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

### HDHP-Plan B

<table>
<thead>
<tr>
<th>Plan</th>
<th>Participating Providers</th>
<th>Non-Participating Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSC 90% Plan E $10</td>
<td>$300 per individual up to $600 per family</td>
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**HSA Compatible**

- **$25 per individual** up to **$50 per family**
- **$100 per individual** up to **$200 per family**

**Maximum Co-Insurance**

- **$500 per individual** up to **$1,000 per family**
- **$1,000 per individual** up to **$2,000 per family**

**Calendar Year Deductible(s)**

- **$5,000,000**

**Lifetime Maximum**

- **$5,000,000**

### Inpatient Hospital

- **Deductible Waived**
- **90% C&R**

### Ambulatory Surgery Center

- **Deductible Waived**
- **90%**
- **$350 per day**

### Emergency Room (non-emergency)

- **Deductible Waived**
- **90%**
- **$350 per day**

### Professional Expenses

- **90%**
- **50%**

### surgeon & Anesthetist

- **$2,500 per individual** up to **$5,000 per family**

### Accident Care (Professional) (Initial care)

- **Deductible Waived**
- **90% C&R**

### Preventative Care (age 0 - 25)

- **Deductible Waived**
- **90%**

### Routine Exam Employee & Spouse

- **Deductible Waived**
- **90%**

### Diagnostic X-Ray & Lab

- **Deductible Waived**
- **90%**

### Office Visits

- **Deductible Waived**
- **$10 co-pay**

### Physical Therapy (medically necessary)

- **90%**
- **$30 per visit**

### Acupuncture

- **90%**
- **$10 co-pay**

### Durable Medical Equipment

- **90%**
- **$50 per visit**

### Hospice ($10,000 maximum per member)

- **90%**
- **$50 per visit**

### Home Health Care

- **90%**
- **$100 per month**

### Chiropractic Services (26 visits per yr)

- **90%**
- **$25 per visit**

### Behavioral Health is included in medical

- **90%**
- **$100 per visit**

### Psychiatric (30 Day Max)

- **Deductible Waived**
- **90% C&R**

### Outpatient Visits For Severe Conditions (up to 60 visits per calendar year combined with Substance Abuse visits)

- **Deductible Waived**
- **90% C&R**

### Substance Abuse

- **Deductible Waived**
- **90% C&R**

### Ambulance

- **Deductible Waived**
- **90% C&R**

### Home Health Care

- **100 visits/year**

### Outpatient Prescription Drugs

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### Rx Plan

- **Coverage through Blue Shield**

- **90%, after medical deductible has been satisfied**
- **(When member shows their ID card, they are entitled to the Shield discount)**

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.