



Wellwise Retiree PPO Health Plan - 2017

blue of california

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

<p>Calendar Year Deductible All covered Medical Expenses accumulate toward both the Network and Non-network Deductible.</p>	<p>Network: \$500 Individual/\$1,000 Family Non-Network: \$750 Individual/\$1,500 Family</p>
<p>Out-of-Pocket Medical Maximum Benefit (Calendar Yr.) 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%.</p>	<p>Network: \$2,500 Individ./\$5,000 Family Non-Network: \$5,000 Individ./\$10,000 Family Excluded: Costs of services not covered and Non-Network amounts in excess of URC.</p>
<p>Prescription Drug Card Program through OptumRx</p> <ul style="list-style-type: none"> - Generic Drugs - Preferred Brand Name Drugs - Non-Preferred Brand-Name Drugs 	<p>Out-of-Pocket Prescription Drug Maximum \$4,100 Individual/\$8,200 Family 20% co-insurance 25% co-insurance 30% co-insurance</p>
<p>Preventive Care Services As set forth in Plan Document</p>	<p>No co-insurance and no deductible</p>
<p>Primary Care and Specialist Physician Office Visits, Laboratory and Radiology Services, Urgent Care Facility, Rehabilitative Therapy, and Outpatient Surgery - Hospital</p>	<p>Network: 10% co-insurance Non-Network: 30% co-insurance</p>
<p>Medical - Inpatient Hospital Services Mental Health and Substance Abuse - Inpatient Services</p>	<p>Network: 10% co-insurance Non-Network: 30% co-insurance; without pre-admission review, 50% co-insurance</p>
<p>Outpatient Surgery - Ambulatory Surgery Center (facility charges)</p>	<p>Network: 10% co-insurance Non-Network: Plan pays 70% up to \$1,500/ day; participant pays balance</p>
<p>Emergency Room Treatment (based on Plan Document "Emergency Services" definition)</p> <ul style="list-style-type: none"> • Medical condition <u>does not</u> meet definition • Medical condition meets definition 	<p>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.</p>
<p>Mental Health and Substance Abuse - Outpatient Services</p>	<p>Network/Non-Network: 50% co-insurance (50 visits per Calendar Year limit, combined Mental Health and Substance Abuse) If Several Mental Illness - Network: 10% co-insurance & Non-Network: 30% co-insurance</p>
<p>Chiropractic or Acupuncture (non-M.D.) Services Combined Network/Non-Network maximum \$1,000/year</p>	<p>Network: 10% co-insurance Non-Network: 30% co-insurance</p>
<p>Durable Medical Equipment (prior authorization required if over \$5,000)</p>	<p>Network: 10% co-insurance Non-Network: 30% co-insurance</p>
<p>Dialysis Services (Outpatient)</p>	<p>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</p>
<p>Home Health Care and Hospice Services (prior authorization required)</p>	<p>Network: 10% co-insurance Non-Network: 30% co-insurance</p>
<p>Skilled Nursing and Rehabilitation Facility (60 days per Calendar Year limit)</p>	<p>Network: 10% co-insurance Non-Network: 30% co-insurance</p>
<p>Certain surgical procedures for treatment of morbid obesity (requires Prior Authorization). Must use designated facilities if surgery occurs within California</p>	<p>Network: 10% co-insurance Non-Network within CA: Not Covered Non-Network outside CA: 30% co-insurance</p>

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.