

CSAC/EIA Health Small Group  
 Custom Access+ HMO® 15-0 Inpatient  
 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 January 1, 2014

**Calendar Year Medical Deductible**

None

**Calendar Year Copayment Maximum<sup>1</sup>** (For many covered services)

\$1,500 per Individual /  
\$3,000 per Family

**LIFETIME BENEFIT MAXIMUM**

None

**Covered Services**

**Member Copayment**

**PROFESSIONAL SERVICES**

**Professional (Physician) Benefits**

- Physician and specialist office visits \$15 per visit  
(Note: 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)
- Outpatient X-ray, pathology and laboratory No Charge

**Allergy Testing and Treatment Benefits**

- Office visits (includes visits for allergy serum injections) \$15 per visit

**Access+ Specialist<sup>SM</sup> Benefits<sup>1,2</sup>**

- Office visit, Examination or Other Consultation (Self-referred office visits and consultations only) \$30 per visit

**Preventive Health Benefits**

- Preventive Health Services (As required by applicable federal and California law.) No Charge

**OUTPATIENT SERVICES**

**Hospital Benefits (Facility Services)**

- Outpatient surgery performed at an Ambulatory Surgery Center<sup>3</sup> No Charge
- Outpatient surgery in a hospital No Charge
- Outpatient Services for treatment of illness or injury and necessary supplies No Charge  
(Except as described under "Rehabilitation Benefits" and "Speech Therapy Benefits")

**HOSPITALIZATION SERVICES**

**Hospital Benefits (Facility Services)**

- Inpatient Physician Services No Charge
- Inpatient Non-emergency Facility Services (Semi-private room and board, and medically-necessary Services and supplies, including Subacute Care) No Charge
- Inpatient Medically Necessary skilled nursing Services including Subacute Care<sup>4,5</sup> No Charge

**EMERGENCY HEALTH COVERAGE**

- Emergency room Services not resulting in admission (The ER copayment does not apply if the member is directly admitted to the hospital for inpatient services) \$50 per visit
- Emergency room Physician Services No Charge

**AMBULANCE SERVICES**

- Emergency or authorized transport \$50

**PRESCRIPTION DRUG COVERAGE**

**Outpatient Prescription Drug Benefits**

**Carved Out to Medco Health**

**PROSTHETICS/ORTHOTICS**

- Prosthetic equipment and devices (Separate office visit copay may apply) No Charge
- Orthotic equipment and devices (Separate office visit copay may apply) No Charge

**DURABLE MEDICAL EQUIPMENT**

- Breast pump No Charge
- Other Durable Medical Equipment (member share is based upon allowed charges)<sup>1</sup> 20%

**MENTAL HEALTH SERVICES (PSYCHIATRIC)<sup>6</sup>**

- Inpatient Hospital Services No Charge
- Outpatient Mental Health Services \$15 per visit

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**CHEMICAL DEPENDENCY SERVICES (SUBSTANCE ABUSE)<sup>7</sup>**

Please see footnote 10

- Chemical dependency and substance abuse services Not Covered
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**HOME HEALTH SERVICES**

- Home health care agency Services (up to 100 visits per Calendar Year) \$15 per visit
  - Medical supplies (See "Prescription Drug Coverage" for specialty drugs) No Charge
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**OTHER****Hospice Program Benefits**

- Routine home care No Charge
  - Inpatient Respite Care No Charge
  - 24-hour Continuous Home Care No Charge
  - General Inpatient care No Charge
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**Pregnancy and Maternity Care Benefits**

- Prenatal and postnatal Physician office visits No Charge  
(For inpatient hospital services, see "Hospitalization Services.")
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**Family Planning and Infertility Benefits**

- Counseling and consulting<sup>8</sup> No Charge
  - Infertility Services (member share is based upon allowed charges) 50%  
(Diagnosis and treatment of cause of infertility. Excludes in vitro fertilization, injectables for infertility, artificial insemination and GIFT).
  - Tubal ligation No Charge
  - Elective abortion<sup>9</sup> \$100 per surgery
  - Vasectomy<sup>9</sup> \$75 per surgery
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**Rehabilitation Benefits (Physical, Occupational and Respiratory Therapy)**

- Office location (Copayment applies to all places of services, including professional and facility settings) \$15 per visit
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**Speech Therapy Benefits**

- Office Visit - Services by licensed speech therapists (Copayment applies to all places of services, including professional and facility settings) \$15 per visit
- 

**Diabetes Care Benefits**

- Devices, equipment, and non-testing supplies (member share is based upon allowed charges; for testing supplies see Outpatient Prescription Drug Benefits.) 20%
  - Diabetes self-management training (by a registered dietician or registered nurse that are certified diabetes educators) \$15 per visit
- 

**Urgent Care Benefits** (BlueCard<sup>®</sup> Program)

- Urgent Services outside your Personal Physician Service Area \$15 per visit
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**Optional Benefits<sup>1</sup>**

Optional dental, vision, hearing aid, 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.

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<sup>1</sup> Copayments/Coinsurance marked with this footnote do not accrue to the calendar-year copayment maximum. Copayments/Coinsurance 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. This amount could be substantial. Please refer to the Evidence of Coverage and the Plan Contract for exact terms and conditions of coverage.

<sup>2</sup> To use this option, members must select a personal physician who is affiliated with a medical group or IPA that is an Access+ provider group, which offers the Access+ Specialist feature. Members should then select a specialist within that medical group or IPA. Access+ Specialist visits for mental health services must be provided by a MHSA network participating provider.

<sup>3</sup> Participating Ambulatory Surgery Centers may not be available in all areas. Outpatient surgery Services may also be obtained from a Hospital or from an ambulatory surgery center that is affiliated with a Hospital, and paid according to the benefit under your health plan's Hospital Benefits.

<sup>4</sup> For Plans with a facility deductible amount, services with a day or visit limit accrue to the calendar-year day or visit limit maximum regardless of whether the plan deductible has been met.

<sup>5</sup> Skilled nursing services are limited to 100 preauthorized days during a calendar year except when received through a hospice program provided by a participating hospice agency. This 100 preauthorized day maximum on skilled nursing services is a combined maximum between SNF in a hospital unit and skilled nursing facilities.

<sup>6</sup> Mental health services are accessed through Blue Shield's Mental Health Service Administrator (MHSA) using Blue Shield's MHSA participating providers. 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 and Plan Contract.

<sup>7</sup> Inpatient Services which are Medically Necessary to treat the acute medical complications of detoxification are covered under the medical benefits; see hospitalization services for benefit details. Services for acute medical complications of detoxification are accessed through Blue Shield using Blue Shield HMO providers.

<sup>8</sup> Includes insertion of IUD, as well as injectable and implantable contraceptives for women.

<sup>9</sup> 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.

<sup>10</sup> **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.

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# CSAC/EIA Health Small Group Chiropractic and Acupuncture Benefits

Additional coverage for your Access+ HMO<sup>®</sup>

Blue Shield Chiropractic and Acupuncture Care coverage lets you self-refer to a network of more than 3,310 licensed chiropractors and more than 1,245 licensed acupuncturists. Benefits are provided through a contract with American Specialty Health Plans of California, Inc. (ASH Plans).

## How the Program Works

You can visit any participating chiropractors or acupuncturists in California from the ASH Plans network *without* a referral from your Access+ HMO or Added Advantage POS Personal Physician. Simply call a participating provider to schedule an initial exam.

At the time of your first visit, you'll present your Blue Shield identification card and pay only your copayment. Because participating chiropractors and acupuncturists bill ASH Plans directly, you'll never have to file claim forms.

If you need further treatment, the participating chiropractor or acupuncturist will submit a proposed treatment plan to ASH Plans and obtain the necessary authorization from ASH Plans to continue treatment up to the calendar-year maximum of 30 combined visits.

## What's Covered

The plan covers medically necessary chiropractic and acupuncture services including:

- Initial and subsequent examinations
- Office visits and adjustments (subject to annual limits)
- Adjunctive therapies
- X-rays (chiropractic only)

## Benefit Plan Design

Calendar-year Maximum	30 Combined Visits
Calendar-year Deductible	None
Calendar-year Chiropractic Appliances Benefit <sup>1,2</sup>	\$50

Covered Services	Member Copayment
Acupuncture Services	\$10 per visit
Chiropractic Services	\$10 per visit

### Out-of-network Coverage

None

1. Chiropractic appliances are covered up to a maximum of \$50 in a calendar-year as authorized by ASH Plans.
2. As authorized by ASH Plans, this allowance is applied toward the purchase of items determined necessary, such as supports, collars, pillows, heel lifts, ice packs, cushions, orthotics, rib belts and home traction units.

## Friendly Customer Service

Helpful ASH Plans Member Services representatives are available at (800) 678-9133 Monday through Friday from 6 a.m. to 5 p.m. to answer questions, assist with problems, or help locate a participating chiropractor or acupuncturist.

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

# CSAC/EIA Health Small Group Substance Abuse Treatment Benefits

Attachment to Benefit Summary (Uniform Benefits and Coverage Matrix)

For Access+ HMO® Plans

## 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. Blue Shield of California does not provide benefits for services provided by non-participating providers.

## Coverage Details

Residential care is not covered.

Covered Services	Member Copayment <sup>2</sup>
MHSA Participating Provider	
Inpatient Hospitalization	Inpatient Hospitalization Copay Applies
Professional (Physician) Services - Inpatient and Outpatient Physician Visit	Physician Visit Copay Applies
Partial Hospitalization/Day Treatment	Ambulatory Surgery Copay Applies

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.

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