

go with 

Shield PPO

blue  of california

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

# Go with the plan that's right for you

**When you go with Blue Shield**, you're off and running with reliable access 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:

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

# Blue Shield makes it easy to make the right choices for your healthcare coverage

## Blue Shield PPO plans (preferred provider organization)

With PPO plans, you may select any physicians and hospitals within the plan's network, as well as outside of the network for covered services. If maintaining a relationship with your current doctor is important to you, selecting the Shield PPO plan will give you the freedom to continue seeing your current doctor for most covered services, even if your doctor isn't part of the plan's provider network.

Keep in mind that if your physician is not part of the plan's PPO network, you will have to pay more for each visit.

## Member confidentiality

Blue Shield protects the confidentiality and privacy of your personal and health information, including medical 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.

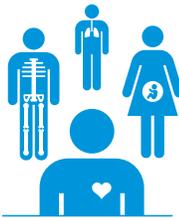
To request an authorization form, log in to **blueshieldca.com** and select *My Health Plan*. Click on *Download Forms* under "Shortcuts" on the right side. Scroll down to "Release of information" and click on *Personal and Health Information Release*. If you don't have access to the Internet, or have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



### Learn more about Blue Shield online

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

# Plan features

		Shield PPO	
		Network	Non-network
<p><b>OUT-OF-POCKET COSTS</b></p> 	<p>Pay a copayment or coinsurance for covered services. (Calendar-year deductible may apply.)</p>	<p>After calendar-year deductible is met, pay a percentage of costs and all costs above the allowable amount.</p>	
<p><b>CHOOSING A DOCTOR</b></p> 	<p>Visit any PPO network physician.</p>	<p>Visit any non-network physician, pay for the services, and submit claims to Blue Shield.</p>	
<p><b>ACCESS TO SPECIALISTS</b></p> 	<p>Visit any PPO network specialist; no referral is required.</p>	<p>Visit any non-network specialist and submit claims to Blue Shield. 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>                      Healthy Lifestyle Rewards                      Health Coach                      Prenatal Program                      Health Management Programs</p>		

# Compare PPO plan benefits

	Shield PPO	
	Network	Non-network
Annual deductible	\$250 per member \$500 per family	
Annual out-of-pocket maximum or copayment maximum	\$1,500 per member \$3,000 per family	\$2,000 per member \$4,000 per family
Preventive care	No charge	30%
Physician office visits	\$10 per visit	30%
Specialist office visits	\$10 per visit	30%
Diagnostics (such as lab work)	20%	30%
Maternity coverage*	20%	30%
Rehabilitation (physical and occupational therapy)	20%	30%
Emergency room visits	\$50 per visit + 20%	\$50 per visit + 20%
Hospital care (outpatient services)	20%	30%
Mental health services (outpatient services)	1-3 visits – no charge; \$10 per visit thereafter	30%
Substance abuse physician services (outpatient visits)	1-3 visits – no charge; \$10 per visit thereafter	30%

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

**To learn more** about the Shield PPO plan, please see the Benefits Summaries beginning on page 9.

# 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](https://www.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.

## Network pharmacies

Take your prescription to a network pharmacy and inform them that you have pharmacy benefits through Blue Shield. To find a network pharmacy nearby, go to the *Pharmacy* section at [blueshieldca.com](https://www.blueshieldca.com), and click on *Find a Pharmacy*.

## Prescriptions by mail (optional)

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. This is a great option for members who prefer to not have to go to get their prescription refilled every month at a retail pharmacy. It can be a great time and money saver. 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](https://www.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](https://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.



# Compare pharmacy benefits

	Shield PPO	
	Participating pharmacy	Non-participating pharmacy Member pays 25% of billed amount plus a copayment of:
<b>Annual deductible</b>	None*	
<b>Retail prescriptions</b> (for up to a 30-day supply)		
<b>Formulary generic drugs</b>	\$15 per prescription	\$15 per prescription
<b>Formulary brand-name drugs</b>	\$30 per prescription	\$30 per prescription
<b>Non-formulary brand-name drugs</b>	\$30 per prescription	\$30 per prescription
<b>Mail-service prescriptions<sup>†</sup></b> (for up to a 90-day supply)		
<b>Formulary generic drugs</b>	\$30 per prescription	Not covered
<b>Formulary brand-name drugs</b>	\$60 per prescription	Not covered
<b>Non-formulary brand-name drugs</b>	\$60 per prescription	Not covered

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

† Optional program.

# Find a network provider

Blue Shield's PPO networks are one of the largest in California with more than 68,000 physicians and 351 hospitals.

You have the freedom to choose a doctor in or out of the plan's provider network. However, keep in mind that if your physician is not part of the plan's PPO network, you will have to pay more for each visit.

You do not need to log in to find a provider on **blueshieldca.com**; simply follow the instructions below. If you are an existing member and have registered on the site, log in and you'll automatically be directed to your plan network.

## How to find a PPO network doctor

- Go to **blueshieldca.com/findaprovider**
- Next to "Select a plan," click the *Select* button
- Under "Medical Plan," choose *Blue Shield of California PPO Network*, then click *Set plan*
- Select the type of provider that you are 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 *Find now*

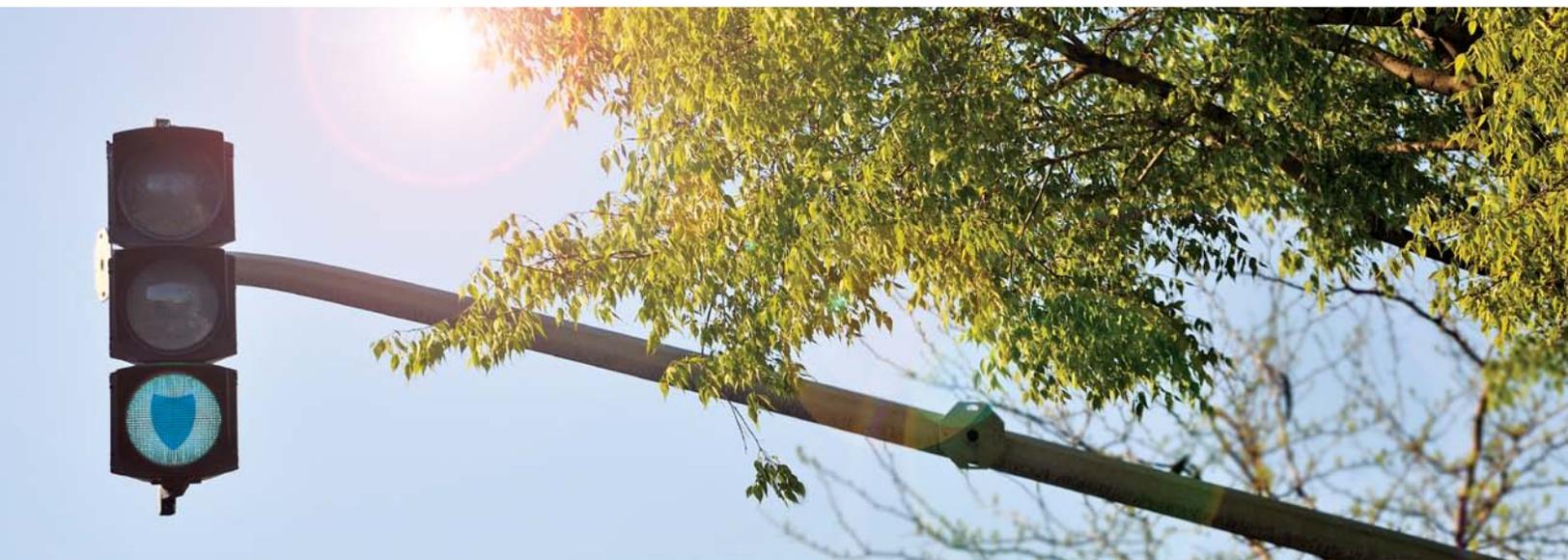
The default distance/radius search is 15 miles. To expand or narrow the search radius, click zoom (+ or -) in the map on the provider search results page.

To get a printable copy of your search results, click on *Get Results as PDF* above the map and select your preference to download the document or have it emailed to you.

## 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 and hospitals. To see a provider's performance profile, simply click on the name of the doctor 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.



# Discover more

## Additional Benefits

### 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

The services are provided by Blue Shield's mental health service administrator (MHSA) network. Shield PPO members can access both MHSA network and non-network providers, but will pay less and receive higher benefit coverage when they see a network provider.

### Care away from home

The BlueCard® Program gives Shield PPO plan members access to care across the United States and urgent care around the world. You are not required to use a BlueCard provider; however, it's in your best interest to use a BlueCard provider to keep your costs down. You can locate a BlueCard provider at any time by calling **(800) 810-BLUE** or by going to the *Find a Provider* section of [blueshieldca.com](http://blueshieldca.com).

## Programs and services

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

**NurseHelp 24/7** – Talk with registered nurses any time, 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). The LifeReferrals 24/7<sup>SM</sup> phone number is conveniently located on the back of your member ID card.

**Healthy Lifestyle Rewards** – This confidential program offers interactive online tools to help you get in shape, eat right, reduce stress, and quit smoking. Members will receive more details about this program later this summer of 2012.

**Health Coach** – The Health Coach program supports behavior change over the phone for individuals with health risks. 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.

**Prenatal Education Program** – This program guides expectant parents from the first trimester to postnatal care and offers practical advice and useful information. Some materials are also available in Spanish.

**Health management programs** – Your Blue Shield health plan is complemented by a wide range of helpful programs that offer support for members with asthma, diabetes, coronary artery disease, heart failure, and chronic obstructive pulmonary disease.

**Wellness discount programs** – We offer 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.
- **Drugstore.com** – Save on health and wellness products.
- **Vision services** – Get 20% off the published retail prices when you use a participating provider<sup>2</sup> in the Discount Vision Program network for exams, frames, lenses, and more.
- **TLCVision LASIK<sup>3</sup>** – Get 15% off providers' usual and customary fees for LASIK and PRK correction surgery through a TLCVision or NVision network provider.



## 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 network 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 Networks, Inc. (ASH Networks)
- Discount Vision Program – MESVision
- Weight control – Weight Watchers North America
- Health products (excluding prescription drugs) – drugstore.com inc.
- 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 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).
- 3 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  
 PPO - 250-80/70  
 Benefit Summary  
 (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

Highlights: A description of the prescription drug coverage is provided separately

Effective July 28, 2012

	Preferred Providers <sup>1</sup>	Non-Preferred Providers <sup>1</sup>
<b>Calendar year Medical Deductible<sup>2</sup></b> (All providers combined)		\$250 per individual \$500 per family
<b>Calendar year Copayment Maximum<sup>2</sup></b> (Copayments for Preferred Providers accrue to both Preferred and Non-Preferred Provider Calendar-year Copayment Maximum amounts.)	\$1,500 per individual \$3,000 per family	\$2,000 per individual \$4,000 per family

### LIFETIME BENEFIT MAXIMUM

None

Covered Services	Member Copayment	
	Preferred Providers <sup>1</sup>	Non-Preferred Providers <sup>1</sup>

#### PROFESSIONAL SERVICES

##### Professional (Physician) Benefits

- Physician and specialist office visits
- CT scans, MRIs, MRAs, PET scans, and cardiac diagnostic procedures utilizing nuclear medicine<sup>3</sup> (prior authorization is required)
- Other outpatient X-ray, pathology and laboratory (Diagnostic testing by providers other than outpatient laboratory, pathology, and imaging departments of hospitals/facilities)<sup>3</sup>

##### Allergy Testing and Treatment Benefits

- Office visits
- Allergy Injections Services (serum not included)

##### Preventive Health Benefits

- Preventive Health Services (as required by applicable federal and California law)

#### OUTPATIENT SERVICES

##### Hospital Benefits (Facility Services)

- Outpatient surgery performed at an Ambulatory Surgery Center<sup>4</sup>
- Outpatient surgery in a hospital
- Outpatient Services for treatment of illness or injury and necessary supplies (Except as described under "Rehabilitation benefits")
- CT scans, MRIs, MRAs, PET scans, and cardiac diagnostic procedures utilizing nuclear medicine performed in a hospital (prior authorization is required)<sup>3</sup>
- Other outpatient X-ray, pathology and laboratory performed in a hospital<sup>3</sup>
- Bariatric Surgery (pre-authorization required; medically necessary surgery for weight loss, only for morbid obesity)<sup>5</sup>

\$10 per visit (Not subject to the Calendar-Year Deductible)	30%
20%	30%
20%	30%
20%	30%
20%	30%
\$15 per visit (Not subject to the Calendar-Year Deductible)	\$15 per visit (Not subject to the Calendar-Year Deductible)
No Charge (Not subject to the Calendar-Year Deductible)	30%
20%	30%
20%	30%
20%	30%
20%	30%
20%	30%

<b>HOSPITALIZATION SERVICES</b>		
<b>Hospital Benefits (Facility Services)</b>		
• Inpatient Physician Services	20%	30%
• Inpatient Non-emergency Facility Services (Semi-private room and board, medically necessary services and supplies)	20%	30%
• Bariatric Surgery (pre-authorization required; medically necessary surgery for weight loss, only for morbid obesity) <sup>5</sup>	20%	30%
<b>Skilled Nursing Facility Benefits<sup>6</sup></b> (Combined maximum of up to 100 preauthorized days per calendar year; semi-private accommodations)		
• Services by a free-standing Skilled Nursing Facility	20%	20% <sup>6</sup>
• Skilled Nursing Unit of a Hospital	20%	30%
<b>EMERGENCY HEALTH COVERAGE</b>		
• Emergency room Services not resulting in admission (If ER services do not result in a direct admission the Calendar-Year Deductible does not apply)	\$50 per visit + 20%	\$50 per visit + 20%
• Emergency room Services resulting in admission (When the member is admitted directly from the ER)	20%	20%
• Emergency room Physician Services	20%	20%
<b>AMBULANCE SERVICES</b>		
• Emergency or authorized transport	20%	20%
<b>PRESCRIPTION DRUG COVERAGE</b>		
<b>Outpatient Prescription Drug Benefits</b>	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 Customer Services.	
<b>PROSTHETICS/ORTHOTICS</b>		
• Prosthetic equipment and devices (Separate office visit copay may apply)	20%	30%
• Orthotic equipment and devices (Separate office visit copay may apply)	20%	30%
<b>DURABLE MEDICAL EQUIPMENT</b>		
• Durable Medical Equipment	20%	30%
<b>MENTAL HEALTH SERVICES (PSYCHIATRIC)<sup>7</sup></b>	<b>MHSA Participating Providers<sup>1</sup></b>	<b>MHSA Non-Participating Providers<sup>1</sup></b>
• Inpatient Hospital Services	20%	30%
• Outpatient Mental Health Services	Visits 1- 3 No Charge, \$10 per visit thereafter (Not subject to the Calendar-Year Deductible)	30%
<b>CHEMICAL DEPENDENCY SERVICES (SUBSTANCE ABUSE)<sup>8</sup></b>		
<b>Please see footnote 13</b>		
• Chemical dependency and substance abuse services	Not Covered	Not Covered
<b>HOME HEALTH SERVICES<sup>9</sup></b>	<b>Preferred Providers<sup>1</sup></b>	<b>Non-Preferred Providers<sup>1</sup></b>
• Home health care agency Services (Maximum of 100 prior authorized visits per Calendar Year)	20%	Not Covered <sup>9</sup>
• Home infusion/home intravenous injectable therapy and infusion nursing visits provided by a Home Infusion Agency (See "Prescription Drug Coverage" for specialty drugs)	20%	Not Covered <sup>9</sup>
<b>OTHER</b>		
Vision Eye Exam		
• One self-referred comprehensive eye examination per 12 consecutive months (no age limit) 20% 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.		20% Vision plan administrator's providers only
<b>Hospice Program Benefits<sup>9</sup></b>		
• Routine home care	No Charge	Not Covered <sup>9</sup>
• Inpatient Respite Care	No Charge	Not Covered <sup>9</sup>
• 24-hour Continuous Home Care	20%	Not Covered <sup>9</sup>
• General Inpatient care	20%	Not Covered <sup>9</sup>

<b>Chiropractic Benefits<sup>10</sup></b>		
• Chiropractic Services - provided by a chiropractor (Up to 30 visits per calendar year)	20%	30%
<b>Acupuncture Benefits<sup>10</sup></b>		
• Acupuncture (Up to 20 visits per calendar year)	20%	20%
<b>Rehabilitation Benefits (Physical, Occupational and Respiratory Therapy)</b>		
• Office location	20% (Not subject to the Calendar-Year Deductible)	30%
<b>Speech Therapy Benefits</b>		
• Office location	20% (Not subject to the Calendar-Year Deductible)	30%
<b>Pregnancy and Maternity Care Benefits</b>		
• Prenatal and Postnatal Physician Office Visits (For inpatient hospital services, see "Hospitalization Services.")	20%	30%
<b>Family Planning Benefits</b>		
• Counseling and consulting <sup>11</sup>	No Charge (Not subject to the Calendar-Year Deductible)	30%
• Elective abortion <sup>12</sup>	20%	30%
• Tubal ligation	No Charge (Not subject to the Calendar-Year Deductible)	50%
• Vasectomy <sup>12</sup>	30%	50%
• Intrauterine Device (IUD)	No Charge (Not subject to the Calendar-Year Deductible)	30%
<b>Diabetes Care Benefits</b>		
• Devices, equipment, and non-testing supplies (For testing supplies, see "Outpatient Prescription Drug Benefits.")	20%	30%
• Diabetes self-management training (If billed by your provider, you will also be responsible for the office visit copayment)	20%	30%
<b>Care Outside of Plan Service Area</b> Benefits provided through BlueCard <sup>®</sup> 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
<b>Optional Benefits</b>	Optional dental, vision, substance abuse treatment, infertility and hearing aid benefits are available. If your employer purchased any of these benefits, a description of the benefit is provided separately.	

- 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.
- Deductible and copayments marked with a (2) 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. Deductible does not apply toward the calendar-year maximum. Please refer to the Evidence of Coverage, and the Plan Contract for exact terms and conditions of coverage.
- Participating non Hospital based ("freestanding") outpatient X-ray, pathology and laboratory facilities centers may not be available in all areas. Regardless of their availability, you can obtain outpatient X-ray, pathology and laboratory services from a hospital or an ambulatory surgery center affiliated with a hospital, with payment according to your health plan's hospital services benefits.
- Participating ambulatory surgery facilities 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.
- Bariatric surgery is covered when pre-authorized by Blue Shield. 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 Blue Shield of California, 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.
- Services may require prior authorization by Blue Shield. When these services are prior authorized, members pay the preferred or participating provider amount.
- 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.
- 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 preferred providers or non-preferred providers
- Out of network home health care, home infusion and hospice services are not covered unless pre-authorized. When these services are pre-authorized, the member pays the Preferred Provider copayment
- All outpatient chiropractic and acupuncture visits accrue to the calendar-year visit maximum regardless of whether the plan deductible has been met.
- Includes insertion of IUD as well as injectable contraceptives for women
- Copayment shown is for physician's services. If the procedure is performed in a facility setting (hospital or outpatient surgery center), an additional facility copayment may apply
- 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."

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

A18125 (7/12) PC 030212\_ME041112\_Grp#970659

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  
 Custom PPO<sup>SM</sup> Plan  
 Outpatient Prescription Drug Coverage  
 (For groups of 300 and above)

**THIS DRUG SUMMARY IS INTENDED TO BE USED WITH THE SHIELD SPECTRUM PPO 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: -Tier/Incentive Formulary  
 \$0 Calendar-Year Brand-Name Drug Deductible  
 \$15 Formulary Generic/\$30 Formulary Brand Name/\$30 Non-Formulary Brand Name Drug - Retail Pharmacy  
 \$30 Formulary Generic/\$60 Formulary Brand Name/\$60 Non-Formulary Brand-Name Drug - Mail Service

Covered Services	Member Copayment	
<b>DEDUCTIBLES</b> (Prescription drug coverage benefits are not subject to the medical plan deductible.)		
Calendar Year Brand Name Drug Deductible		None
<hr/>		
<b>PRESCRIPTION DRUG COVERAGE</b> <sup>1, 2</sup> (Includes select contraceptives, diaphragms, and covered diabetic drugs and testing supplies)	<b>Participating Pharmacy</b>	<b>Non-Participating Pharmacy</b> Member pays 25% of billed amount plus a copayment of:
Retail Prescriptions (up to a 30-day supply)		
• Formulary Generic Drugs	\$15 per prescription	\$15 per prescription
• Formulary Brand Name Drugs <sup>3, 4</sup>	\$30 per prescription	\$30 per prescription
• Non-Formulary Brand Name Drugs <sup>3, 4</sup>	\$30 per prescription	\$30 per prescription
Mail Service Prescriptions (up to a 90-day supply)		
• Formulary Generic Drugs	\$30 per prescription	Not Covered
• Formulary Brand Name Drugs <sup>3, 4</sup>	\$60 per prescription	Not Covered
• Non-Formulary Brand Name Drugs <sup>3, 4</sup>	\$60 per prescription	Not Covered
Specialty Pharmacies (up to a 30-day supply) <sup>5</sup>		
• Specialty Drugs <sup>6</sup>	\$15 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 Select contraceptives, including diaphragms, 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, as well as the applicable generic drug copayment. In addition, select contraceptives may need prior authorization.

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.

## Important Prescription Drug Information

You can find details about your drug coverage three ways:

1. Check your *Evidence of Coverage*.
2. Go to **blueshieldca.com** and log onto My Health Plan from the home page.
3. Call Member Services at the number listed on your Blue Shield member ID card.

At Blue Shield of California, we're dedicated to providing you with valuable resources for managing your drug coverage. Go online to the *Pharmacy* section of **blueshieldca.com** and select the *Drug Database and Formulary* to access a variety of useful drug information that can affect your out-of-pocket expenses, such as:

- Look up non-formulary drugs with formulary or generic equivalents;
- Look up drugs that require step therapy or prior authorization;
- Find specifics about your prescription copayments;
- Find local network pharmacies to fill your prescriptions.

### TIPS!

Using the convenient mail service pharmacy can save you time and money. If you take a consistent dose of a covered maintenance drug for a chronic condition, such as diabetes or high blood pressure, you can receive up to a 90-day supply through the mail service pharmacy with a reduced copayment. Call the mail service pharmacy at (866) 346-7200. Members using TTY equipment can call TTY/TDD 866-346-7197.

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

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# County of San Bernardino Substance Abuse Treatment Benefits

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

## 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 an MHSA participating provider.

Covered Services	Member Copayment <sup>3</sup>	
	MHSA Participating Provider*	MHSA Non-Participating Provider <sup>2</sup>
Inpatient Hospital	Inpatient Hospitalization Copay Applies	Inpatient Hospitalization Copay Applies
Professional (Physician) Services - Inpatient	Physician Visit Copay Applies	Physician Visit Copay Applies
Professional (Physician) Services - Outpatient Physician Visit	1-3 visits- no charge \$10 per visit thereafter (Not subject to the Calendar-Year Deductible)	30%

1. Except for emergencies, benefits are covered only when pre-authorized by the MHSA.
2. Member is responsible for a copayment in addition to any charges above allowable amounts from non-participating providers. MHSA participating providers accept Blue Shield's allowable amount as full payment for covered services. Non-participating providers can charge more than these amounts. When members use non-participating providers, they must pay the applicable copayment plus any amount that exceeds Blue Shield's allowable amount.
3. Please refer to the Medical Benefit Summary for applicable copayment responsibility.

\* Copayments are calculated based on the negotiated rate with participating providers.

This is only a summary of the additional substance abuse treatment 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.

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

Attachment to Benefit Summary (Uniform Benefits and Coverage Matrix)  
For PPO 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. 1,4,5,6,7

## Coverage Details

Out of pocket costs are lowest when you receive care from an MHSA participating provider.

Covered Services	Member Copayment <sup>3</sup>	
	MHSA Participating Provider*	MHSA Non-Participating Provider <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	Inpatient Medically Necessary Skilled Nursing Services including Subacute Care Copay Applies

Residential Care for Substance Abuse Condition Physician Services	Inpatient Physician Visit Copay Applies	Inpatient Physician Visit Copay Applies
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1. Except for emergencies, benefits are covered only when pre-authorized by the MHSA.
2. Member is responsible for a copayment in addition to any charges above allowable amounts from non-participating providers. MHSA participating providers accept Blue Shield's allowable amount as full payment for covered services. Non-participating providers can charge more than these amounts. When members use non-participating providers, they must pay the applicable copayment plus any amount that exceeds Blue Shield's allowable amount.
3. Please refer to the Medical Benefit Summary for applicable copayment responsibility.
4. Copayments are calculated based on the negotiated rate with participating providers.
5. Residential Care Substance Abuse Benefits may only be purchased if you have purchased the Substance Abuse Condition Benefits Supplement.
6. The Copayments below are subject to the Deductible, Member Maximum Calendar Year Copayment Responsibility and other applicable provisions of your Plan.
7. 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
8. Residential Care Substance Abuse Program.
9. 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.

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

Attachment to Benefit Summary (Uniform Benefits and Coverage Matrix)  
For PPO 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. 1,4,5,6,7,

## Coverage Details

Out of pocket costs are lowest when you receive care from an MHSA participating provider.

Covered Services	Member Copayment <sup>3</sup>	
	MHSA Participating Provider*	MHSA Non-Participating Provider <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	Inpatient Medically Necessary Skilled Nursing Services including Subacute Care Copay Applies
Residential Care for Mental Health Condition Physician Services	Inpatient Physician Visit Copay Applies	Inpatient Physician Visit Copay Applies

1. Except for emergencies, benefits are covered only when pre-authorized by the MHSA.
2. Member is responsible for a copayment in addition to any charges above allowable amounts from non-participating providers. MHSA participating providers accept Blue Shield's allowable amount as full payment for covered services. Non-participating providers can charge more than these amounts. When members use non-participating providers, they must pay the applicable copayment plus any amount that exceeds Blue Shield's allowable amount.
3. Please refer to the Medical Benefit Summary for applicable copayment responsibility.  
\* Copayments are calculated based on the negotiated rate with participating providers.
4. Residential Care Mental Health Benefits may only be purchased if you have purchased the Substance Abuse Condition Benefits Supplement.
5. The Copayments below are subject to the Deductible, Member Maximum Calendar Year Copayment Responsibility and other applicable provisions of your Plan.
6. 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.
7. 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.







## **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)

we're here to help

If you have 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.