

## Summary of Benefits

### Custom Access+ HMO Certificated & Management Dual Coverage

This Summary of Benefits shows the amount you will pay for Covered Services under this Blue Shield of California Plan. It is only a summary and it is included as part of the Evidence of Coverage (EOC).<sup>1</sup> Please read both documents carefully for details.

#### Medical Provider Network:

#### Access+ HMO Network

This Plan uses a specific network of Health Care Providers, called the Access+ HMO provider network. Medical Groups, Independent Practice Associations (IPAs), and Physicians in this network are called Participating Providers. You must select a Primary Care Physician from this network to provide your primary care and help you access services, but there are some exceptions. Please review your Evidence of Coverage for details about how to access care under this Plan. You can find Participating Providers in this network at blueshieldca.com.

#### Calendar Year Deductibles (CYD)<sup>2</sup>

A Calendar Year Deductible (CYD) is the amount a Member pays each Calendar Year before Blue Shield pays for Covered Services under the Plan.

#### When using a Participating Provider<sup>3</sup>

<b>Calendar Year medical Deductible</b>	<i>Individual coverage</i>	\$0
	<i>Family coverage</i>	\$0: individual
		\$0: Family

#### Calendar Year Out-of-Pocket Maximum<sup>4</sup>

An Out-of-Pocket Maximum is the most a Member will pay for Covered Services each Calendar Year. Any exceptions are listed in the EOC.

#### When using a Participating Provider<sup>3</sup>

<i>Individual coverage</i>	\$2,000
<i>Family coverage</i>	\$2,000: individual
	\$4,000: Family

#### No Annual or Lifetime Dollar Limit

Under this Plan there is no annual or lifetime dollar limit on the amount Blue Shield will pay for Covered Services.

Benefits<sup>5</sup>

## Your payment

	When using a Participating Provider <sup>3</sup>	CYD <sup>2</sup> applies
<b>Preventive Health Services<sup>6</sup></b>		
Preventive Health Services	\$0	
California Prenatal Screening Program	\$0	
<b>Physician services</b>		
Primary care office visit	\$0	
Access+ specialist care office visit (self-referral)	\$30/visit	
Other specialist care office visit (referred by PCP)	\$0	
Physician home visit	\$0	
Physician or surgeon services in an outpatient facility	\$0	
Physician or surgeon services in an inpatient facility	\$0	
<b>Other professional services</b>		
Other practitioner office visit	\$0	
<i>Includes nurse practitioners, physician assistants, and therapists.</i>		
Teladoc consultation	\$5/consult	
Family planning		
<ul style="list-style-type: none"> <li>Counseling, consulting, and education</li> </ul>	\$0	
<ul style="list-style-type: none"> <li>Injectable contraceptive; diaphragm fitting, intrauterine device (IUD), implantable contraceptive, and related procedure.</li> </ul>	\$0	
<ul style="list-style-type: none"> <li>Tubal ligation</li> </ul>	\$0	
<ul style="list-style-type: none"> <li>Vasectomy</li> </ul>	\$0	
Podiatric services	\$0	
<b>Pregnancy and maternity care<sup>6</sup></b>		
Physician office visits: prenatal and postnatal	\$0	
Physician services for pregnancy termination	\$0	
<b>Emergency services</b>		
Emergency room services	\$0	
<i>If admitted to the Hospital, this payment for emergency room services does not apply. Instead, you pay the Participating Provider payment under Inpatient facility services/ Hospital services and stay.</i>		
Emergency room Physician services	\$0	

Benefits<sup>5</sup>

## Your payment

	When using a Participating Provider <sup>3</sup>	CYD <sup>2</sup> applies
<b>Urgent care center services</b>	\$0	
<b>Ambulance services</b> <i>This payment is for emergency or authorized transport.</i>	\$0	
<b>Outpatient facility services</b>		
Ambulatory Surgery Center	\$0	
Outpatient Department of a Hospital: surgery	\$0	
Outpatient Department of a Hospital: treatment of illness or injury, radiation therapy, chemotherapy, and necessary supplies	\$0	
<b>Inpatient facility services</b>		
Hospital services and stay	\$0	
Transplant services <i>This payment is for all covered transplants except tissue and kidney. For tissue and kidney transplant services, the payment for Inpatient facility services/ Hospital services and stay applies.</i>		
• Special transplant facility inpatient services	\$0	
• Physician inpatient services	\$0	
<b>Diagnostic x-ray, imaging, pathology, and laboratory services</b> <i>This payment is for Covered Services that are diagnostic, non-Preventive Health Services, and diagnostic radiological procedures, such as CT scans, MRIs, MRAs, and PET scans. For the payments for Covered Services that are considered Preventive Health Services, see Preventive Health Services.</i>		
Laboratory services <i>Includes diagnostic Papanicolaou (Pap) test.</i>		
• Laboratory center	\$0	
• Outpatient Department of a Hospital	\$0	
X-ray and imaging services <i>Includes diagnostic mammography.</i>		
• Outpatient radiology center	\$0	
• Outpatient Department of a Hospital	\$0	
Other outpatient diagnostic testing <i>Testing to diagnose illness or injury such as vestibular function tests, EKG, ECG, cardiac monitoring, non-invasive vascular studies, sleep medicine testing, muscle and range of motion tests, EEG, and EMG.</i>		
• Office location	\$0	
• Outpatient Department of a Hospital	\$0	

Benefits<sup>5</sup>

## Your payment

	When using a Participating Provider <sup>3</sup>	CYD <sup>2</sup> applies
Radiological and nuclear imaging services		
<ul style="list-style-type: none"> <li>Outpatient radiology center</li> <li>Outpatient Department of a Hospital</li> </ul>	<p>\$0</p> <p>\$0</p>	
<b>Rehabilitative and Habilitative Services</b>		
<i>Includes Physical Therapy, Occupational Therapy, Respiratory Therapy, and Speech Therapy services.</i>		
Office location	\$0	
Outpatient Department of a Hospital	\$0	
<b>Durable medical equipment (DME)</b>		
DME	\$0	
Breast pump	\$0	
Orthotic equipment and devices	\$0	
Prosthetic equipment and devices	\$0	
<b>Home health care services</b>	\$0	
<i>Up to 100 visits per Member, per Calendar Year, by a home health care agency. All visits count towards the limit, including visits during any applicable Deductible period. Includes home visits by a nurse, Home Health Aide, medical social worker, physical therapist, speech therapist, or occupational therapist, and medical supplies.</i>		
<b>Home infusion and home injectable therapy services</b>		
Home infusion agency services	\$0	
<i>Includes home infusion drugs and medical supplies.</i>		
Home visits by an infusion nurse	\$0	
Hemophilia home infusion services	\$0	
<i>Includes blood factor products.</i>		
<b>Skilled Nursing Facility (SNF) services</b>		
<i>Up to 100 days per Member, per Benefit Period, except when provided as part of a Hospice program. All days count towards the limit, including days during any applicable Deductible period and days in different SNFs during the Calendar Year.</i>		
Freestanding SNF	\$0	
Hospital-based SNF	\$0	
<b>Hospice program services</b>	\$0	
<i>Includes pre-Hospice consultation, routine home care, 24-hour continuous home care, short-term inpatient care for pain and symptom management, and inpatient respite care.</i>		

## Benefits<sup>5</sup>

### Your payment

	When using a Participating Provider <sup>3</sup>	CYD <sup>2</sup> applies
<b>Other services and supplies</b>		
Diabetes care services		
<ul style="list-style-type: none"> <li>• Devices, equipment, and supplies</li> <li>• Self-management training</li> </ul>	\$0	
Dialysis services	\$0	
PKU product formulas and Special Food Products	\$0	
Allergy serum billed separately from an office visit	50%	
Hearing services		
<i>Up to \$2,000 combined maximum per Member, per 24 months.</i>	\$0	

## Mental Health and Substance Use Disorder Benefits

### Your payment

<i>Mental health and substance use disorder Benefits are provided through Blue Shield's Mental Health Service Administrator (MHSA).</i>	When using a MHSA Participating Provider <sup>3</sup>	CYD <sup>2</sup> applies
<b>Outpatient services</b>		
Office visit, including Physician office visit	\$0	
Other outpatient services, including intensive outpatient care, electroconvulsive therapy, transcranial magnetic stimulation, Behavioral Health Treatment for pervasive developmental disorder or autism in an office setting, home, or other non-institutional facility setting, and office-based opioid treatment	\$0	
Partial Hospitalization Program	\$0	
Psychological Testing	\$0	
<b>Inpatient services</b>		
Physician inpatient services	\$0	
Hospital services	\$0	
Residential Care	\$0	

## Notes

### 1 Evidence of Coverage (EOC):

The Evidence of Coverage (EOC) describes the Benefits, limitations, and exclusions that apply to coverage under this Plan. Please review the EOC for more details of coverage outlined in this Summary of Benefits. You can request a copy of the EOC at any time.

Capitalized terms are defined in the EOC. Refer to the EOC for an explanation of the terms used in this Summary of Benefits.

## Notes

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### 2 Calendar Year Deductible (CYD):

Calendar Year Deductible explained. A Deductible is the amount you pay each Calendar Year before Blue Shield pays for Covered Services under the Plan.

If this Plan has any Calendar Year Deductible(s), Covered Services subject to that Deductible are identified with a check mark (✓) in the Benefits chart above.

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### 3 Using Participating Providers:

Participating Providers have a contract to provide health care services to Members. When you receive Covered Services from a Participating Provider, you are only responsible for the Copayment or Coinsurance, once any Calendar Year Deductible has been met.

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### 4 Calendar Year Out-of-Pocket Maximum (OOPM):

Your payment after you reach the Calendar Year OOPM. You will continue to pay all charges above a Benefit maximum.

Essential health benefits count towards the OOPM.

Family coverage has an individual OOPM within the Family OOPM. This means that the OOPM will be met for an individual with Family coverage who meets the individual OOPM prior to the Family meeting the Family OOPM within a Calendar Year.

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### 5 Separate Member Payments When Multiple Covered Services are Received:

Each time you receive multiple Covered Services, you might have separate payments (Copayment or Coinsurance) for each service. When this happens, you may be responsible for multiple Copayments or Coinsurance. For example, you may owe an office visit Copayment in addition to an allergy serum Copayment when you visit the doctor for an allergy shot.

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### 6 Preventive Health Services:

If you only receive Preventive Health Services during a Physician office visit, there is no Copayment or Coinsurance for the visit. If you receive both Preventive Health Services and other Covered Services during the Physician office visit, you may have a Copayment or Coinsurance for the visit.

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Plans may be modified to ensure compliance with State and Federal requirements.

MS041320

**Chiropractic Services Rider**  
**Summary of Benefits**

This Summary of Benefits shows the amount you will pay for Covered Services under this chiropractic services Benefit.

**Benefits**

**Your Payment**

<i>Covered Services must be determined as Medically Necessary by American Specialty Health Plans of California, Inc. (ASH Plans). Up to 30 visits per Member, per Calendar Year. Services are not subject to the Calendar Year Deductible and do count towards the Calendar Year Out-of-Pocket Maximum.</i>	<b>When using an ASH Participating Provider</b>	<b>When using a Non-Participating Provider</b>
<b>Chiropractic Services</b>		
Office visit	\$10/visit	Not covered
Chiropractic Appliances	All charges above \$50	Not covered

Benefit Plans may be modified to ensure compliance with State and Federal Requirements.

## Introduction

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In addition to the Benefits listed in your Evidence of Coverage, your rider provides coverage for chiropractic services as described in this supplement. The Benefits covered under this rider must be received from an American Specialty Health Plans of California, Inc. (ASH Plans) Participating Provider. These chiropractic Benefits are separate from your health Plan, but the general provisions, limitations, and exclusions described in your Evidence of Coverage do apply. A referral from your Primary Care Physician is not required.

All Covered Services, except for (1) the initial examination and treatment by an ASH Participating Provider; and (2) Emergency Services, must be determined as Medically Necessary by ASH Plans.

Note: ASH Plans will respond to all requests for Medical Necessity review within five business days from receipt of the request.

Covered Services received from providers who are not ASH Participating Providers will not be covered except for Emergency Services and in certain circumstances, in counties in California in which there are no ASH Participating Providers. If ASH Plans determines Covered Services from a provider other than a Participating Provider are Medically Necessary, you will be responsible for the Participating Provider Copayment amount.

## Benefits

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### Chiropractic Services

Benefits are available for Medically Necessary chiropractic services for the treatment of Musculoskeletal and Related Disorders, nausea and pain.

Benefits include an initial examination, subsequent office visits and the following services:

- spinal and extra-spinal joint manipulation (adjustments);
- adjunctive therapy such as electrical muscle stimulation or therapeutic exercises;
- plain film x-ray services; and
- chiropractic supports and appliances.

Visits for chiropractic services are limited to a per Member per Calendar Year maximum as shown on the Summary of Benefits. Benefits must be provided in an office setting. You will be referred to your Primary Care Physician for evaluation of conditions not related to a Musculoskeletal and Related Disorder and for other services not covered under this rider such as diagnostic imaging (e.g. CAT scans or MRIs).

Note: You should exhaust the Benefits covered under this rider before accessing the same services through the "Alternative Care Discount Program," which is a wellness discount program. For more information about the Alternative Care Discount Program, visit [www.blueshieldca.com](http://www.blueshieldca.com).

See the Grievance Process portion of your EOC for information on filing a grievance, your right to seek assistance from the Department of Managed Health Care, and your rights to independent medical review.

## Member Services

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For all chiropractic services, Blue Shield of California has contracted with ASH Plans to act as the Plan's chiropractic services administrator. Contact ASH Plans with questions about chiropractic services, ASH Participating Providers, or chiropractic Benefits.

Contact ASH Plans at:

1-800-678-9133  
American Specialty Health Plans of California, Inc.  
P.O. Box 509002  
San Diego, CA 92150-9002

ASH Plans can answer many questions over the telephone.



## Definitions

<b>American Specialty Health Plans of California, Inc. (ASH Plans)</b>	ASH Plans is a licensed, specialized health care service plan that has entered into an agreement with Blue Shield of California to arrange for the delivery of chiropractic services.
<b>ASH Participating Provider</b>	A chiropractor under contract with ASH Plans to provide Covered Services to Members.
<b>Musculoskeletal and Related Disorders</b>	Musculoskeletal and Related Disorders are conditions with signs and symptoms related to the nervous, muscular, and/or skeletal systems. Musculoskeletal and Related Disorders are conditions typically categorized as: structural, degenerative, or inflammatory disorders; or biomechanical dysfunction of the joints of the body and/or related components of the muscle or skeletal systems (muscles, tendons, fascia, nerves, ligaments/capsules, discs and synovial structures) and related manifestations or conditions. Musculoskeletal and Related Disorders include Myofascial/Musculoskeletal Disorders, Musculoskeletal Functional Disorders and subluxation.

Please be sure to retain this document. It is not a contract but is a part of your EOC.

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## HMO Dual Coverage Plan

Express Scripts manages the prescription-drug benefits for Santa Ana Union School District employees. We are here to help you save money and get the best service on prescriptions for you and your family. Your Express Scripts benefit includes:

- 24/7 access to the Patient Care Contact Center
- You can fill maintenance medication up to three times at retail pharmacy before a penalty is incurred

## Copayments for Your Prescription-Drug Program

Prescriptions from a Participating Retail Pharmacy (up to a 30 day supply)	Prescriptions from Express Scripts Pharmacy (Home Delivery) (up to a 90 day supply)
Generic medication: \$0.00 Copay	Generic medication: \$0.00 Copay
Preferred brand-name medication: \$0.00 Copay	Preferred brand-name medication: \$0.00 Copay
Non-preferred brand-name medication: \$0.00 Copay	Non-preferred brand-name medication: \$0.00 Copay
Deductible: \$150 Brand Drugs only	
Out of pocket Max (Individual/Family): \$4,600/\$9,200	

## How to Get Prescriptions from a Participating Retail Pharmacy

You will need to show this Express Scripts ID card to your pharmacist each time you get a prescription filled. You can locate pharmacies near you that are in the Express Scripts network by visiting [Express-scripts.com](http://Express-scripts.com) or calling Express Scripts at 877-474-1136.

## How to Get Started with the Express Scripts Pharmacy & Home Delivery

To get started with home delivery from the Express Scripts Pharmacy, either login at [Express-scripts.com](http://Express-scripts.com) or call Express Scripts at the number listed on the back of your ID card. Please allow 14 business days to receive your first prescription.

## Savings with Generics

FDA-approved generics are as safe and effective as their brand-name counterparts. If you're taking a brand-name drug, talk to your doctor and ask whether a less expensive generic drug could treat your condition. If your doctor agrees, ask your doctor to write a new prescription for the generic that you can fill through your prescription benefit.

## How to Get Started with the Accredo Specialty Pharmacy

Accredo provides specialized patient care for those with complex conditions like cancer, Hepatitis C or Multiple Sclerosis, including ongoing support from pharmacists and nurses with specialized training and expertise. Start by reaching out to Express Scripts at 800-803-2523 or visit [Accredo.com](http://Accredo.com).

## Resources

- **24-hour Customer Service:** If you have questions about your prescription-drug benefit, please visit [express-scripts.com](http://express-scripts.com) or call Express Scripts at 877-474-1136. The phone number can be found on the back of your ID card.
- **Express Scripts Website:** [www.express-scripts.com](http://www.express-scripts.com)



Confidential Information