

BLUE SHIELD OF CALIFORNIA, SOUTHERN REGION—65 PLUS HMO MEDICARE ADVANTAGE PLAN

Benefits Summary 2019–2020

| Services | Benefits |
|--|--|
| Ambulance | <ul style="list-style-type: none"> • \$0 co-pay per trip |
| Annual Physical Examination | <ul style="list-style-type: none"> • \$0 co-pay, although office visit co-pay may apply |
| Durable Medical Equipment (DME)— Medicare Covered Services | <ul style="list-style-type: none"> • \$0 co-pay |
| Hospitalization <ul style="list-style-type: none"> • Inpatient • Outpatient hospital services • Emergency room | <ul style="list-style-type: none"> • \$0 co-pay per admission • \$0 co-pay • \$50 co-pay/waived if admitted within 24 hrs for the same condition |
| Immunizations <ul style="list-style-type: none"> • Includes flu injections and all Medicare-approved immunizations | <ul style="list-style-type: none"> • \$0 co-pay, although office visit co-pay may apply |
| Laboratory Services | <ul style="list-style-type: none"> • No charge |
| Manual Manipulation of the Spine | <ul style="list-style-type: none"> • \$20 co-pay per visit (subject to medical necessity) |
| Mental Health—Inpatient | <ul style="list-style-type: none"> • No charge for day 1–150 • Member pays 100% from day 151 and over |
| Mental Health—Outpatient Unlimited Visits | <ul style="list-style-type: none"> • \$20 co-pay |
| Physician Services/Basic Health Services <ul style="list-style-type: none"> • Office visits • Consultation, diagnosis and treatment by a specialist | <ul style="list-style-type: none"> • \$20 co-pay • \$20 co-pay |
| Prescription Drugs (10/30/50 three-tiered plan) <ul style="list-style-type: none"> • Generic • Preferred brand • Non-preferred brand • Injectables Specialty <ul style="list-style-type: none"> • 30-day supply at retail, 90-day supply through mail | <ul style="list-style-type: none"> • \$10 retail, \$20 mail order • \$30 retail, \$60 mail order • \$50 retail, \$100 mail order • 20% up to \$100 per prescription retail, \$300 mail order <ul style="list-style-type: none"> • 20% up to \$100 per prescription retail, \$300 mail order |
| Skilled Nursing Facility | <ul style="list-style-type: none"> • Covered in full for 100 days per benefit period |
| X-ray Services | <ul style="list-style-type: none"> • \$0 co-pay, although office visit co-pay may apply |

| Rate Effective October 1, 2019 | Total Cost Per Person |
|--------------------------------|---------------------------|
| | Southern Region: \$265.00 |

A school district's geographic location will determine the applicable rate. Southern Region includes San Luis Obispo, Kern, San Bernardino and all other counties to the south.

Members *must* live in an approved zip code of the Blue Shield of California GMA-PD Service Area. Please refer to the Group Benefit Summary or Evidence of Coverage for details www.blueshieldca.com/SISC