Mental Health Treatment Benefits
Attachment to Benefit Summary (Uniform Benefits and Coverage Matrix)

Blue Shield of California Life & Health Insurance Company

For the following Shield Spectrum PPO plans:

- Shield Spectrum PPO Plan 500 Standard
- Shield Spectrum PPO Plan 750 Value*
- Shield Spectrum PPO Plan 2000 Value*
- Shield Spectrum PPO Plan 3000
- Shield Spectrum PPO Plan 1000 Value*
- Shield Spectrum PPO Plan 2400-XCC*
- Shield Spectrum PPO Plan 500 Value
- Shield Spectrum PPO Plan 1500 Value*

For the following Base PPO plans:

- Base PPO 30*
- Base PPO 40*
- Base PPO 50*

For the following Shield Savings plans:

- Shield Savings 1800/3600*
- Shield Savings 3000/6000
- Shield Savings 1500/3000-XCC
- Shield Savings 2000/4000*
- Shield Savings 4800
- Shield Savings QS 4800
- Shield Savings 2500
- Shield Savings 3000/6000
- Shield Savings 1500/3000-XCC

For the following Active Choice plans:

- Active Choice Plan 750 SG
- Active Choice Plan 500 SG
- Active Choice Plan 500-XCC

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 Life & Health Insurance Company 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.

Additionally, the benefits listed in the Benefit Summary are modified to remove any services whatsoever relating to the diagnosis or treatment of any Substance Abuse Condition, unless your Employer has purchased substance abuse condition coverage as an optional Benefit. (Note that Inpatient Services to treat acute medical complications of detoxification are medical benefits and remain covered.)

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.

* This plan is pending regulatory approval

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Base PPO: Base PPO 30*, Base PPO 40* and Base PPO 50*

Shield Savings: 1800/3600*, 2000/4000*, 2500, 3000/6000, 4800, QS 4800 and 1500/3000-XCC

Active Choice: Plan 750 SG, Plan 500 SG and Plan 500-XCC

### Mental Health Benefits

<table>
<thead>
<tr>
<th>Hospital Facility Services</th>
<th>MHSA Participating Provider</th>
<th>MHSA Non-Participating Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Services</td>
<td>Your plan’s hospital benefits (facility services), inpatient services copayment</td>
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</tr>
<tr>
<td>Outpatient Services</td>
<td>Your plan’s hospital benefits (facility services), outpatient services, services for illness or injury copayment</td>
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</tr>
<tr>
<td>Partial Hospitalization³</td>
<td>Your plan’s ambulatory surgery center benefits copayment applies per episode</td>
<td>Your plan’s ambulatory surgery center benefits copayment applies per episode</td>
</tr>
</tbody>
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<tr>
<th>Professional (Physician) Services</th>
<th>MHSA Participating Provider</th>
<th>MHSA Non-Participating Provider</th>
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<tr>
<td>Inpatient Services</td>
<td>Your plan’s professional (physician) benefits, inpatient benefits copayment</td>
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<tr>
<td>Outpatient Services</td>
<td>Your plan’s professional (physician) benefits, office visit copayment</td>
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</table>

1. Copayments are calculated based on the negotiated rate with participating providers.
2. 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.
3. 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 treatment benefits not described in the Uniform Benefits and Coverage Matrix. It is not a contract. Please refer to the Certificate of Insurance and group policy for a detailed description of covered benefits and limitations.

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blue of california