

Feature	Blue Shield of CA Access Baja HMO
Provider	California Physicians' Service, Inc. d.b.a. Blue Shield of California 1-800-248-5451 www.blueshieldca.com
	Cost Sharing
Annual Deductible	\$0 Individual; \$0 Family
Out-of-pocket maximum	\$1,000 Individual; \$2,000 Family
Lifetime coverage limit	Limit does not apply
	Policies/Requirements
Need to file claims	No
Domestic partner benefits	Yes
	Access
Ability to self-refer to OB/GYN	Yes
Ability to self-refer to specialists	No
Out-of-area dependent coverage	No; exceptions apply; check with Plan for details
Out-of-area participant coverage	No; exceptions apply; check with Plan for details
	Spending Account
You only	Not applicable
You and spouse	Not applicable
You and child	Not applicable
You and family	Not applicable
Eligible expenses for reimbursement	Not applicable
	Outpatient Services
Primary doctor office visit	\$5 copay
Specialist doctor office visit	\$5 copay
	Preventive Care
Annual physical exam	100% covered; age schedules apply; check with Plan for details
Well-woman exam (includes pap)	100% covered; age schedules apply; check with Plan for details
Mammogram	100% covered; age schedules apply; check with Plan for details
Pediatric exams	100% covered; age schedules apply; check with Plan for details
Immunizations (child)	100% covered
Colonoscopy	100% covered; age schedules apply; check with Plan for details
Cancer screenings	100% covered
Cardiovascular screenings	100% covered
Allergy tests and treatments	\$5 copay
	Outpatient Care
Outpatient surgery	\$25 copay
Outpatient laboratory services	100% covered
Outpatient physical therapy	\$5 copay; must be medically necessary
Outpatient X-ray	100% covered
Outpatient occupational therapy	\$5 copay; must be medically necessary
Outpatient speech therapy	\$5 copay; must be medically necessary
Outpatient cardiac rehabilitation	\$5 copay; must be medically necessary
	Family Planning/Maternity Care
Office visit: pre/postnatal	100% covered
In-hospital delivery services	100% covered
Newborn nursery services	100% covered
Fertility services	Covered; limited to diagnosis and treatment for the cause of infertility only; check with Plan for details

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In vitro fertilization	Not covered
Artificial insemination	Not covered
Female tubal ligation	\$100 copay
Male vasectomy	\$50 copay
	Hearing
Hearing evaluations	100% covered; to age 18
Hearing aids	Not covered
	Vision
Routine vision exams	100% covered; to age 18
Regular lenses and frames	Not covered
Contact lenses	Not covered
	Dental
Dental implants	Not covered
Accidental injury to teeth	\$5 copay
Surgical removal of tumors, cysts and impacted teeth	\$5 copay; limited to surgical removal of tumors and cysts; removal of impacted teeth not covered
	Inpatient Services
Hospital copay	100% covered
Hospital semi-private room	100% covered
Inpatient lab and X-ray	100% covered
Inpatient surgery	100% covered
Inpatient physician and surgeon services	100% covered
	Emergency Care
Emergency room (not followed by admission)	\$25 copay; facilities in Mexico; \$50 copay at facilities outside of Mexico
Urgent care clinic visit	\$25 copay; facilities in Mexico; \$50 copay at facilities outside of Mexico
Ambulance services	\$50 copay
	Prescription Drug Coverage
Annual prescription deductible	Not applicable
Prescription drug website	Same as medical plan
Prescription drug member services	Same as medical plan
Prescription drug vendor	Same as medical plan
Annual Rx out-of-pocket maximum	Not applicable
	Retail
Retail generic	\$5 copay; 30 day supply
Retail formulary brand	\$10 copay; 30 day supply
Retail nonformulary brand	Not covered
	Mail Order
Mail order generic	Not covered
Mail order formulary brand	Not covered
Mail order nonformulary brand	Not covered

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	Other
Oral contraceptives	Retail available only; applicable prescription drug copay applies
Fertility drugs	Not covered
Injectables	\$5 copay
	Mental Health
Mental Health: Combined with substance abuse	Yes
Mental Health: Outpatient coverage	\$5 copay; non-serious mental illness; limited to 20 visits per calendar year; \$5 copay for serious mental illness; unlimited visits
Mental Health: Inpatient coverage	100% covered
	Substance Abuse
Detox: Outpatient coverage	\$5 copay; limited to 20 visits per calendar year
Detox: Inpatient coverage	100% covered
Rehab: Outpatient coverage	\$5 copay; limited to 20 visits per calendar year
Rehab: Inpatient coverage	Not covered
	Alternative Care
Chiropractic	Not covered
Acupuncture	Not covered
	Care Management Programs
Heart disease care management	Yes
Hypertension care management	Yes
Diabetes care management	Yes
Asthma care management	Yes
Prenatal care management	Yes
Cancer care management	No
Smoking cessation program	No
Weight control program	No
	Other
Noncustodial home health care	\$5 copay
Hospice care	100% covered
Prescribed care in noncustodial skilled nursing facility	100% covered
Durable medical equipment	50% covered; allowable charges apply
Prosthetic devices	100% covered