EIAHealth Santa Barbara Superior Courts ASO HDHP Aggregate Deductible/ Embedded Out of Pocket Maximum 1500/3000

Benefit Summary
(Uniform Health Plan Benefits and Coverage Matrix)

Blue Shield of California

Effective: January 1, 2018

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE BENEFITS AND IS A SUMMARY ONLY. THE *PLAN CONTRACT* SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

	Participating Providers[1]	Non-Participating Providers[2]
Calendar Year Medical Deductible (All providers combined) (For family coverage, the full family deductible must be met before the enrollee or covered dependents can receive benefits for covered services, (one or more in the family can satisfy the family deductible)	$1,500 per individual contract / $3,000 per family	
Calendar Year Out-of-Pocket Maximum (Includes the Calendar Year medical deductible) For individual on family coverage plan, the individual can receive 100% benefits for covered services once individual out-of-pocket maximum is met.	$4,500 per individual and an individual in a family / $9,000 per family	
Lifetime Benefit Maximum	None	
Covered Services	**Member Copayment**	
OUTPATIENT PROFESSIONAL SERVICES	**Participating Providers[1]**	**Non-Participating Providers[2]**
Professional (Physician) Benefits		
Physician and specialist office visits	20%	40%
Teladoc consultation	$40 per consult	Not Covered
Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services	No Charge	40%
Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine)	No Charge	40%
Allergy Testing and Treatment Benefits		
Allergy testing, treatment and serum injections (separate office visit copayment may apply)	20%	40%
Preventive Health Benefits		
Annual routine physical examination, vision and hearing screening and immunizations	No Charge (not subject to the calendar year medical deductible)	40%
Routine laboratory services, including annual mammography, papanicolaou test, or cervical cancer and human papillomavirus (HPV) screening (one per calendar year)	No Charge (not subject to the calendar year medical deductible)	40%
Well baby care (includes: eye/ear screening, immunizations, vaccinations)	No Charge (not subject to the calendar year medical deductible)	40%
Well baby laboratory	No Charge (not subject to the calendar year medical deductible)	40%
OUTPATIENT FACILITY SERVICES		
Outpatient surgery performed at a free-standing ambulatory surgery center	20%	40% up to $350 per day[3]
Outpatient surgery performed in a hospital or hospital affiliated ambulatory surgery center	20%	40% up to $350 per day[3]

Outpatient services for treatment of illness or injury and necessary supplies (except as described under "Rehabilitation Benefits" and "Speech Therapy Benefits")	20%	40% up to $350 per day[3]
Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services	No Charge	40% up to $350 per day[3]
Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine)	No Charge	40% up to $350 per day[3]
Bariatric surgery (prior authorization is required; medically necessary surgery for weight loss, for morbid obesity only)	20%	40% up to $350 per day[3]
HOSPITALIZATION SERVICES		
Hospital Benefits (Facility Services)		
Inpatient physician services	20%	40%
Inpatient non-emergency facility services (semi-private room and board, and medically necessary services and supplies, including subacute care)	20%	40% up to $600 per day[5]
Bariatric surgery (prior authorization is required; medically necessary surgery for weight loss, for morbid obesity only)	20%	40% up to $600 per day[5]
Inpatient Skilled Nursing Benefits[6] (combined maximum of up to 100 days per calendar year; prior authorization is required; semi-private accommodations)		
Free-standing skilled nursing facility	20%	20%[7]
Skilled nursing unit of a hospital	20%	40% up to $600 per day[5]
EMERGENCY HEALTH COVERAGE		
Emergency room services not resulting in admission (copayment does not apply if the member is directly admitted to the hospital for inpatient services)	20%	20%
Emergency room services resulting in admission (when the member is admitted directly from the ER)	20%	20%
Emergency room physician services	20%	20%
AMBULANCE SERVICES		
Emergency or authorized transport (ground or air)	20%	20%
PRESCRIPTION DRUG COVERAGE[8,9,10,11,12,13,14,15,16,17,18] (subject to deductible)	**Participating Pharmacy**	**Non-Participating Pharmacy**
Outpatient Prescription Drug Benefits		
Retail Prescriptions (up to a 30-day supply)		
Contraceptive drugs and devices[15]	No Charge	Applicable Generic, Brand or Non-Formulary Copayment[17]
Formulary generic drugs	20%	20%
Formulary brand drugs	20%	20%
Non-Formulary brand drugs	20%	20%
Mail Service Prescriptions (up to a 90-day supply)		
Contraceptive drugs and devices[15]	No Charge	Not Covered
Formulary generic drugs	20%	Not Covered
Formulary brand drugs	20%	Not Covered
Non-Formulary brand drugs	20%	Not Covered
Specialty Pharmacies[12,14] (up to a 30-day supply)		
Specialty drugs (includes orally administered anti-cancer medications)	20% up to $100 maximum per prescription	Not Covered
PROSTHETICS/ORTHOTICS		
Prosthetic equipment and devices (separate office visit copayment may apply)	20%	40%
Orthotic equipment and devices (separate office visit copayment may apply)	20%	40%
DURABLE MEDICAL EQUIPMENT		
Breast pump	No Charge	Not Covered
Other durable medical equipment	20%	40%
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES[19,20]		
Inpatient hospital services	20%	40% up to $600 per day[5]
Residential care	20%	40% up to $600 per day[5]
Inpatient physician services	20%	40%
Routine outpatient mental health and substance abuse services (includes professional/physician visits)	20%	40%
Non-routine outpatient mental health and substance abuse services (includes electroconvulsive therapy, intensive outpatient programs, office-based opioid treatment, partial hospitalization program, psychological testing and transcranial magnetic stimulation)	20%	40%

HOME HEALTH SERVICES	Participating Providers[1]	Non-Participating Providers[2]
Home health care agency services[6] (up to 100 visits per calendar year)	20%	Not Covered[4]
Home infusion/home injectable therapy and infusion nursing visits provided by a home infusion agency	20%	Not Covered[4]
HOSPICE PROGRAM BENEFITS[4]		
Routine home care	No Charge	Not Covered[4]
Inpatient respite care	No Charge	Not Covered[4]
24-hour continuous home care	20%	Not Covered[4]
Short-term inpatient care for pain and symptom management	20%	Not Covered[4]
CHIROPRACTIC BENEFITS[6];		
Chiropractic spinal manipulation (up to 20 visits per calendar year)	20%	40%
ACUPUNCTURE BENEFITS[6]		
Acupuncture services (up to 12 visits per calendar year; up to $50 per visit)	20%	20%
REHABILITATION and HABILITATION BENEFITS (Physical, Occupational and Respiratory Therapy)		
Office location (an additional facility copayment may apply when services are rendered in a hospital or skilled nursing facility)	20%	Not Covered
SPEECH THERAPY BENEFITS		
Office location (an additional facility copayment may apply when services are rendered in a hospital or skilled nursing facility)	20%	40%
PREGNANCY AND MATERNITY CARE BENEFITS		
Prenatal and postnatal physician office visits (when billed as part of global maternity fee including hospital inpatient delivery services)	20%	40%
Abortion services (an additional facility copayment may apply when services are rendered in a hospital or outpatient surgery center)	20%	40%
FAMILY PLANNING BENEFITS		
Counseling and consulting	20%	40%
Tubal ligation	20%	40%
Intrauterine device (IUD)	20%	Not Covered
Insertion/removal of intrauterine device	20%	Not Covered
Vasectomy (an additional facility copayment may apply when services are rendered in a hospital or outpatient surgery center)	20%	40%
Infertility services (diagnosis and treatment of causes of infertility. Excludes in vitro fertilization, injectables for infertility, artificial insemination and GIFT)	50% of allowed charges	Not Covered
DIABETES CARE BENEFITS		
Devices, equipment, and non-testing supplies (for testing supplies see Outpatient Prescription Drug Benefits)	20%	40%
Diabetes self-management training	20%	40%
CARE OUTSIDE OF PLAN SERVICE AREA Benefits provided through the BlueCard® Program are paid at the participating level. Member's cost share will be either a copayment or coinsurance based on the lower of billed charges or the negotiated allowable amount for participating providers as agreed upon with the local Blue's Plan.		
Within US: BlueCard Program	See Applicable Benefit	See Applicable Benefit
Outside of US: BlueCard Worldwide	See Applicable Benefit	See Applicable Benefit

1 Unless otherwise specified, copayments/coinsurance are calculated based on allowable amounts. After the calendar year medical deductible is met, the member is responsible for a copayment/coinsurance for covered services from participating providers. Participating providers agree to accept Blue Shield's allowable amount plus any applicable member copayment or coinsurance as full payment for covered services.

2 Non-participating providers can charge more than Blue Shield's allowable amounts. When members use non-participating providers, they must pay the applicable deductibles, copayments or coinsurance plus any amount that exceeds Blue Shield's allowable amount. Charges above the allowable amount do not count toward the calendar year medical deductible or out-of-pocket maximum.

3 The maximum allowed charges for non-emergency surgery and services performed in a non-participating ambulatory surgery center or outpatient unit of a non-participating hospital is $350 per day. Members are responsible for 40% of this $350 per day, and all charges in excess of $350 per day. Amounts that exceed the benefit maximums do not count toward the calendar year out-of-pocket maximum and continue to be the member's financial responsibility after the calendar year maximums are reached.

4 Services from non-participating providers for home health care and hospice services are not covered unless prior authorized. When these services are prior authorized, the member's copayment or coinsurance will be calculated at the participating provider level, based upon the agreed upon rate between Blue Shield and the agency.

5 The maximum allowed charges for non-emergency hospital services received from a non-participating hospital is $600 per day. Members are responsible for 40% of this $600 per day, and all charges in excess of $600 per day. Amounts that exceed the benefit maximum do not count toward the calendar year out-of-pocket maximum and continue to be the member's responsibility after the calendar year maximums are reached.

6 For plans with a calendar year medical deductible amount, services with a day or visit limit accrue to the calendar year day or visit limit maximum regardless of whether the calendar year medical deductible has been met.

7 Services may require prior authorization. When services are prior authorized, members pay the participating provider amount.

8 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). Because this plan's prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan 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 anytime after you were first eligible to enroll in a Medicare prescription drug plan, you could be subject to a late enrollment penalty in addition to your Part D premium.

9 If the member requests a brand drug when a generic drug equivalent is available, the member is responsible for paying the difference in cost between the brand drug and its generic drug equivalent, in addition to the generic drug copayment. The difference in cost that the member must pay does not accrue to

any calendar year medical or brand drug deductible and is not included in the calendar year out-of-pocket maximum responsibility calculations. Refer to the Plan Contract for details.

10 Please note that if you switch from another plan, your prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry forward to your new plan.

11 Outpatient prescription drug copayments for covered drugs obtained from non-participating pharmacies will accrue to the participating provider maximum calendar year out-of-pocket maximum.

12 Specialty drugs are available from a Network Specialty Pharmacy. A Network Specialty Pharmacy provides specialty drugs by mail or upon member request, at an associated retail store for pickup.

13 Select formulary and non-formulary drugs require prior authorization by Blue Shield for Medical Necessity, or when effective, lower cost alternatives are

14 Specialty Drugs are Drugs requiring coordination of care, close monitoring, or extensive patient training that generally cannot be met by a retail pharmacy and are available at a Network Specialty Pharmacy. Specialty Drugs may also require special handling or manufacturing processes, restriction to certain Physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty Drugs are generally high cost.

15 Contraceptive drugs and devices covered under the outpatient prescription drug benefits do not require a copayment and are not subject to the calendar year medical deductible when obtained from a participating pharmacy. However, if a brand contraceptive is requested when a generic equivalent is available, the member is responsible for paying the difference between the cost to Blue Shield for the brand contraceptive and its generic drug equivalent. The difference in cost that the member must pay does not accrue to any calendar year medical or brand drug deductible and is not included in the calendar year out-of-pocket maximum calculation. In addition, select contraceptives may need prior authorization to be covered without a copayment.

16 To obtain prescription drugs at a non-participating pharmacy, the member must first pay all charges for the prescription and submit a completed Prescription Drug Claim Form for reimbursement. The member will be reimbursed the price paid for the drug less any applicable deductible, copayment or coinsurance (Generic, Formulary Brand, or Non-Formulary Brand) and any applicable out of network charge.

17 To obtain contraceptive drugs and devices at a non-participating pharmacy, the member must first pay all charges for the prescription and submit a completed Prescription Drug Claim Form for reimbursement. The member will be reimbursed the price paid for the drug less any applicable deductible, copayment or coinsurance (Generic, Formulary Brand, or Non-Formulary Brand) and any applicable out of network charge.

18 Blue Shield's Short-Cycle Specialty Drug Program allows initial prescriptions for select specialty drugs to be dispensed for a 15-day trial supply, as further described in the Plan Contract. In such circumstances, the applicable specialty drug copayment or coinsurance will be pro-rated.

19 Mental Health and Substance Abuse services are accessed through Blue Shield's Participating and Non-Participating providers.

20 Inpatient services for acute detoxification are covered under the medical benefit; see the Hospital Benefits (Facility Services) section of the Plan Contract for benefit details. Services for acute medical detoxification are accessed through Blue Shield using Blue Shield's participating providers or non-participating providers.

21 Services from non-participating providers for home health care and hospice services are not covered unless prior authorized. When these services are prior authorized, the member's copayment or coinsurance will be calculated at the participating provider level, based upon the agreed upon rate between Blue Shield and the agency.

Plan designs may be modified to ensure compliance with Federal requirements.

ASO (1/18) Renewal No Changes

Blue Shield believes this plan/policy is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan or policy is not required to include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing.
However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Note, even though they are not required to be included, many of the protections of the Affordable Care Act are included in your current plan/policy.
Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Blue Shield at the telephone number on your identification card. If you obtain this plan/policy through your employer and your plan is subject to ERISA, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans. If you obtain your coverage through a nonfederal governmental employer, you may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.