Shield Savings 3500 (HSA-Compatible)

Underwritten by Blue Shield of California Life & Health Insurance Company. Pending regulatory approval.

Uniform Health Plan Benefits and Coverage Matrix

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE *POLICY FOR INDIVIDUALS* SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

	Preferred Providers[1]	**Non-preferred Providers**[1]
Calendar Year Medical Deductible (For family coverage, each individual will receive benefits for covered services once the individual deductible has been satisfied, and that amount will accumulate to the family deductible.)	$3,500 per individual / $7,000 per family[2]	$5,000 per individual / $10,000 per family (excludes Preferred Provider deductible)[2]
Calendar Year Out-of-Pocket Maximum (Includes the medical plan deductible)	$5,000 per individual / $10,000 per family	$15,000 for individuals / $30,000 for families (excludes Preferred Provider Calendar Year Out-of-Pocket Maximum)
Lifetime Benefit Maximum	None	

Covered Services	**Member Copayments**	
	Preferred Providers[1]	**Non-preferred Providers**[1]
PROFESSIONAL SERVICES		
Professional (Physician) Benefits		
Physician and specialist office visits	$0 after deductible	50%
Other outpatient X-ray, pathology, and laboratory (Diagnostic testing by providers other than outpatient laboratory, pathology, and imaging departments of hospitals/facilities)	$0 after deductible	50%
CT scans, MRIs, MRAs, PET scans, and cardiac diagnostic procedures utilizing nuclear medicine (prior authorization is required)	$0 after deductible	50%
Preventive Health Benefits		
Preventive Health Services (see the description of Preventive Health Services in the definitions section of the *Policy* for more information)	$0[3]	Not covered
OUTPATIENT SERVICES		
Outpatient surgery in a hospital	$0 after deductible	50%[4]
Outpatient surgery performed at an Ambulatory Surgery Center	$0 after deductible	50%[5]
Outpatient Services for treatment of illness or injury and necessary supplies (Except as described under "Rehabilitation benefits")	$0 after deductible	50%[4]
Other outpatient X-ray, pathology and laboratory performed in a hospital	$0 after deductible	50%
Bariatric Surgery (prior authorization required by the Plan; medically necessary surgery for weight loss, for morbid obesity only)[6]	$0 after deductible	50%[4]
CT scans, MRIs, MRAs, PET scans, and cardiac diagnostic procedures utilizing nuclear medicine performed in a hospital (prior authorization is required)	$0 after deductible	50%
HOSPITALIZATION SERVICES		
Inpatient Physician Services	$0 after deductible	50%
Inpatient Non-emergency Facility Services (Semi-private room and board, and medically-necessary Services and supplies, including Subacute Care)	$0 after deductible	50%[4]
Bariatric Surgery (prior authorization required by the Plan; medically necessary surgery for weight loss, for morbid obesity only)[6]	$0 after deductible	50%[4]
EMERGENCY HEALTH COVERAGE		
Emergency room Services not resulting in admission (Copayment does not apply if the member is directly admitted to the hospital for inpatient services)	$100 per visit	$100 per visit
Emergency room Services resulting in admission (when the member is admitted directly from the ER)	$0 after deductible	$0 after deductible
Emergency room Physician Services	$0 after deductible	$0 after deductible
AMBULANCE SERVICES		
Emergency or authorized transport (surface or air)	$0 after deductible	$0 after deductible

Covered Services	Member Copayments	
PRESCRIPTION DRUG COVERAGE[7]	**Participating Pharmacy**	
Retail prescriptions (up to a 30-day supply)		
Formulary Generic Drugs	$10 per prescription	
Formulary Brand Name Drugs	$35 per prescription[8]	
Non-Formulary Brand Name Drugs	$50 or 50% (whichever is greater) per prescription (maximum copayment of $150 per prescription)[8]	
Mail Service Prescriptions (up to a 60-day supply)		
Formulary Generic Drugs	$20 per prescription	
Formulary Brand Name Drugs	$70 per prescription[8]	
Non-Formulary Brand Name Drugs	$100 or 50% (whichever is greater) per prescription (maximum copayment of $300 per prescription) 30% of negotiated rate[8]	
Specialty Pharmacies (up to a 30-day supply)		
Home Self-Administered Injectables	30% of negotiated rate[8]	
	Preferred providers[1]	**Non-preferred Providers**[1]
PROSTHETICS/ORTHOTICS		
Prosthetic equipment and devices (Separate office visit copay may apply)	$0 after deductible	50%
Orthotic equipment and devices (Separate office visit copay may apply)	$0 after deductible	50%
DURABLE MEDICAL EQUIPMENT		
Durable Medical Equipment	$0 after deductible	50%
MENTAL HEALTH SERVICES (PSYCHIATRIC)[9]		
Inpatient Hospital Services	$0 after deductible	50%[4]
Outpatient visits for severe mental health conditions	$0 after deductible	50%
Outpatient visits for non-severe mental health conditions (up to 20 visits per Calendar Year combined with outpatient chemical dependency visits)[10]	$0 after deductible	Not covered
CHEMICAL DEPENDENCY SERVICES[9] **(SUBSTANCE ABUSE)**		
Inpatient Hospital Services for medical acute detoxification	$0 after deductible	50%[4]
Outpatient visits (up to 20 visits per Calendar Year combined with outpatient non-severe mental health visits)[10]	$0 after deductible	Not covered
HOME HEALTH SERVICES		
Home health care agency Services (up to 90 prior authorized visits per Calendar Year)	$0 after deductible	Not covered
OTHER		
Pregnancy and Maternity Care Benefits		
Prenatal and postnatal Physician office visits	Not covered	Not covered
All necessary Inpatient Hospital Services for normal delivery and Cesarean section	Not covered	Not covered
Family Planning Benefits		
Counseling and consulting	$0 after deductible	Not covered
Tubal ligation	$0 after deductible	Not covered
Vasectomy	$0 after deductible	Not covered
Elective abortion	$0 after deductible	Not covered
Rehabilitation Benefits		
Office location (up to 20 visits per Calendar Year; visit limit combines Outpatient chiropractic, Physical, Occupational, Respiratory, and Speech Therapy Services)	30%	50%
Chiropractic Benefits		
Chiropractic Services (up to 20 visits per Calendar Year; visit limit combines Outpatient chiropractic, Physical, Occupational, Respiratory, and Speech Therapy Services)	30% (Blue Shield's payment is limited to $25 per visit)	Not covered
Acupuncture Benefits		
Acupuncture	Not covered	Not covered

Covered Services	Member Copayments	
	Preferred Providers[1]	Non-preferred Providers[1]
Care Outside of Plan Service Area (Benefits provided through the 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)		
Within US: BlueCard Program	See Applicable Benefit	See Applicable Benefit
Outside of US: BlueCard Worldwide	See Applicable Benefit	See Applicable Benefit

Please Note: Benefits are subject to modification for subsequently enacted state or federal legislation.

1 Member is responsible for copayment in addition to any charges above allowable amounts. The coinsurance indicated is a percentage of allowable amounts. Preferred providers accept Blue Shield's allowable amounts 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 exceed Blue Shield's allowable amount. Charges in excess of the allowable amount do not count toward the calendar-year deductible or out-of-pocket maximum. Payments applied to your calendar year deductible accrue towards the out-of-pocket maximum.

2 Each family member only has to meet the per individual deductible, and that amount accumulates to the total family deductible.

3 Benefit is available prior to meeting any deductible.

4 For non-emergency hospital services and supplies received from a non-preferred hospital, Blue Shield's payment is limited to $300 per day. Members are responsible for all charges that exceed $300 per day.

5 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. Blue Shield's payment is limited to $150 per day. Members are responsible for all charges that exceed $150 per day.

6 Bariatric surgery is covered when pre-authorized by the Plan. However, for members residing in Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura counties ("Designated Counties"), bariatric surgery services are covered only when performed at designated contracting bariatric surgery facilities and by designated contracting surgeons; coverage is not available for bariatric services from any other preferred provider and there is no coverage for bariatric services from non-preferred providers. In addition, if prior authorized by the Plan, a member in a Designated County who is required to travel more than 50 miles to a designated bariatric surgery facility will be eligible for limited reimbursement for specified travel expenses for the member and one companion. Refer to the Policy for further benefit details.

7 This plan's prescription drug coverage provides less coverage on average than the standard benefit set by the federal government for Medicare Part D (also called non-creditable coverage). It is important to know that generally you may only enroll in a Medicare Part D plan from October 15th through December 7th of each year. If you do not enroll in a Medicare Part D plan when you are first eligible to join, you may be subject to a late enrollment penalty in addition to your Part D premium when you enroll at a later date. For more information about your current plan's prescription drug coverage, call the Customer Service telephone number on your identification card, Monday through Thursday between 8:00 a.m. and 5:00 p.m. or on Friday between 9:00 a.m. and 5:00 p.m. The hearing impaired may call the TTY number at (888) 239-6482.

8 If a member requests a brand-name prescription drug or the physician indicates "dispense as written" (DAW) for a prescription, when an equivalent generic drug is available, the member pays the generic copayment or contracted rate plus the cost difference between the brand and generic drug and it will not accrue to the deductible or out-of-pocket maximum. Some prescriptions will require prior authorization to obtain coverage (see formulary). Use of ID card is required to obtain prescriptions from the pharmacy or claim(s) will be denied. See Policy for details.

9 Blue Shield has contracted with a specialized health care service plan to act as our mental health services administrator (MHSA). The MHSA provides mental health and chemical dependency services, other than inpatient services for medical acute detoxification, through a separate network of MHSA participating providers. Inpatient medical acute detoxification is a medical benefit provided by Blue Shield preferred or non-preferred (not MHSA) providers.

10 For MHSA participating providers, the initial visit is treated as if the condition was a severe mental illness or serious emotional disturbance of a child. For MHSA non-participating providers, the initial visit is treated as if it were an MHSA participating provider.