

# 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](http://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](http://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 PPO 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

**Deductibles<sup>1</sup>**

All providers combined	Preferred providers <sup>2</sup>	Non-preferred providers <sup>2</sup>
<b>Calendar-year deductible</b>	\$500 per individual/\$1,500 per family	
<b>Calendar-year copayment maximum<sup>1</sup></b> (for most covered services)	\$4,000 per individual/ \$8,000 per family	\$6,000 per individual/ \$18,000 per family
<b>Lifetime maximums</b>	\$6,000,000	

**Covered services**

**Member copayment**

**Professional services**

Physician services	Preferred providers <sup>2</sup>	Non-preferred providers <sup>2</sup>
Physician and specialist office visits	\$30/visit (deductible waived)	40% <sup>1</sup>
Laboratory and X-rays	20%	40%
Allergy testing or treatment	20%	40%
Diagnostic testing	20%	40%

**Preventive care**

Annual routine physical exam, eye/ear screenings and immunizations	\$30/visit (deductible waived)	Not covered
Laboratory, including mammogram and Pap test screening or other FDA-approved cervical cancer screening tests (one per calendar year)	\$30/visit (deductible waived)	Not covered

**Well-baby care**

Office visits and consultations Includes: eye/ear screenings, immunizations, vaccinations	\$30/visit (deductible waived)	Not covered
Laboratory	\$30/visit	Not covered

**Outpatient services**

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 40% of this \$350 per day, plus all charges in excess of \$350.

Outpatient surgery performed in a participating ambulatory surgery center <sup>3</sup> (ASC)	20%	40% <sup>1</sup>
Outpatient surgery in hospital/facility	\$250/surgery + 20%	40% <sup>1</sup>
Outpatient treatment and necessary supplies	20%	40% <sup>1</sup>

**Hospitalization services**

**Inpatient services – non-emergency**

Inpatient physician services, including pregnancy and maternity care	20%	40% <sup>1</sup>
Semi-private room and board, medically necessary services and supplies	\$250/admission + 20%	40% <sup>1,4</sup>

**Bariatric surgery**

(pre-authorization required; medically necessary surgery for weight loss, only for morbid obesity)<sup>5</sup>

Inpatient services	\$250/admission + 20%	40% <sup>1,4</sup>
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**Skilled nursing facility (SNF) services<sup>6</sup>**

(combined maximum of up to 100 pre-authorized days per calendar year; semi-private accommodations)

Freestanding SNF	20%	20% with prior authorization <sup>6</sup>
Hospital SNF unit	20%	40% <sup>1,4</sup>

**Emergency health coverage**

Facility services (waived if the member is directly admitted to the hospital for inpatient services)	\$75 <sup>1</sup> + 20% /visit	\$75 <sup>1</sup> + 20% /visit
Facility services	\$250/admission + 20%	\$250/admission + 20%
Emergency room physician services	20%	20%

**Ambulance services**

	20%	20%
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## Covered services

## Member copayment

### Prescription drug coverage<sup>11, 12</sup> PENDING REGULATORY REVIEW

(includes oral contraceptives, diaphragms, and covered diabetic drugs and testing supplies)

### Pharmacy

### Non-participating pharmacy

Member pays 25% of allowable amount plus a copayment of:

#### Calendar-year brand-name drug deductible

\$50 per member per calendar year; applies to covered non-formulary brand-name medications

#### Retail prescriptions (for up to a 30-day supply)

Generic	\$15/prescription	\$15/prescription
Formulary brand-name	\$25/prescription	\$25/prescription
Non-formulary brand-name	\$40/prescription	\$40/prescription

#### Mail service prescriptions (for up to a 90-day supply)

Generic	\$30/prescription	Not covered
Formulary brand-name	\$50/prescription	Not covered
Non-formulary brand-name	\$80/prescription	Not covered

Home self-administered injectable medications (may require prior authorization from Blue Shield Pharmacy Services—not covered through mail service benefit)

30% (up to \$150 copayment maximum per prescription)<sup>1</sup>

Not covered

### Durable medical equipment

Plan payment up to \$2,000 maximum per calendar year	20%	40%
Prosthetics/orthotics	20%	40%

### Mental health services (psychiatric)<sup>7</sup>

#### MHSA

#### Participating providers<sup>2</sup>

#### MHSA

#### Non-participating providers<sup>2</sup>

Inpatient hospital facility services	\$250/admission + 20%	40% <sup>1,4</sup>
Outpatient visits for severe mental health conditions	\$30/visit (deductible waived)	40% <sup>1</sup>
Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with outpatient chemical dependency visits) <sup>8</sup>	20% <sup>1</sup>	40%

### Chemical dependency services (substance abuse)<sup>7,9</sup>

Inpatient services for medical acute detoxification	See "Hospitalization Services"	See "Hospitalization Services"
Outpatient visits (up to 20 visits per calendar year combined with outpatient non-severe mental health visits) <sup>8</sup>	20% <sup>1</sup>	40% <sup>1</sup>

### Home health services<sup>6</sup> (combined maximum of 100 prior authorized visits per calendar year)

#### Preferred providers<sup>2</sup>

#### Preferred providers<sup>2</sup>

Home health and home infusion care (see "Prescription Drug Coverage" for home self-administered injectables)	20%	20% with prior authorization
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### Other

#### Hospice<sup>4</sup>

Routine home care and inpatient respite care	No charge	No charge with prior authorization
24-hour continuous home care and general inpatient care	20%	20% with prior authorization

#### Alternative care<sup>8</sup>

Chiropractic services (up to 12 visits per calendar year)	\$25/visit	Not covered
Acupuncture services	Not covered	Not covered

#### Rehabilitative therapy services

Outpatient visits	20%	40%
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#### Pregnancy and maternity care

Prenatal and postnatal professional (physician) services (for all necessary inpatient hospital services, see "Hospitalization Services")	20%	40% <sup>1</sup>
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#### Family planning

Family planning counseling	\$35/visit (deductible waived)	Not covered
Elective abortion, tubal ligation, vasectomy <sup>10</sup>	20%	Not covered

#### Covered out-of-state benefits

Benefits provided through BlueCard 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.

20% or \$30 copay

40%

#### Diabetes care

Equipment, devices, and non-testing supplies (for testing supplies, see "Prescription Drug Coverage.")	20%	40%
Self-management training and education (if billed by your provider, you will also be responsible for the office visit copayment)	\$30/visit	40%

# County of Santa Barbara and Santa Barbara County Superior Court

## Blue Shield PPO Benefit Summary (continued)

- 1 Deductible and copayments marked with a (1) do not accrue to calendar-year copayment maximum, except for the percentage copay for the outpatient surgery in hospital/facility benefit which does accrue to the 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 Disclosure Form* and the Plan Contract for exact terms and conditions of coverage.
- 2 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.
- 3 Participating ambulatory surgery 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.
- 4 The maximum allowed charges for non-emergency hospital services received from a non-preferred hospital is \$600 per day. Members are responsible for 40% of this \$600 per day, plus all charges in excess of \$600.
- 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 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.
- 6 Services may require prior authorization by Blue Shield. When these services are prior authorized, members pay the preferred or participating provider amount.
- 7 Mental health and chemical dependency services, other than medical acute detoxification, are accessed through the mental health services administrator (MHSA)—U.S. Behavioral Health Plan, California (USBHPC—using MHSA participating and non-participating providers. MHSA non-participating providers are not administered by USBHPC. Services for medical acute detoxification are accessed through Blue Shield using Blue Shield's preferred providers or non-preferred 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* or Plan Contract.
- 8 All outpatient non-severe mental health, outpatient substance abuse and chiropractic visits accrue to the calendar-year visit maximum regardless of whether the plan deductible has been met.
- 9 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."
- 10 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.
- 11 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.
- 12 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 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.