

Blue Shield of California: Blue Groove**Policy Period: 1/1/2012 – 12/31/2012**

<Group Name> <Group Number>

Summary of Coverage: What this Plan Covers & What it Costs**Plan Type:** Member-Level Benefit Plan**This is not a policy.** You can get the policy at www.insurancecompany.com/PLAN1500 or by calling 1-800-XXX-XXXX.

A policy has more detail about how to use the plan and what you and your insurer must do. It also has more detail about your coverage and costs.

About this Plan**Description**

You choose the plan ‘Groove’ that is right for you. Everyone who enrolls in Blue Groove can choose either Main Groove or Basic Groove. Participation in wellness activities is required for enrollment in Main Groove. If you have a qualifying chronic condition, you can request enrollment in Care+ Groove.

Plan Tiers**Basic Groove**

If you don't mind paying more for the freedom to choose any provider from a broad PPO network and to see non-network providers without a referral.

Main Groove

The groove that offers you personalized support to change and maintain health habits along with incentives such as cash rewards for taking an active role in managing your health.

Care+ Groove

For those with a qualifying condition who are looking for a "Physician Champion" to provide the care they deserve.

Providers (For a list of participating providers, see www.blueshieldca.com)**Does this plan use a network of providers?**

Yes, Basic Groove uses a Preferred Provider network. You may use health care providers that aren't preferred, but you may pay more.

Yes, Main Groove uses an ACO network for the first tier of coverage, as well as a Preferred Provider network. You may use health care providers that aren't preferred, but you may pay more.

Yes, Care+ Groove uses a Patient-Center Medical Home that will provide and coordinate your care.

Do I need a referral to see a specialist?

No, you don't need a referral to see a specialist for preferred and non-preferred provider benefits in Basic Groove.

Yes, a written referral may be needed to see a specialist for ACO provider plan benefits.

Yes, in general, a written referral may be needed to see a specialist for Care+ Groove plan benefits.

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About this Plan			
Plan Tiers	Basic Groove	Main Groove	Care+ Groove
Deductibles			
What is the overall deductible?	\$1,500 per member per calendar year	\$0 per member per calendar year for Benefits from ACO Provider; \$1,500 per member per calendar year combined for preferred and non-preferred providers	\$0 per member per calendar year
Are there other deductibles for specific services?	Yes; \$75 for brand name prescriptions per member per calendar year;	Yes; \$75 for brand name prescriptions per member per calendar year; \$500 for facility services for ACO provider tier per member per calendar year..	No, there are no other deductibles.
Out-of-Pocket Limits and Exclusions			
Is there an out-of-pocket limit on my expenses?	Yes; \$7,000 per member per calendar year for preferred providers; \$10,000 per member per calendar year for non-preferred providers;	\$1,500 per member per calendar year for ACO providers; \$7,000 per member per calendar year for preferred providers; \$10,000 per member per calendar year for non-preferred providers;	\$1,000 per member per calendar year
What is not included in the out-of-pocket limit?	Deductibles, premium, balance-billed charges, prescription drugs, and health care this plan does not cover.		
Is there an overall annual limit on what the insurer pays?	No	Yes; \$10,000 per member per calendar year combined for benefits under preferred and non-preferred providers	No.
Are there services this plan doesn't cover?	Yes. Some of the services this plan doesn't cover are listed in the "Excluded Services & Other Covered Services" section.		

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Services You May Need for Common Medical Events	Your cost if you use a*				Limitations & Exceptions
	Basic Groove	Main Groove		Care+ Groove	
	Preferred Provider	ACO Provider	Preferred Provider	Patient-Centered Medical Home	
If you visit a health care provider's office or clinic					
Primary care visit to treat an injury or illness	\$45 co-pay /visit	\$20 co-pay /visit	\$45 co-pay /visit	\$0	-----none-----
Specialist visit	\$45 co-pay /visit	\$20 co-pay /visit	\$45 co-pay /visit	\$0	-----none-----
Preventive care/screening/immunization	\$0	\$0	30% co-insurance	\$0	-----none-----
If you have a test					
Diagnostic test (x-ray, blood work)	\$45 co-pay /visit	\$0	30% co-insurance	\$0	-----none-----
Imaging (CT/PET scans, MRIs)	\$100 co-pay /visit + 30%	\$0	30% co-insurance	\$0	-----none-----
If you need drugs to treat your illness or condition - More information about drug coverage is at www.insurancecompany.com/prescriptions.					
Generic drugs	\$10 co-pay (retail); \$15 co-pay (mail order)	\$10 co-pay (retail); \$15 co-pay (mail order)	\$10 co-pay (retail); \$15 co-pay (mail order) for non-selected chronic conditions; \$5 co-pay (retail); \$7.50 co-pay (mail order) for selected chronic conditions		Covers up to a 30-day supply (retail prescriptions); up to a 90-day supply (mail order prescriptions) Selected formulary and non-formulary drugs require prior authorization. If generic drug equivalent is available, member pays the generic copay plus the difference in cost to Blue Shield between the generic and brand.

*SPECIAL NOTE: Some benefit coverage is available through non-preferred providers for both Basic Groove and Main Groove plan tiers. In general, you will pay 50% of the allowable cost for benefits that are covered when using a non-preferred provider. Please refer to the plan policy for more details. For Care+ Groove, in general, benefits are not covered with non-preferred providers, except in emergencies.

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	Basic Groove	Main Groove			Care+ Groove
	Preferred Provider	ACO Provider	Preferred Provider		Patient-Centered Medical Home
If you need drugs to treat your illness or condition - More information about drug coverage is at www.insurancecompany.com/prescriptions.					
Preferred brand drugs	\$40 co-pay (retail); \$100 co-pay (mail order)	\$40 co-pay (retail); \$100 co-pay (mail order)	\$40 co-pay (retail); \$100 co-pay (mail order) for non-selected chronic conditions; \$20 co-pay (retail); \$50 co-pay (mail order) for selected chronic conditions	Covers up to a 30-day supply (retail prescriptions); up to a 90-day supply (mail order prescriptions) Selected formulary and non-formulary drugs require prior authorization. If generic drug equivalent is available, member pays the generic copay plus the difference in cost to Blue Shield between the generic and brand.	
Non-preferred brand drugs	\$50 co-pay or 30% co-insurance up to \$100 co-pay maximum / prescription (retail); \$125 co-pay or 30% co-insurance up to \$250 co-pay maximum / prescription (mail order);	\$30 co-pay or 30% co-insurance up to \$100 co-pay maximum / prescription (retail); \$75 co-pay or 30% co-insurance up to \$250 co-pay maximum / prescription (mail order);	\$50 co-pay or 30% co-insurance up to \$100 co-pay maximum / prescription (retail); \$125 co-pay or 30% co-insurance up to \$250 co-pay maximum / prescription (mail order) for non-selected chronic conditions; \$45 co-pay or 25% co-insurance up to \$80 co-pay maximum / prescription (retail); \$100 co-pay or 25% co-insurance up to \$200 co-pay maximum / prescription (mail order) for chronic conditions;		

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	Basic Groove	Main Groove		Care+ Groove	
	Preferred Provider	ACO Provider	Preferred Provider	Patient-Centered Medical Home	
If you need drugs to treat your illness or condition - More information about drug coverage is at www.insurancecompany.com/prescriptions .					
Specialty drugs (e.g., chemotherapy)	20% co-insurance up to \$150 co-pay maximum / prescription	20% co-insurance up to \$150 co-pay maximum / prescription		20% co-insurance up to \$150 co-pay maximum / prescription	Specialty-drugs are covered only when dispensed by select pharmacies in the Specialty Pharmacy Network unless Medically Necessary for a covered emergency
If you have outpatient surgery					
Facility fee (e.g., ambulatory surgery center)	30% co-insurance	\$75 co-pay/ surgery at ambulatory surgery center; \$150 co-pay/ surgery at hospital	30% co-insurance	\$75 co-pay/ surgery at ambulatory surgery center; \$150 co-pay/ surgery at hospital	ACO Main Groove benefit subject to facility deductible
Physician/surgeon fees	\$0	\$0	30% co-insurance	\$0	-----none-----
If you need immediate medical attention					
Emergency room services	\$100 co-pay/ visit + 30% co-insurance	\$100 co-pay/ visit	\$100 co-pay/ visit	\$100 co-pay/ visit	-----none-----
Emergency medical transportation	30% co-insurance	\$50 co-pay/ visit		\$0	-----none-----

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	Preferred Provider	ACO Provider	Preferred Provider	Patient-Centered Medical Home	
If you have a hospital stay					
Facility fee (e.g., hospital room)	30% co-insurance	\$250 co-pay/ admission	30% co-insurance	\$250 co-pay/ admission	ACO Main Groove benefit subject to facility deductible
Physician/surgeon fee	30% co-insurance	\$0	30% co-insurance	\$0	-----none-----
If you have mental health, behavioral health, or substance abuse needs					
Mental/Behavioral health outpatient services	\$45 co-pay/ visit	\$20 co-pay/ visit		\$0	All Mental / Behavioral services provided through MHSA Participating Providers
Mental/Behavioral health inpatient services	30% co-insurance	\$250 co-pay/ admission		\$250 co-pay/ admission	All Mental / Behavioral services provided through MHSA Participating Providers. ACO Main Groove benefit subject to facility deductible.
Substance use disorder outpatient services	Not Covered	Not Covered		Not Covered	-----none-----
Substance use disorder inpatient services	Not Covered	Not Covered		Not Covered	-----none-----
If you become pregnant					
Prenatal and postnatal care	30% co-insurance	\$0	30% co-insurance	\$0	-----none-----
Delivery and all inpatient services	30% co-insurance	\$250 co-pay/ admission	30% co-insurance	\$250 co-pay/ admission	ACO Main Groove benefit subject to facility deductible

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	Preferred Provider	ACO Provider	Preferred Provider	Patient-Centered Medical Home	
If you have a recovery or other special health need					
Habilitation services	\$45 co-pay /visit	\$20 co-pay /visit	\$45 co-pay/ visit	\$0	-----none-----
Rehabilitation services	\$45 co-pay /visit	\$20 co-pay /visit	\$45 co-pay/ visit	\$0	-----none-----
Skilled nursing care	30% co-insurance	\$100 co-pay / day	30% co-insurance	\$100 co-pay / day	Requires prior-authorization; limited to 100 days per calendar year ACO Main Groove benefit subject to facility deductible
Durable medical equipment	50% co-insurance	50% co-insurance	50% co-insurance	\$0 for osteo-arthritis devices; 20% for other DME	-----none-----
If your child needs dental or eye care					
Eye exam	Not Covered	Not Covered	Not Covered	Not Covered	-----none-----
Glasses	Not Covered	Not Covered	Not Covered	Not Covered	-----none-----
Dental check-up	Not Covered	Not Covered	Not Covered	Not Covered	-----none-----

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Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy for others.)		
• Non-emergency care when traveling outside the U.S.	• Long-term care	• Routine foot care
• Cosmetic surgery	• Private-duty nursing	• Routine hearing test
• Dental care	• Routine eye care	• Weight loss programs
• Eye glasses	• Acupuncture	• Hearing aids
	• Substance abuse treatment	

Other Covered Services (This isn't a complete list. Check your policy for other covered services and your costs for these services.)	
• Bariatric surgery	• Infertility treatments (diagnosis and treatment of causes)

Your Rights to Continue Coverage:

You can keep this insurance as long as you pay your premium unless one or more of the following happens:

- you commit fraud
- the insurer stops offering services in the state
- you move outside the coverage area

Your Grievance and Appeals Rights:

- A **grievance** is a complaint you have about your health insurer or plan. You have the right to file a written complaint to express your dissatisfaction or denial of coverage for claims under this health insurance. Call **1-800-XXX-XXXX** or visit **www. XXXXXXXXXXXXXXX.com**.
- An **appeal** is a request for your health insurer or plan to review a decision or a grievance again. For more information on the appeals process, call

your state office of health insurance customer assistance at: **1-800-XXX-XXXX** or visit **www. XXXXXXXXXXXXXXX.gov**.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

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