



BlueCross
of California



SUMMARY OF FEATURES

Blue Cross Small Group **High Deductible** **EPO Plan**

HSA-Compatible

This plan may be compatible with an HSA (health savings account). Please check with your tax advisor for more information.

This is an overview of coverage.

A comprehensive description of coverage, benefits and limitations is contained in the Combined Evidence of Coverage and Disclosure Form.

Refer to the Medical Plan Exclusions and Limitations listed in the Medical and Life Plan Comparisons Brochure for additional plan provisions.

Review the Exclusions and Limitations prior to applying for coverage.

All amounts listed are the member's responsibility to pay unless otherwise noted.



Core Features

All amounts listed are the member's responsibility to pay after deductibles, unless otherwise noted.

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$2,000 employee-only contract or \$4,000 family contract (employee plus one or more dependents) – aggregate	Not applicable
Lifetime Covered Charges Paid by Blue Cross	\$5,000,000	Not applicable
Annual Out-of-Pocket Maximum Certain member payments do not apply*	\$3,100 employee-only contract or \$5,700 family contract (employee plus one or more dependents) – aggregate	Not applicable
Office Visits	20% of negotiated fee after annual deductible	Not covered
Other Professional Services Includes maternity, diagnostic lab and x-ray	20% of negotiated fee after annual deductible	Not covered
Hospital Inpatient Facility Services Preservice Review required	20% of negotiated fee after annual deductible	Not covered, except in emergencies after deductible
Hospital Inpatient Professional Services (lab, physician, anesthesia)	20% of negotiated fee after annual deductible	Not covered, except in emergencies after deductible
Hospital Outpatient Services Preservice Review required for certain surgical services and diagnostic procedures	20% of negotiated fee after annual deductible	Not covered, except in emergencies after deductible
Ambulatory Surgical Centers Preservice Review required	20% of negotiated fee after annual deductible	Not covered
Prescription Drugs 30-day supply retail; up to a 60-day supply available through mail order	\$10 copay generic (for each 30-day supply), \$25 copay brand-name (for each 30-day supply) after annual deductible; infertility drug lifetime maximum benefit of \$1,500 ; self-administered injectable drugs, except Insulin: 30% of the negotiated fee after annual deductible	Not covered

*Services that do not apply to the annual out-of-pocket maximum include, but are not limited to non-covered services.



Additional Features

All amounts listed are the member's responsibility to pay after deductibles, unless otherwise noted.

	IN-NETWORK	OUT-OF-NETWORK
HealthyCheckSM Screening Ages 7-Adult Includes certain lab tests, immunizations and health education information	\$25 or \$75 copay health screening options Not subject to annual deductible	Not available
Well Baby Immunizations and Adult Screening Tests Children through age 6 Regular check-up and immunizations Ages 7-Adult Limited to annual Pap, breast exam, and mammogram for women, and Prostate Specific Antigen (PSA) study for men	20% of negotiated fee after annual deductible	Not covered
Emergency Care	20% of negotiated fee after annual deductible	20% of customary and reasonable charges, plus 100% of charges in excess of customary and reasonable charges after deductible
Ambulance	20% of negotiated fee after annual deductible	20% of customary and reasonable charges, plus 100% of charges in excess of customary and reasonable charges after annual deductible
Skilled Nursing Facility 100 days per year; Preservice Review required	20% of negotiated fee after annual deductible	Not covered
Home Health Care 90 four-hour visits per year; Preservice Review required	20% of negotiated fee after annual deductible	Not covered
Physical/Occupational Therapy, Chiropractic Care Total of 12 visits per year	20% of negotiated fee after annual deductible	Not covered
Acupuncture/Acupressure Total of 12 visits per year	All of the negotiated fee, except \$25 per visit after annual deductible	Not covered
Mental Health* Includes chemical dependency Inpatient Blue Cross pays \$5,250 maximum benefit per year	All of the negotiated fee, except \$175 per day after annual deductible	Not covered
Mental Health* Includes chemical dependency Outpatient Professional Services One visit per day, 20 visits per year	All of the negotiated fee, except \$25 per visit after annual deductible	Not covered
Infusion Therapy Includes chemotherapy Preservice Review required	20% of negotiated fee after annual deductible	Not covered
Infertility Services Lifetime maximum of \$2,000 for hospital and professional services combined	20% of negotiated fee after additional \$500 copay; subject to annual deductible	Not covered

* Except for coverage of severe mental illness (see back cover)

Using Your Plan

The High Deductible EPO Plan is a health plan designed to allow eligible individuals to take advantage of the income tax benefits associated with a Health Savings Account (HSA). The EPO plan is not an HSA, and does not establish an HSA.

An HSA is a savings account that allows individuals to save for qualified medical and retiree health expenses on a tax-free basis. To establish an HSA, an individual must be eligible under IRS regulations and must open an HSA that meets IRS requirements at a qualifying bank or financial institution.

An HSA must be used in conjunction with a qualifying high deductible health plan. Individuals considering enrollment in the High Deductible EPO Plan to use with an HSA, should first consult their tax advisor.

For employers offering the High Deductible EPO Plan:

The High Deductible EPO Plan is designed for Exclusive Provider Organization usage. Using Non-Participating Providers could result in significantly higher out-of-pocket costs.

Choosing Your Physician

Participating Providers

The Blue Cross provider network is among the largest in the state, consisting of more than 42,000 physicians and 440 hospitals. As a plan member, you are entitled to negotiated discounts when you use a network provider. This could mean savings of up to 30-40 percent of your out-of-pocket expenses each time you receive medical care with a network provider, and you will have no claim forms to fill out.

Non-Participating Providers

Deductible plans for HSAs are designed for Exclusive Provider Organization usage. No payment is made to Non-Participating Providers, even when the member has little or no role in selecting that provider (e.g., anesthesiologists). An exception may be made if services are received as a result of a medical emergency. However, using a Non-Participating Provider could result in significantly higher out-of-pocket costs.

Hospitals

Blue Cross contracts with most hospitals in California. Participating Hospitals are subject to plan deductibles. There is no coverage provided at Non-Participating and Non-Contracting Hospitals, except for medical emergencies.

Preservice Review

Certain surgical and diagnostic procedures, including most inpatient hospital stays, skilled nursing facility admissions, infusion therapy in any setting, home health care and transplants require Preservice Review. If this is not obtained, you will be responsible for an additional \$250 copay. Please see your Combined Evidence of Coverage and Disclosure Form (EOC) for a complete listing of procedures and services requiring Preservice Review.

Healthy Living

MedCall[®] connects you to a registered nurse by phone 24 hours a day, seven days a week and offers access to an extensive audiotape resource library.

Baby ConnectionSM promotes early and regular prenatal care for a healthy pregnancy and healthy baby.

Health Improvement Programs help members to manage the chronic conditions of asthma, diabetes and congestive heart failure.

HealthyExtensionsSM informs members about 10-50 percent discounts offered by independent vendors on alternative health care and wellness products and services.*

Member Privacy

Our complete **Notice of Privacy Practices** provides a comprehensive overview of the policies and practices we enforce to preserve our members' privacy rights and control use of their health care information, including: the right to authorize release of information; the right to limit access to medical information; protection of oral, written and electronic information; use of data; and information shared with employers. This notice can be downloaded from our Web site at www.bluecrossca.com or obtained by calling Small Group Customer Service at (800) 627-8797.

Mental Health Coverage

Blue Cross provides the same level of coverage as other medical diagnoses for the medically necessary treatment of severe mental illnesses in persons of any age. Severe mental illness, as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual (DSM), includes certain specific diagnoses such as schizophrenia, bipolar disorder and anorexia nervosa. An expanded list of mental illnesses defined as severe is contained in your EOC.

Blue Cross also provides the same level of coverage for certain other mental health conditions, as it does for medical conditions, including serious emotional disturbances in children. Your EOC contains additional information about your coverage for health conditions in these categories

Cancer Clinical Trials

Cancer clinical trials are covered at the same share of costs as other covered services received from Participating Providers under your plan. The same services from Non-Participating Providers are not covered. The clinical trial must be provided within California unless the protocol is not available in California. The clinical trial must satisfy other criteria to qualify. The extent of coverage and exclusions from coverage are detailed in your EOC.

**HealthyExtensions products and services are not benefits under your Blue Cross plan; see our Web site for further information; discount programs are subject to change or withdrawal without notice.*

Blue Cross of California (BCC) is an Independent Licensee of the Blue Cross Association (BCA). The Blue Cross name and symbol are registered service marks of the BCA. BCC is a health care service plan regulated by the Department of Managed Health Care.

BCC high deductible plans are not HSAs. The IRS has not yet issued HSA or high deductible health plan regulations or determined that Blue Cross of California high deductible plans are qualifying high deductible health plans. Consultation with a tax advisor is recommended.