blue of california

Access+ HMO plan

Effective January 1, 2017

SAN FRANCISCO
HEALTH SERVICE SYSTEM

HIGHLIGHTS

Go with the plan that's right for you

When you go with Blue Shield of California, you're on your way to quality health coverage, large provider networks, and a wide range of programs and services that help provide the most value from your coverage.

This booklet offers the information you need to choose the right health plan for you and your family.

Have questions? Get answers.

Call the Blue Shield Member Services team at **(855) 256-9404**.

Visit **blueshieldca.com/sfhss** to find providers, review medical benefits and more.

Download the Blue Shield mobile app for iPhone® or Android™ at **blueshieldca.com/mobile**.

Connect with Team Shield on **Facebook/BlueShieldCA** or **Twitter/TeamShieldBSC** and post a question.

Access+ HMO plan

If you go to the doctor often, the Access+ HMO® plan may be the most cost-effective one for you. It's affordable and predictable – fixed copays for most services, no deductibles and almost no claim forms.

How the plan works

- You pay only the copayment for most covered services like doctor visits, urgent care and emergency care.
- For preventive care services, such as a flu shot, there is no copay.
- You must choose a Personal Physician from the Access+ HMO network to coordinate your care.
- To see a specialist, you can get a referral from your Personal Physician. Or you can use the Access+ *Specialist*SM* feature to self-refer to a specialist within your Personal Physician's medical group or Independent Practice Association (IPA).

Choosing a Personal Physician

When you enroll in this plan, you'll choose a Personal Physician (primary care physician) and medical group/IPA. Personal Physicians perform preventive care and treat medical conditions. They can also coordinate other health care, including referrals to specialists and hospitals within their medical group/IPA. Each member of your family can choose a different physician and medical group/IPA.

To find a Personal Physician, see page 06. If you are selecting a Personal Physician you have already seen, please let Blue Shield know that you are a current patient.

If you don't choose a Personal Physician during enrollment, we will automatically assign one to you. If you ever need to change your Personal Physician, call Blue Shield Member Services.

* To use this option, members must select a Personal Physician who is affiliated with a medical group or IPA that is an Access+ provider group, which offers the Access+ *Specialist* feature. Members should then select a specialist within that medical group or IPA. Access+ *Specialist* visits for mental health services must be provided by a mental health service administrator (MHSA) network participating provider.

Learn more
See benefit overview on page 04.
To find network providers, see page 06.

Plan highlights

Here are highlights of the services covered by the Access+ HMO plan.

Preventive care – You have access to services defined as routine preventive care at no additional charge and without having to pay a copayment or meet the plan's deductible. You can download a list of recommended screenings and immunizations by going to **blueshieldca.com/preventive**.

Specialty care – Access+ *Specialist* makes it easy to self-refer to a specialist within your medical group or IPA for a consultation.* For ongoing care from a specialist, you'll need to get a referral from your Personal Physician.

Mental health and substance use disorder care – Blue Shield's mental health service administrator (MHSA) provider network offers inpatient and outpatient care for issues such as depression, alcohol/drug abuse and mental illness, plus marriage and family counseling.

Urgent care – It's possible to save time and money by going to an urgent care center instead of the emergency room. As an HMO member, always call your doctor's office before visiting an urgent care center. If you receive care at an urgent care center that's not affiliated with your doctor's medical group or IPA, your HMO plan may not cover the services you receive.

Emergency care – You're covered for emergency care around the world regardless of whether or not the provider is in your plan's HMO network.

Chiropractic and acupuncture services – Visit any participating chiropractor or acupuncturist from the American Specialty Health (ASH) Plans network without a referral from your Personal Physician.

Coverage while traveling – HMO members using the BlueCard® Program can get emergency and urgent care services across the United States and around the world. Getting urgent care with the BlueCard Program can be more cost-effective. It may also eliminate the need to pay for the services at the time you receive them.

Away From Home Care – Designed for students, long-term travelers, workers on long-distance assignments and families living apart, the Away From Home Care® program offers flexible coverage across most of the country for extended periods of time.† Call Blue Shield Member Services to find out if your family is eligible.

Pharmacy benefits – Visit **blueshieldca.com/pharmacy** to find our drug formulary and learn about prescriptions by mail. Our Plus Drug Formulary is a list of our preferred brand-name and generic drugs. You may save money if your medication is a preferred prescription drug. If you take stabilized doses of covered medications for chronic conditions such as diabetes, you can have a 90-day supply delivered through our mail service pharmacy. Shipping is free, and you may save on your copay.

* To use this option, members must select a Personal Physician who is affiliated with a medical group or IPA that is an Access+ provider group, which offers the Access+ *Specialist* feature. Members should then select a specialist within that medical group or IPA. Access+ *Specialist* visits for mental health services must be provided by an MHSA network participating provider.

† The Away From Home Care program is not available in all areas and states. Benefits from the host plan may differ from benefits in the Access+ HMO plan.

Compare **plan benefits**

To learn more about these plans, please see the benefit summaries that begin on page 09.

	Access+ HMO plan
	NETWORK
Plan-year deductible	None
Plan-year out-of-pocket maximum	$2,000 per individual / $4,000 per family
	MEMBER COPAYMENT
Physician office visit	$25 per visit
Specialist office visit	$25 per visit for allergy testing and treatment $30 per Access+ *Specialist* visit*
Preventive health benefits	No charge
Outpatient X-ray, pathology and laboratory	No charge
Hospital care (outpatient surgery in a hospital or a hospital affiliated ambulatory surgery center)	$100 per surgery
Hospital care (inpatient non-emergency facility services)	$200 per admission
Urgent care center visit	$50 per visit†
Emergency room services (not resulting in admission)	$100 per visit
Mental health services (routine outpatient professional/physician visits)	$25 per visit
Mental health services (inpatient hospital services or residential care)	$200 per admission
Substance use disorder services (routine outpatient professional/physician visits)	$25 per visit
Pregnancy and maternity care benefits‡	No charge
Infertility services	50%
Acupuncture benefits	$15 (up to 30 visits per plan or calendar year)
Chiropractic benefits (provided by a chiropractor)	$15 (up to 30 visits per plan or calendar year)

* To use this option, members must select a Personal Physician who is affiliated with a medical group or IPA that is an Access+ provider group, which offers the Access+ *Specialist* feature. Members should then select a specialist within that medical group or IPA. Access+ *Specialist* visits for mental health services must be provided by an MHSA network participating provider.

† Always call your doctor's office before visiting an urgent care center. If you receive care at an urgent care center that is not affiliated with your doctor's medical group or IPA, your HMO plan may not cover the services you receive.

‡ Prenatal and postnatal physician office visits. For inpatient hospital services, see "Hospitalization Services" on the plan's benefit summary.

Compare **pharmacy benefits**

To learn more about these plans, please see the benefit summaries that begin on page 09.

	Access+ HMO plan
	PARTICIPATING PHARMACY
Annual deductible	None
	MEMBER COPAYMENT
Retail prescriptions (for up to a 30-day supply)	
Contraceptive drugs and devices	$0 per prescription
Formulary generic drugs	$10 per prescription
Formulary brand-name drugs	$25 per prescription
Non-formulary brand-name drugs	$50 per prescription
Mail service prescriptions (for up to a 90-day supply)	
Contraceptive drugs and devices	$0 per prescription
Formulary generic drugs	$20 per prescription
Formulary brand-name drugs	$50 per prescription
Non-formulary brand-name drugs	$100 per prescription

Compare prescription drug costs

You can compare the costs of generic versus brand-name drugs. You can also compare the costs of drugs at up to five network pharmacies. To begin, log in to **blueshieldca.com/bsca/pharmacy/home.sp** and select the *Drug Database and Formulary* to learn about out-of-pocket expenses.

Find a network provider

Blue Shield's networks are some of the largest in California.

The HMO network has more than 40,000 physicians and 300 hospitals – Brown & Toland Medical Group, Chinese Community Health Care Association, Palo Alto Medical Foundation and Hill Physicians Medical Group, in addition to California Pacific Medical Center, UCSF Medical Center, John Muir Health and more.

Find a network provider in California

HMO network providers

1. Go to **blueshieldca.com/networkhmo**.
2. Select the type of provider you need.
3. Choose *Advanced Search* to filter by name, specialty, gender or facility type.
4. When searching for an HMO Personal Physician, select *HMO Personal Physicians* as the doctor type. Then click on the physician's name to find the provider number and medical group/IPA number (needed when you enroll in the Access+ HMO plan for the first time.)
5. Enter your city and state or ZIP code, then click *Find now*.

Get results as a PDF

Create a PDF of your search results:

Follow the steps to find a network provider in the previous paragraph and select *Get results as PDF* in the upper right corner of the screen. Then follow the instructions to download or have the listing emailed to you as a PDF.

Create a PDF directory by county or ZIP code:

Go to **blueshieldca.com/networkhmo** and select *Directory Online* (on the left side of the page) and follow the instructions.

Search for a network provider outside of California

Within the United States

- Go to **provider.bcbs.com**.
- Enter the first three letters of your member ID or XEH.
- Search by *Keyword* or by *Specialty*.
- Enter a location and how far you want to travel.
- Click *Go*.

Outside of the United States

- Go to **bluecardworldwide.com**.
- Accept the terms and conditions.
- Enter the first three letters of your member ID or XEH.
- Click *Go*.

Quality scores are a click away

Use **blueshieldca.com** when you want to see patient satisfaction rankings for providers. Facilities and HMO medical groups also have Performance Profiles, which show quality and efficiency scores.

If you don't have access to the internet or need help, simply contact your dedicated Blue Shield Member Services team at **(855) 256-9404** for personal assistance or to request a provider directory.

Going with Blue Shield means added programs and services

Condition management programs

Get nurse support, education and self-management tools to help treat chronic conditions. Programs are available for members with asthma, diabetes, coronary artery disease, heart failure and chronic obstructive pulmonary disease.

ID protection and credit monitoring

Blue Shield of California offers identity protection services such as credit monitoring, identity repair assistance and identity theft insurance to our eligible medical plan members and their covered family members.* These services are offered at no charge to our eligible plan members.

LifeReferrals 24/7

Call anytime to talk with experienced professionals ready to help you with personal, family and work issues. Get referrals for three face-to-face or telephone visits in a six-month period with a licensed therapist at no cost. You can find the LifeReferrals 24/7SM phone number on the back of your Blue Shield member ID card.

NurseHelp 24/7

Registered nurses are available day or night to answer your health questions. Call or go online to have a one-on-one personal chat with a registered nurse anytime. You can find the NurseHelp 24/7SM phone number on the back of your Blue Shield ID card.

Prenatal Program

Expectant parents get 24/7 phone access to experienced maternity nurses. The program also offers prenatal information, including a choice of a free pregnancy or parenting book at no additional cost. Some materials are also available in Spanish.

Shield Support

Our case management program supports members with acute, long-term and high-risk conditions. The program includes short-term care coordination and ongoing case management. Our care team includes physicians, registered nurses, licensed clinical social workers, dietitians and pharmacists who provide support and resources to meet members' needs.

* Due to current laws, members of Blue Shield Federal Employee Programs, Medicare Advantage HMO plans and Medicare Prescription Drug Plans are not eligible to receive this offer.

Teladoc

Teladoc gives you around-the-clock access to board-certified doctors who are ready to treat many medical issues. With Teladoc's convenient phone and online video appointments, you could avoid a trip to the doctor's office. You pay nothing each time you use Teladoc. To learn more, go to **teladoc.com/bsc** or call Teladoc at **(800) Teladoc** (835-2362).

Wellness discount programs

Blue Shield offers a wide range of discount programs* to help you save money and get healthier. These include discounts for:

- Weight Watchers
- Membership with 24 Hour Fitness, ClubSport and Renaissance ClubSport
- Acupuncture, chiropractic services and massage therapy
- Eye exams, frames, contact lenses and LASIK surgery

Visit **blueshieldca.com/hw** to learn more.

Wellvolution

Wellvolution® is an easy, social and fun approach to wellness. Participate on the go from your computer, smartphone or tablet, and invite your family and friends to join the fun and support your health goals. Just go to **mywellvolution.com** for access to:

- **Well-Being Assessment** – Take our quick and confidential Well-Being Assessment and receive a personalized report on your overall well-being and suggestions on ways to improve your health.
- **Daily Challenge** – Once you join Daily Challenge,® every day you'll get an email to perform one simple wellness-related task that's fun to do. Earn points and connect with your friends and family as you explore activities to improve many areas of your well-being.
- **QuitNet** – As the longest-running online support community in the world, QuitNet® offers a dynamic, multi-modal tobacco cessation program through online and mobile engagement with daily email/SMS text support.

* These discount program services are not a covered benefit of your Blue Shield of California, Blue Shield of California Life & Health Insurance Company or self-insured health plan, and none of the terms or conditions of the Blue Shield, Blue Shield Life or self-insured health plan apply.

The networks of practitioners and facilities in the discount programs are managed by external program administrators, including any screening and credentialing of providers. Blue Shield does not review the services provided by discount program providers for medical necessity or efficacy, nor does Blue Shield make any recommendations, presentations, claims or guarantees regarding the practitioners, their availability, fees, services or products.

Some services offered through the discount program may already be included as part of the Blue Shield plan covered benefits. Members or self-insured plan participants should access those covered services prior to using the discount program.

Members or self-insured plan participants who are not satisfied with products or services received from the discount program may use the grievance process described in their *Evidence of Coverage and Disclosure* (EOC&D) form, *Benefit Booklet* or *Certificate of Insurance*/Policy. Blue Shield reserves the right to terminate this program at any time without notice.

Review **benefit summaries**

City and County of San Francisco
Custom Access+ HMO® 25
Group #: W0051448

Benefit Summary (For groups of 101 and above)
(Uniform Health Plan Benefits and Coverage Matrix)

Blue Shield of California

Effective January 1, 2017

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

Highlights: A description of the prescription drug coverage is provided separately

Calendar Year Medical Deductible	None
Calendar Year Out-of-Pocket Maximum	$2,000 per individual / $4,000 per family
Lifetime Benefit Maximum	None
Covered Services	
OUTPATIENT PROFESSIONAL SERVICES	
Professional (Physician) Benefits	
Physician and specialist office visits (note: a woman may self-refer to an OB/GYN or family practice physician in her personal physician's medical group or IPA for OB/GYN services)	$25 per visit
Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services	No Charge
Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine)	No Charge
Allergy Testing and Treatment Benefits	
Allergy testing, treatment and serum injections	$25 per visit
Access+ *Specialist*℠ Benefits [1]	
Office visit, examination or other consultation (self-referred office visits and consultations only)	$30 per visit
Preventive Health Benefits	
Preventive health services (as required by applicable Federal and California law)	No Charge
OUTPATIENT FACILITY SERVICES	
Outpatient surgery performed at a free-standing ambulatory surgery center	$100 per surgery
Outpatient surgery performed in a hospital or a hospital affiliated ambulatory surgery center	$100 per surgery
Outpatient services for treatment of illness or injury and necessary supplies (except as described under "Rehabilitation Benefits" and "Speech Therapy Benefits")	No Charge
Outpatient diagnostic x-ray, imaging, pathology, laboratory and other testing services	No Charge
Radiological and nuclear imaging (CT scans, MRIs, MRAs, PET scans and cardiac diagnostic procedures utilizing nuclear medicine)	No Charge
HOSPITALIZATION SERVICES	
Hospital Benefits (Facility Services)	
Inpatient physician services	No Charge
Inpatient non-emergency facility services (semi-private room and board, and medically necessary services and supplies, including subacute care)	$200 per admission
Inpatient Skilled Nursing Benefits [2, 3] (combined maximum of up to 100 days per benefit period; prior authorization is required; semi-private accommodations)	
Free-standing skilled nursing facility	No Charge
Skilled nursing unit of a hospital	No Charge

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
Emergency room physician services	No Charge
AMBULANCE SERVICES	
Emergency or authorized transport (ground or air)	$50 per transport

PRESCRIPTION DRUG COVERAGE

Outpatient Prescription Drug Benefits

A description of your outpatient prescription drug coverage is provided separately. If you do not have the separate drug summary that goes with this benefit summary, please contact your benefits administrator or call the Member Services number on your identification card.

PROSTHETICS/ORTHOTICS	
Prosthetic equipment and devices (separate office visit copayment may apply)	No Charge
Orthotic equipment and devices (separate office visit copayment may apply)	No Charge
DURABLE MEDICAL EQUIPMENT	
Breast pump	No Charge
Other durable medical equipment (member share is based on allowed charges)	No Charge
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES [4, 5]	
Inpatient hospital services	$200 per admission
Residential care	$200 per admission
Inpatient physician services	No Charge
Routine outpatient mental health and substance use disorder services (includes professional/physician visits)	$25 per visit
Non-routine outpatient mental health and substance use disorder services (includes behavioral health treatment, electroconvulsive therapy, intensive outpatient programs, office-based opioid treatment, partial hospitalization programs, psychological testing and transcranial magnetic stimulation)	No Charge
HOME HEALTH SERVICES	
Home health care agency services [2] Coverage limited to 100 visits per member per calendar year.	$25 per visit
Physician home visits	$25 per visit
Home infusion/home injectable therapy and infusion nursing visits provided by a home infusion agency	No Charge
HOSPICE PROGRAM BENEFITS	
Routine home care	No Charge
Inpatient respite care	No Charge
24-hour continuous home care	No Charge
Short-term inpatient care for pain and symptom management	No Charge
PREGNANCY AND MATERNITY CARE BENEFITS	
Prenatal and postnatal physician office visits (when billed as part of global maternity fee including hospital inpatient delivery services)	No Charge
Abortion services (an additional facility copayment may apply when services are rendered in a hospital or outpatient surgery center)	No Charge
FAMILY PLANNING AND INFERTILITY BENEFITS	
Counseling and consulting (Includes insertion of IUD, as well as injectable and implantable contraceptives for women)	No Charge
Infertility services (member cost share is based upon allowed charges) (diagnosis and treatment of cause of infertility. Excludes in vitro fertilization, injectables for infertility, artificial insemination and GIFT)	50%
Tubal ligation	No Charge
Vasectomy (an additional facility copayment may apply when services are rendered in a hospital or outpatient surgery center)	$75 per surgery
REHABILITATION AND HABILITATION BENEFITS (Physical, Occupational and Respiratory Therapy)	
Office location (an additional facility copayment may apply when services are rendered in a hospital or skilled nursing facility)	$25 per visit
SPEECH THERAPY BENEFITS	
Office location (an additional facility copayment may apply when services are rendered in a hospital or skilled nursing facility)	$25 per visit
DIABETES CARE BENEFITS	
Devices, equipment, and non-testing supplies (member share is based upon allowed charges; for testing supplies see Outpatient Prescription Drug Benefits)	No Charge
Diabetes self-management training	$25 per visit
HEARING AID SERVICE	
Audiological examination	No Charge
Hearing Aid (up to a maximum of $2,500 per ear, per member, every 36 months toward the purchase of hearing aids and ancillary equipment)	No Charge
URGENT CARE BENEFITS	
Urgent care services outside your personal physician service area within California	$50 per visit
Urgent care services outside of California (BlueCard® Program)	$50 per visit

1 To use this option, members must select a personal physician who is affiliated with a medical group or IPA that is an Access+ provider group, which offers the Access+ Specialist feature. Members should then select a specialist within that medical group or IPA.

2 For Plans with a facility deductible amount, services with a day or visit limit accrue to the calendar year day or visit limit maximum regardless of whether the plan deductible has been met.

3 Inpatient skilled nursing services are limited to 100 preauthorized days during a benefit period except when received through a hospice program provided by a participating hospice agency. This 100 preauthorized day maximum on inpatient skilled nursing services is a combined maximum between skilled nursing services provided in a hospital unit and skilled nursing services provided in a skilled nursing facility (SNF).

4 Mental health and substance use disorder services are accessed through Blue Shield's Mental Health Service Administrator (MHSA) - using MHSA participating providers.

5 Inpatient services for acute detoxification are covered under the medical benefit; see the Hospital Benefits (Facility Services) section of the *Evidence of Coverage* for benefit details. Services for acute medical detoxification are accessed through Blue Shield using Blue Shield's participating providers.

Plan designs may be modified to ensure compliance with state and Federal requirements.

A16205 (1/17) 18107 MP080516

This plan is pending regulatory approval.

City and County of San Francisco
Custom Access+ HMO® Plan

Group #: W0051448

THIS DRUG COVERAGE SUMMARY IS ADDED TO BE COMBINED WITH THE HMO OR POS PLANS UNIFORM HEALTH PLAN BENEFITS AND COVERAGE MATRIX. THE *EVIDENCE OF COVERAGE* AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Outpatient Prescription Drug Coverage
(For groups of 101 and above)

Blue Shield of California

Highlight: $0 Calendar Year Brand Drug Deductible
$10 Formulary Generic/$25 Formulary Brand/$50 Non-Formulary Brand Drug - Retail Pharmacy
$20 Formulary Generic/$50 Formulary Brand/$100 Non-Formulary Brand Drug - Mail Service

Covered Services	Member Copayment
DEDUCTIBLES (Prescription drug coverage benefits are not subject to the medical plan deductible)	
Calendar Year Brand Drug Deductible Applies to covered brand and specialty drugs	None
PRESCRIPTION DRUG COVERAGE [1, 2, 3, 4]	**Participating Pharmacy**[8]
Retail Prescriptions up to a 30-day supply)	
• Contraceptive drugs and devices [5]	$0 per prescription
• Formulary Generic drugs	$10 per prescription
• Formulary Brand drugs	$25 per prescription
• Non-Formulary Brand drugs	$50 per prescription
Mail Service Prescriptions (up to a 90-day supply)	
• Contraceptive drugs and devices [5]	$0 per prescription
• Formulary Generic drugs	$20 per prescription
• Formulary Brand drugs	$50 per prescription
• Non-Formulary Brand drugs	$100 per prescription
Specialty Pharmacies (up to a 30-day supply) [6]	
• Specialty drugs [7]	20% up to (Up to $100 copayment maximum per prescription)

1 Amounts paid through copayments and any applicable pharmacy deductible accrues to the member's medical calendar year out-of-pocket maximum. Please refer to the *Evidence of Coverage* and Plan Contract for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit, if applicable, from the previous plan during the calendar year will not carry forward to your new plan.

2 Drugs obtained at a non-participating pharmacy are not covered, unless Medically Necessary for a covered emergency.

3 Select drugs require prior authorization by Blue Shield for medical necessity, or when effective, lower cost alternatives are available.

4 If the member requests a brand drug when a generic drug equivalent is available, the member is responsible for paying the generic drug copayment plus the difference in cost to Blue Shield between the brand drug and its generic drug equivalent.

5 Contraceptive drugs and devices covered under the outpatient prescription drug benefits will not be subject to the applicable calendar year pharmacy deductible when obtained from a participating pharmacy. If a brand contraceptive is requested when a generic equivalent is available, the member will be responsible for paying the difference between the cost to Blue Shield for the brand contraceptive and its generic drug equivalent. In addition, select contraceptives may need prior authorization to be covered without a copayment.

6 Network Specialty Pharmacies dispense Specialty drugs which require coordination of care, close monitoring, or extensive patient training that generally cannot be met by a retail pharmacy. Network Specialty Pharmacies also dispense Specialty drugs requiring special handling or manufacturing processes, restriction to certain Physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are generally high cost.

7 Specialty Drugs are available from a Network Specialty Pharmacy. A Network Specialty Pharmacy provides specialty drugs by mail or upon member request, at an associated retail store for pickup.

8 Coinsurance is calculated based on the contracted rate. When the Participating Pharmacy's contracted rate is less than the Member's Copayment or Coinsurance, the Member only pays the contracted rate.

Note: This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the Federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan while you maintain this coverage. However, you should be aware that if you have a subsequent break in this coverage of 83 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you would be subject to a late enrollment penalty in addition to your Part D premium.

Important Prescription Drug Information

You can find details about your drug coverage three ways:

1. Check your *Evidence of Coverage*.
2. Go to https://www.blueshieldca.com/bsca/pharmacy/home.sp and log onto My Health Plan from the home page.
3. Call Member Services at the number listed on your Blue Shield member ID card.

At Blue Shield of California, we're dedicated to providing you with valuable resources for managing your drug coverage. Go online to the *Pharmacy* section of https://www.blueshieldca.com/bsca/pharmacy/home.sp and select the *Drug Database and Formulary* to access a variety of useful drug information that can affect your out-of-pocket expenses, such as:

- Look up non-formulary drugs with formulary or generic equivalents;
- Look up drugs that require step therapy or prior authorization;
- Find specifics about your prescription copayments;
- Find local network pharmacies to fill your prescriptions•.

TIPS!

Using the convenient mail service pharmacy can save you time and money. If you take a consistent dose of a covered maintenance drug for a chronic condition, such as diabetes or high blood pressure, you can receive up to a 90-day supply through the mail service pharmacy with a reduced copayment. Call the mail service pharmacy at (866) 346-7200. Members using TTY equipment can call TTY/TDD 866-346-7197.

Plan designs may be modified to ensure compliance with state and Federal requirements.

A16149-c (1/17) 18108 MP083016

This plan is pending regulatory approval.

Chiropractic and Acupuncture Benefits

Additional coverage for City and County of San Francisco
Custom Access+ HMO® Plan
Group #: W0051448

Blue Shield Chiropractic and Acupuncture</8.5 Care coverage lets you self refer to a network of more than 4,000 licensed chiropractors and more than 2,500 licensed acupuncturists. Benefits are provided through a contract with American Specialty Health Plans of California, Inc. (ASH Plans).

How the Program Works

You can visit any participating chiropractors or acupuncturists in California from the ASH Plans network *without* a referral from your HMO or POS Personal Physician. Simply call a participating provider to schedule an initial exam.

At the time of your first visit, you'll present your Blue Shield identification card and pay only your copayment. Because participating chiropractors and acupuncturists bill ASH Plans directly, you'll never have to file claim forms.

If you need further treatment, the participating chiropractor or acupuncturist will submit a proposed treatment plan to ASH Plans and obtain the necessary authorization from ASH Plans to continue treatment up to the calendar year maximum of 30.

What's Covered

The plan covers medically necessary chiropractic and acupuncture services including:

- Initial and subsequent examinations
- Office visits and adjustments (subject to annual limits)
- Adjunctive therapies
- X-rays (chiropractic only)

Benefit Plan Design

Calendar year Maximum	30 Visits Chiropractic 30 Visits Acupuncture
Calendar year Deductible	None
Calendar year Chiropractic Appliances Benefit [1, 2]	$50

Covered Services	Member Copayment
Acupuncture Services	$15 per visit
Chiropractic Services	$15 per visit
Out-of-network Coverage	None

1 Chiropractic appliances are covered up to a maximum of $50 in a calendar year as authorized by ASH Plans.

2 As authorized by ASH plans, this allowance is applied toward the purchase of items determined necessary, such as supports, collars, pillows, heel lifts, ice packs, cushions, orthotics, rib belts and home traction units.

Friendly Customer Service

Helpful ASH Plans Member Services representatives are available at (800) 678-9133 Monday through Friday from 6 a.m. to 5 p.m. to answer questions, assist with problems, or help locate a participating chiropractor or acupuncturist.

This document is only a summary for informational purposes. It is not a contract. Please refer to the *Evidence of Coverage* and the

Additional Blue Shield Infertility Benefits

City of County of San Francisco
Custom Access+ HMO® Plan
Group#: W0051448

How the Plan Works

Your health plan includes infertility benefits in addition to those listed in the Benefit Summary (Uniform Benefits and Coverage Matrix[1]). Coverage includes authorized professional, hospital, ambulatory surgery center, and ancillary services, as well as injectable drugs administered or prescribed to diagnose and treat the cause of infertility including induced fertilization[2].

Coverage Details

The following procedures are limited, per calendar year as shown.

- Six (6) natural (without ovum/egg [oocyte or ovarian tissue] stimulation) artificial inseminations and;
- Three (3) stimulated (with ovum/egg [oocyte or ovarian tissue] stimulation) artificial inseminations and;

The following procedures are limited, per lifetime as shown.

- One (1) gamete intrafallopian transfer (GIFT), in-vitro fertilization (IVF), or zygote intrafallopian transfer (ZIFT)
- Cryopreservation of sperm/ oocyte /embryos for a condition when retrieved from a covered Subscriber, spouse, or Domestic Partner. Benefits are limited to one retrieval and one year of storage per person per lifetime.

All benefits are subject to a copayment.

Health Plans	Copayment
HMO plans	50% of the allowable amount

1. If you are an HMO member, services that diagnose and treat the cause of infertility are included in your basic plan benefits.
2. These services are covered only when authorized by Blue Shield, and provided by a HMO plan provider. Procedures must be consistent with established medical practice in treatment of infertility and induced fertilization.

This is only a summary for informational purposes. It is not a contract. Please refer to the plan contract and *Evidence of Coverage* for a detailed description of covered benefits and limitations.

This plan is pending regulatory approval.

Glossary

Not sure what it means?

Use this glossary as a handy reference to some common health benefit terms.

Brand-name drugs: FDA-approved drugs under patent to the original manufacturer and available only under the original manufacturer's branded name.

Calendar year: A period beginning at 12:01 a.m. on Jan. 1 and ending at 12:01 a.m. of the next year.

Claim: A notification to your health plan that a service has been provided and payment is requested.

Coinsurance: A percentage of the cost for covered services that a member pays under the health plan after the deductible has been met.

Copayment: The dollar amount that a member is required to pay for certain benefits. Also called a "copay."

Emergency services: Services for an unexpected medical condition, including a psychiatric emergency medical condition, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a layperson who possesses an average knowledge of health and medicine could reasonably assume that the absence of immediate medical attention could be expected to result in any of the following: placing the member's health in serious jeopardy; serious impairment to bodily functions; or serious dysfunction of any bodily organ or part.

Formulary: A comprehensive list of drugs maintained by Blue Shield's Pharmacy and Therapeutics Committee for use under the Blue Shield Prescription Drug Program, which is designed to assist physicians in prescribing drugs that are medically necessary and cost effective. The formulary is updated periodically. If not otherwise excluded, the formulary includes all generic drugs.

Generic drugs: Drugs that (1) are approved by the FDA as a therapeutic equivalent to the brand-name drug, (2) contain the same active ingredient as the brand-name drug and (3) cost less than the brand-name drug equivalent.

Inpatient: An individual who has been admitted to a hospital as a registered bed patient and is receiving services under the direction of a physician.

Non-formulary drugs: Drugs determined by the health plan as being duplicative or as having preferred formulary drug alternatives available. Benefits may be provided for non-formulary drugs and are always subject to the non-formulary copayment.

Outpatient: An individual receiving services but not as an inpatient.

Out-of-pocket maximum: Your maximum copayment responsibility each calendar year for covered services. However, copayments for a very small number of covered services do not apply to the annual out-of-pocket maximum, and you continue to be responsible for copayments for those services when the out-of-pocket maximum is reached.

Personal Physician (also known as a primary care physician): A general practitioner, family practitioner, internist, obstetrician/gynecologist or pediatrician who has contracted with the plan as a Personal Physician to provide primary care to members and to refer, authorize, supervise and coordinate the provision of all benefits to members in accordance with the agreement.

Preventive care: Medical services provided by a physician for the early detection of disease when no symptoms are present and for routine physical examinations, usually limited to one visit per calendar year for members age 18 and over.

Services: Includes medically necessary healthcare services and medically necessary supplies furnished incident to those services.

Language assistance

Notice on the availability of language assistance services to accompany vital documents issued in English.

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it.

You may also be able to get this letter written in your language. For free help, please call right away at the Member/Customer Service telephone number on the back of your Blue Shield ID card, or (866) 346-7198.

IMPORTANTE: ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda gratuita, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Blue Shield o al (866) 346-7198.

(Spanish)

重要通知：您能讀懂這封信嗎？ 如果不能，我們可以請人幫您閱讀。

這封信也可以用您所講的語言書寫。 如需幫助，請立即撥打登列在您的Blue

Shield ID卡背面上的會員/客戶服務部的電話，或者撥打電話866-346-7198。

(Chinese)

QUAN TRỌNG: Quý vị có thể đọc lá thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận lá thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngay đến Ban Dịch vụ Hội viên/Khách hàng theo số ở mặt sau thẻ ID Blue Shield của quý vị hoặc theo số 866-346-7198.
(Vietnamese)

Go with the plan that's right for you

Go with Blue Shield for a healthier you.

For more information, visit blueshieldca.com, download the Blue Shield of California mobile app through the App Store℠ or Google Play™, or call your dedicated Blue Shield Member Services team at (855) 256-9404 from 7 a.m. to 7 p.m., Monday through Friday.

Member confidentiality

Blue Shield protects the confidentiality and privacy of your personal and health information, including medical information and individually identifiable information such as your name, address, telephone number and Social Security number. To ensure this, Blue Shield requires a signed authorization form for you to access health information for your spouse or dependents over the age of 18.

To request an authorization form, log in to **blueshieldca.com** and select *My Health Plan*. Click on *Download Forms* under *Tools* on the right side. Scroll down to *Release of information* and click on *Personal and Health Information Release*. If you don't have access to the internet, or have questions about how Blue Shield protects your privacy and confidentiality, please call our Privacy Office directly at **(888) 266-8080**.