

SISC Blue Shield of California High Deductible Health Plan Benefit Summary

(Uniform Health Plan Benefits and Coverage Matrix)

Blue Shield of California

Plan B – Deductible \$2,500/\$5,000

Effective October 1, 2007

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

DEDUCTIBLES¹ (All providers combined)	Preferred Providers¹	Non-Preferred Providers¹
Calendar-year medical deductible	See Above	
Calendar-year Copayment Maximum¹	\$5,000 per individual / \$10,000 per family	
LIFETIME MAXIMUMS	\$5,000,000	
Covered Services		
	Member Copayment	
PROFESSIONAL SERVICES	Preferred Providers¹	Non-Preferred Providers¹
Physician services		
• Physician and specialist office visits	10%	50%
• Laboratory and X-rays	10%	50%
• Allergy testing or treatment	10%	50%
• Diagnostic testing (requires prior authorization)	10%	50%
• Surgeon and anesthesiologist	10%	50%
Preventive care (age 7 and older)		
• Annual routine physical exam	\$25/visit (Deductible waived)	Not covered
• Laboratory, including mammogram and Pap test screening or other FDA-approved cervical cancer screening tests (One per calendar year)	10% (Deductible waived)	50%
Well-baby / Well-child care (up to age 7)		
• Office visits and consultations Includes: eye/ear screenings, immunizations, vaccinations	\$25/visit (Deductible waived)	50%
• Laboratory	10%	50%
OUTPATIENT SERVICES		
The maximum plan payment for non-emergency surgery and services performed in a non-participating Ambulatory Surgery Center is \$350 per day. Members are responsible for their percent copayment, plus all charges in excess of \$350.		
• Outpatient surgery performed in a Participating Ambulatory Surgery Center ² (ASC)	10%	50%
• Outpatient surgery in hospital/facility	10%	50%
• Outpatient treatment and necessary supplies	10%	50%
HOSPITALIZATION SERVICES		
Inpatient services – non-emergency		
• Inpatient physician services (Including pregnancy and maternity care)	10%	50%
• Semi-private room and board, medically necessary services and supplies	10%	50% up to \$580 plan payment per day ³
Skilled nursing facility (SNF) services⁵ (Combined maximum of up to 100 preauthorized days per confined period)	10%	10%
EMERGENCY HEALTH COVERAGE		
• Facility services	10%	10%
• Emergency room physician services	10%	10%
AMBULANCE SERVICES	10%	10%
PRESCRIPTION DRUG COVERAGE		
• Retail (up to 30 day supply)	\$7 Generic \$25 Brand	\$7 Generic \$25 Brand
• Mail Order (up to 30 day supply)	\$14 Generic \$60 Brand	\$14 Generic \$60 Brand
• Home Self Injectable Medication, provided at Specialty Pharmacy providers only (up to 30 day supply)	\$25	Not covered
DURABLE MEDICAL EQUIPMENT⁴	10%	10%

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**MENTAL HEALTH SERVICES (PSYCHIATRIC) & CHEMICAL
DEPENDENCY SERVICES⁶**

• Inpatient (30 days per calendar year)	10%	Maximum plan payment \$270 per day
• Outpatient visits	50% up to \$20 per visit	50% ¹ up to \$20 per visit

HOME HEALTH SERVICES⁵ (Combined maximum of 100 prior authorized visits
per calendar year)

• Home health and home infusion care	10%	10%
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OTHER
Hospice⁵ (\$10,000 maximum per member per lifetime)

• Routine home care and inpatient respite care	10%	10%
• 24 hour continuous home care and general inpatient care	10%	10%

Alternative care

• Chiropractic services (Up to 12 visits per calendar year combined with physical therapy) ⁶	10% up to \$25 per visit	50% up to \$25 per visit
• Acupuncture services (Up to 12 visits per calendar year) ⁶	10% up to \$30 per visit	50% up to \$30 per visit

Rehabilitative therapy services

• Outpatient visits (Medically necessary, up to 12 visits per calendar year combined with chiropractic services) ⁶	10% up to \$25 per visit	50% up to \$25 per visit
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Pregnancy and maternity care

• Prenatal and postnatal professional (physician) services (For all necessary inpatient hospital services, see "Hospitalization Services.")	10%	50%
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Family planning

• Family planning counseling	10%	50%
• Elective abortion, tubal ligation, vasectomy	10%	50%

Covered out-of-state benefits Benefits provided through BlueCard[®] Program, for out-of-state emergency and non-emergency care, are provided at the preferred level of the local Blue Plan allowable amount when you use a Blue Cross/Blue Shield provider.

• Diabetes care	10%	10%
• Equipment, devices and non-testing supplies	10%	10%
• Self-management training and education	\$25/visit	\$25/visit

Hearing Aid

• Hearing aid and examination (maximum combined benefit payment of \$1,000 per person every 36 months for hearing aid and ancillary equipment)	10%	10%
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1 Member is responsible for copayment in addition to any charges above allowable amounts. The copayment percentage indicated is a percentage of allowable amounts. Preferred providers accept Blue Shield's allowable amount as full payment for covered services. Non-preferred providers can charge more than these amounts. When members use non-preferred providers, they must pay the applicable copayment plus any amount that exceeds Blue Shield's allowable amount. Charges above the allowable amount do not count toward the calendar-year deductible or copayment maximum.

2 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.

3 The maximum plan payment for non-emergency hospital services received from a non-preferred hospital is \$580 per day. Members are responsible for their percent copayment, plus all charges in excess of \$580.

4 Requires prior authorization for benefits over \$500.

5 Services may require prior authorization by Blue Shield. When these services are prior authorized, members pay the preferred or participating provider amount.

6 All mental health, substance abuse, acupuncture, chiropractic and rehabilitative therapy visits accrue to the calendar-year visit maximum regardless of whether the plan deductible has been met.

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