



Blue Shield of California's PPO Plan

If keeping your relationship with your current doctors is important, our PPO plan may be a good choice for you. You can continue to see your doctors, even if they aren't in the plan's network.

How the plan works

You can receive care from any of the physicians and hospitals within the plan's network, as well as outside of the network for covered services.

Within the provider network

Preventive care services such as a flu shot are fully covered. You pay 100% for all other services until you meet your plan-year deductible. After your deductible is met, you pay a copayment or coinsurance for covered services.

PPO network providers submit their claims directly to Blue Shield, so it's convenient for you.

Outside the provider network

When you see a non-network provider, what you ultimately pay depends on fees above Blue Shield's allowable amounts. Those fees vary and can be costly.

For covered services:

- You pay 100% of the amount billed until you meet your plan-year deductible.
- Only the amount allowed by Blue Shield applies to your deductible.
- After you meet your deductible, you pay a copayment or coinsurance based on Blue Shield's allowable amount, plus any charges above the allowable amount.

Non-network providers usually require you to pay the full amount at the time you receive care. You then submit a claim with an itemized doctor's bill to Blue Shield.

Estimate your medical costs

Blue Shield's Treatment Cost Estimator lets PPO plan members see approximate total costs, including out-of-pocket expenses, for common medical treatments and services. These estimates provide clear information to help you budget and plan for future healthcare expenses. To begin, log in to [blueshieldca.com](https://www.blueshieldca.com) and then click on *Help & Support*, then *Tools*, and then *Treatment Cost Estimator*.

Find a network provider

1. Go to [blueshieldca.com/networkppo](https://www.blueshieldca.com/networkppo).
2. Select the type of provider you need.
3. Click *Advanced Search* to filter your search by name, specialty or facility type.
4. Enter your city and state or ZIP code, then click *Find now*.

If you're looking for a network provider outside of California, go to [provider.bcbs.com](https://www.provider.bcbs.com). Enter the first three letters of your Blue Shield member ID card. Search by keyword or by specialty, enter a location and how far you want to travel, and then click *Go*.

To search for a network provider outside the United States, go to [bluecardworldwide.com](https://www.bluecardworldwide.com) and accept the terms and conditions. Enter the first three letters of your Blue Shield ID card and click *Go*.

Get cost-saving pharmacy benefits

Our website's *Pharmacy* section has helpful information including:

- **Plus Drug Formulary** – Our list includes brand and generic drugs. You may save money if your current medication is a preferred prescription drug.
- **Prescriptions by mail** – If you take stabilized doses of covered medications for chronic conditions such as diabetes, you can have a 90-day supply delivered by mail. Shipping is free, and you may save on your copay.



Have questions? Get answers.

Call the Blue Shield Member Services team at **(855) 256-9404**.

Visit [blueshieldca.com](https://www.blueshieldca.com) to find providers, review medical benefits and more.

Download the Blue Shield mobile app for iPhone® or Android™ at [blueshieldca.com/mobile](https://www.blueshieldca.com/mobile).

Programs and services

Condition management programs

Get nurse support, education and self-management tools to help treat chronic conditions. Programs are available for members with asthma, diabetes, coronary artery disease, heart failure and chronic obstructive pulmonary disease.

LifeReferrals 24/7

Call anytime to talk with experienced professionals ready to help you with personal, family and work issues. Get referrals for three face-to-face or telephone visits in a 6-month period with a licensed therapist at no cost. The LifeReferrals 24/7SM phone number can be found on the back of your Blue Shield member ID card.

NurseHelp 24/7

Registered nurses are available day or night to answer your health questions. Call or go online to have a one-on-one personal chat with a registered nurse anytime. The NurseHelp 24/7SM phone number can be found on the back of your Blue Shield ID card.

Prenatal Program

Expectant parents get 24/7 phone access to experienced maternity nurses. The program also offers prenatal information, including a choice of a free pregnancy or parenting book. Some materials are also available in Spanish.

Teladoc

Teladoc gives you around-the-clock access to board-certified doctors who are ready to treat many medical issues. With Teladoc's convenient phone and online video appointments, you can avoid a trip to the doctor's office. You pay \$40 each time you use Teladoc. Members are reimbursed \$32 after the deductible is met and \$40 after the out-of-pocket maximum is reached. To learn more, go to www.teladoc.com/bsc or call Teladoc at **(800) Teladoc** (835-2362).

Wellness discount programs

Blue Shield offers a wide range of discount programs* to help you save money and get healthier. These include discounts for:

- Weight Watchers
- Membership with 24 Hour Fitness, ClubSport and Renaissance ClubSport
- Acupuncture, chiropractic services and massage therapy
- Eye exams, frames, contact lenses and LASIK surgery

Visit blueshieldca.com/hw to learn more.

Wellvolution

Wellvolution[®] is an easy, social and fun approach to wellness. Participate on the go from your computer, smartphone or tablet, and invite your family and friends to join the fun and support your health goals. Just go to mywellvolution.com for access to:

- **Well-Being Assessment** – Take our quick and confidential Well-Being Assessment and receive a personalized report on your overall well-being and suggestions on ways to improve your health.
- **Daily Challenge** – Once you join Daily Challenge[®], every day you'll get an email to perform one simple wellness-related task that's fun to do. Earn points and connect with your friends and family as you explore activities to improve many areas of your well-being.
- **QuitNet** – As the longest-running online support community in the world, QuitNet[®] offers a dynamic, multi-modal tobacco cessation program through online and mobile engagement with daily email/SMS text support.

* These discount program services are not a covered benefit of your Blue Shield of California, Blue Shield of California Life & Health Insurance Company or self-insured health plan, and none of the terms or conditions of the Blue Shield, Blue Shield Life or self-insured health plan apply.

The networks of practitioners and facilities in the discount programs are managed by external program administrators, including any screening and credentialing of providers. Blue Shield does not review the services provided by discount program providers for medical necessity or efficacy, nor does Blue Shield make any recommendations, presentations, claims or guarantees regarding the practitioners, their availability, fees, services or products.

Some services offered through the discount program may already be included as part of the Blue Shield plan covered benefits. Members or self-insured plan participants should access those covered services prior to using the discount program.

Members or self-insured plan participants who are not satisfied with products or services received from the discount program may use the grievance process described in their *Evidence of Coverage and Disclosure* (EOC&D) form, *Benefit Booklet* or *Certificate of Insurance/Policy*. Blue Shield reserves the right to terminate this program at any time without notice.

iPhone is a trademark of Apple Inc.

Android is a trademark of Google Inc.

Daily Challenge and QuitNet are trademarks of MeYou Health, LLC. MeYou Health is a Healthways, Inc. company.

Shield Spectrum PPO, LifeReferrals 24/7 and NurseHelp 24/7 are service marks, and Wellvolution is a registered trademark, of Blue Shield of California. Blue Shield and the Shield symbol are registered trademarks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.

Full PPO Split Deductible 20-500 80/60

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

Blue Shield of California

Effective January 1, 2016

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

	Participating Providers ¹	Non-Participating Providers ²
Calendar Year Medical Deductible (participating and non-participating deductibles accrue separately)	\$500 per individual / \$1,000 per family	\$1,000 per individual / \$2,000 per family
Calendar Year Out-of-Pocket Maximum (includes the calendar year medical deductible, copayments or coinsurance for covered services from participating providers accrue to both the participating and non-participating provider calendar year out-of-pocket maximum amount)	\$2,500 per individual / \$5,000 per family	\$5,000 per individual / \$10,000 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 per visit (not subject to the calendar year medical deductible)	40%
Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services	\$20 per visit	40%
Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine)	20%	40%
Allergy Testing and Treatment Benefits		
Allergy testing, treatment and serum injections (separate office visit copayment may apply)	20%	40%
Preventive Health Benefits¹¹		
Preventive health services (as required by applicable Federal and California law)	No Charge (not subject to the calendar year medical deductible)	Not Covered
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 a 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	\$45 per visit	40% up to \$350 per day ³
Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine)	20%	40% up to \$350 per day ³
Bariatric surgery ⁴ (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)	\$100 per admission + 20%	40% up to \$600 per day ⁵
Bariatric surgery ⁴ (prior authorization is required; medically necessary surgery for weight loss, for morbid obesity only)	\$100 per admission + 20%	40% up to \$600 per day ⁵
Inpatient Skilled Nursing Benefits^{6,7}		
Coverage limited to 100 days per member per benefit period combined with hospital/free-standing skilled nursing facility.		
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)	\$100 per visit + 20% (not subject to the calendar year medical deductible)	\$100 per visit + 20% (not subject to the calendar year medical deductible)
Emergency room services resulting in admission (when the member is admitted directly from the ER)	\$100 per admission + 20%	\$100 per admission + 20%
Emergency room physician services	20%	20%
AMBULANCE SERVICES		
Emergency or authorized transport (ground or air)	20%	20%
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 Customer Service number on your identification card.		
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 subject to the calendar year medical deductible)	Not Covered
Other durable medical equipment	20%	40%
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES^{8,9}		
	MHSA Participating Providers¹	MHSA Non-Participating Providers²
Inpatient hospital services	\$100 per admission + 20%	40% up to \$600 per day ⁵
Residential care	\$100 per admission + 20%	40% up to \$600 per day ⁵
Inpatient physician services	No Charge	40%
Routine outpatient mental health and substance abuse services (includes professional/physician visits)	\$20 per visit (not subject to the calendar year medical deductible)	40%
Non-routine outpatient mental health and substance abuse services (includes behavioral health treatment, electroconvulsive therapy, intensive outpatient programs, office-based opioid treatment, partial hospitalization program, psychological testing and transcranial magnetic stimulation)	20%	40%
HOME HEALTH SERVICES¹⁰		
	Participating Providers¹	Non-Participating Providers²
Home health care agency services ⁶ Coverage limited to 100 visits per member per calendar year. Non-participating home health care and home infusion are not covered unless pre-authorized. When these services are pre-authorized, you pay the participating provider member cost share.	20%	Not Covered ¹⁰
Home infusion/home injectable therapy and infusion nursing visits provided by a home infusion agency	20%	Not Covered ¹⁰

HOSPICE PROGRAM BENEFITS¹⁰		
Routine home care	No Charge (not subject to the calendar year medical deductible)	Not Covered ¹⁰
Inpatient respite care	No Charge (not subject to the calendar year medical deductible)	Not Covered ¹⁰
24-hour continuous home care	No Charge (not subject to the calendar year medical deductible)	Not Covered ¹⁰
Short-term inpatient care for pain and symptom management	No Charge (not subject to the calendar year medical deductible)	Not Covered ¹⁰
CHIROPRACTIC BENEFITS⁶		
Chiropractic spinal manipulation Coverage for chiropractic services is limited to 12 visits per calendar year.	\$25 per visit	50%
ACUPUNCTURE BENEFITS⁶		
Acupuncture services Coverage for acupuncture services is limited to 20 visits per calendar year.	\$25 per visit	40%
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 per visit	50%
SPEECH THERAPY BENEFITS		
Office location (an additional facility copayment may apply when services are rendered in a hospital or skilled nursing facility)	\$20 per visit	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 (includes insertion of IUD, as well as injectable and implantable contraceptives for women)	No Charge (not subject to the calendar year medical deductible)	Not Covered
Tubal ligation	No Charge (not subject to the calendar year medical deductible)	Not Covered
Vasectomy (an additional facility copayment may apply when services are rendered in a hospital or outpatient surgery center)	20%	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 per visit (not subject to the calendar year medical deductible)	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
OPTIONAL BENEFITS		
Optional dental, vision, infertility and hearing aid benefits are available. If your employer purchased any of these benefits, a description of the benefit is provided separately.		

- 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 copayments/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 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 Bariatric surgery is covered when prior authorized by Blue Shield; however, for members residing in Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura Counties ("Designated Counties"), bariatric surgery services are covered only when performed at designated contracting bariatric surgery facilities and by designated contracting surgeons; coverage is not available for bariatric services from any other participating provider and there is no coverage for bariatric services from non-participating providers. In addition, if prior authorized by Blue Shield, a member in a Designated County who is required to travel more than 50 miles to a designated bariatric surgery facility will be eligible for limited reimbursement for specified travel expenses for the member and one companion. Refer to the Evidence of Coverage for further details.

- 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 Mental health and substance abuse services are accessed through Blue Shield's Mental Health Service Administrator (MHSA) - using MHSA participating and MHSA non-participating providers. Only mental health and substance abuse services rendered by MHSA participating providers are administered by the MHSA. Mental health and substance abuse services rendered by non-MHSA participating providers are administered by Blue Shield.
- 9 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 or non-participating providers.
- 10 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.
- 11 Preventive Health Services, including an annual preventive care or well-baby care office visit, are not subject to the calendar year medical deductible. Other covered non-preventive services received during, or in connection with, the preventive care or well-baby care office visit are subject to the calendar year medical deductible and applicable member copayment/coinsurance

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

A44631 (1/16)

PPO Plans

Outpatient Prescription Drug Coverage (For groups of 101 and above)

Blue Shield of California

Highlight: 3-Tier/Incentive Formulary
 \$0 Calendar year Brand Drug Deductible
 \$10 Formulary Generic/\$25 Formulary Brand/\$40 Non-Formulary Brand Drug - Retail Pharmacy
 \$20 Formulary Generic/\$50 Formulary Brand/\$80 Non-Formulary Brand Drug - Mail Service

THIS DRUG COVERAGE SUMMARY IS ADDED TO BE COMBINED WITH PPO PLANS UNIFORM HEALTH PLAN BENEFITS AND COVERAGE MATRIX. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Covered Services

Member Copayment

DEDUCTIBLES (Prescription drug coverage benefits are not subject to the medical plan deductible.)

Calendar Year Brand Drug Deductible

None

PRESCRIPTION DRUG COVERAGE¹

Participating Pharmacy

Non-Participating Pharmacy^{7,8}

Member pays 25% of billed amount plus a copayment of:

Retail Prescriptions (up to a 30-day supply)

- Contraceptive Drugs and Devices²

\$0 per prescription

Applicable Generic, Brand or Non-Formulary Copayment⁹

- Formulary Generic Drugs

\$10 per prescription

\$10 per prescription

- Formulary Brand Drugs^{3, 4}

\$25 per prescription

\$25 per prescription

- Non-Formulary Brand Drugs^{3, 4}

\$40 per prescription

\$40 per prescription

Mail Service Prescriptions (up to a 90-day supply)

- Contraceptive Drugs and Devices²

\$0 per prescription

Not Covered

- Formulary Generic Drugs

\$20 per prescription

Not Covered

- Formulary Brand Drugs^{3, 4}

\$50 per prescription

Not Covered

- Non-Formulary Brand Drugs^{3, 4}

\$80 per prescription

Not Covered

Specialty Pharmacies (up to a 30-day supply)⁵

- Specialty Drugs⁶

30%

Not Covered

(Up to \$200 copayment maximum per prescription)

1 Amounts paid through copayments and any applicable brand drug deductible accrues to the member's medical calendar year out-of-pocket maximum. Please refer to the Evidence of Coverage and Plan Contract for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit, if applicable, from the previous plan during the calendar year will not carry forward to your new plan.

2 Contraceptive Drugs and Devices covered under the outpatient prescription drug benefits will not be subject to the applicable calendar year brand drug deductible when obtained from a participating pharmacy. If a brand contraceptive is requested when a generic equivalent is available, the member will be responsible for paying the difference between the cost to Blue Shield for the brand contraceptive and its generic drug equivalent. In addition, select contraceptives may need prior authorization to be covered without a copayment.

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

4 If the member requests a brand drug and a generic drug equivalent is available, the member is responsible for paying the generic drug copayment plus the difference in cost to Blue Shield between the brand drug and its generic drug equivalent.

5 Specialty Drugs are Drugs requiring coordination of care, close monitoring, or extensive patient training for self-administration 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 (such as biotechnology), restriction to certain Physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty Drugs are generally high cost.

6 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.

7 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.

8 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.

9 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.

Note: 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.

Important Prescription Drug Information

You can find details about your drug coverage three ways:

1. Check your *Evidence of Coverage*.
2. Go to <https://www.blueshieldca.com/bsca/pharmacy/home.sp> and log onto My Health Plan from the home page.
3. Call Member Services at the number listed on your Blue Shield member ID card.

At Blue Shield of California, we're dedicated to providing you with valuable resources for managing your drug coverage. Go online to the *Pharmacy* section of <https://www.blueshieldca.com/bsca/pharmacy/home.sp> and select the *Drug Database and Formulary* to access a variety of useful drug information that can affect your out-of-pocket expenses, such as:

- Look up non-formulary drugs with formulary or generic equivalents;
- Look up drugs that require step therapy or prior authorization;
- Find specifics about your prescription copayments;
- Find local network pharmacies to fill your prescriptions.

TIPS!

Using the convenient mail service pharmacy can save you time and money. If you take a consistent dose of a covered maintenance drug for a chronic condition, such as diabetes or high blood pressure, you can receive up to a 90-day supply through the mail service pharmacy with a reduced copayment. Call the mail service pharmacy at (866) 346-7200. Members using TTY equipment can call TTY/TDD 866-346-7197.

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

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