**SISC**
Blue Shield of California 80%
Plan G – $10 Copayment
(Uniform Health Plan Benefits and Coverage Matrix)

**Blue Shield of California**

Effective October 1, 2010

<table>
<thead>
<tr>
<th>DEDUCTIBLES¹ (All providers combined)</th>
<th>Preferred Providers²</th>
<th>Non-Preferred Providers²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar year medical deductible (4th quarter carryover applies)</td>
<td>$500 per individual</td>
<td>$1,000 per family</td>
</tr>
<tr>
<td>Calendar year Copayment Maximum¹</td>
<td>$1,000 per individual</td>
<td>$3,000 per family</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>LIFETIME MAXIMUM</th>
<th>None</th>
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<tr>
<th>Covered Services</th>
<th>Member Copayment</th>
</tr>
</thead>
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**PROFESSIONAL SERVICES**

Professional (physician) benefits
- Physician and specialist office visits $10/visit¹,¹¹ 50%¹
- Diagnostic testing 20% 50%¹
- Outpatient X-ray, pathology and laboratory 20% 50%¹

Allergy testing and treatment benefits
- Office visits (includes visits for allergy serum injections) 20% 50%¹

Preventive care benefits
- Annual routine physical examination, vision and hearing screening and immunizations No charge¹¹ Not covered
- Routine laboratory services, including annual mammography, Papanicolaou test, or cervical cancer and human papillomavirus (HPV) screening (One per calendar year) No charge¹¹ 50%¹
- Well baby care (Includes: eye/ear screenings, immunizations, vaccinations) No charge¹¹ 50%¹
- Well baby laboratory No charge¹¹ 50%¹

**OUTPATIENT SERVICES**

Hospital benefits (facility services)
- Outpatient surgery performed in a Participating Ambulatory Surgery Center (ASC)¹² 20% No charge⁴ (up to $350 per day maximum payment)
- Outpatient surgery in a hospital 20% No charge⁴ (up to $350 per day maximum payment)
- Outpatient services for treatment of illness or injury and necessary supplies (Except as described under “Rehabilitation services”) 20% 50%¹
- Bariatric surgery (pre-authorization required; medically necessary surgery for weight loss, only for morbid obesity) 20% No charge⁴ (up to $350 per day maximum payment)

**HOSPITALIZATION SERVICES**

Hospital benefits (facility services)
- Inpatient physician benefits 20% 50%¹,¹²
- Semi-private room and board, medically necessary services and supplies 20% No charge⁴ (up to $600 per day maximum payment)
- Bariatric surgery (pre-authorization required; medically necessary surgery for weight loss, only for morbid obesity) 20% No charge⁴ (up to $600 per day maximum payment)

Skilled nursing facility benefits³
(Combined maximum of up to 100 preauthorized days per calendar year; semi-private accommodations)
- Skilled nursing free standing facility 20% 20% with prior authorization²
- Skilled nursing facility unit of a hospital 20% No charge⁴ (up to $600 per day maximum payment)
**EMERGENCY HEALTH COVERAGE**

- Emergency room services not resulting in admission: $100 per visit + 20%
- Emergency room services resulting in admission (when the member is admitted directly from the ER): 20%
- Emergency room physician services: 20%<sup>12</sup>

**AMBULANCE SERVICES**

- Emergency or authorized transport: 20%

**PRESCRIPTION DRUG COVERAGE**

Outpatient prescription drug benefits

Administered by Medco

**PROSTHETICS/ORTHOTICS**

- Prosthetic equipment and devices (Separate office visit copay may apply): 20%<sup>11</sup>
- Orthotic equipment and devices (Separate office visit copay may apply): 20%<sup>11</sup>

**DURABLE MEDICAL EQUIPMENT**

- Durable medical equipment services: 20%<sup>11</sup>

**MENTAL HEALTH SERVICES (PSYCHIATRIC)**

- Inpatient hospital facility services: 20%
- Outpatient mental health services: $10/visit<sup>11</sup>

**CHEMICAL DEPENDENCY SERVICES (SUBSTANCE ABUSE)**

- Inpatient chemical dependency and substance abuse hospital facility services: 20%
- Outpatient Chemical dependency and substance abuse services: $10/visit<sup>11</sup>

**HOME HEALTH SERVICES**

- Home health care agency services (Maximum of 100 prior authorized visits per calendar year): 20%
- Home infusion/Home injectable therapy provided by a home infusion agency: 20%

**OTHER**

- Hospice program benefits:
  - Routine home care: 20%
  - Inpatient respite care: 20%
  - 24-hour continuous home care: 20%
  - General inpatient care: 20%

- Chiropractic benefits:
  - Chiropractic services – provided by a chiropractor (Up to 20 visits per calendar year): 20%<sup>11</sup>

- Acupuncture benefits:
  - Acupuncture services (Up to 12 visits per calendar year): 20%<sup>11</sup>

- Rehabilitation services (physical and occupational therapy):
  - In an office location: 20%

- Speech therapy benefits:
  - In an office location: 20%

- Pregnancy and maternity care benefits:
  - Prenatal and postnatal physician office visits: $10/visit<sup>11</sup>

- Family planning benefits:
  - Counseling and consulting: 20%
  - Elective abortion: 20%
  - Tubal ligation: 20%
  - Vasectomy: 20%

- Diabetes care benefits:
  - Devices, equipment, and non-testing supplies: 20%<sup>11</sup>
  - Diabetes self-management training (if billed by your provider, you will also be responsible for the office visit copayment): $10/visit<sup>11</sup>

- Hearing Aid:
  - Hearing Aid and examination (maximum combined benefit of $700 per person every 24 months for hearing aid and ancillary equipment): 20%
Care Outside of Plan Service Area

Benefits provided through BlueCard® Program, for out-of-state emergency and non-emergency care, are provided at the preferred level of the local Blue Plan allowable amount when you use a Blue Cross/Blue Shield provider:

- **Within US: BlueCard Program**
- **Outside of US: BlueCard Worldwide**

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<tbody>
<tr>
<td>1</td>
<td>Deductible and copayments marked with a (1) do not accrue to calendar-year copayment maximum. Copayments and charges for services not accruing to the member's calendar-year copayment maximum continue to be the member's responsibility after the calendar-year copayment maximum is reached. Deductible does not apply toward the calendar-year maximum. Please refer to the Plan Contract for exact terms and conditions of coverage.</td>
<td>See Applicable Benefit</td>
</tr>
<tr>
<td>2</td>
<td>Member is responsible for copayment in addition to any charges above allowable amounts. The copayment percentage indicated is a percentage of allowable amounts. Preferred providers accept Blue Shield's allowable amount as full payment for covered services. Non-preferred providers can charge more than these amounts. When members use non-preferred providers, they must pay the applicable copayment plus any amount that exceeds Blue Shield's allowable amount. Charges above the allowable amount do not count toward the calendar-year deductible or copayment maximum.</td>
<td>See Applicable Benefit</td>
</tr>
<tr>
<td>3</td>
<td>Participating ambulatory surgery centers may not be available in all areas. Regardless of their availability, you can obtain outpatient surgery services from a hospital or an ambulatory surgery center affiliated with a hospital, with payment according to your health plan's hospital services benefits.</td>
<td>See Applicable Benefit</td>
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<tr>
<td>4</td>
<td>Members are responsible for all charges in excess of the per day maximum payment</td>
<td>See Applicable Benefit</td>
</tr>
<tr>
<td>5</td>
<td>Services may require prior authorization by Blue Shield. When these services are prior authorized, members pay the preferred or participating provider amount.</td>
<td>See Applicable Benefit</td>
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<tr>
<td>6</td>
<td>Mental health and chemical dependency services are provided by Blue Shield of California's participating and non-participating providers. For a listing of severe mental illnesses, including serious emotional disturbances of a child, and other benefit details, please refer to the plan contract.</td>
<td>See Applicable Benefit</td>
</tr>
<tr>
<td>7</td>
<td>All outpatient acupuncture and chiropractic services visits accrue to the calendar-year visit maximum regardless of whether the plan deductible has been met.</td>
<td>See Applicable Benefit</td>
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<tr>
<td>8</td>
<td>Inpatient services for acute detoxification are covered under the medical benefit; see hospitalization services for benefit details. Services for medical acute detoxification are accessed through Blue Shield using Blue Shield's preferred providers or non-preferred providers.</td>
<td>See Applicable Benefit</td>
</tr>
<tr>
<td>9</td>
<td>Out of network home health care, home infusion and hospice services are not covered unless pre-authorized. When these services are pre-authorized, the member pays the Preferred Provider copayment.</td>
<td>See Applicable Benefit</td>
</tr>
<tr>
<td>10</td>
<td>Copayment shown is for physician's services. If the procedure is performed in a facility setting (hospital or outpatient surgery center), an additional facility copayment may apply.</td>
<td>See Applicable Benefit</td>
</tr>
<tr>
<td>11</td>
<td>These services are not subject to the Calendar year deductible.</td>
<td>See Applicable Benefit</td>
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<tr>
<td>12</td>
<td>Services by non preferred hospital based physicians provided in a preferred facility will be reimbursed at 80% of Blue Shield's allowable amount. Please refer to the Plan Contract for exact terms and conditions of coverage</td>
<td>See Applicable Benefit</td>
</tr>
<tr>
<td>13</td>
<td>Bariatric surgery is covered when pre-authorized by Blue Shield. However, for members residing in Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura Counties (&quot;Designated Counties&quot;), 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 preferred provider and there is no coverage for bariatric services from non-preferred Providers. In addition, if prior authorized by Blue Shield of California, 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 Plan Contract for further benefit details.</td>
<td>See Applicable Benefit</td>
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Plan designs may be modified to ensure compliance with state and federal requirements.

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