



# Medical Benefits Summary

## PLAN SUMMARY - BLUE SHIELD

DEDUCTIBLES/CO-INSURANCE	Gold PPO		EPO
Calendar Year Deductible(s) (Individual/Family)	\$500 / \$1,000		\$300 / \$600
Maximum Medical Out of Pocket (Individual/Family)	\$2,000 / \$4,000		\$1,300 / \$2,600
Medicare Medical Maximum Out of Pocket	\$1,500 / \$3,000		\$1,000 / \$2,000
Services/Coverages	Participating Providers	Non-Participating Providers	Participating Providers
Inpatient Hospital Room, Board & Support Services (prior authorization required)	80%	50% up to \$600 per day	No Charge
Ambulatory Surgery Center	80%	50% up to \$350 per day	No Charge
Emergency Room			
Visit Results in Admission as Inpatient	80%		No Charge
Visit Does Not Result in Admission	80%, \$100 co-pay		\$100 co-pay
Physician Benefits (office visits)	\$20 co-pay	50%	\$30 co-pay
Preventative Care	No Charge	Not Covered	No Charge
Rehabilitation Service (in an office location)	80%	50%	\$30 co-pay
Acupuncture (26 visits per calendar year/combined with Chiropractic)	80%	80%	\$30 co-pay
Durable Medical Equipment	80%	50%	80%
Hospice	80%	Not Covered without prior authorization	No Charge
Ambulance	80%		\$50 Per Transport
Home Health Care 100 visits/year (prior authorization required)	80%	Not Covered without prior authorization	\$30 co-pay (100 visits/year)
Chiropractic Services (26 visits per calendar year/combined with Acupuncture)	80% up to \$50 per visit	50% up to \$25 per visit	\$30 co-pay
<b>Prescription Drugs</b> <i>Active/Early Retiree Plans Only</i>	Express Scripts		Express Scripts
Prescription Maximum Out of Pocket	\$4,600 / \$9,200		\$5,300 / \$10,600
(At Participating Pharmacies only)	Generic / Brand / Non-Formulary / Specialty		Generic / Brand / Non-Formulary / Specialty
Retail - 30 day supply	\$5 / \$30 / \$45 / 30% (max co-pay \$150)		\$10 / \$20 / \$45 / 30% (max co-pay \$150)
Mail Order - 90 day supply	\$10 / \$75 / \$112.50 / 30% (max co-pay \$300)		\$15 / \$50 / \$112.50 / 30% (max co-pay \$150)
Brand / Non-Formulary / Specialty Deductible (Individual / Family)	None		\$200

THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. NON-PARTICIPATING PROVIDER MEMBER COST MAY NOT APPLY TO MAXIMUM OUT OF POCKET COSTS.



**PLAN SUMMARY - BLUE SHIELD**

<b>DEDUCTIBLES/CO-INSURANCE</b>		Access+ HMO 15
Calendar Year Deductible(s) (Individual/Family)		None
Maximum Medical Out of Pocket (Individual/Family)		\$1,500 / \$3,000
Medicare Medical Maximum Out of Pocket		Non-Applicable
<b>Services/Coverages</b>		Participating Providers
Inpatient Hospital Room, Board & Support Services (prior authorization required)		No Charge
Non Emergency Outpatient Services: Ambulatory Surgery Center Hospital Facility Outpatient Treatment		No Charge
Emergency Room		
Visit Results in Admission as Inpatient		No Charge
Visit Does Not Result in Admission		\$50 co-pay
Preventative Care		No Charge
Office Visits	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.	\$15 co-pay
Rehabilitation Service (in a office location)		\$15 co-pay
Durable Medical Equipment		80%
Hospice		No Charge
Ambulance		\$50 co-pay
Home Health Care (prior authorization required)		\$15 co-pay (100 per year)
Chiropractic Services (combined with Acupuncture)		\$10 co-pay (30 visits per year)
Acupuncture (combined with Chiropractic)		\$10 co-pay (30 visits per year)
<b>Prescription Drugs</b> <i>Active/Early Retiree Plans Only</i>		Express Scripts
Prescription Maximum Out of Pocket		\$5,100 / \$10,200
(At Participating Pharmacies only)		Generic / Brand / Non-Formulary / Specialty
Retail - 30 day supply		\$5 / \$10 / \$25 / 20% (max co-pay \$100)
Mail Order - 90 day supply		\$10 / \$20 / \$50 / 20% (max co-pay \$100)
Brand Deductible (Individual / Family)		None

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