambulatory Surgery Center[3]	No Charge
• Outpatient surgery in a hospital	No Charge
• Outpatient Services for treatment of illness or injury and necessary supplies (Except as described under "Rehabilitation Benefits" and "Speech Therapy Benefits")	No Charge
HOSPITALIZATION SERVICES	
Hospital Benefits (Facility Services)	
• Inpatient Physician Services	No Charge
• Inpatient Non-emergency Facility Services (Semi-private room and board, and medically-necessary Services and supplies, including Subacute Care)	20%
• Inpatient Medically Necessary skilled nursing Services including Subacute Care[4, 5]	20%
EMERGENCY HEALTH COVERAGE	
• Emergency room facility services (Copayment does not apply if the member is directly admitted to the hospital for inpatient services)	$150 per visit
• Emergency room Physician Services	No Charge
AMBULANCE SERVICES	
• Emergency or authorized transport	$100
PRESCRIPTION DRUG COVERAGE	
Outpatient Prescription Drug	Carved out to Express Scripts 1-800-987-5241
PROSTHETICS/ORTHOTICS	
• Prosthetic equipment and devices (Separate office visit copay may apply)	No Charge
• Orthotic equipment and devices (Separate office visit copay may apply)	No Charge

DURABLE MEDICAL EQUIPMENT	
• Breast pump	No Charge
• Other Durable Medical Equipment (member share is based upon allowed charges)	20%
MENTAL HEALTH SERVICES (PSYCHIATRIC)[6]	
• Inpatient Hospital Services	20%
• Outpatient Mental Health Services	$30 per visit
CHEMICAL DEPENDENCY SERVICES (SUBSTANCE ABUSE)[7]	
Please see footnote 10	
• Chemical dependency and substance abuse services	Not Covered
HOME HEALTH SERVICES	
• Home health care agency Services (up to 100 visits per Calendar Year)	$30 per visit
• Medical supplies and laboratory Services	No Charge
OTHER	
Hospice Program Benefits	
• Routine home care	No Charge
• Inpatient Respite Care	No Charge
• 24-hour Continuous Home Care	$200 per day
• General Inpatient care	$200 per day
Hearing Aid	
• Audiological Exams	$30 per visit
• Hearing Aid Instrument and ancillary equipment (every 24 months for the hearing aid and ancillary equipment)	50%
Pregnancy and Maternity Care Benefits	
• Prenatal and postnatal Physician office visits (For inpatient hospital services, see "Hospitalization Services.")	$30 per visit
Family Planning and Infertility Benefits	
• Counseling and consulting[8]	No Charge
• Infertility Services (member share is based upon allowed charges) (Diagnosis and treatment of cause of infertility. Excludes in vitro fertilization, injectables for infertility, artificial insemination and GIFT).	50%
• Tubal ligation	No Charge
• Elective abortion[9]	$100 per surgery
• Vasectomy[9]	$75 per surgery
Rehabilitation Benefits (Physical, Occupational and Respiratory Therapy)	
• Office location (Copayment applies to all places of services, including professional and facility settings)	$30 per visit
Speech Therapy Benefits	
• Office Visit - Services by licensed speech therapists (Copayment applies to all places of services, including professional and facility settings)	$30 per visit
Diabetes Care Benefits	
• Devices, equipment, and non-testing supplies (member share is based upon allowed charges)	50%
• Diabetes self-management training	$30 per visit
Urgent Care Benefits (BlueCard® Program)	
• Urgent Services outside your Personal Physician Service Area	$50 per visit
Optional Benefits[1]	Optional dental, vision, infertility, substance abuse, chiropractic or chiropractic and acupuncture benefits are available. If your employer purchased any of these benefits, a description of the benefit is provided separately.

1 Copayments marked with this footnote do not accrue to the calendar-year copayment maximum. Copayments and charges for services not accruing to the member's calendar-year copayment maximum continue to be the member's responsibility after the calendar-year copayment maximum is reached. Please refer to the Evidence of Coverage and the Plan Contract for exact terms and conditions of coverage.

2 To use this option, members must select a personal physician who is affiliated with a medical group or IPA that is an Access+ provider group, which offers the Access+ Specialist feature. Members should then select a specialist within that medical group or IPA. Access+ Specialist visits for mental health services must be provided by a MHSA network participating provider.

3 Participating ambulatory surgery centers may not be available in all areas. Regardless of their availability, you can obtain outpatient surgery services from a hospital or an ambulatory surgery center affiliated with a hospital, with payment according to your health plan's hospital services benefits.

4 For Plans with a facility deductible amount, services with a day or visit limit accrue to the calendar-year day or visit limit maximum regardless of whether the plan deductible has been met.

5 Skilled nursing services are limited to 100 preauthorized days during a calendar year except when received through a hospice program provided by a participating hospice agency. This 100 preauthorized day maximum on skilled nursing services is a combined maximum between SNF in a hospital unit and skilled nursing facilities.

6 Mental health services are accessed through Blue Shield's Mental Health Service Administrator (MHSA) using Blue Shield's MHSA participating providers. For a listing of severe mental illnesses, including serious emotional disturbances of a child, and other benefit details, please refer to the Evidence of Coverage and Plan Contract.

7 Inpatient services for acute detoxification are covered under the medical benefit; see hospitalization services for benefit details. Services for medical acute detoxification are accessed through Blue Shield using Blue Shield HMO providers.

8 Includes insertion of IUD as well as injectable contraceptives for women.

9 Physician services copayment in the office or outpatient hospital facility only. If procedure is performed in a hospital facility setting, additional hospital services copayment may apply.

10 **Optional substance abuse treatment benefits are available. If your employer purchased these benefits, a description of the benefit is attached hereto as "Additional Substance Abuse Treatment Benefits."**

Plan designs may be modified to ensure compliance with state and federal requirements.

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