Long Beach Unified School District  
Custom Access+ HMO  
Benefit Summary (For groups of 300 and above)  
(Uniform Health Plan Benefits and Coverage Matrix)  
Blue Shield of California  
Effective:  July 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.  

<table>
<thead>
<tr>
<th>Plan Year Medical Deductible</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Year Out-of-Pocket Maximum</td>
<td>$250 per individual / $500 per family</td>
</tr>
<tr>
<td>Lifetime Benefit Maximum</td>
<td>None</td>
</tr>
</tbody>
</table>

### Covered Services

#### 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)  
  **Member Copayment**  
  $10 per visit

- Teladoc consultation  
  **Member Copayment**  
  $5 per consultation

- Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services  
  **Member Copayment**  
  No Charge

- Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine)  
  **Member Copayment**  
  No Charge

#### Allergy Testing and Treatment Benefits

- Allergy testing, treatment and serum injections  
  **Member Copayment**  
  $10 per visit

### Access+ SpecialistSM Benefits

#### Office visit, examination or other consultation (self-referred office visits and consultations only)  
**Member Copayment**  
$30 per visit

### Preventive Health Benefits

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

### OUTPATIENT FACILITY SERVICES

- Outpatient surgery performed at a free-standing ambulatory surgery center  
**Member Copayment**  
No Charge

- Outpatient surgery performed in a hospital or a hospital affiliated ambulatory surgery center  
**Member Copayment**  
No Charge

- Outpatient services for treatment of illness or injury and necessary supplies (except as described under “Rehabilitation Benefits” and “Speech Therapy Benefits”)  
**Member Copayment**  
No Charge

- Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services  
**Member Copayment**  
No Charge

- Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine)  
**Member Copayment**  
No Charge

### HOSPITALIZATION SERVICES

**Hospital Benefits (Facility Services)**

- Inpatient physician services  
**Member Copayment**  
No Charge

- Inpatient non-emergency facility services (semi-private room and board, and medically necessary services and supplies, including subacute care)  
**Member Copayment**  
No Charge

### 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  
**Member Copayment**  
No Charge

- Skilled nursing unit of a hospital  
**Member Copayment**  
No Charge

### 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)  
**Member Copayment**  
$100 per visit

- Emergency room physician services  
**Member Copayment**  
No Charge

### AMBULANCE SERVICES

- Emergency or authorized transport (ground or air)  
**Member Copayment**  
No Charge

### 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)  
**Member Copayment**  
No Charge

- Orthotic equipment and devices (separate office visit copayment may apply)  
**Member Copayment**  
No Charge
### DURABLE MEDICAL EQUIPMENT

- Breast pump: No Charge
- Other durable medical equipment (member share is based on allowed charges): No Charge

### MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Coverage Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient hospital services</td>
<td>No Charge</td>
</tr>
<tr>
<td>Residential care</td>
<td>No Charge</td>
</tr>
<tr>
<td>Routine inpatient mental health and substance use disorder services (includes professional/physician visits)</td>
<td>$10 per visit</td>
</tr>
<tr>
<td>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)</td>
<td>No Charge</td>
</tr>
</tbody>
</table>

### HOME HEALTH SERVICES

- Home health care agency services: $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
- Short-term inpatient care for pain and symptom management: No Charge
- 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) (diagnosis and treatment of cause of infertility. Excludes in vitro fertilization, injectables for infertility, artificial insemination and GIFT): 50%
- 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): No Charge
- Diabetes self-management training: $10 per visit

### URGENCY 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.

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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 Plan 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.

A16205 (1/17) 20227 DC032817
Long Beach Unified School District  
Chiropractic Benefits  
Additional coverage for your HMO Plan

Blue Shield Chiropractic Care coverage lets you self-refer to a network of more than 4,000 licensed chiropractors. Benefits are provided through a contract with American Specialty Health Plans of California, Inc. (ASH Plans).

How the Program Works
You can visit any participating chiropractor from the ASH Plans network without a referral from your HMO or POS Personal Physician. Simply call a participating provider to schedule an initial exam.

At the time of your first visit, you’ll present your Blue Shield identification card and pay only your copayment. Because participating chiropractors bill ASH Plans directly, you’ll never have to file claim forms.

If you need further treatment, the participating chiropractor will submit a proposed treatment plan to ASH Plans and obtain the necessary authorization from ASH Plans to continue treatment up to the Plan year maximum of 30 visits.

What’s Covered
The plan covers medically necessary chiropractic services including:

- Initial and subsequent examinations
- Office visits and adjustments (subject to annual limits)
- Adjunctive therapies
- X-rays (chiropractic only)

Benefit Plan Design

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Member Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractic Services</td>
<td>$5</td>
</tr>
<tr>
<td>Plan year Maximum</td>
<td>30 Visits</td>
</tr>
<tr>
<td>Plan year Deductible</td>
<td>None</td>
</tr>
<tr>
<td>Plan year Chiropractic Appliances Benefit</td>
<td>$50</td>
</tr>
</tbody>
</table>

1. Chiropractic appliances are covered up to a maximum of $50 in a Plan year as authorized by ASH Plans.
2. As authorized by ASH Plans, this allowance is applied toward the purchase of items determined necessary, such as supports, collars, pillows, heel lifts, ice packs, cushions, orthotics, rib belts and home traction units.

Friendly Customer Service
Helpful ASH Plans Member Services representatives are available at (800) 678-9133 Monday through Friday from 6 a.m. to 5 p.m. to answer questions, assist with problems, or help locate a participating chiropractor.

This document is only a summary for informational purposes. It is not a contract. Please refer to the Evidence of Coverage and the Group Health Service Agreement for the exact terms and conditions of coverage.
Long Beach Unified School District
Custom HMO Rx Plan
Outpatient Prescription Drug Coverage
(For groups of 300 and above)

Blue Shield of California

Highlight:  
$0 Plan Year Pharmacy Deductible
$5 Tier 1 / $10 Tier 2 / $35 Tier 3 Drug - Retail Pharmacy
$5 Tier 1 / $10 Tier 2 / $35 Tier 3 Drug - Mail Service

Covered Services

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

Plan Year Pharmacy Deductible

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Member Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESCRIPTION DRUG COVERAGE1,2,4,5</td>
<td>Participating Pharmacy</td>
</tr>
<tr>
<td>Retail Prescriptions (up to a 30-day supply)</td>
<td></td>
</tr>
<tr>
<td>• Contraceptive drugs and devices3</td>
<td>$0 per prescription</td>
</tr>
<tr>
<td>• Tier 1 drugs</td>
<td>$5 per prescription</td>
</tr>
<tr>
<td>• Tier 2 drugs</td>
<td>$10 per prescription</td>
</tr>
<tr>
<td>• Tier 3 drugs</td>
<td>$35 per prescription</td>
</tr>
<tr>
<td>• Tier 4 drugs (excluding Specialty drugs)</td>
<td>$35 per prescription</td>
</tr>
<tr>
<td>Mail Service Prescriptions (up to a 90-day supply)</td>
<td></td>
</tr>
<tr>
<td>• Contraceptive drugs and devices3</td>
<td>$0 per prescription</td>
</tr>
<tr>
<td>• Tier 1 drugs</td>
<td>$5 per prescription</td>
</tr>
<tr>
<td>• Tier 2 drugs</td>
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<tr>
<td>• Tier 4 drugs (excluding Specialty drugs)</td>
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</tr>
</tbody>
</table>

Specialty Pharmacies (up to a 30-day supply)6

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Member Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Tier 4 - Specialty drugs7</td>
<td>$35 per prescription</td>
</tr>
</tbody>
</table>

1 Amounts paid through copayments and any applicable pharmacy deductible accrues to the member’s medical Plan 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 Plan year will not carry forward to your new plan.

2 Drugs obtained at a non-participating pharmacy are not covered, unless medically necessary for a covered emergency.

3 Contraceptive drugs covered under the outpatient prescription drug benefits will not be subject to the applicable Plan year pharmacy deductible. 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 brand contraceptives may need prior authorization to be covered without a copayment.

4 Select drugs require prior authorization by Blue Shield for medical necessity, or when effective, lower cost alternatives are available.

5 If the member requests a brand drug and a generic drug equivalent is available, the member is responsible for paying the Tier 1 drug copayment plus the difference in cost to Blue Shield between the brand drug and its generic drug equivalent.

6 Network Specialty Pharmacies dispense Specialty drugs which require coordination of care, close monitoring, or extensive patient training that generally cannot be met by a retail pharmacy. Network Specialty Pharmacies also dispense Specialty drugs requiring special handling or manufacturing processes, restriction to certain Physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are generally high cost.

7 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.

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/b sca/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/b sca/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.
A16149-a (01/17) DC040417
Notice of the Availability of Language Assistance Services

Blue Shield of California

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.

IMPORTANT: ¿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, 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)

QUAN TRỌNG: Quý vị có thể đọc lại thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận lại thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngay đến Ban Dịch vụ Hội viên/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 na numero telepono ng Miyembro/Customer Service sa ikid ng iyong Blue Shield ID kard, o (866) 346-7198. (Tagalog)

Baa’ âkoiwichindoogoit: Đĩi naaltsooish yiinitha’go biinigha? Doo biinighagoo ô, naaltsoos nich’i ’yoidooolhihi la’ niiee hohlo. Dii naaltsoos ald’i’ t’aad Dinj’k’ejjh’ adoolnii ninizingi biigha. Doo baq’ihinigio shika’a adowol ninizingi niichii’i’ bëesh bee hodilihni döó nàmboo éi dii Blue Shield bee néhö’ilizhingi bine’déé’ bik’aa’ éi doodoogh éi (866) 346-7198 ji’ hodilihni. (Navajo)

 중요: 이 서신을 읽을 수 있으세요? 읽으실 수 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 전화하세요. (Korean)

¿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, 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. (Arabic)

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 na numero telepono ng Miyembro/Customer Service sa ikid ng iyong Blue Shield ID kard, o (866) 346-7198. (Tagalog)

Vажно: 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 по телефону, указанному на обратной стороне вашей карточки Blue Shield, или по телефону (866) 346-7198, и мы поможем вам совершенно бесплатно. (Russian)

[:,36x216]: Blue Shield of California is an independent member of the Blue Shield Association
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.