Shield Secure

Uniform Health Plan Benefits and Coverage Matrix

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE *EVIDENCE OF COVERAGE* SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

	Preferred Providers[1]	Non-preferred Providers[1]
Calendar Year Medical Deductible (For family coverage, each individual will receive benefits for covered services once the individual deductible has been satisfied, and that amount will accumulate to the family deductible.)	**2000, 4000, 6000 (double for families)**	
Calendar Year Copayment Maximum (Includes the medical plan deductible. Copayments for Preferred Providers accrue to both Preferred and Non-Preferred Provider Calendar Year Copayment Maximum amounts.)	**4000 (double for families) *in addition to deductible**	**7000 (double for families) *in addition to deductible**
Lifetime Benefit Maximum	None	

Covered Services	**Member Copayments**	
	Preferred Providers[1]	**Non-preferred Providers[1]**
PROFESSIONAL SERVICES		
Professional (Physician) Benefits		
Physician and specialist office visits	$30[2,3]	50%
Other outpatient X-ray, pathology, and laboratory (Diagnostic testing by providers other than outpatient laboratory, pathology, and imaging departments of hospitals/facilities)	40%	50%
CT scans, MRIs, MRAs, PET scans, and cardiac diagnostic procedures utilizing nuclear medicine (prior authorization is required)	40%	50%[4]
Preventive Health Benefits		
Preventive Health Services (As required by applicable federal and California law)	$0[2]	Not covered
OUTPATIENT SERVICES		
Outpatient surgery in a hospital	40%	50%[5,6]
Outpatient surgery performed at an Ambulatory Surgery Center	40%	50%[5,7]
Outpatient Services for treatment of illness or injury and necessary supplies	40%	50%[5,6]
Other outpatient X-ray, pathology and laboratory performed in a hospital	40%	50%
Bariatric Surgery (prior authorization required by the Plan; medically necessary surgery for weight loss, for morbid obesity only)[8]	40%	Not covered
CT scans, MRIs, MRAs, PET scans, and cardiac diagnostic procedures utilizing nuclear medicine performed in a hospital (prior authorization is required)	$100 + 40%	50%[4]
HOSPITALIZATION SERVICES		
Inpatient Physician Services	40%	50%
Inpatient Non-emergency Facility Services (Semi-private room and board, and medically-necessary Services and supplies, including Subacute Care)	40%	50%[5,6]
Bariatric Surgery (prior authorization required by the Plan; medically necessary surgery for weight loss, for morbid obesity only)[8]	40%	Not covered
EMERGENCY HEALTH COVERAGE		
Emergency room Services not resulting in admission (Copayment does not apply if the member is directly admitted to the hospital for inpatient services)	$100 per visit + 40%	$100 per visit + 40%
Emergency room Services resulting in admission (when the member is admitted directly from the ER)	40%	40%
Emergency room Physician Services	40%	40%
AMBULANCE SERVICES		
Emergency or authorized transport	40%	40%

Covered Services	Member Copayments	
PRESCRIPTION DRUG COVERAGE[9,10]	**Participating Pharmacy**	**Non-Participating Pharmacy**
Retail prescriptions (up to a 30-day supply) Brand Rx Ded:	$3000	
Formulary Generic Drugs	$10 per prescription[2,3]	Not Covered
Formulary Brand Name Drugs	$35 per prescription[3,11]	Not Covered
Non-Formulary Brand Name Drugs	$60 or 50% (whichever is greater) per prescription ($150 maximum per prescription)[3,11]	Not Covered
Mail Service Prescriptions (up to a 60-day supply)		
Formulary Generic Drugs	$20 per prescription[2,3]	Not Covered
Formulary Brand Name Drugs	$70 per prescription[3,11]	Not Covered
Non-Formulary Brand Name Drugs	$120 or 50% (whichever is greater) per prescription ($300 maximum per prescription)[3,11]	Not Covered
Specialty Pharmacies (up to a 30-day supply)		
Specialty Drugs	30% of negotiated rate up to $150 maximum[3,11]	Not Covered
	Preferred providers[1]	**Non-preferred Providers**[1]
PROSTHETICS/ORTHOTICS		
Prosthetic equipment and devices (Separate office visit copay may apply)	40%	50%
Orthotic equipment and devices (Separate office visit copay may apply)	40%	50%
DURABLE MEDICAL EQUIPMENT		
Durable Medical Equipment	40%	50%
MENTAL HEALTH SERVICES (PSYCHIATRIC)[12]		
Inpatient Hospital Services	40%	50%[5,6]
Outpatient visits for severe mental health conditions	$30[2,3]	50%
Outpatient visits for non-severe mental health conditions (up to 20 visits per Calendar Year combined with Outpatient chemical dependency visits)[13]	40%	Not covered
CHEMICAL DEPENDENCY SERVICES (SUBSTANCE ABUSE)[12]		
Inpatient Hospital Services for medical acute detoxification	40%	50%[5]
Outpatient visits (up to 20 visits per Calendar Year combined with Outpatient non-severe mental health Services)[13]	40%	Not covered
HOME HEALTH SERVICES		
Home health care agency Services (up to 90 prior authorized visits per Calendar Year)	40%	Not covered
OTHER		
Pregnancy and Maternity Care Benefits		
Prenatal and postnatal Physician office visits	40%	50%[5]
All necessary Inpatient Hospital Services for normal delivery and Cesarean section	40%	50%[5,6]
Family Planning Benefits		
Counseling and consulting[14]	$0[2]	Not covered
Tubal ligation	$0[2]	Not covered
Vasectomy	40%	Not covered
Elective abortion	40%	Not covered
Rehabilitation Benefits		
Office location	40%	50%
Chiropractic Benefits		
Chiropractic Services (up to 12 visits per Calendar Year; visit limit combines Outpatient acupuncture and chiropractic Services)	50% (Blue Shield's payment is limited to $25 per visit)	Not covered
Acupuncture Benefits		
Acupuncture (up to 12 visits per Calendar Year; visit limit combines Outpatient acupuncture and chiropractic Services)	50% (Blue Shield's payment is limited to $25 per visit)	

Covered Services	Member Copayments	
	Preferred Providers[1]	Non-preferred Providers[1]
Care Outside of Plan Service Area (Benefits provided through the 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	See Applicable Benefit	See Applicable Benefit
Outside of US: BlueCard Worldwide	See Applicable Benefit	See Applicable Benefit

Please Note: Benefits are subject to modification for subsequently enacted state or federal legislation.

Endnotes for Shield Secure 2000

1 Member is responsible for copayment or coinsurance in addition to any charges above allowable amounts. The coinsurance indicated is a percentage of the allowable amounts. Preferred providers accept the Plan's allowable amounts as payment-in-full for covered services. Non-preferred providers can charge more than these amounts. When members use non-preferred providers, they must pay the applicable copayment or coinsurance plus any charges that exceed the Plan's allowable amount. Charges above the allowable amount do not count toward the plan deductible or copayment/coinsurance maximum.

2 Benefit is available prior to meeting any deductible.

3 These copayments do not count toward the medical deductible or copayment/coinsurance maximum. They will continue to be charged once the copayment/coinsurance maximum is reached. See EOC for details.

4 For non-emergency services and supplies received from non-preferred radiology centers, Blue Shield's payment is limited to $150 per day. Members are responsible for all charges that exceed $150 per day. For non-emergency services and supplies received from non-preferred hospitals, Blue Shield's payment is limited to $250 per day. Members are responsible for all charges that exceed $250 per day.

5 These copayments do not count toward the copayment/coinsurance maximum. They will continue to be charged once the copayment/coinsurance maximum is reached. See EOC for details.

6 For non-emergency services and supplies received from a non-preferred hospital or facility, Blue Shield's payment is limited to $250 per day. Members are responsible for all charges that exceed $250 per day.

7 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. Blue Shield's payment is limited to $150 per day. Members are responsible for all charges that exceed $150 per day.

8 Bariatric surgery is covered when pre-authorized by the Plan. However, for members residing in Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura counties ("Designated Counties"), 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 the Plan, 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 EOC for further benefit details.

9 This plan's prescription drug coverage provides less coverage on average than the standard benefit set by the federal government for Medicare Part D (also called non-creditable coverage). It is important to know that generally you may only enroll in a Medicare Part D plan from October 15th through December 7th of each year. If you do not enroll in a Medicare Part D plan when you are first eligible to join, you may be subject to a late enrollment penalty in addition to your Part D premium when you enroll at a later date. For more information about your current plan's prescription drug coverage, call the Customer Service telephone number on your identification card, Monday through Thursday between 8:00 a.m. and 5:00 p.m. or on Friday between 9:00 a.m. and 5:00 p.m. The hearing impaired may call the TTY number at (888) 239-6482.

10 Contraceptive drugs and devices covered under the outpatient prescription drug benefits do not require a copayment and will not be subject to the calendar-year brand-name drug deductible. However, if a brand-name contraceptive is requested when a generic equivalent is available, the member will still be responsible for paying the difference between the cost to the Plan for the brand-name contraceptive and its generic drug equivalent. In addition, select contraceptives may need prior authorization to be covered without a copayment.

11 If a member or physician requests a brand name drug when a generic drug equivalent is available, and the brand name drug deductible has been satisfied, the member is responsible for paying the difference between the Participating Pharmacy contracted rate for the brand name drug and its generic drug equivalent, as well as the applicable generic drug copayment. See EOC for details.

12 Blue Shield has contracted with a specialized health care service plan to act as our mental health services administrator (MHSA). The MHSA provides mental health and chemical dependency services, other than inpatient services for medical acute detoxification, through a separate network of MHSA participating providers. Inpatient medical acute detoxification is a medical benefit provided by Blue Shield preferred or non-preferred (not MHSA) providers.

13 For MHSA participating providers, the initial visit is treated as if the condition was a severe mental illness or serious emotional disturbance of a child. For MHSA non-participating providers, the initial visit is treated as if it were an MHSA participating provider.

14 Includes insertion of IUD as well as injectable contraceptives for women.

† Pending regulatory approval.