

Cabrillo College

PPO Plan Comparison - Blue Shield

October 1, 2009 - September 30, 2010

Medical Benefits	High PPO Blue Shield Plan 90-E \$10 OV		Medium PPO Blue Shield Plan 80-G \$10 OV		Low PPO Blue Shield HDHP-B \$2500 Deductible	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible Individual / Family	\$300 / \$600		\$500 / \$1,000		\$2,500 / \$5,000	
Annual Out-of-Pocket Maximum Individual / Family	\$600 / \$1,800		\$1,000 / \$3,000		\$2,500 / \$5,000	
Lifetime Maximum Benefit	\$5,000,000		\$5,000,000		\$5,000,000	
MAJOR MEDICAL						
Hospital						
Inpatient	10%	50% ¹	20%	50% ¹	10%	50% ¹
Outpatient (surgery)	10%		20%		10%	50%
Physician Services						
Physician Office Visit	\$10/visit	50%	\$10/visit	50%	10%	50%
Specialist Visit	\$10/visit	50%	\$10/visit	50%	10%	50%
Periodic Health Exam	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Preventative Care (Ages 0-25)	No Charge	50%	No Charge	50%	No Charge	50%
Allergy Testing/Treatment	10%	50%	20%	50%	10%	50%
Immunization/Inoculation	10%	50%	20%	50%	10%	50%
Diagnostic X-Ray and Lab	10%	50%	20%	50%	10%	50%
Durable Medical Equipment	10%	50%	20%	50%	10%	
Ambulance Service	10%		20%		10%	
Emergency (waived if admitted)	10%		20% after \$50 copay		10% after \$100 copay	
Home Health Services	10%	Not Covered (100 visits/calendar year)	20%	Not Covered (100 visits/calendar year)	10%	Not Covered (100 visits/calendar year)
Acupuncture	10% (Up to \$50/visit) (up to 12 visits/calendar year)	50% (up to \$25/visit) (up to 12 visits/calendar year)	20% (Up to \$50/visit) (up to 12 visits/calendar year)	50% (up to \$25/visit) (up to 12 visits/calendar year)	10% (Up to \$30/visit) (up to 12 visits/calendar year)	50% (up to \$30/visit) (up to 12 visits/calendar year)
Chiropractic	10%	50%	20%	50%	10%	50%
Hospice Care	10%	Not Covered	20%	Not Covered	10%	Not Covered
Mental Health	Provided by Pacificare Behavioral Health				Included in Blue Shield medical plan	
	With Prior Authorization		With Prior Authorization			
Inpatient	No Charge	Not Covered	No Charge	Not Covered	10% (up to 30 days/cal)	\$270 per day
Outpatient	Visits 1-6: No Charge Visits 7-20: \$15/visit Visits 21-50: \$15/visit	50% up to \$40/visit + \$100 deductible	Visits 1-6: No Charge Visits 7-20: \$15/visit Visits 21-50: \$15/visit	50% up to \$40/visit + \$100 deductible	50% up to \$20	50% up to \$20
Substance Abuse	Provided by Pacificare Behavioral Health				Included in Blue Shield medical plan	
	With Prior Authorization		With Prior Authorization			
Inpatient	No Charge	Not Covered	No Charge	Not Covered	10% (up to 30 days/cal)	\$270 per day
Outpatient	No charge - limited to one treatment program/cal yr & 3/lifetime	\$100 Deductible; 50% of program cost up to \$1,000 after deductible	No charge - limited to one treatment program/cal yr & 3/lifetime	\$100 Deductible; 50% of program cost up to \$1,000 after deductible	50% up to \$20	50% up to \$20
PRESCRIPTION DRUGS	Medco Health (co-pay card)		Medco Health (co-pay card)		Included in Blue Shield medical plan	
	Generic / Brand		Generic / Brand		Generic / Brand	
Retail (30-day supply)	\$100/\$300 brand deductible		\$100/\$300 brand deductible		Medical deductible must first be satisfied	
Mail Order (90-day supply)	\$5 / \$20 \$10 / \$50		\$5 / \$20 \$10 / \$50		\$7 / \$14 \$25 / \$60	
RATES - Effective 10/1/2009	Current	Renewal	Current	Renewal	Current	Renewal
Single	\$693.00	\$729.00	\$629.00	\$662.00	\$458.00	\$481.00
Two Party	\$1,233.00	\$1,297.00	\$1,119.00	\$1,178.00	\$816.00	\$857.00
Family	\$1,886.00	\$1,986.00	\$1,708.00	\$1,800.00	\$1,255.00	\$1,318.00
Difference from Current		5.19%		5.25%		5.02%

¹ The maximum allowed charges for non-emergency hospital services received from a non-preferred hospital is \$600 per day. Members are responsible for the co-insurance (10% or 20%) of this \$600 per day, plus all charges in excess of \$600.

Note: This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail. Please review Plan Document for details of differences between the plans,