

Mental Health and Substance Abuse Treatment Benefits

Attachment to Benefit Summary (Uniform Benefits and Coverage Matrix)

Blue Shield of California

For the following plans:

- All Access+ HMO
- All Local Access+ HMO
- Added Advantage POS
- Shield Spectrum PPO Plan, Zero Deductible
- Shield Spectrum PPO Plan 250 Premier
- Shield Spectrum PPO Plan 250 Standard
- Shield Spectrum PPO Plan 500 Premier
- Shield Spectrum PPO Plan 750-XCC
- Shield Spectrum PPO Plan 1000
- Shield Spectrum PPO Plan 1000-XCC
- Shield Savings QS 2000/4000
- Shield Savings 2250/4500
- Shield Savings 2400/4800-XCC
- Shield Savings QS 3000/6000

How the Plan Works

The benefits listed in the Benefit Summary are modified to provide coverage for mental health conditions in full parity with medical benefits of the plan. All services must be medically necessary. Blue Shield of California has contracted with a Mental Health Services Administrator (MHSA), a licensed specialized health care service plan, to administer and deliver these services from MHSA participating providers. The MHSA is only the administrator for participating providers, and does not administer non-participating providers. Except for emergencies, benefits are covered only when pre-authorized by the MHSA.

Mental Health Coverage Details

Coverage for services for Mental Health Conditions, as defined, is the same as that for comparable medical services. Copayments and coinsurance amounts for services for Mental Health Conditions are the same as those for comparable medical services; for example, mental health inpatient services copayment/coinsurance is the same as the medical hospital inpatient services copayment/coinsurance. There are no annual limits on the number of medically necessary services that will be covered.

Substance Abuse Coverage Details

Coverage for services for Substance Abuse Conditions, as defined, is the same as that for comparable medical services. Copayments and coinsurance amounts for services for Substance Abuse Conditions are the same as those for comparable medical services; for example, mental health inpatient services copayment/coinsurance is the same as the medical hospital inpatient services copayment/coinsurance. There are no annual limits on the number of medically necessary services that will be covered.

An Independent Member of the Blue Shield Association

A40453 (11/10)

All Access+ HMO and Local Access+ HMO Plans - Mental Health & Substance Abuse Benefits

Member Copayment

Hospital Facility Services

Inpatient Services	Your plan's hospital benefits (facility services", inpatient services copayment
Outpatient Services	Your plan's hospital benefits (facility services), outpatient services, services for illness or injury copayment
Partial Hospitalization ¹	Your plan's ambulatory surgery center benefits copayment applies per episode

Professional (Physician) Services

Inpatient Services	Your plan's professional (physician) benefits, inpatient benefits copayment
Outpatient Services	Your plan's professional (physician) benefits, office visit copayment

1 Partial Hospitalization/Day Treatment Program is a treatment program that may be free-standing or hospital-based and provides services at least five hours per day and at least four days per week. Patients may be admitted directly to this level of care or transferred from acute inpatient care following acute stabilization.

Shield Spectrum PPO Plans: Plan, Zero Deductible, Plan 250 Premier, Plan 250 Standard, Plan 500 Premier Plan 750-XCC, Plan 1000and Plan 1000-XCC

Added Advantage POS

Shield Savings: QS 2000/4000, 2250/4500, 2400/4800-XCC and QS 3000/6000

Mental Health and Substance Abuse Benefits

	MHSA Participating Provider ¹	MHSA Non-Participating Provider ²
<u>Hospital Facility Services</u>		
Inpatient Services	Your plan's hospital benefits (facility services), inpatient services copayment	Your plan's hospital benefits (facility services), inpatient services copayment
Outpatient Services	Your plan's hospital benefits (facility services), outpatient services, services for illness or injury copayment	Your plan's hospital benefits (facility services), outpatient services, services for illness or injury copayment
Partial Hospitalization ³	Your plan's ambulatory surgery center benefits copayment applies per episode	Your plan's ambulatory surgery center benefits copayment applies per episode
<u>Professional (Physician) Services</u>		
Inpatient Services	Your plan's professional (physician) benefits, inpatient benefits copayment	Your plan's professional (physician) benefits, inpatient benefits copayment
Outpatient Services	Your plan's professional (physician) benefits, office visit copayment	Your plan's professional (physician) benefits, office visit copayment

- Copayments are calculated based on the negotiated rate with participating providers.
- Member is responsible for copayment in addition to any charges above the allowable amounts from non-participating providers. The copayment percentage indicated is a percentage of allowed amounts. MHSA participating providers accept Blue Shield's allowable amount as full payment for covered services. Non-participating providers can charge more than these amounts. When members use non-participating providers, they must pay the applicable copayment plus any amount that exceeds Blue Shield's allowable amount.
- Partial Hospitalization/Day Treatment Program is a treatment program that may be free-standing or hospital-based and provides services at least five hours per day and at least four days per week. Patients may be admitted directly to this level of care or transferred from acute inpatient care following acute stabilization.

This is only a summary of the mental health and substance abuse treatment benefits not described in the *Uniform Benefits and Coverage Matrix*. It is not a contract. Please refer to the *Evidence of Coverage* and plan contract for a detailed description of covered benefits and limitations.