# Local Access+ HMO® Per Admit 10-250

**Benefit Summary (For groups of 101 and above)**
*(Uniform Health Plan Benefits and Coverage Matrix)*

**Blue Shield of California**

**Effective January 1, 2017**

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

**Highlights:** A description of the prescription drug coverage is provided separately

This plan is available only in certain California counties and cities ("Service Area") as described in the *Evidence of Coverage*. You must live and/or work in this select Service Area in order to enroll in this Plan. You must choose your doctor from this exclusive Local Access+ HMO provider network

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### Calendar Year Medical Deductible

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<th>None</th>
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### Calendar Year Out-of-Pocket Maximum

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<th>$1,000 per individual / $2,000 per family</th>
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### Lifetime Benefit Maximum

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<th>None</th>
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### Covered Services

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<th>Member Copayment</th>
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### OUTPATIENT PROFESSIONAL SERVICES

#### Professional (Physician) Benefits

- Physician and specialist 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) | $10 per visit |
- Teladoc consultation | $5 per consultation |
- Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services | No Charge |
- Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine) | No Charge |

### Allergy Testing and Treatment Benefits

- Allergy testing, treatment and serum injections | $10 per visit |

### Access+ SpecialistSM Benefits

- Office visit, examination or other consultation (self-referred office visits and consultations only) | $20 per visit |

### Preventive Health Benefits

- Preventive health services (as required by applicable Federal and California law) | No Charge |

### OUTPATIENT FACILITY SERVICES

- Outpatient surgery performed at a free-standing ambulatory surgery center | $100 per surgery |
- Outpatient surgery performed in a hospital or a hospital affiliated ambulatory surgery center | $125 per surgery |
- Outpatient services for treatment of illness or injury and necessary supplies (except as described under “Rehabilitation Benefits” and “Speech Therapy Benefits”) | No Charge |
- Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services | No Charge |
- Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine) | No Charge |

### HOSPITALIZATION SERVICES

#### Hospital Benefits (Facility Services)

- Inpatient physician services | No Charge |
- Inpatient non-emergency facility services (semi-private room and board, and medically necessary services and supplies, including subacute care) | $250 per admission |

#### Inpatient Skilled Nursing Benefits * **

(combined maximum of up to 100 days per benefit period; prior authorization is required; semi-private accommodations)

- Free-standing skilled nursing facility | $50 per day |
- Skilled nursing unit of a hospital | $50 per day |

#### 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) | $100 per visit |
- Emergency room physician services | No Charge |

### AMBULANCE SERVICES

- Emergency or authorized transport (ground or air) | $100 per transport |

### PRESCRIPTION DRUG COVERAGE

#### Outpatient Prescription Drug Benefits

A description of your outpatient prescription drug coverage is provided separately. If you do not have the separate drug summary that goes
with this benefit summary, please contact your benefits administrator or call the Member Services number on your identification card.

PROSTHETICS/ORTHOTICS
- Prosthetic equipment and devices (separate office visit copayment may apply) No Charge
- Orthotic equipment and devices (separate office visit copayment may apply) No Charge

DURABLE MEDICAL EQUIPMENT
- Breast pump No Charge
- Other durable medical equipment (member share is based on allowed charges) 50%

MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES 4,9
- Inpatient hospital services $250 per admission
- Residential care $250 per admission
- Inpatient physician services No Charge
- Routine outpatient mental health and substance use disorder services (includes professional/physician visits) $10 per visit
- Non-routine outpatient mental health and substance use disorder services (includes behavioral health treatment, electroconvulsive therapy, intensive outpatient programs, office-based opioid treatment, partial hospitalization programs, psychological testing and transcranial magnetic stimulation) No Charge

HOME HEALTH SERVICES
- Home health care agency services * Coverage limited to 100 visits per member per calendar year. $10 per visit
- Home infusion/home injectable therapy and infusion nursing visits provided by a home infusion agency No Charge

HOSPICE PROGRAM BENEFITS
- Routine home care No Charge
- Inpatient respite care No Charge
- 24-hour continuous home care No Charge
- Short-term inpatient care for pain and symptom management No Charge

PREGNANCY AND MATERNITY CARE BENEFITS
- Prenatal and postnatal physician office visits (may be billed as part of global maternity fee including hospital inpatient delivery services) No Charge
- Abortion services (an additional facility copayment may apply when services are rendered in a hospital or outpatient surgery center) No Charge

FAMILY PLANNING AND INFERTILITY BENEFITS
- Counseling, consulting, and education (includes insertion of IUD, as well as injectable and implantable contraceptives for women) No Charge
- Infertility services (member cost share is based upon allowed charges) 50%
- In vitro fertilization, injectables for infertility, artificial insemination and GIFT
- Tubal ligation No Charge
- Vasectomy (an additional facility copayment may apply when services are rendered in a hospital or outpatient surgery center) No Charge

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) $10 per visit

SPEECH THERAPY BENEFITS
- Office location (an additional facility copayment may apply when services are rendered in a hospital or skilled nursing facility) $10 per visit

DIABETES CARE BENEFITS
- Devices, equipment, and non-testing supplies (member share is based upon allowed charges; for testing supplies see Outpatient Prescription Drug Benefits) 20%
- Diabetes self-management training $10 per visit

URGENT CARE BENEFITS
- Urgent care services outside your personal physician service area within California $10 per visit
- Urgent care services outside of California (BlueCard® Program) $10 per visit

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

1 To use this option, members must select a personal physician who is affiliated with a medical group or IPA that is an Access+ provider group, which offers the Access+ Specialist feature. Members should then select a specialist within that medical group or IPA.

2 For Plans with a facility deductible amount, services with a day or visit limit accrue to the calendar year day or visit limit maximum regardless of whether the plan deductible has been met.

3 Inpatient skilled nursing services are limited to 100 preauthorized days during a benefit period except when received through a hospice program provided by a participating hospice agency. This 100 preauthorized day maximum on inpatient skilled nursing services is a combined maximum between skilled nursing services provided in a hospital unit and skilled nursing services provided in a skilled nursing facility (SNF).

4 Mental health and substance use disorder services are accessed through Blue Shield’s Mental Health Service Administrator (MHSA) - using MHSA participating providers.

5 Inpatient services for acute detoxification are covered under the medical benefit; see the Hospital Benefits (Facility Services) section of the Evidence of Coverage for benefit details. Services for acute medical detoxification are accessed through Blue Shield using Blue Shield’s participating providers.

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

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Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Discrimination is against the law
Blue Shield of California complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Shield of California does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Shield of California:
• Provides aids and services at no cost to people with disabilities to communicate effectively with us such as:
  - Qualified sign language interpreters
  - Written information in other formats (including large print, audio, accessible electronic formats and other formats)
• Provides language services at no cost to people whose primary language is not English such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Blue Shield of California Civil Rights Coordinator.
If you believe that Blue Shield of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Blue Shield of California
Civil Rights Coordinator
P.O. Box 629007
El Dorado Hills, CA 95762-9007
Phone: (844) 831-4133 (TTY: 711)
Fax: (916) 350-7405
Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.
You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For help at no cost, please call right away at the Member/Customer Service telephone number on the back of your Blue Shield ID card, or (866) 346-7198.

IMPORTANTE: ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda sin cargo, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Blue Shield o al (866) 346-7198. (Spanish)

重要通知：您能讀懂這封信嗎？如果不能，我們可以請人幫您閱讀。這封信也可以用您所講的語言書寫。如需免費幫助，請立即撥打登列在您的Blue Shield ID卡背面上的 會員/客戶服務部的電話，或者撥打電話(866) 346-7198。（Chinese）

QUAN TRỌNG: Quy vị có thể đọc lá thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quy vị cũng có thể nhận lá thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngay đến Ban Dịch vụ Hỗ trợ Khách hàng theo số ở mặt sau thẻ ID Blue Shield của quý vị hoặc theo số (866) 346-7198. (Vietnamese)

MAHALAGA: Nababasa mo ba ang sulat na ito? Kung hindi, maari kaming kumuha ng isang tao upang matulungan ka upang mabasa ito. Maari ka ring makakuha ng sulat na ito na nakasulat sa iyong wika. Para sa libreng tulong, mangyaring tumawag kaagad sa numero ng telepono ng Miyembro/Customer Service sa likod ng iyong Blue Shield ID kard, o (866) 346-7198. (Tagalog)

Baa' ákohwiíndzindoöigí: Díí naaltsoosísh yínínta’go biínighah? Doo biínighahgoó éí, naaltsoos nich’ií yiídóoltahígí ta’ nihee hóó. Díí naaltsoos aldó’ t’áá Diné k’éhjí ádooníilí nínízingo biihah. Doo báah ilínígo shfká’ adoowol nínízingo níhích’í bée sh bee hodíílnih dóó námboo éí díí Blue Shield bee néíhó’ñíízíngí bine’déé’ bikáa’ éí doodágó éí (866) 346-7198 jí’ hodíílnih. (Navajo)

 중요: 이 서신을 읽을 수 있으세요? 읽으실 수 없 경우, 도움을 드릴 수 있는 사람이 있습니다. 또한 다른 언어로 작성된 이 서신을 받으실 수도 있습니다. 무료로 도움을 받으시려면 Blue Shield ID 카드 뒷면의 회원/고객 서비스 전화번호 또는 (866) 346-7198로 지금 전화주세요. (Korean)
Can you read this letter? If you cannot, we can arrange for someone to read it to you. You may also receive this letter in your preferred language. If you need help for free, please call the Member/Client Services phone number on the back of your Blue Shield ID card, or (866) 346-7198.

ВАЖНО: Не можете прочесть данное письмо? Мы поможем вам, если необходимо. Вы также можете получить это письмо написанное на вашем родном языке. Позвоните в Службу клиентской/членской поддержки прямо сейчас по телефону, указанному сзади идентификационной карты Blue Shield, или по телефону (866) 346-7198, и вам помогут совершенно бесплатно.

重要：お客様は、この手紙を読むことができますか？もし読むことができない場合、弊社が、お客様をサポートする人物を手配いたします。また、お客様の母国語で書かれた手紙をお送りすることも可能です。無料のサポートを希望される場合は、Blue Shield ID カードの裏面に記載されている会員/お客様サービスの電話番号、または、(866) 346-7198にお電話をおかけください。