



BlueCross
of California



SM

SUMMARY OF FEATURES

Blue Cross Small Group
Saver HMO Plan

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.

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

Please 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 unless otherwise noted.

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$1,500 per member (applies to inpatient hospital, outpatient hospital and ambulatory surgical centers, except for medical emergencies)	Not applicable
Lifetime Covered Charges Paid by Blue Cross	Unlimited	Not applicable
Annual Out-of-Pocket Maximum*	\$2,250 per member, \$4,500 per family (two or more members—aggregate) Certain member payments do not apply	Not applicable
Office Visits Includes office visits for maternity	\$10 copay	Not covered
Other Professional Services Includes maternity, diagnostic lab and x-ray	No charge	Not covered
Hospital Inpatient Facility Services	No charge after annual deductible	Not covered, except for certain emergency services
Hospital Inpatient Professional Services (lab, physician, anesthesia)	No charge	Not covered, except for certain emergency services
Hospital Outpatient Services	No charge after annual deductible	Not covered, except for certain emergency services
Ambulatory Surgical Centers	No charge after annual deductible	Not covered, except for certain emergency services
Prescription Drugs 30-day supply retail; up to a 60-day supply available through mail order	\$10 copay generic (for each 30-day supply), not subject to deductibles; \$25 copay brand-name (for each 30-day supply) after annual \$150 brand-name prescription drug deductible per member, in-network and out-of-network combined; infertility drug lifetime maximum benefit of \$1,500 , in-network and out-of-network combined; self-administered injectable drugs, except Insulin; 30% of the negotiated fee (subject to brand-name prescription drug deductible, if applicable)	50% of Drug Limited Fee Schedule if filled within California after annual \$150 brand-name prescription drug deductible per member, in-network and out-of-network combined; infertility drug lifetime maximum benefit of \$1,500 , in-network and out-of-network combined Mail order not available

* Services that do not apply to the annual out-of-pocket maximum include, but are not limited to: copay paid or the brand-name prescription drug deductible applied under the pharmacy benefit; infertility copay; preservice review copay; non-covered services.



Additional Features

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

	IN-NETWORK	OUT-OF-NETWORK
Well Baby Immunizations and Adult Screening Tests	\$10 copay per office visit	Not covered
Emergency Care \$50 copay for each visit - waived if admitted	No charge	No charge, except 100% of charges in excess of customary and reasonable fees
Ambulance	No charge if ordered by the Primary Care Physician or in an emergency	Not covered, except for certain emergency services
Skilled Nursing Facility 100 days per year in a two-bed room	No charge	Not covered
Home Health Care Up to 3 two-hour visits per day	No charge if ordered by the Primary Care Physician	Not covered
Physical/Occupational Therapy Up to 60 consecutive days following an illness or injury	No charge if ordered by the Primary Care Physician	Not covered
Chemical Dependency* Inpatient Detoxification for alcohol or drug abuse (acute stage only)	No charge after annual deductible	Not covered
Mental Health* Outpatient Professional Services One visit per day, 20 visits per year	\$20 copay	Not covered
Infusion Therapy Includes chemotherapy	No charge	Not covered
Infertility Services	50% charge	Not covered

Healthy Living

MedCall connects you to a registered nurse by phone 24 hours a day, seven days a week. MedCall can help you decide what to do about your medical concerns, and offers an audiotape resource library covering over 200 medical topics.

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

Health Management Programs help members to manage chronic conditions. We currently offer programs for asthma, diabetes and congestive heart failure.

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

Using Your Plan

Blue Cross HMO is a type of health care coverage that coordinates health care services with you, a Participating Medical Group (PMG) or Independent Practice Association (IPA), and a Primary Care Physician.

Choosing a Physician

When enrolling in this plan, you choose a doctor for each enrolled family member from a PMG or IPA. The Primary Care Physician (PCP) chosen is responsible for managing all of the designated member's health care needs. Generally, Primary Care Physicians specialize in internal medicine, general practice, family practice, or pediatrics.

Accessing Health Care

You may access your Primary Care Physicians and OB/GYNs directly for medical care. **To receive plan benefits for health care provided by other specialists, you will need a referral from the PMG or IPA before the service is received. This includes any hospitalizations, except in emergencies.**

In an Emergency

If you need emergency treatment, it is important that you immediately seek necessary care. If, as a result of the emergency condition, you are admitted into the hospital through the emergency room, **you or a member of your family must notify your Primary Care Physician, PMG or IPA as soon as possible, but no later than 48 hours after initial care has been provided.**

Blue Cross DirectAccess and Blue Cross SpeedyReferralSM Programs

Many medical groups participate in these two programs. The Blue Cross SpeedyReferral program makes the referral process faster and easier. The Blue Cross DirectAccess program allows you to self-refer to participating specialists in allergy, dermatology, and ear/nose/throat health conditions. **Confirm your PMG's or IPA's participation in the program before contacting the specialists directly.**

Mental Health Coverage

Blue Cross provides the same level of coverage as other medical diagnoses for the medically necessary treatment of severe mental illness 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 Combined Evidence of Coverage and Disclosure Form (EOC).

Blue Cross also provides the same level of coverage as it does for medical conditions, for certain other mental health conditions, including serious emotional disturbances in children, primary substance use disorder and developmental disorder. 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 Combined Evidence of Coverage and Disclosure Form.

Hospice Benefits

Members who have a terminal illness and a life expectancy of one year or less are eligible to elect hospice benefits in lieu of standard medical coverage for the treatment and management of their terminal condition. The extent of coverage, as well as any coverage exclusions and/or limitations are detailed in your Evidence of Coverage and Disclosure Form.

NCQA Accreditation

The National Committee for Quality Assurance (NCQA) has awarded Blue Cross of California's Commercial HMO/POS products its highest accreditation status of Excellent for service and clinical quality that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement. Blue Cross' Excellent Accreditation went into effect on January 24, 2003.



Blue Cross of California
Commercial HMO/POS Combined