




Sharewell Retiree PPO Health Plan - 2017

blue  of california

Blue Shield of California: 1-888-235-1767 for additional information

Calendar Year Family Deductible	\$5,000 (combined for Network and Non-Network)
Out-of-Pocket Medical Maximum Benefit After all out-of-pocket expenses (including deductibles and coinsurance) incurred by a Covered Person have totaled the amount shown, the PLAN will pay 100%.	Network: \$6,000 Family Non-Network: \$12,000 Family Excluded: Costs of services not covered and Non-Network amounts in excess of URC.
Prescription Drug Program through Blue Shield Prescription Drugs are subject to the plan deductible. Prior to meeting the deductible, discounts are provided through use of Blue Shield Pharmacy Network.	20% co-insurance
Preventive Care Services As set forth in Plan Document	Network: No co-insurance and no deductible Non- Network: Not Covered except for services covered under Wellness Benefit
Primary Care and Specialist Physician Office Visits, Laboratory and Radiology Services, Urgent Care Facility, Rehabilitative Therapy, and Outpatient Surgery-Hospital	Network: 10% co-insurance Non-Network: 30% co-insurance
Medical - Inpatient Hospital Services Mental Health and Substance Abuse - Inpatient Services	Network: 10% co-insurance Non-Network: 30% co-insurance; without pre-admission review, 50% co-insurance
Outpatient Surgery - Ambulatory Surgery Center (facility charges)	Network: 10% co-insurance Non-Network: Plan pays 70% up to \$1,500/ day; participant responsible for balance
Emergency Room Treatment (based on Plan Document "Emergency Services" definition) <ul style="list-style-type: none"> • Medical condition <u>does not</u> meet definition • Medical condition meets definition 	Network: 10% co-insurance Non-Network: 30% co-insurance Network/Non-Network: 10% co-insurance Covered Person is responsible for all charges incurred above the URC amount.
Mental Health and Substance Abuse - Outpatient Services	Network and Non-Network: 50% co-insurance (50 visits per Calendar Year limit, combined with substance abuse) If Several Mental Illness - Network: 10% co-insurance & Non-Network: 30% co-insurance
Chiropractic or Acupuncture (non-M.D.) Services Combined Network/Non-Network max. \$1,000/year	Network: 10% co-insurance Non-Network: 30% co-insurance
Durable Medical Equipment (prior authorization required if over \$5,000)	Network: 10% co-insurance Non-Network: 30% co-insurance
Dialysis Services (Outpatient)	Network: 10% co-insurance Non-Network (within CA): Plan pays 70% up to \$600/day; participant pays balance Non-Network (outside CA): 30% co-insurance
Home Health Care and Hospice Services (requires prior authorization)	Network: 10% co-insurance Non-Network: 30% co-insurance
Skilled Nursing and Rehabilitation Facility (60 days per Calendar Year limit)	Network: 10% co-insurance Non-Network: 30% co-insurance
Certain surgical procedures for treatment of morbid obesity (requires Prior Authorization). Must use designated facilities if surgery occurs within California	Network: 10% co-insurance Non-Network within CA: Not Covered Non-Network outside CA: 30% co-insurance

This is only a summary of benefits. This chart contains the major features of the plan and is not intended to replace the Plan Document containing the complete provisions.