SISC
Custom SaveNet Facility Coinsurance 40-40%

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

This plan has a special network including a limited number of Physicians, Independent Practice Associations (IPAs) and Medical Groups and a limited Service Area which includes only certain counties and cities as described in the Evidence of Coverage and Access+ HMO Comparison. You must live and/or work in this limited Service Area in order to enroll in this Plan

Effective October 1, 2013

Calendar Year Facility Deductible	None
Calendar Year Copayment Maximum[1] (For many covered services)	$3,500 per individual / $7,000 per family
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)	$40 per visit
• Outpatient X-ray, pathology and laboratory	No Charge
Allergy Testing and Treatment Benefits	
• Office visits (includes visits for allergy serum injections)	$40 per visit
Access+ *Specialist*SM 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]	40%
• Outpatient surgery in a hospital	40%
• 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)	40%
• Inpatient Medically Necessary skilled nursing Services including Subacute Care[4, 5]	$150 per day
EMERGENCY HEALTH COVERAGE	
• Emergency room facility services (Copayment does not apply if the member is directly admitted to the hospital for inpatient services)	$200 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	40%
• Outpatient Mental Health Services	$40 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)	$40 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 Aids	
• Audiological evaluations	$40 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.")	$40 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)	$40 per visit
Speech Therapy Benefits	
• Office Visit - Services by licensed speech therapists (Copayment applies to all places of services, including professional and facility settings)	$40 per visit
Diabetes Care Benefits	
• Devices, equipment, and non-testing supplies (member share is based upon allowed charges)	50%
• Diabetes self-management training	$40 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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