

hello.

Welcome to the benefits of Blue Shield – the quality health coverage you need, when you need it.

There's more to Blue Shield of California health plans than broad healthcare benefits. Blue Shield brings County of Santa Barbara one of the largest statewide networks of doctors, specialists, and hospitals, as well as a wide variety of health resources to help make it easier to manage your family's health.

Extensive provider network

Blue Shield's network is one of the largest in California with more than 31,000 physicians and 280 hospitals in our HMO network, and 63,000 physicians and 351 hospitals in our PPO network, including Goleta Valley Cottage Hospital and Santa Barbara Cottage Hospital.

On-call nurse and counselor support for life's challenges

You can talk with registered nurses and master's-level counselors, day or night, for information and support on issues affecting your physical and emotional health.

Health management programs

These programs give members with certain conditions the tools, knowledge, and support they need to better manage their health and wellness. Programs include prenatal education, assistance in managing asthma, diabetes, coronary artery disease, and heart failure.

Discounts on chiropractic, massage therapy, and acupuncture

We offer you access to alternative health and wellness services at a generous reduction in cost – at least 25% off published fees for chiropractic, acupuncture, and massage therapy from participating practitioners.*

blueshieldca.com

Our award-winning Web site provides round-the-clock health resources and wellness information at your fingertips. Look up your plan benefits, learn about copayments, check claims, download forms, and more.

Overview of County of Santa Barbara and Santa Barbara County Superior Court plans

Your Blue Shield health plan options for 2007-2008 include the Access+ HMO Low, Access+ HMO High, Blue Shield PPO, and the High Deductible Health Plan.

Access+ HMO Low

With Access+ HMO, you'll have no annual deductibles or claim forms with only affordable copayments each time you see a physician. You'll need to select your Personal Physician who is responsible for the overall coordination of your care. As an Access + HMO member, you also have the option to visit a specialist within your Personal Physician's medical group or IPA without a referral for a higher copay.**

Access+ HMO High

Like the standard Access+ HMO, you'll have affordable copayments for services, no annual deductibles or claim forms, and the ability to self-refer to a specialist.** The only difference is, you pay slightly more out-of-pocket for more comprehensive benefit coverage.

Blue Shield PPO

Your Blue Shield PPO plan lets you choose, each time you need care, between network providers who offer their services at negotiated rates and non-network providers who are not in Blue Shield's network. You pay less when you see a network provider. You are responsible for paying a certain amount of covered expenses (deductible) before the plan pays most benefits, and you also can seek services from a specialist without a referral.

* The Alternative Health Services Discount Program is an exclusive offer to Blue Shield members, made available through an arrangement with American Specialty Health Networks of California Inc. (ASH Networks), and is not a covered service of any Blue Shield health plan. ASH Networks credentials and manages the program's practitioners. None of the terms and conditions of Blue Shield health plans applies. Blue Shield of California and ASH Networks do not review the program's practitioner services and products for medical necessity or efficacy, and make no representations, claims, or guarantees regarding their services or products. Members who use the discount program are responsible for the payment of services provided by participating network practitioners, including payment for cancelled or missed appointments. Members who are not satisfied with services received from the program's practitioners may use the Blue Shield grievance process. Blue Shield reserves the right to terminate this program without notice.

** Please note: Not all types of specialist visits are through the Access+ Specialist option. For more information, please refer to the *Evidence of Coverage and Disclosure Form (EOC)*, or call our dedicated Blue Shield Member Services representatives. Access+ Specialist office visits are available only to members whose Personal Physicians belong to a medical group or Independent Practice Association (IPA) that participates as an Access+ provider. These providers are noted in the Physicians and Hospitals Directory and in the *Find a Provider* section of blueshieldca.com.

Overview (continued)

High Deductible Health Plan

The High Deductible Health Plan is compatible with health savings accounts (HSAs) with specific tax benefits for qualified members. Like the Shield Spectrum PPO plan, you are responsible for paying a deductible before the plan pays most benefits. You get affordable monthly dues, access to Blue Shield's extensive provider network, preventive care benefits when you use a network doctor, and a calendar-year deductible that accumulates toward the calendar-year out-of-pocket maximum.

Blue Shield POS Plan

The Blue Shield POS plan gives you the choice of using either the HMO or PPO network whenever you need care. You will need to select a Personal Physician from Blue Shield's HMO network. For regular physician care, you'll have the highest level of benefits when you access care through your Personal Physician. However, you always have the choice to seek care with any physician through the PPO option, which includes seeing any licensed physician or hospital. Using network doctors affords you a higher level of benefit, but the choice is yours.

We're here to help

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

Benefit plan changes for 2007-2008 plan year

High Deductible Health Plan

No changes

Blue Shield PPO

Prescription drug copayment:
\$15/25/40 retail
\$30/50/80 mail

Rx \$50 annual non-formulary deductible

Access+ HMO High

\$15 office visit copayment
\$100/admit hospital copayment
\$50 ER copayment

Prescription drug copayment:
\$10/30/45 retail
\$20/60/90 mail

\$50 annual non-formulary prescription drug deductible

Access+ HMO Low

\$20 office visit copayment
\$100 ER copayment

Prescription drug copayment:
\$10/35/50 retail
\$20/70/100 mail

\$50 annual non-formulary prescription drug deductible

Blue Shield POS

\$15 office visit copayment
\$50 emergency room copayment

Hospital copayments:

Tier I: \$200/admit
Tier II: \$200/admit + 10%
Tier III: 20% plan maximum \$600 per day

Prescription drug copayment:

\$10/20/35 retail
\$20/40/70 mail

County of Santa Barbara and Santa Barbara County Superior Court
Blue Shield POS Benefit Summary

Blue Shield of California

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 the Group Policy should be consulted for a detailed description of the coverage benefits and limitations.

Effective July 1, 2007

Deductibles¹

	LEVEL I HMO plan providers²	LEVEL II Preferred providers²	LEVEL III Non-preferred providers²
Calendar-year medical deductible	None	None	\$250 per individual/ \$750 per family
Calendar-year copayment maximum¹ (for many covered services) Per individual per 2-party/per family	\$1,500/\$3,000/\$4,500	\$2,000/\$4,000/\$6,000	\$3,000/\$6,000/\$9,000
Lifetime maximums	None		\$2,000,000

Covered services

Member copayment

Professional services

Physician services	LEVEL I HMO plan providers²	LEVEL II Preferred providers²	LEVEL III Non-preferred providers²
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.	\$15/visit	10%	20%
Allergy testing or treatment	\$15/visit	\$25	20%
Laboratory, x-rays and diagnostic tests	No charge	10%	20%

Preventive care

Routine physical exam, eye/ear screenings, and immunizations according to age schedule 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.	No charge	\$25	Not covered
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Outpatient services

Non-emergency

Outpatient surgery performed in an ambulatory surgery center (ASC) ³	No charge	10%	20% ³
Outpatient surgery in hospital/facility	No charge	10%	20% ³
Outpatient treatment (except as described under "Rehabilitative therapy services") and necessary supplies	No charge	\$25/visit	20% ³

Hospitalization services

Inpatient physician services, including pregnancy and maternity care	No charge	10%	20%
Semi-private room and board, medically necessary services and supplies	\$200/admission	\$200/admission	20%
Bariatric surgery (pre-authorization required; medically necessary surgery for weight loss, only for morbid obesity) ⁵	\$200/admission	\$200/admission + 10%	20% ⁴
Skilled nursing facility (SNF) services⁶	No charge	10%	20% ⁴

Emergency health coverage

Waived if the member is directly admitted to the hospital for inpatient services	\$50/visit	\$50/visit	\$50/visit
Ambulance services	\$50	10%	10%

County of Santa Barbara and Santa Barbara County Superior Court
Blue Shield POS Benefit Summary (continued)

Covered services

Member copayment

Prescription drug coverage^{11, 12} (includes oral contraceptives, diaphragms, and covered diabetic drugs and testing supplies)	Participating pharmacy (for up to a 30-day supply)	Mail service prescriptions (for up to a 90-day supply)	
Generic drugs	\$10/prescription	\$20/prescription	
Formulary brand-name drugs	\$20/prescription	\$40/prescription	
Non-formulary brand-name drugs	\$35/prescription	\$70/prescription	
Home self-administered injectable medications (may require prior authorization from Blue Shield Pharmacy Services)	20% (up to \$100 copayment maximum per prescription) ¹	Not covered	
Durable medical equipment	LEVEL I HMO plan providers²	LEVEL II Preferred providers²	LEVEL III Non-preferred providers²
	50% of allowed charges ¹ (\$5,000 maximum per year)	50% (\$2,000 maximum per year)	50% (\$2,000 maximum per year)
Prosthetics/orthotics	\$15/visit	10%	20%
Mental health services (psychiatric)⁷	LEVEL I MHSA participating providers²	LEVEL II N/A except for medical acute detoxification	LEVEL III MHSA non-participating providers²
Inpatient hospital facility services	No charge	N/A	20% ⁴
Outpatient visits for severe mental health conditions	\$15/visit	N/A	20%
Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with outpatient chemical dependency visits)	\$15/visit	N/A	Not covered
Chemical dependency services (substance abuse)^{7, 10}			
Inpatient services for medical acute detoxification	see "Hospitalization Services"	see "Hospitalization Services"	see "Hospitalization Services"
Outpatient visits (up to 20 visits per calendar year combined with outpatient non-severe mental health visits)	\$15/visit	N/A	Not covered
Home health services	LEVEL I HMO plan providers²	LEVEL II Preferred providers²	LEVEL III Non-preferred providers²
Agency visits (up to 100 visits per calendar year)	\$15/visit	10%	20%
Medical supplies/IV solutions (for home self-administered injectable medications, see "Prescription Drug Coverage")	No charge	10%	20%
Other			
Hospice			
Routine home care and inpatient respite care	No charge	No charge with prior authorization	No charge with prior authorization
24-hour continuous home care and general inpatient care	No charge	No charge with prior authorization	No charge with prior authorization
Pregnancy and maternity care			
Prenatal and postnatal professional (physician) services (for all necessary inpatient hospital services, see "Hospitalization Services")	No charge	10%	20%
Family planning and infertility			
Family planning counseling	No charge	Not covered	Not covered
Diagnosis and treatment of causes of infertility (excludes in vitro fertilization, injectables for infertility, artificial insemination, and GIFT)	50% of allowed charges	Not covered	Not covered
Tubal ligation ^{8, 9} and elective abortion ⁹	\$100	50%	50%
Vasectomy ⁹	\$75	50%	50%
Rehabilitative therapy services			
Outpatient visits (up to 12 visits per calendar-year combined for Levels II & III for physical therapy services)	\$15/visit	\$25/visit	20%

County of Santa Barbara and Santa Barbara County Superior Court
Blue Shield POS Benefit Summary (continued)

Covered services

Member copayment

	LEVEL I HMO plan providers²	LEVEL II Preferred providers²	LEVEL III Non-preferred providers²
Urgent care outside service area (BlueCard Program)	\$50/visit	10%	20%
Diabetes care			
Equipment, devices, and non-testing supplies ¹ (for testing supplies, please see "Prescription Drug Coverage")	50% of allowed charges	50%	50%
Self-management training and education	\$15/visit	10%	20%

Optional benefits¹

Optional dental, vision, chiropractic, chiropractic, and acupuncture or infertility benefits are available. If your employer purchased any of these benefits, a description of the benefit is provided separately.

- Deductible and copayments marked with a (1) 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*, the Disclosure Form and the Plan Contract for exact terms and conditions of coverage.
- 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.
- The maximum allowed charges for non-emergency surgery and services performed in a non-participating ambulatory surgery center or outpatient unit of a non-preferred hospital is \$350 per day. Members are responsible for 20% of this \$350 per day, plus all charges in excess of \$350.
- The maximum allowed charge for non-emergency hospital services received from a non-preferred hospital is \$600 per day. Members are responsible for 20% of this \$600 per day, plus all charges in excess of \$600.
- Bariatric surgery is covered when pre-authorized by Blue Shield. 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.
- Skilled Nursing services are limited to 100 pre-authorized days during any calendar-year except when received through a hospice program provided by a participating hospice agency. This 100 pre-authorized day maximum on skilled nursing services is a combined maximum between hospital and skilled nursing facilities.
- Mental health and chemical dependency services, other than services for medical acute detoxification, are accessed through the mental health services administrator (MHSA)—U.S. Behavioral Health Plan, California (USBHPC)—utilizing MHSA participating (Level I) and non-participating (Level III) providers. MHSA non-participating providers are not administered by USBHPC. There are no Level II providers for mental health and chemical dependency services, other than for medical acute detoxification. Services for medical acute detoxification are accessed through Blue Shield using Blue Shield's HMO plan providers (Level I), preferred providers (Level II), or non-preferred providers (Level III). MHSA non-participating providers are not administered by USBHPC. 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.
- Copayment waived when procedure is performed in conjunction with delivery or abdominal surgery.
- 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 inpatient 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."
- If the member requests a brand-name drug and a generic drug equivalent is available, the member is responsible for paying the difference between the cost to Blue Shield of California of the brand-name drug and its generic drug equivalent, as well as the applicable generic drug copayment. Home self-administered injectable drugs are covered only when dispensed by select participating pharmacies in the specialty pharmacy network. Drugs from non-participating pharmacies are not covered except in emergency and urgent situations.
- Co-payments 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 the Plan Contract for exact terms and conditions of coverage. Please note that if you switch to another Blue Shield of California or Blue Shield of California Life & Health Insurance Company plan, the prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry forward to the new plan.

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

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). Since this plan's prescription drug coverage is creditable, you do not have to enroll in Medicare Part D 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 before enrolling in Medicare Part D, you could be subject to payment of higher Part D premiums.