

# Shield Spectrum PPO 5500

## 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 SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.**

	PPO 5500
<b>Deductible*</b>	\$5,500 (\$11,000 family)
<b>Coinsurance</b>	35% with Preferred providers 50% with Non-preferred providers
<b>Calendar-year copayment/ coinsurance maximum</b> (includes the plan deductible – some services do not apply)	Services with preferred providers: \$7,500 (\$15,000 family) Services with all providers: \$10,000 (\$20,000 family)
<b>Lifetime maximum</b>	No limit

- Plan benefits provided before you need to meet medical deductible are shown below with a dot. For all benefits without a dot, you are responsible for all charges up to the allowable amount or billed charges with preferred and non-preferred providers until the deductible is met. At that point, you will be responsible for the copayment or coinsurance noted in the chart below when accessing preferred and non-preferred providers.

### Covered services

### Member copayments

Subject to the plan deductible, unless noted.	With preferred providers, <sup>1</sup> you pay	With non-preferred providers, <sup>1</sup> you pay
<b>Professional services</b>		
Office visits	35% <sup>2</sup>	50%
<b>Preventive care</b>		
Annual routine physical exam, well-baby care office visits and gynecological exam (includes Pap test or other approved cervical cancer screening tests, routine mammography, and immunizations when received as part of the preventive care exam)	\$0 •	Not covered
<b>Outpatient services</b>		
Non-emergency services and procedures	35%	50% <sup>2,3</sup>
Outpatient surgery in hospital	35%	50% <sup>2,3</sup>
Outpatient surgery performed in an ambulatory surgery center (ASC)	35%	50% <sup>2,4</sup>
Outpatient or out-of-hospital X-ray and laboratory	35%	50%
<b>Hospitalization services</b>		
Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists	35%	50%
Inpatient semiprivate room and board, services and supplies, and subacute care	35%	50% <sup>2,3</sup>
Bariatric surgery inpatient services (pre-authorization required; medically necessary surgery for weight loss, only for morbid obesity) <sup>5</sup>	35%	50% <sup>2,3</sup>
<b>Emergency health coverage</b>		
Emergency room services (\$100 copayment/visit waived if admitted as an inpatient)	\$100/visit + 35%	\$100/visit + 35%
ER physician visits	35%	35%
<b>Ambulance services</b> (surface or air)	35%	35%

\* Benefits for covered brand-name prescription drugs are subject to a separate brand-name drug deductible per person.

# Shield Spectrum PPO 5500

Covered services	Member copayments	
	At participating pharmacies (up to a 30-day supply)	Mail service prescriptions (up to a 60-day supply)
<b>Prescription drug coverage<sup>6</sup></b> (outpatient)		
Generic formulary drugs	\$10/prescription <sup>2</sup> ●	\$20/prescription <sup>2</sup> ●
Formulary brand-name drugs	\$45/prescription <sup>2</sup>	\$90/prescription <sup>2</sup>
Non-formulary brand-name drugs	\$60 or 50%/prescription, whichever is greater (maximum copayment of \$150 per prescription) <sup>2</sup>	\$120 or 50%/prescription, whichever is greater (maximum copayment of \$300 per prescription) <sup>2</sup>
Brand-name drug deductible (brand-name drugs are subject to a brand-name drug deductible per person, per calendar year)	\$750	
	<b>With preferred providers,<sup>1</sup> you pay</b>	<b>With non-preferred providers,<sup>1</sup> you pay</b>
<b>Durable medical equipment</b>	35%	50%
<b>Mental health services<sup>7</sup></b>		
Inpatient hospital facility services	35%	50% <sup>2,3</sup>
Inpatient physician services	35%	50%
Outpatient visits for severe mental health conditions	35%	50%
Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits) <sup>8</sup>	35%	Not covered
<b>Chemical dependency services<sup>7</sup></b> (substance abuse)		
Inpatient hospital facility services for medical acute detoxification	35%	50% <sup>2,3</sup>
Inpatient physician services for medical acute detoxification	35%	50%
Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits) <sup>8</sup>	35%	Not covered
<b>Home health services</b> (up to 90 pre-authorized visits per calendar year)	35%	Not covered
<b>Other</b>		
<b>Pregnancy and maternity care</b>		
Outpatient prenatal and postnatal care	35%	50%
Delivery and all necessary inpatient hospital services	35%	50% <sup>2,3</sup>
<b>Family planning</b>		
Consultations, tubal ligation, vasectomy, elective abortion	35%	Not covered
<b>Rehabilitation services</b>		
Provided in the office of a physician or physical therapist	35%	50%
<b>Chiropractic services</b>	Not covered	Not covered
<b>Out-of-state services</b> (full plan benefits covered nationwide with the BlueCard Program)	35% with BlueCard participating providers	50% with all other providers

# Shield Spectrum PPO 5500

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

- Plan benefits provided before you need to meet the medical deductible.
- 1 Member is responsible for copayment/coinsurance in addition to any charges above allowable amounts. The coinsurance/copayment indicated is a portion of the allowable amounts. Preferred providers accept Blue Shield allowable amounts as payment-in-full for covered services. Non-preferred providers can charge more than these amounts. When members use non-preferred providers, they must pay the applicable copayment/coinsurance of the allowable amount plus any charges that exceed Blue Shield's allowable amount. Charges above the allowable amount do not count toward the plan deductible or copayment/coinsurance maximum.
  - 2 These copayments do not count toward the copayment/coinsurance maximum, and will continue to be charged once it is reached.
  - 3 For non-emergency hospital services and supplies received from a non-preferred hospital, Blue Shield's payment is limited to \$250 per day. Members are responsible for all charges that exceed \$250 per day.
  - 4 Participating ASCs may not be available in all areas. Regardless of their availability, you can obtain outpatient surgery services from a hospital, or an ASC affiliated with a hospital with payment according to your health plan's hospital services benefits. Blue Shield's payment is limited to \$150 per day. Members are responsible for all charges that exceed \$150 per day.
  - 5 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, 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 EOC for further benefit detail.
  - 6 If a member requests a brand-name prescription drug or the physician indicates "dispense as written" (DAW) for a prescription, when an equivalent generic drug is available, and the brand-name drug deductible has been satisfied, the member pays the generic copayment plus the cost difference between the brand and generic drug. Prescription coverage differs for home self-injectables. See the EOC for details.
  - 7 Blue Shield has contracted with a specialized health care service plan to act as our mental health services administrator (MHSA). The MHSA provides mental health and chemical dependency services, other than inpatient services for medical acute detoxification, through a separate network of MHSA participating providers. Inpatient medical acute detoxification is a medical benefit provided by Blue Shield preferred or non-preferred (not MHSA) providers.
  - 8 For MHSA participating providers initial visit treated as if the condition was a severe mental illness or Serious Emotional Disturbance of a Child. For MHSA non-participating providers, initial visit treated as a MHSA participating provider. See EOC for details.