

## Blue Shield of California HMOs

Please check the website for a copy of the Evidence of Coverage: [www.benefitroll.com](http://www.benefitroll.com).

	Blue Shield HMO CSEA and Non- Represented	Blue Shield HMO TALB	Blue Shield 65 Plus (Available to retirees age 65 and over)
Calendar-Year Deductible	None	None	None
Coinsurance	N/A	N/A	Must pledge Medicare
Annual Out-of-Pocket Maximum	\$250/person; \$500/family	\$250/person; \$500/family	\$250/person
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Inpatient Hospital	No charge	No charge	No charge
Surgeon	No charge	No charge	No charge
Outpatient Surgery	No charge	No charge	No charge
Ambulatory Surgery Center and Outpatient Services	No charge	No charge	\$5 copay per procedure
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$25 copay (waived if admitted)
Physician Visits	\$5 copay (\$30 access + specialist)	\$5 copay (\$30 access + specialist)	\$5 copay
Prenatal and Postnatal	\$5 copay	\$5 copay	\$5 copay
X-ray and Laboratory	No charge	No charge	No charge
Chiropractic	\$5 copay (up to 30 visits/year)	\$5 copay (up to 30 visits/year)	\$5 copay
Ambulance	No charge	No charge	No charge
Dental	Not covered	Not covered	Not covered
Vision	Not covered	Not covered	Not covered
Routine Physicals	No charge	No charge	No charge
Mental Health <sup>1</sup>			
Inpatient <sup>1</sup>	No charge	No charge	No charge
Outpatient	\$5 copay	\$5 copay	\$5 copay

	CSEA and Non- represented		TALB			
	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Prescription Drugs <sup>2</sup>						
Generic	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$10 copay
Brand	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$20 copay
Non-formulary	\$35 copay	\$35 copay	\$35 copay	\$35 copay	\$35 copay	\$70 copay
Maximum Supply	30 days	90 days	30 days	90 days	30 days	90 days

This booklet is intended to provide highlights of your benefits only; it is not an Evidence of Coverage (EOC) plan document. Official plan and insurance documents actively govern your rights and benefits under each plan. For more details about your benefits, including a complete list of exclusions and limitations, please refer to each carrier's EOC.

<sup>1</sup> Severe Mental Illness of adults and children and emotional disturbances of children are treated like any other illness.

<sup>2</sup> Some contraceptive prescriptions for women are 100% covered in-network with no copay required. Contact the plan for details.