

Blue Shield of California PPO

AVAILABLE TO ALL RETIREES

Please check the website for a copy of the Evidence of Coverage: www.benefitroll.com.

	Blue Shield PPO In-Network	Blue Shield PPO Out-of-Network
Calendar-Year Deductible	\$300/person; \$600/family	\$500/person; \$1,000/family
Coinsurance	80% of allowable amounts	60% of allowable amounts
Annual Out-of-Pocket Maximum (includes deductible)	\$1,300/person; \$2,600/family	\$5,500/person; \$11,000/family
Lifetime Maximum	Unlimited	Unlimited
Inpatient Hospital	80% of allowable amounts	Plan pays 60% up to \$600 per day or \$360
Surgeon	80% of allowable amounts	60% of allowable amounts
Outpatient Surgery	80% of allowable amounts	Plan pays up to 60% of \$350 claim, or \$210
Ambulatory Surgery Center and Outpatient Services	80% of allowable amounts	Plan pays up to 60% of \$350 per claim, or \$210
Emergency Room	80% of allowable amounts	80% of allowable amounts
Physician Visits	80% of allowable amounts	60% of allowable amounts
Prenatal and Postnatal	No charge	60% of allowable amounts
X-ray and Laboratory	80% of allowable amounts ¹	60% of allowable amounts
Chiropractic	80% of allowable amounts	60% of allowable amounts
Ambulance	80% of allowable amounts	80% of allowable amounts
Dental	No coverage	No coverage
Vision	No coverage	No coverage
Routine Physicals	No charge	60% of allowable amounts
Mental Health Inpatient Outpatient	80% of allowable amounts 80% of allowable amounts	Plan pays up to 60% of \$600 per day, or \$360 60% of allowable amounts

	CSEA & Non-represented		TALB	
Prescription Drug Out-of-Pocket Maximum Individual/Family	\$5,550/\$11,100		\$5,550/\$11,100	
Prescription Drugs (in-network only) ²	Retail	Mail Order	Retail	Mail Order
Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Brand	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Non-formulary	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Maximum Supply	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.

¹ Women's preventive care and some routine tests and screenings for women are 100% covered in-network with no deductible required.

² Prescription drug coverage provided through Express Scripts. Some contraceptive prescriptions for women are 100% covered in-network with no copay or deductible required. Contact the plan for details.