

go with 

# Shield Signature plan

Effective July 28, 2013

blue  of california

[blueshieldca.com](http://blueshieldca.com)

# Go with the plan that's right for you

**When you go with Blue Shield**, you're on your way to quality health coverage, large provider networks, and a wide range of proven programs and services that help you get the most value from your coverage.

In this booklet, you'll find the information you need to choose the right health plan for you and your family, including:

- Plan benefits and features
- Pharmacy benefits
- How to find a doctor
- Additional programs and services available to Blue Shield members

# Blue Shield is driven to offering you the right choices for your healthcare coverage

## Shield Signature plan

The Shield Signature plan offers you the freedom to choose which doctor you see from our HMO and PPO provider networks. The plan combines the predictable out-of-pocket costs of our HMO plan and some of the flexibility of a PPO plan, with the option of seeking consultations and evaluations from any specialist in the PPO network without needing a referral from your Personal Physician.

### How the plan works

When you enroll in the Shield Signature plan, you will need to choose a Personal Physician (primary care physician) for you and your enrolled dependents from the list of Personal Physicians in the Blue Shield HMO physician network. Your Personal Physician will treat you for many medical conditions, perform preventive care services, and coordinate all of your other health care, including referring you to specialists and hospitals within your Personal Physician's medical group/IPA.

You have the option to choose a different Personal Physician and medical group for yourself and each enrolled family member. If you choose a Personal Physician you have already seen, please let Blue Shield know that you are an existing patient. When enrolling in the Shield Signature plan, you will need your Personal Physician's Blue Shield provider number and medical group/Independent Practice Association (IPA) number. It's easy to find this information and search for a Personal Physician using our website. See page 6 for details.

If you do not select a Personal Physician when you enroll, Blue Shield will automatically assign a Personal Physician to you and your enrolled family members. But if you want to, you can change your Personal Physician by calling Member Services at **(800) 642-6155**.

**Shield Signature Level 1** is your "**HMO level**" of benefits. Using your Signature Level 1 benefits provides you with the highest level of benefits – i.e., full plan benefits at the lowest out-of-pocket cost to you. However, you will only be covered under Signature Level 1 when care is provided by your Personal Physician or any provider authorized by your Personal Physician. There is an exception: Under Signature Level 1 benefits, women are allowed to self-refer for one annual OB/GYN appointment when they select an OB/GYN who is in the same medical group/IPA as their Personal Physician. So, using your Shield Signature Level 1 (HMO) benefits through your Personal Physician is the most cost-effective way to use your Shield Signature plan, for the lowest out-of-pocket costs.

**Shield Signature Level 2** is your "**PPO level**" of benefits. Under your Signature Level 2 benefits, you can see any doctor or specialist in the Blue Shield PPO (Preferred Provider Organization) network without a referral from your Personal Physician for selected outpatient services. When you use this option, your share of costs will be higher than with Signature Level 1 and you may have to file claim forms for certain services. Please note that while this additional PPO outpatient benefit enhances your range of covered services and gives you more choices, you will be responsible for applicable copayments and non-covered charges. You are also required to receive all inpatient care from a hospital or other inpatient facility, participating hospice agencies, and non-physician healthcare practitioners under your Signature Level 1 HMO coverage.

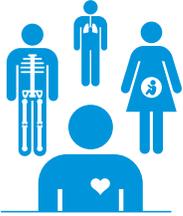
This direct-access Level 2 PPO feature for selected outpatient services only covers office visits, consultation, evaluation, and treatment – procedures that can be performed in the doctor's office. Services requiring hospitalization, outpatient surgery, maternity care, and other therapeutic care must be coordinated and authorized by your Personal Physician under your Shield Signature Level 1 benefits.



### Learn more about Blue Shield online

- Learn what Blue Shield members are saying about their health plan – visit [blueshieldca.com/reviews](https://blueshieldca.com/reviews).
- Read inspiring Member Stories shared by Blue Shield members – visit [blueshieldca.com/MemberStories](https://blueshieldca.com/MemberStories).

# Shield Signature plan features

	Shield Signature Level 1 (HMO)	Shield Signature Level 2 (PPO)
<p><b>OUT-OF-POCKET COSTS</b></p> 	<p>Pay a copayment for covered services.</p>	<p>Pay a copayment for covered services. (Annual deductible may apply.)</p>
<p><b>CHOOSING A DOCTOR</b></p> 	<p>Select a Personal Physician to coordinate all your medical care. You can go outside the Blue Shield network in an emergency.</p>	<p>Visit any PPO network physician.</p>
<p><b>ACCESS TO SPECIALISTS</b></p> 	<p>Get a referral from your Personal Physician.</p>	<p>Visit any PPO network specialist; no referral is required.</p>
<p><b>PROGRAMS &amp; SERVICES</b></p> 	<p>NurseHelp 24/7<sup>SM</sup>                      LifeReferrals 24/7<sup>SM</sup>                      Health Coach                      Healthy Lifestyle Rewards                      Prenatal Program                      Condition management programs</p>	

# Compare HMO plan benefits

To learn more about these plans, please see the benefit summaries that begin on page 9.

	Shield Signature plan Level 1 (HMO)	Shield Signature plan Level 2 (PPO)
<b>Annual deductible</b>	None	None
	<b>Member copayment</b>	
<b>Annual copayment maximum</b>	\$1,500 per member/\$3,000 per family	\$0 per individual/\$0 per family
<b>Physician office visit</b>	\$10 per visit	\$30 per visit
<b>Specialist office visit</b>	\$10 per visit	\$30 per visit
<b>Preventive health benefits</b>	No charge	\$30 per visit
<b>Pregnancy and maternity care benefits*</b>	No charge	Not covered
<b>Outpatient X-ray, pathology, and laboratory</b>	No charge	No charge†
<b>Hospital care (outpatient surgery in hospital)</b>	No charge	Not covered
<b>Hospital care (inpatient non-emergency facility services)</b>	No charge	Not covered
<b>Emergency room services (not resulting in admission)</b>	\$50 per visit	\$50 per visit
<b>Mental health services (outpatient services)</b>	Visits 1 to 3 no charge, \$10 per visit thereafter	Visits 1 to 3 no charge, \$10 per visit thereafter
<b>Substance abuse physician services (outpatient physician visits)</b>	Visits 1 to 3 no charge, \$10 per visit thereafter	Visits 1 to 3 no charge, \$10 per visit thereafter

\* Prenatal and postnatal physician office visits. For inpatient hospital services, see "Hospitalization Services" on the benefit summary in the back of this booklet.

† In physician's office only – excludes CT, MRI, MUGA, PET, & SPECT.

# Pharmacy benefits

## Check our formulary

It's easy to access the Blue Shield Drug Formulary to see if your medication is in our list of preferred prescription drugs. Go to [blueshieldca.com](http://blueshieldca.com) and click on *Pharmacy* for our drug database and formulary selection. If you don't have access to the Internet or need help, simply contact your dedicated Blue Shield Member Services team at **(800) 642-6155** for personal assistance or to request a copy of our formulary.

## Prescriptions by mail

Members who take stabilized doses of covered long-term maintenance medications for conditions such as diabetes can order a mail-service refill of up to a 90-day supply. You may save money on your copayment, and there is no charge for shipping.

It's easy to get started. All you will need is a prescription from your doctor and a completed PrimeMail New Order form. You can download the PrimeMail New Order form by going to [blueshieldca.com](http://blueshieldca.com), clicking on *Pharmacy*, and then *Mail-Service Pharmacy*. Or, you can call PrimeMail at (866) 346-7200 to request a form.

After you send your order form and prescription to PrimeMail, you can order refills online by going to [www.MyPrimeMail.com](http://www.MyPrimeMail.com).

**We're here to help.** If you have any questions, simply contact your Blue Shield Member Services team at **(800) 642-6155** for personal assistance, from 7 a.m. to 7 p.m., Monday through Friday.



# Pharmacy benefits

To learn more about these pharmacy benefits, please see the benefit summaries that begin on page 12.

	Shield Signature plan	
	Participating pharmacy	Non-participating pharmacy
Annual deductible for brand-name drugs*	None	N/A
	Member copayment	
<b>Retail prescriptions</b> (for up to a 30-day supply)		
Contraceptive drugs and devices	No charge	Not covered
Formulary generic drugs	\$5 per prescription	Not covered
Formulary brand-name drugs	\$10 per prescription	Not covered
Non-formulary brand-name drugs	\$25 per prescription	Not covered
<b>Mail-service prescriptions</b> (for up to a 90-day supply)		
Contraceptive drugs and devices	No charge	Not covered
Formulary generic drugs	\$10 per prescription	Not covered
Formulary brand-name drugs	\$20 per prescription	Not covered
Non-formulary brand-name drugs	\$50 per prescription	Not covered

\* Prescription drug coverage benefits are not subject to the medical plan deductible.

# Find a network provider

Blue Shield's networks are some of the largest in California. The HMO network has more than 35,000 physicians and 290 hospitals, and the PPO network includes more than 68,000 physicians and 350 hospitals.

You don't need to log in to find a provider on **blueshieldca.com**; simply follow the instructions below. If you're an existing member and have registered on the site, log in and your plan will automatically be selected when you search for a provider.

## Search for a network provider online

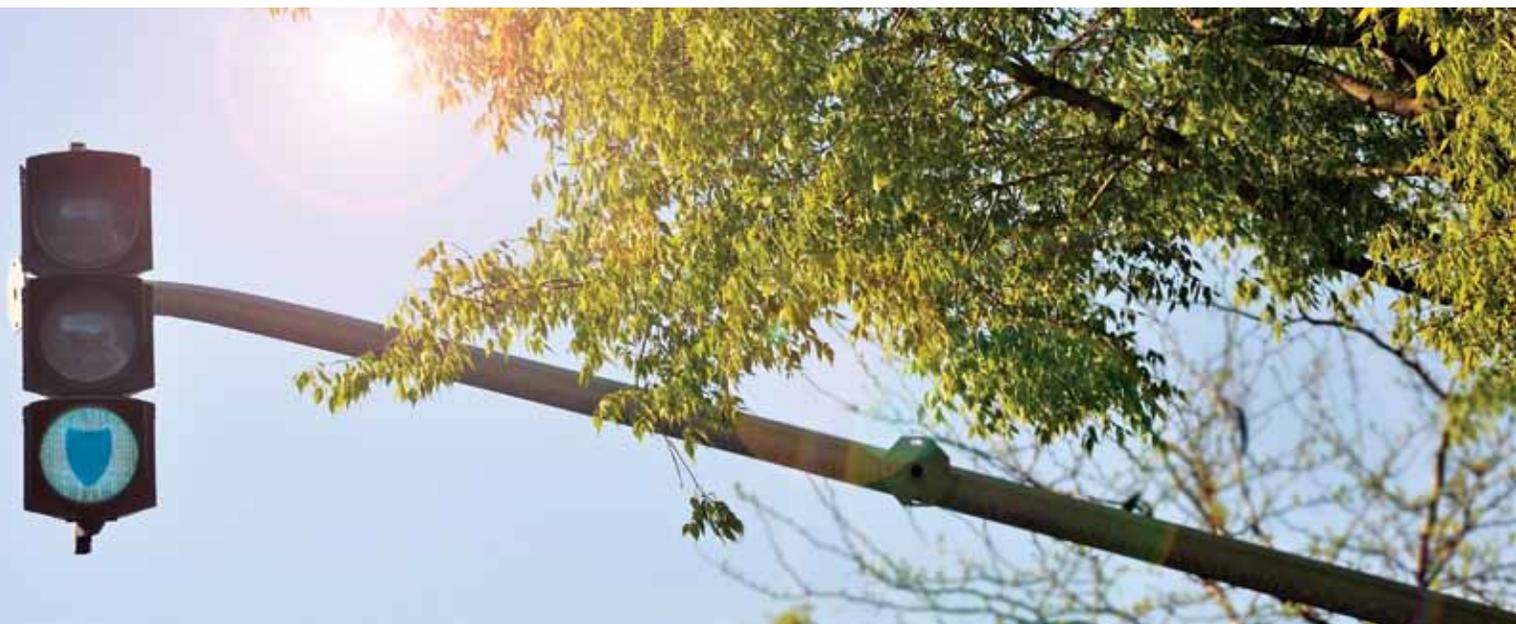
- Go to **blueshieldca.com/findaprovider**.
- Next to "Select a plan," click on the *Select* button.
- Under "Medical plan," select *Shield Signature*, then choose *PPO* or *HMO*, and click on *Done*.
- Select the type of provider you're searching for.
- Click on *Advanced Search* to further filter your search, such as by name, specialty, language(s) spoken, facility type, and more.
- Enter your city and state or ZIP code, then click on *Find Now*.

The default distance/radius search is 15 miles. To expand or narrow the search radius, click zoom (+ or -) in the map on the provider search results page.

## Find out your provider's quality of care rankings

You can easily access quality scores, efficiency indicators, patient satisfaction scores, and cost information for many individual physicians, HMO medical groups, and hospitals. To see a provider's performance profile, simply click on the name of the doctor, HMO medical group, or hospital from your search results.

If you don't have access to the Internet or need help, simply contact your dedicated Blue Shield Member Services team at **(800) 642-6155** for personal assistance or to request a provider directory.



# Your green light to added benefits, programs, and services

## Behavioral health benefits

Your behavioral health benefits include inpatient and outpatient mental health and substance abuse care for issues such as:

- Depression
- Alcohol/drug abuse
- Mental illness
- Marriage and family counseling

These services are provided by Blue Shield's mental health service administrator (MHSA) network. To learn more about the mental health and substance abuse benefits, please see the benefit summaries beginning on page 9.

## Care away from home

Through the BlueCard® Program, you and your eligible family members have access to care across the United States and around the world. You can locate a BlueCard provider at any time by calling **(800) 810-BLUE** or by going to [blueshieldca.com/findaprovider](https://blueshieldca.com/findaprovider) and clicking one of the links under "Traveling?" (on the left side of the page).

**Using your Level 1 benefits:** If you use your Signature Level 1 benefits, you and your covered family members have access to BlueCard providers only for urgent or emergency medical needs or authorized medical follow-up care. Please note you are not required to access a BlueCard provider for care. However, using the BlueCard Program can be more cost-effective and eliminate the need for you to pay for the services when they are provided and submit a claim for reimbursement.

**Using your Level 2 benefits:** Your Signature Level 2 benefits apply when your covered family members access BlueCard providers for all covered services. In an emergency when you're traveling, go immediately to the nearest emergency care facility regardless of whether they are a BlueCard provider. For more information on which services are covered when traveling, please see your *Evidence of Coverage and Disclosure Form (EOC&D)* booklet.

## Programs and services

As a member, you can register at [blueshieldca.com](https://blueshieldca.com) and find more information about these programs.

**NurseHelp 24/7** – Speak with registered nurses anytime, day or night, and get answers to your health-related questions, or go online to have a one-on-one personal chat with a registered nurse anytime. The NurseHelp 24/7<sup>SM</sup> phone number is conveniently located on the back of your member ID card.

**LifeReferrals 24/7** – Call anytime to talk with a team of experienced professionals ready to assist you with personal, family, and work issues. Get referrals for three face-to-face visits (in a six-month period) with a licensed therapist at no cost to you (available only in California). Telephonic counseling sessions with a licensed therapist are available for members outside of California. The LifeReferrals 24/7<sup>SM</sup> phone number is located on the back of your member ID card.

**Health Coach** – This program provides members with personalized, telephone support to help them address health risks and change behaviors. Eligible members are identified through the Healthy Lifestyle Rewards Wellness Assessment and are referred to a Health Coach. Through a series of phone calls and supplemental print and online educational materials, coaches provide support for behavior change in areas such as weight management, nutrition, tobacco cessation, stress management, and fitness.

**Healthy Lifestyle Rewards** – This confidential program offers interactive online tools to help you get in shape, eat right, reduce stress, manage moods, and quit smoking.

**Prenatal Program** – This program gives expectant parents 24/7 access to experienced maternity nurses as well as prenatal information including a popular pregnancy or parenting book at no additional cost. Some materials are also available in Spanish.

**Condition management programs** – These programs offer nurse support as well as education and self-management tools for members with asthma, diabetes, coronary artery disease, heart failure, and chronic obstructive pulmonary disease.

**Wellness discount programs** – Blue Shield offers a variety of member discounts on popular programs<sup>1</sup> that can help you save money and get healthier.

- **Weight Watchers** – Get discounts on three- and 12-month subscriptions, monthly passes, and at-home kits.
- **24 Hour Fitness**<sup>2</sup> – Enjoy waived enrollment fees and discounts on monthly membership dues.
- **ClubSport and Renaissance ClubSport**<sup>2</sup> – Get a 60% discount on enrollments when joining with a month-to-month agreement. Enrollment fees are waived when joining with a 12-month agreement. (There is a one-time \$25 processing fee when you enroll.)
- **Alternative Care Discount Program**<sup>2</sup> – Save up to 25% on acupuncture, massage therapy, and chiropractic services, plus get discounts on health and wellness products, with free shipping on most items.
- **Vision services** – Get 20% off the published retail prices when you use a participating provider<sup>3</sup> in the Discount Vision Program network for exams, frames, lenses, and more.
- **QualSight LASIK** – Members in California receive a 20% discount off providers' usual and customary fees on traditional and custom LASIK surgery.
- **TLCVision LASIK**<sup>4</sup> – Get 15% off providers' usual and customary fees for LASIK and PRK correction surgery through a TLCVision or NVision network provider in California. Members who live outside California get a 10% discount off providers' usual and customary fees from TLCVision providers.



## Your VIP pass is at [blueshieldca.com](https://blueshieldca.com)

As a Blue Shield member, you can register at [blueshieldca.com](https://blueshieldca.com) for an all-access pass to convenient features – all in one secure place and customized just for your health plan. You can get benefit details for covered services, find network doctors and facilities, print temporary ID cards, and more!

The networks of practitioners and facilities in the discount programs are managed by the external program administrators identified below, including any screening and credentialing of providers. Blue Shield does not review the services provided by discount program providers for medical necessity or efficacy. Nor does Blue Shield make any recommendations, representations, claims, or guarantees regarding the practitioners, their availability, fees, services, or products.

Some services offered through the discount program may already be included as part of the Blue Shield plan covered benefits. Members should access those covered services prior to using the discount program.

Members who are not satisfied with products or services received from the discount program may use Blue Shield's grievance process described in the Grievance Process section of the *Evidence of Coverage*. Blue Shield reserves the right to terminate this program at any time without notice.

Discount programs administered by or arranged through the following independent companies:

- Alternative Care Discount Program – American Specialty Health Systems, Inc. and American Specialty Health Networks, Inc.
- Discount Vision Program – MESVision
- Weight control – Weight Watchers North America
- Fitness facilities – 24 Hour Fitness, ClubSport, and Renaissance ClubSport
- LASIK – Laser Eye Care of California, LLC, QualSight, Inc., and TLCVision Corporation

Note: No genetic information, including family medical history, is gathered, shared, or used from these programs.

- 1 These discount program services are not a covered benefit of Blue Shield health plans, and none of the terms or conditions of Blue Shield health plans apply. Discount program services are available to all members with a Blue Shield medical, dental, vision, or life\* insurance plan.
- 2 24 Hour Fitness, ClubSport/Renaissance ClubSport, and Alternative Care Discount Program are not available in all states. Members should contact their local 24 Hour Fitness or ClubSport gym, or American Specialty Health (ASH) provider to determine whether a Blue Shield of California discount applies. To find an ASH provider, call (877) 335-2746 or go to [blueshieldca.com/findaprovider](https://blueshieldca.com/findaprovider).
- 3 For Discount Vision Program providers in California, go to [blueshieldca.com](https://blueshieldca.com) and search for "Routine Care – Discount Vision Program." For providers outside California, go to [ecndiscount.com](https://ecndiscount.com).
- 4 TLC Centers are not available in all states. To find a TLC Center near you, call (877) TLC-2020.

\* Life insurance plans are underwritten by Blue Shield of California Life & Health Insurance Company.

# Review benefit summaries

County of San Bernardino  
 Shield Signature  
 Benefit Summary (For groups of 300 and above)  
 (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 EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.**

## Blue Shield of California

Effective July 28, 2013

	Signature Level I HMO Plan Providers	Signature Level II Preferred Providers <sup>2</sup>
<b>Calendar Year Medical Deductible</b>	None	None
<b>Calendar Year Copayment Maximum<sup>3</sup></b> (For many covered services)	\$1,500 per Individual/ \$3,000 per Family	\$0 per Individual/ \$0 per Family
<b>LIFETIME BENEFIT MAXIMUM</b>	None	None
<b>Covered Services</b>	<b>Member Copayment</b>	
<b>PROFESSIONAL SERVICES</b>	<b>Signature Level I HMO Plan Providers</b>	<b>Signature Level II Preferred Providers<sup>2</sup></b>
<b>Professional (Physician) Benefits</b>		
<ul style="list-style-type: none"> <li>Physician and specialist office visits (Note: For network benefits provider level, a woman may self-refer to an OB/GYN or family practice physician in her Personal Physician's medical group or IPA for OB/GYN services.)</li> <li>Outpatient X-ray, pathology and laboratory (In a Physician Office)</li> <li>Outpatient X-ray, pathology and laboratory</li> </ul>	\$10 per visit  No Charge No Charge	\$30 per visit  No Charge <sup>12</sup> Not Covered
<b>Allergy Testing and Treatment Benefits</b>		
<ul style="list-style-type: none"> <li>Office visits (includes visits for allergy serum injections)</li> </ul>	\$10 per visit	\$30 per visit
<b>Preventive Health Benefits</b>		
<ul style="list-style-type: none"> <li>Preventive Health Services (As required by applicable federal and California law.)</li> </ul>	No Charge	\$30 per visit
<b>OUTPATIENT SERVICES</b>		
<b>Hospital Benefits (Facility Services)</b>		
<ul style="list-style-type: none"> <li>Outpatient surgery performed at an Ambulatory Surgery Center</li> <li>Outpatient surgery in a hospital</li> <li>Outpatient Services for treatment of illness or injury and necessary supplies (Except as described under "Rehabilitation Benefits" and "Speech Therapy Benefits")</li> <li>Bariatric Surgery (prior authorization required by the Plan; medically necessary surgery for weight loss, for morbid obesity only)<sup>4</sup></li> </ul>	No Charge No Charge No Charge No Charge	Not Covered Not Covered Not Covered Not Covered
<b>HOSPITALIZATION SERVICES</b>		
<b>Hospital Benefits (Facility Services)</b>		
<ul style="list-style-type: none"> <li>Inpatient Physician Services</li> <li>Inpatient Non-emergency Facility Services (Semi-private room and board, and medically-necessary Services and supplies, including Subacute Care)</li> <li>Bariatric Surgery (prior authorization required by the Plan; medically necessary surgery for weight loss, for morbid obesity only)<sup>4</sup></li> <li>Inpatient Medically Necessary skilled nursing Services including Subacute Care</li> </ul>	No Charge No Charge No Charge No Charge	Not Covered Not Covered Not Covered Not Covered
<b>EMERGENCY HEALTH COVERAGE</b>		
<ul style="list-style-type: none"> <li>Emergency room Services not resulting in admission (Copayment does not apply if the member is directly admitted to the hospital for inpatient services)</li> <li>Emergency room Physician Services</li> </ul>	\$50 per visit No Charge	\$50 per visit No Charge
<b>AMBULANCE SERVICES</b>		
<ul style="list-style-type: none"> <li>Emergency or authorized transport</li> </ul>	No Charge	No Charge

### PRESCRIPTION DRUG COVERAGE

#### Outpatient Prescription Drug Benefits<sup>3</sup>

A description of your outpatient prescription drug coverage is provided separately. If you do not have the separate drug summary that goes with this benefit summary, please contact your benefits administrator or call Member Services at **(800) 642-6155**.

Covered Services	Member Copayment	
	Signature Level I HMO Plan Providers	Signature Level II Preferred Providers <sup>2</sup>
<b>PROSTHETICS/ORTHOTICS</b>		
• Prosthetic equipment and devices	No Charge	Not Covered
• Orthotic equipment and devices	No Charge	Not Covered
<b>DURABLE MEDICAL EQUIPMENT</b>		
• Durable Medical Equipment (member share is based upon allowed charges, Signature Level I only)	No Charge	Not Covered
• Breast Pumps	No Charge	Not Covered
<b>MENTAL HEALTH SERVICES (PSYCHIATRIC)<sup>5</sup></b>		
	<b>Signature Level I MHA Participating Providers<sup>1</sup></b>	<b>MHA Participating Provider Outpatient Professional Services Provided in an Office Setting<sup>1</sup></b>
• Inpatient Hospital Services	No Charge	Not Covered
• Outpatient Mental Health Services	Visits 1-3 – No Charge, \$10 per visit thereafter	Visits 1-3 – No Charge, \$10 per visit thereafter
<b>CHEMICAL DEPENDENCY SERVICES (SUBSTANCE ABUSE)<sup>10</sup>, Please see footnote 11</b>		
• Chemical dependency and substance abuse services	Not Covered	Not Covered
<b>HOME HEALTH SERVICES</b>		
• Home health care agency Services	<b>Signature Level I HMO Plan Providers</b> No Charge	<b>Signature Level II Preferred Providers<sup>2</sup></b> Not Covered
• Medical supplies and laboratory Services (See "Prescription Drug Coverage" for specialty drugs)	No Charge	Not Covered
<b>OTHER</b>		
<b>Vision Eye Exam</b>	One self-referred comprehensive eye examination per 12 consecutive months (no age limit) \$10 copayment for services provided by the vision plan administrator's providers. For visits by non-participating providers the maximum reimbursement for an Ophthalmologic exam is \$60 or \$50 if the member has an Optometric exam.	
<b>Hospice Program Benefits</b>		
• Routine home care	No Charge	Not Covered
• Inpatient Respite Care	No Charge	Not Covered
• 24-hour Continuous Home Care	No Charge	Not Covered
• General Inpatient care	No Charge	Not Covered
<b>Pregnancy and Maternity Care Benefits</b>		
• Prenatal and Postnatal Physician Office Visits (For inpatient hospital services, see "Hospitalization Services.")	No Charge	Not Covered
<b>Family Planning and Infertility Benefits</b>		
• Counseling and consulting <sup>6</sup>	No Charge	Not Covered
• Infertility Services (member share is based upon allowed charges, Signature Level I only) (Diagnosis and treatment of cause of infertility, artificial insemination and injectables for infertility. Excludes in vitro fertilization and GIFT)	50%	Not Covered
• Tubal ligation <sup>7, 8</sup>	No Charge	Not Covered
• Elective abortion <sup>7</sup>	\$10 per surgery	Not Covered
• Vasectomy <sup>7</sup>	\$10 per surgery	Not Covered
<b>Rehabilitation Benefits (Physical, Occupational and Respiratory Therapy)</b>		
• Office location (Copayment applies to professional services for Signature Level I and II.) (Up to 12 combined visits per Calendar Year for Signature Level II.)	\$10 per visit	\$30 per visit
• Facility location (Copayment applies to facility services for Signature Level I.)	No Charge	Not Covered
<b>Speech Therapy Benefits - Services by licensed speech therapists</b>		
• Office location (Copayment applies to professional services for Signature Level I and II.)	\$10 per visit	\$30 per visit
• Facility location (Copayment applies to facility services for Signature Level I.)	No Charge	Not Covered

	Signature Level I HMO Plan Providers	Signature Level II Preferred Providers <sup>2</sup>
<b>Diabetes Care Benefits</b>		
• Devices, equipment, and non-testing supplies (member share is based upon allowed charges, Signature Level I only; for testing supplies see Outpatient Prescription Drug Benefits.)	No Charge	Not Covered
• Diabetes self-management training	No Charge	\$30 per visit
<b>Urgent Care Benefits</b> (BlueCard <sup>®</sup> Program)		
• Urgent Services outside your Personal Physician Service Area	\$10 per visit <sup>9</sup>	\$10 per visit
<b>Optional Benefits<sup>3</sup></b> Optional dental, vision, infertility, substance abuse, chiropractic or chiropractic and acupuncture benefits are available. If your employer purchased any of these benefits, a description of the benefit is provided separately.		

- 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. Calendar-year deductible applies to the combined services of Preferred and Non-Preferred Providers.
- 2 Participating Providers in Blue Shield's PPO network for Signature Level II.
- 3 Deductible and copayments marked with this footnote do not accrue to calendar-year copayment maximum. Copayments and charges for services not accruing to the member's calendar-year copayment maximum continue to be the member's responsibility after the calendar-year copayment maximum is reached. Please refer to the Evidence of Coverage and the Plan Contract for exact terms and conditions of coverage.
- 4 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 Evidence of Coverage for further benefit details.
- 5 Mental health services are accessed through Blue Shield's Mental Health Service Administrator (MHSA) - using Blue Shield's MHSA participating and non-participating providers. Only Blue Shield MHSA contracted providers are administered by the Blue Shield MHSA. Behavioral health services rendered by non-participating providers are administered by Blue Shield. For a listing of severe mental illnesses, including serious emotional disturbances of a child, and other benefit details, please refer to the Evidence of Coverage or plan contract.
- 6 Includes insertion of IUD as well as injectable contraceptives for women.
- 7 Copayment shown is for physician's services.
- 8 Copayment does not apply when procedure is performed in conjunction with delivery or abdominal surgery.
- 9 For Signature Level I Services outside of California or the United States, Out-of-Area Follow-up Care is covered through any provider or through the BlueCard<sup>®</sup> Program participating provider network. However, authorization by Blue Shield HMO is required for more than two Out-of-Area Follow-up Care outpatient visits or for care that involves a surgical or other procedure or inpatient stay. For Signature Level I services outside your Personal Physician Service Area but within California, Member Services will assist the patient in receiving Out-of-Area Follow-up Care through a Blue Shield Plan Provider. To receive Signature Level I Services, Blue Shield HMO may direct the patient to receive follow-up Services from the Personal Physician.
- 10 Inpatient services for acute detoxification are covered under the medical benefit; see hospitalization services for benefit details. Services for medical acute detoxification are accessed through Blue Shield using Blue Shield's HMO Plan Providers (Signature Level I).
- 11 **Optional substance abuse treatment benefits are available. If your employer purchased these benefits, a description of the benefit is attached hereto as "Additional Substance Abuse Treatment Benefits."**
- 12 In Physician's office only – excludes CT, MRI, MUGA, PET & SPECT.

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

A16053 (1/13) KK030513\_GF SH5000

Blue Shield believes this plan/policy is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan or policy is not required to include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Note, even though they are not required to be included, many of the protections of the Affordable Care Act are included in your current plan/policy.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Blue Shield at the telephone number on your identification card. If you obtain this plan/policy through your employer and your plan is subject to ERISA, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans. If you obtain your coverage through a nonfederal governmental employer, you may also contact the U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov).

County of San Bernardino  
Shield Signature Plan

Outpatient Prescription Drug Coverage  
(For groups of 300 and above)

**THIS DRUG SUMMARY IS INTENDED TO BE USED WITH THE ADDED ADVANTAGE POS PLANS UNIFORM HEALTH PLAN BENEFITS AND COVERAGE MATRIX. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.**

**Blue Shield of California**

Highlight: 3-Tier/Incentive Formulary  
\$0 Calendar Year Brand-Name Drug Deductible  
\$5 Formulary Generic/\$10 Formulary Brand Name/\$25 Non-Formulary Brand Name Drug - Retail Pharmacy  
\$10 Formulary Generic/\$20 Formulary Brand Name/\$50 Non-Formulary Brand-Name Drug - Mail Service

**Covered Services** **Member Copayment**

**DEDUCTIBLES** (Prescription drug coverage benefits are not subject to the medical plan deductible.)

**Calendar Year Brand Name Drug Deductible** None

<b>PRESCRIPTION DRUG COVERAGE<sup>1</sup></b>	<b>Participating Pharmacy</b>	<b>Non-Participating Pharmacy</b>
Retail Prescriptions (up to a 30-day supply)		
• Contraceptive Drugs and Devices <sup>2</sup>	\$0 per prescription	Not Covered
• Formulary Generic Drugs	\$5 per prescription	Not Covered
• Formulary Brand Name Drugs <sup>3, 4</sup>	\$10 per prescription	Not Covered
• Non-Formulary Brand Name Drugs <sup>3, 4</sup>	\$25 per prescription	Not Covered
Mail Service Prescriptions (up to a 90-day supply)		
• Contraceptive Drugs and Devices <sup>2</sup>	\$0 per prescription	Not Covered
• Formulary Generic Drugs	\$10 per prescription	Not Covered
• Formulary Brand Name Drugs <sup>3, 4</sup>	\$20 per prescription	Not Covered
• Non-Formulary Brand Name Drugs <sup>3, 4</sup>	\$50 per prescription	Not Covered
Specialty Pharmacies (up to a 30-day supply) <sup>5</sup>		
• Specialty Drugs <sup>6</sup>	\$ 10 per prescription	Not Covered

1 Copayments and charges for these covered services are not included in the calculation of the member's medical calendar-year copayment maximum and continue to be the member's responsibility after the calendar-year copayment maximum is reached. Please refer to the Evidence of Coverage and Plan Contract for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry forward to your new plan.

2 Contraceptive Drugs and Devices covered under the outpatient prescription drug benefits will no longer require a copayment and will not be subject to the calendar-year brand-name drug deductible. However, if a brand-name contraceptive is requested when a generic equivalent is available, the member will still be responsible for paying the difference between the cost to the Plan for the brand-name contraceptive and its generic drug equivalent. In addition, select contraceptives may need prior authorization to be covered without a copayment.

3 Selected formulary and non-formulary drugs require prior authorization by Blue Shield for Medical Necessity, and when effective, lower cost alternatives are available.

4 If the member requests a brand-name drug and a generic drug equivalent is available, the member is responsible for paying the generic drug copayment plus the difference in cost to Blue Shield between the brand-name drug and its generic drug equivalent.

5 Specialty Drugs are specific Drugs used to treat complex or chronic conditions which usually require close monitoring such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancers, and other conditions that are difficult to treat with traditional therapies. Specialty Drugs are listed in the Blue Shield Outpatient Drug Formulary. Specialty Drugs may be self-administered in the home by injection by the patient or family member (subcutaneously or intramuscularly), by inhalation, orally or topically. Infused or Intravenous (IV) medications are not included as Specialty Drugs. These Drugs may also require special handling, special manufacturing processes, and may have limited prescribing or limited pharmacy availability. Specialty Drugs must be considered safe for self-administration by Blue Shield's Pharmacy & Therapeutics Committee, be obtained from a Blue Shield Specialty Pharmacy and may require prior authorization for Medical Necessity by Blue Shield.

6 Specialty drugs are covered only when dispensed by select pharmacies in the Specialty Pharmacy Network unless Medically Necessary for a covered emergency.

Note: This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan while you maintain this coverage. However, you should be aware that if you have a subsequent break in this coverage of 63 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you could be subject to a late enrollment penalty in addition to your Part D premium.

You can find details about your drug coverage three ways by checking your Evidence of Coverage, going to blueshieldca.com and log onto My Health Plan from the home page, or by calling Member Services at the number listed on your Blue Shield member ID card.

Plan designs may be modified to ensure compliance with state and federal requirements. A16149-a (1/13) KK030613\_GF SH5000

# County of San Bernardino Residential Care for Mental Health Condition Benefits

Attachment to Benefit Summary (Uniform Benefits and Coverage Matrix)  
For Shield Signature Plan

## How the Plan Works

All services must be medically necessary. Blue Shield of California has contracted with a Mental Health Service Administrator (MHSA), a licensed specialized health care service plan, to administer and deliver these services from MHSA participating providers. The MHSA is only the administrator for participating providers, and does not administer non-participating providers.  
1,3,4,5,6

## Coverage Details

Covered Services	Member Copayment <sup>3</sup>	
	Signature Level I MHSA Participating Provider*	Signature Level II MHSA Participating Provider Outpatient Professional Services Provided in an Office Setting <sup>2</sup>
Residential Care for Mental Health Condition Facility Services Benefits are provided for Mental Health Condition Benefits in a Residential Care Program up to a maximum of 100 days per Calendar Year per Member as described in this Supplement	Inpatient Medically Necessary Skilled Nursing Services including Subacute Care Copay Applies	Not Covered
Residential Care for Mental Health Condition Physician Services	Inpatient Physician Visit Copay Applies	Not Covered

1. Except for emergencies, benefits are covered only when pre-authorized by the MHSA.
2. Please refer to the Medical Benefit Summary for applicable copayment responsibility.  
\* Copayments are calculated based on the negotiated rate with participating providers.
3. Residential Care Mental Health Benefits may only be purchased if you have purchased the Substance Abuse Condition Benefits Supplement.
4. The Copayments listed are subject to the Deductible, Member Maximum Calendar Year Copayment Responsibility and other applicable provisions of your Plan.
5. Blue Shield of California has contracted with a Mental Health Service Administrator (MHSA) to administer and deliver the Mental Health Condition Services described in this Supplement. Prior authorization by the MHSA is required for admittance into a Residential Care Mental Health Program.
6. For these Services, benefits are provided up to a maximum of 100 days per Calendar Year per Member for all Services combined. Note: the number of days starts counting on the first day regardless of whether the Deductible has been met or not.

This is only a summary of the additional residential care mental health condition benefits not described in the Uniform Benefits and Coverage Matrix. It is not a contract. Please refer to the *Plan Contract* and *Evidence of Coverage* for a detailed description of covered benefits and limitations.

# County of San Bernardino Substance Abuse Treatment Benefits

Attachment to Benefit Summary (Uniform Benefits and Coverage Matrix)

For Shield Signature

## How the Plan Works

In addition to the benefits listed in the Benefit Summary, your health plan also covers inpatient hospital and professional (physician) services for substance abuse treatment and rehabilitation provided via hospitalization or partial hospitalization/day treatment.<sup>1</sup> All services must be medically necessary. Blue Shield of California has contracted with a Mental Health Service Administrator (MHSA), a licensed specialized health care service plan, to administer and deliver these services from MHSA participating providers. The MHSA is only the administrator for participating providers, and does not administer non-participating providers.

## Coverage Details

Residential care is not covered. Out of pocket costs are lowest when you receive care from a MHSA participating provider

Covered Services	Member Copayment <sup>3</sup>	
	Signature Level I MHSA Participating Provider	Signature Level II MHSA Participating Provider Outpatient Professional Services Provided in an Office Setting <sup>2</sup>
Inpatient Hospital	Inpatient Hospitalization Copay Applies	Not Covered
Professional (Physician) Services - Inpatient	Physician Visit Copay Applies	Not Covered
Professional (Physician) Services - Outpatient Physician Visit (per calendar year)	Visits 1-3 – No Charge, \$10 per visit thereafter	Visits 1-3 – No Charge, \$10 per visit thereafter
Partial Hospitalization/Day Treatment	No Charge	Not Covered

A17278 (01/13) KK030613

1. Except for emergencies, benefits are covered only when pre-authorized by the MHSA.
2. MHSA participating providers accept Blue Shield's allowable amount as full payment for covered services.
3. Please refer to the Medical Benefit Summary for applicable copayment responsibility.

This document is only a summary for informational purposes. It is not a contract. Please refer to the *Evidence of Coverage* and the *Plan Contract* for the exact terms and conditions of coverage.

# County of San Bernardino Residential Care for Substance Abuse Condition Benefits

Attachment to Benefit Summary (Uniform Benefits and Coverage Matrix)  
For Shield Signature Plan

## How the Plan Works

All services must be medically necessary. Blue Shield of California has contracted with a Mental Health Service Administrator (MHSA), a licensed specialized health care service plan, to administer and deliver these services from MHSA participating providers. The MHSA is only the administrator for participating providers, and does not administer non-participating providers. <sup>1,4,5,6</sup>

## Coverage Details

Covered Services	Member Copayment <sup>3</sup>	
	Signature Level I MHSA Participating Provider*	Signature Level II MHSA Participating Provider Outpatient Professional Services Provided in an Office Setting <sup>2</sup>
Residential Care for Substance Abuse Condition Facility Services Benefits are provided for Services for Substance Abuse Conditions in a Residential Substance Abuse Program up to a maximum of 100 days per Calendar Year per Member	Inpatient Medically Necessary Skilled Nursing Services including Subacute Care Copay Applies	Not Covered
Residential Care for Substance Abuse Condition Physician Services	Inpatient Physician Visit Copay Applies	Not Covered

1. Except for emergencies, benefits are covered only when pre-authorized by the MHSA.
2. Please refer to the Medical Benefit Summary for applicable copayment responsibility.
  - \* Copayments are calculated based on the negotiated rate with participating providers.
3. Residential Care Substance Abuse Benefits may only be purchased if you have purchased the Substance Abuse Condition Benefits Supplement.
4. The Copayments below are subject to the Deductible, Member Maximum Calendar Year Copayment Responsibility and other applicable provisions of your Plan.
5. Blue Shield of California has contracted with a Mental Health Service Administrator (MHSA) to administer and deliver the Substance Abuse Condition Services described in this Supplement. Prior authorization by the MHSA is required for admittance into a Residential Care Substance Abuse Program.
6. For these Services, Benefits are provided up to a maximum of 100 days per Calendar Year per Member for all Services combined. Note: the number of days starts counting on the first day regardless of whether the Deductible has been met or not.

This is only a summary of the additional residential care substance abuse condition benefits not described in the Uniform Benefits and Coverage Matrix. It is not a contract. Please refer to the *Plan Contract* and *Evidence of Coverage* for a detailed description of covered benefits and limitations.

[07/12] KK030613



## **Notice on the availability of language assistance services to accompany vital documents issued in English**

**IMPORTANT:** Can you read this letter? If not, we can have somebody help you read it.

You may also be able to get this letter written in your language. For free help, please call right away at the Member/Customer Service telephone number on the back of your Blue Shield ID card, or (866) 346-7198.

**IMPORTANTE:** ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda gratuita, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Blue Shield o al (866) 346-7198.

(Spanish)

**重要通知：**您能讀懂這封信嗎？如果不能，我們可以請人幫您閱讀。

這封信也可以用您所講的語言書寫。如需幫助，請立即撥打登列在您的Blue Shield ID卡背面上的會員/客戶服務部的電話，或者撥打電話866-346-7198。

(Chinese)

**QUAN TRỌNG:** Quý vị có thể đọc lá thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận lá thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngay đến Ban Dịch vụ Hội viên/Khách hàng theo số ở mặt sau thẻ ID Blue Shield của quý vị hoặc theo số 866-346-7198.

(Vietnamese)

Go with Blue Shield  
and get on the road  
to better health.

For any questions, visit **blueshieldca.com** or  
call your dedicated Blue Shield Member Services  
team at **(800) 642-6155**, from 7 a.m. to 7 p.m.,  
Monday through Friday.

### Member confidentiality

Blue Shield protects the confidentiality and privacy of your personal and health information, including medical information and individually identifiable information such as your name, address, telephone number, and Social Security number. To ensure this, Blue Shield requires a signed authorization form for you to access health information for your spouse or dependents over the age of 18.

To request an authorization form, log in to **blueshieldca.com** and select *My Health Plan*. Click on *Download Forms* under "Shortcuts" on the right side. Scroll down to "Release of information" and click on *Personal and Health Information Release*. If you don't have access to the Internet, or have questions about how Blue Shield protects your privacy and confidentiality, please call our Privacy Office directly at (888) 266-8080.