



Cabrillo Community College Blue Shield HMO Plan Comparison Effective November 1, 2009

HMO MEDICAL PLAN BENEFIT	Blue Shield - SISC HIGH PLAN	Blue Shield - SISC LOW PLAN
Calendar Year Deductible Individual / Family	NONE	NONE
Calendar Year Copayment Maximum Individual / Family	\$1,000 / \$2,000	\$2,000 / \$4,000
MAJOR MEDICAL		
Physician Office Visit	\$10	\$25
Specialist Visit	\$10/\$30* ¹	\$25/\$30* ¹
Preventive Care	\$0	\$0
Lab and X-Ray	No Charge	No Charge
Outpatient Surgery	No Charge	\$150 at an Ambulatory Surgery Center \$300 at a Hospital
Hospitalization Inpatient	No Charge	\$500 / Admit
Ambulance	\$100	\$100
Emergency Room	\$100 (waived if admitted)	\$100 (waived if admitted)
Durable Medical Equipment	20% (up to \$2,000 max/cal year) ¹	20% (up to \$2,000 max/cal year) ¹
Urgent Care	\$10 in your service area \$50 outside your service area	\$25 in your service area \$50 outside your service area
Chiropractic Service (see separate rider)	\$10 (up to 30 visits per cal year) ¹	\$10 (up to 30 visits per cal year) ¹
Skilled Nursing (Up to 100 days/cal year)	No Charge	\$100 per day
Home Health Care	\$10 (up to 100 visits per cal year)	\$25 (up to 100 visits per cal year)
Mental Health		
Inpatient hospital facility	No Charge	\$500 / Admit
Outpatient Physician Visit	\$10 ¹	\$25 ¹
Substance Abuse - (see separate rider)		
Inpatient Detox	No Charge	\$500 / Admit
Inpatient hospital facility	No Charge	\$500 / Admit
Outpatient Physician Visit	\$10 ¹	\$25 ¹
OUTPATIENT PRESCRIPTION DRUGS		
(At Participating Pharmacies only)	Generic / Brand / Non-Formulary ¹	Generic / Brand / Non-Formulary ¹
Retail - 30 day supply	\$5 / \$10 / \$25	\$10 / \$20 / \$35
Mail Order - 90 day supply	\$10 / \$20 / \$50	\$20 / \$40 / \$70
No annual deductible	20% for home self injectables to a max of \$100 per prescription	20% for home self injectables to a max of \$100 per prescription

Employee Assistance Program (EAP) benefits provided by Pacificare Behavioral Health. Please contact 800-999-9585.

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. There is no coverage for out-of-network services unless emergency or urgent care is needed.

* Access + Specialist (self-referred office visits within your medical group are available for higher copay)

¹ These member payments do **not** apply to the member calendar year Copayment Maximum