

Cabrillo Community College
SISC Blue Shield PPO Plans Comparison
Effective October 1, 2007

PLANS	BSC 90% Plan E \$10		BSC 80% Plan G \$10		HDHP-Plan B HSA Compatible	
Calendar Year Deductible(s)	\$300 per individual up to \$600 per family		\$500 per individual up to \$1,000 per family		\$2,500 per individual up to \$5,000 per family	
Maximum *Co-Insurance	\$600 per individual up to \$1,800 per family		\$1,000 per individual up to \$3,000 per family		\$5,000 per individual or \$10,000 per family	
<i>Co-insurance is the member's responsibility to pay when the plan is paying less than 100% (i.e. plan pays 80%, member pays the other 20%)</i>	<i>Once the member's 10% co-insurance totals \$600 per individual, the plan will pay 100% of the allowable amount for the remainder of the calendar year.</i>		<i>Once the member's 20% co-insurance totals \$1,000 per individual, the plan will pay 100% of the allowable amount for the remainder of the calendar year.</i>		NOTE: This plan has an Annual Out-of-Pocket Maximum that includes the deductible, co-pays and co-insurance.	
Lifetime Maximum	\$5,000,000		\$5,000,000		\$5,000,000	
Services	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers
Inpatient Hospital Room, Board & Support Services (prior authorization required)	90%	\$540 - \$580 per day	80%	\$540 - \$580 per day	90%	\$540 - \$580 per day
Ambulatory Surgery Center	90%	\$350 per day	80%	\$350 per day	90%	\$350 per day
Emergency Room (non-emergency) Facility Expenses:	90%	90% eligible expenses less 25%	\$50 co-pay		\$100 co-pay	
Professional Expenses:	90%	50%	80%	50%	90%	50%
Surgeon & Anesthetist	90%	50%	80%	50%	90%	Non-Par Fee
Accident Care (Professional) (initial care)	90%	90% C&R	80%	80% C&R	90%	Non-Par Fee
Preventative Care (age 0 - 25)	Deductible Waived, 90%	50%	Deductible Waived, 80%	50%	90%	90% C&R
Routine Exam Employee & Spouse	Deductible Waived, 90%	50%	Deductible Waived, 80%	50%	Age 0 - 6 Deductible Waived \$25 co-pay per visit	Non-Par Fee
Diagnostic X-Ray & Lab	90%	50%	80%	50%	Ages 7 and older Deductible Waived \$25 co-pay per visit	Non-Par Fee
Office Visits	Ded Waived \$10 co-pay	50%	Ded Waived \$10 co-pay	50%	90%	Non-Par Fee
Physical Therapy (medically necessary)	90%	50%	80%	50%	Physical Therapy/Chiro Combined 12 visits per year	
Acupuncture	90%	50%	80%	50%	90% up to \$25 per visit	Non-Par Fee up to \$25 per visit
Durable Medical Equipment	90%	90% C&R	80%	80% C&R	12 visits per year	
Hospice (\$10,000 maximum per member)	90%	90%	80%	80%	90% up to \$30 per visit	Non-Par Fee up to \$30 per visit
Ambulance	90%	90%	80%	80%	90%	90% C&R
Home Health Care 100 visits/yr (prior authorization required)	90%	90%	80%	80%	90%	90%
Chiropractic Services (26 visits per yr)	90% up to \$50 per visit	50% up to \$25 per visit	80% up to \$50 per visit	50% up to \$25 per visit	90%	Non-Par Fee
Psychiatric Inpatient (30 Day Max) Outpatient Visits For Severe Conditions Outpatient Visits For Non-Severe Conditions (up to 50 visits per calendar year combined with Substance Abuse visits)	Covered through PacifiCare POS, Please see Summary of Benefits		Covered through PacifiCare POS, Please see Summary of Benefits		Physical Therapy/Chiro Combined 12 visits per year	
Substance Abuse Inpatient For Acute Detox (30 Day Max) Outpatient Visits (up to 50 visits per calendar year combined with Non-Severe Psychiatric visits)	Covered through PacifiCare POS, Please see Summary of Benefits		Covered through PacifiCare POS, Please see Summary of Benefits		90% up to \$25 per visit	Non-Par Fee up to \$25 per visit
Outpatient Prescription Drugs	Rx Plan G5-B100 Ded 20		Rx Plan G5-B100 Ded 20		Rx Plan	
	Covered through Medco		Covered through Medco		Coverage through Blue Shield	
	Retail 30 days	Mail 90 days	Retail 30 days	Mail 90 days	90%, after medical deductible has been satisfied. (When member shows their ID card, they are entitled to the Shield discount)	
	\$100 per individual / \$300 per family		\$100 per individual / \$300 per family			
	\$5 \$20, after Rx deductible		\$5 \$20, after Rx deductible			
		\$10 \$50, after Rx deductible				

This sheet is only a brief summary of the benefits. For details on plan coverage, limitations and exclusions, please refer to the Summary Plan Description (SPD) provided by the HR Department at your school or contact the customer service number on your ID card.