

New Summary of Benefits (SOB)

October 2017

Overview

Newly designed SOBs for Small Business are being released in October, prior to the open enrollment period in November, in preparation for prospective and renewing groups in the first quarter of 2018. These redesigned documents will be effectively replacing the Benefit Summaries previously used for describing plan benefits.

Frequently asked questions

1. What is an SOB?

SOB = Summary of Benefits. It is a member-facing document describing the plan benefits, used both pre-sale and post-sale. The new SOB is replacing the retired Benefit Summary.

2. Will the Benefit Summary be available alongside the new SOB?

No. For the plans receiving a new SOB, the Benefit Summary will no longer be available. The new SOB will be used for quoting purposes, as well as for pre-enrollment and post-enrollment documentation.

3. How is the SOB different from the Evidence of Coverage (EOC)?

The **EOC** is a contract between Blue Shield and the subscriber – either individual or employer – that provides the exact terms of coverage, including: benefits, covered services, premiums, conditions and limitations.

The **SOB** sets forth the member's share of cost for covered services under the benefit plan.

The SOB by itself will be distributed to the member during pre-enrollment. The SOB will be incorporated into the EOC for post-enrollment.

4. What plans will receive a new SOB?

The new SOB will replace the Benefit Summary and applies to all fully-insured Small Business medical plans (HMO, PPO and PPO Savings). **See below** for more information on the design for the new SOB.

5. Where can I get the new SOBs?

The new SOBs are available on Broker Connection.

6. When will the new SOBs be effective?

The new SOBs will be effective for January 1, 2018 plans.

7. When will other plans receive a new SOB?

We are introducing the new SOB in phases. The new design for Individual and Family Plans and Small Business is timed with our cycle releases in September and October, respectively. Additional SOB rewrites and Benefit Summary retirements are planned for the 2019 plan year or later. These will include SOBs for Core Active Choice, other medical riders, pharmacy, dental and vision.

8. Will Spanish versions of the SOBs be available?

Yes, Spanish versions of the SOBs will be available with the English versions of the SOBs.

9. Will SBCs (Summary of Benefits and Coverage) still be available?

Yes, SBCs will still be available for all medical plans because the SBC is a federally-mandated document.

10. In what order are the benefits displayed on the new SOB?

The benefits are listed in the order of the most frequently used benefits to the least used.

11. How are the benefits that apply to deductibles identified?



The benefits subject to deductibles are indicated with a check mark. **See below** for more information on the design of the new SOB.

12. Is Teladoc located on the new SOB?

Yes, Teladoc consultation is located under the **Other professional services** section.

13. Will urgent care be represented on the new SOB?

Yes, the urgent care benefit appears on the new SOB under the **Emergency services and urgent care** section.

Emergency services and urgent care		
Emergency room services	\$100/visit	
<i>If admitted to the hospital, this payment for emergency room services does not apply. Instead, you pay the participating provider payment under Inpatient facility services/ Hospital services and stay.</i>		
Emergency room physician services	\$0	
 Urgent care physician services	\$15/visit	
<i>Inside your primary care physician's service area, services must be provided or referred by your primary care physician or medical group/IPA. Services outside your primary care physician's service area are also covered. Services inside your primary care physician's service area not provided or referred by your primary care physician or medical group/IPA are not covered.</i>		
Ambulance services	\$100/transport	

Emergency services and urgent care

Emergency room services \$100/visit plus 10%

If admitted to the hospital, this payment for emergency room services does not apply. Instead, you pay the participating provider payment under Inpatient facility services/ Hospital services and stay.

Emergency room physician services

10%

✓

10%

✓

→ Urgent care physician services

\$10/visit

✓

30%

✓

Ambulance services

10%

✓

10%

✓

\$100/visit plus

PPO

New Summary of Benefits

Simplified page 1 experience

blue of california		COVERED CALIFORNIA	
Summary of Benefits		Individual and Family Plan	
Silver 70 PPO		PPO Benefit Plan	
<p>This Summary of Benefits shows the amount you will pay for covered services under this Blue Shield of California benefit plan. It is only a summary and it is part of the contract for health care coverage, called the Evidence of Coverage (EOC). Please read both documents carefully for details.</p>			
Provider Network:		Exclusive PPO Network	
<p>This benefit plan uses a specific network of health care providers, called the Exclusive PPO provider network. Providers in this network are called participating providers. You pay less for covered services when you use a participating provider than when you use a non-participating provider. You can find participating providers in this network at blueshieldca.com.</p>			
Calendar Year Deductibles (CYD)¹			
<p>A calendar year deductible (CYD) is the amount a member pays each calendar year before Blue Shield pays for covered services under the benefit plan. Blue Shield pays for some covered services before the calendar year deductible is met, as noted in the Benefits chart below.</p>			
		When using a participating provider²	When using a non-participating provider²
Calendar year medical deductible	Individual coverage	\$2,500	\$5,000
	Family coverage	\$2,500: individual \$5,000: family	\$5,000: individual \$10,000: family
Calendar year pharmacy deductible	Individual coverage	\$130	not covered
	Family coverage	\$130: individual \$260: family	not covered
Calendar Year Out-of-Pocket Maximum³			
<p>An out-of-pocket maximum is the most a member will pay for covered services each calendar year. Any exceptions are listed in the Notes section at the end of this Summary of Benefits.</p>			
	When using a participating provider²	When using a non-participating provider²	No Lifetime Benefit Maximum
Individual coverage	\$7,000	\$20,000	<p>Under this benefit plan there is no dollar limit on the total amount Blue Shield will pay for covered services in a member's lifetime.</p>
Family coverage	\$7,000: individual \$14,000: family	\$20,000: individual \$40,000: family	

page 1 concept

- ✓ **standardized** layout across LOBs and medical products for easy comparison
- ✓ more **explanation** of the provider network
- ✓ all **deductible** and **out-of-pocket max** information represented on page 1

Calendar Year Deductible (CYD) applies column

Benefit ¹	Your payment			
	When using a participating provider ²	CYD ² applies	When using a non-participating provider ²	CYD ² applies
Preventive Health Services³	\$0		Not covered	
Physician services				
Primary care office visit	\$35/visit		50%	✓
Specialist care office visit	\$75/visit		50%	✓
Physician home visit	\$75/visit		50%	✓
Physician or surgeon services in an outpatient facility	20%		50%	✓
Physician or surgeon services in an inpatient facility	20%	✓	50%	✓
Other professional services				
Other practitioner office visit Includes nurses, nurse practitioners, and therapists.	\$35/visit		50%	✓
Acupuncture services	\$35/visit		50%	✓
Chiropractic services	Not covered		Not covered	
Teladoc consultation	\$5/consult		Not covered	
Family planning				
• Counseling, consulting, and education	\$0		Not covered	
• Injectable contraceptive: diaphragm fitting, Intrauterine device (IUD), implantable contraceptive, and related procedure.	\$0		Not covered	
• Tubal ligation	\$0		Not covered	
• Vasectomy	20%		Not covered	
• Infertility services	Not covered		Not covered	
Podiatric services	\$75/visit		50%	✓

Calendar Year Deductible (CYD) applies column

- ✓ the new "CYD applies" column makes it easy for a member to know when the Calendar Year Deductible applies to a benefit
- ✓ benefits to which the CYD applies are **indicated by a check mark (✓)**

Benefit categories

Benefits ¹	Your payment			
	When using a participating provider ³	CYD ² applies	When using a non-participating provider ⁴	CYD ² applies
Preventive Health Services²	\$0		Not covered	
Physician services				
Primary care office visit	\$35/visit		50%	✓
Specialist care office visit	\$75/visit		50%	✓
Physician home visit	\$75/visit		50%	✓
Physician or surgeon services in an outpatient facility	20%		50%	✓
Physician or surgeon services in an inpatient facility	20%	✓	50%	✓
Other professional services				
Other practitioner office visit <small>Includes nurses, nurse practitioners, and therapists.</small>	\$35/visit		50%	✓
Acupuncture services	\$35/visit		50%	✓
Chiropractic services	Not covered		Not covered	
Teladoc consultation	\$5/consult		Not covered	
Family planning				
• Counseling, consulting, and education	\$0		Not covered	
• Injectable contraceptive; diaphragm fitting, intrauterine device (IUD), implantable contraceptive, and related procedure.	\$0		Not covered	
• Tubal ligation	\$0		Not covered	
• Vasectomy	20%		Not covered	
• Infertility services	Not covered		Not covered	
Podiatric services	\$75/visit		50%	✓

benefit categories

- ✓ benefits are first broken out into **categories**
- ✓ if benefits within a category do not have differing cost shares, only the category is presented (e.g., Preventive Health Services)

Benefits

Benefits ¹	Your payment			
	When using a participating provider ³	CYD ² applies	When using a non-participating provider ⁴	CYD ² applies
Preventive Health Services²	\$0		Not covered	
Physician services				
Primary care office visit	\$35/visit		50%	✓
Specialist care office visit	\$75/visit		50%	✓
Physician home visit	\$75/visit		50%	✓
Physician or surgeon services in an outpatient facility	20%		50%	✓
Physician or surgeon services in an inpatient facility	20%	✓	50%	✓
Other professional services				
Other practitioner office visit <small>Includes nurses, nurse practitioners, and therapists.</small>	\$35/visit		50%	✓
Acupuncture services	\$35/visit		50%	✓
Chiropractic services	Not covered		Not covered	
Teladoc consultation	\$5/consult		Not covered	
Family planning				
• Counseling, consulting, and education	\$0		Not covered	
• Injectable contraceptive; diaphragm fitting, intrauterine device (IUD), implantable contraceptive, and related procedure.	\$0		Not covered	
• Tubal ligation	\$0		Not covered	
• Vasectomy	20%		Not covered	
• Infertility services	Not covered		Not covered	
Podiatric services	\$75/visit		50%	✓

benefits

- ✓ if a category includes benefits with potentially differing cost shares, those **benefits are listed below the category**

Services within a benefit

Benefits*	Your payment			
	When using a participating provider ¹	CYD ² applies	When using a non-participating provider ⁴	CYD ² applies
Preventive Health Services³	\$0		Not covered	
Physician services				
Primary care office visit	\$35/visit		50%	✓
Specialist care office visit	\$75/visit		50%	✓
Physician home visit	\$75/visit		50%	✓
Physician or surgeon services in an outpatient facility	20%		50%	✓
Physician or surgeon services in an inpatient facility	20%	✓	50%	✓
Other professional services				
Other practitioner office visit <small>includes nurses, nurse practitioners, and pharmacists.</small>	\$35/visit		50%	✓
Acupuncture services	\$35/visit		50%	✓
Chiropractic services	Not covered		Not covered	
Teladoc consultation	\$5/consult		Not covered	
Family planning				
• Counseling, consulting, and education	\$0		Not covered	
• Injectable contraceptive; depot/injectable, intrauterine device (IUD), implantable contraceptive, and related procedure.	\$0		Not covered	
• Tubal ligation	\$0		Not covered	
• Vasectomy	20%		Not covered	
• Infertility services	Not covered		Not covered	
Podiatric services	\$75/visit		50%	✓

services within a benefit

- ✓ if specific services within a benefit have potentially differing cost shares, those **services are listed below the benefit**

Prior authorization table

Prior Authorization

The following are some frequently-utilized benefits that require prior authorization:

- Radiological and nuclear imaging services
- Inpatient facility services
- Home health services from non-participating providers
- Pediatric vision non-elective contact lenses and low vision testing and equipment
- Mental health services, except outpatient office visits
- Hospice program services
- Some prescription drugs (see blueshield.ca.com/pharmacy)

Please review the Evidence of Coverage for more about benefits that require prior authorization.

prior authorization table

- ✓ the new prior authorization table provides members with some frequently-utilized benefits that require prior authorization