

# Access Baja® HMO Plan 5

## Benefit Summary

(Uniform Health Plan Benefits and Coverage Matrix)

### Blue Shield of California

**THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.**

Effective July 1, 2010

<b>DEDUCTIBLES</b>	
<b>Calendar year medical deductible</b>	None
<b>Calendar year copayment maximum<sup>1</sup></b> (For many covered services)	\$1,000 per individual/\$2,000 per family
<b>LIFETIME MAXIMUM</b>	
	None
<b>Covered Services</b>	<b>Member Copayment Access Baja HMO Providers<sup>2</sup></b>
<b>PROFESSIONAL SERVICES</b>	
<b>Professional (physician) benefits</b>	
<ul style="list-style-type: none"> <li>Physician and authorized specialist office visits<sup>3</sup> Note: A woman may self-refer to an OB/GYN or family practice physician in her Personal Physician's medical group or IPA for OB/GYN services.</li> </ul>	\$5 per visit
<ul style="list-style-type: none"> <li>Outpatient X-ray, pathology and laboratory</li> </ul>	No charge
<b>Allergy testing and treatment benefits</b>	
<ul style="list-style-type: none"> <li>Office visits (includes visits for allergy serum injections)</li> </ul>	\$5 per visit
<b>Preventive care benefits</b>	
<ul style="list-style-type: none"> <li>Routine physical exams Note: A woman may self-refer to an OB/GYN or family practice physician in her Personal Physician's medical group or IPA for annual gynecological exams.</li> </ul>	No charge
<ul style="list-style-type: none"> <li>Vision and hearing screening (through the age of 18)</li> </ul>	No charge
<ul style="list-style-type: none"> <li>Medically Necessary immunizations (according to age schedule)</li> </ul>	No charge
<b>OUTPATIENT SERVICES</b>	
<b>Hospital benefits (facility services)</b>	
<ul style="list-style-type: none"> <li>Outpatient surgery in a hospital</li> </ul>	\$25 per visit or surgery
<ul style="list-style-type: none"> <li>Outpatient services for treatment of illness or injury and necessary supplies (except as described under "Rehabilitation services")</li> </ul>	No charge
<b>HOSPITALIZATION SERVICES</b>	
<b>Hospital benefits (facility services)</b>	
<ul style="list-style-type: none"> <li>Inpatient physician benefits</li> </ul>	No charge
<ul style="list-style-type: none"> <li>Private room and board in Mexico, and semi-private room and board outside of Mexico, medically-necessary services and supplies including subacute care</li> </ul>	No charge
<ul style="list-style-type: none"> <li>Inpatient medically necessary skilled nursing services including subacute care<sup>4</sup></li> </ul>	No charge
<b>EMERGENCY HEALTH COVERAGE<sup>2</sup></b> (ER facility copay does not apply if the member is directly admitted to the hospital for inpatient services.)	
<ul style="list-style-type: none"> <li>Emergency services rendered in Mexico not resulting in admission</li> </ul>	\$25 per visit
<ul style="list-style-type: none"> <li>Emergency services rendered in the U.S. or outside of Mexico not resulting in admission</li> </ul>	\$150 per visit
<b>AMBULANCE SERVICES<sup>5</sup></b>	
<ul style="list-style-type: none"> <li>Emergency or authorized transport</li> </ul>	\$50
<b>PRESCRIPTION DRUG COVERAGE<sup>6,7</sup></b> (At an Access Baja HMO participating pharmacy: includes oral contraceptives, diaphragms, and covered diabetic drugs and testing supplies)	
<ul style="list-style-type: none"> <li>Generic Drugs</li> </ul>	\$5 per prescription
<ul style="list-style-type: none"> <li>Brand name Drugs</li> </ul>	\$5 per prescription
<b>PROSTHETICS/ORTHOTICS</b>	
<ul style="list-style-type: none"> <li>Prosthetic equipment and devices (Separate office visit copay may apply)</li> </ul>	No charge
<ul style="list-style-type: none"> <li>Orthotic equipment and devices (Separate office visit copay may apply)</li> </ul>	No charge
<b>DURABLE MEDICAL EQUIPMENT<sup>1,8</sup></b>	
<ul style="list-style-type: none"> <li>Durable medical equipment services</li> </ul>	50% of allowed charges
<b>MENTAL HEALTH SERVICES (PSYCHIATRIC)<sup>9</sup></b>	
<ul style="list-style-type: none"> <li>Inpatient hospital facility services</li> </ul>	No charge
<ul style="list-style-type: none"> <li>Outpatient mental health services</li> </ul>	\$5 per visit

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<b>CHEMICAL DEPENDENCY SERVICES (SUBSTANCE ABUSE)<sup>10</sup></b>	
• Chemical dependency and substance abuse services	Not covered
<b>HOME HEALTH SERVICES</b>	
• Home health agency services (Up to 100 visits per calendar-year) <sup>11</sup>	\$5 per visit
• Medical supplies <sup>12</sup>	No charge
<b>OTHER</b>	
<b>Hospice program benefits</b>	
• Hospice care services- rendered in Mexico	See applicable benefit
• Routine home care- rendered in California	No charge
• Inpatient respite care- rendered in California	No charge
• 24 hour continuous home care- rendered in California	No charge
• General inpatient care- rendered in California	No charge
<b>Pregnancy and maternity care benefits</b>	
• Prenatal and postnatal physician office visits (For inpatient hospital services, see "Hospitalization Services.")	No charge
<b>Family planning and infertility benefits</b>	
• Counseling and consulting	\$5 per visit
• Tubal ligation <sup>13</sup>	\$100 per surgery
• Elective abortion <sup>14</sup>	\$100 per surgery
• Vasectomy	\$50 per surgery
<b>Rehabilitation services (physical, occupational and respiratory therapy)</b>	
• In an office location (Copayment applies to all places of services, including professional and facility settings)	\$5 per visit
<b>Speech therapy benefits</b>	
• In an office location	\$5 per visit
<b>Diabetes care benefits</b>	
• Devices, equipment and non-testing supplies (For testing supplies, see "Prescription Drug Coverage")	50% of allowed charges
• Diabetes self-management training	\$5 per visit
<b>Urgent services outside plan service area</b>	
• Urgent services outside your Personal Physician Service Area and outside of Mexico	\$50 per visit
• Urgent services outside your Personal Physician Service Area, but within Mexico	\$25 per visit

1 Copayments marked with a (1) do not accrue to calendar-year copayment maximum. Copayments and charges for services not accruing to the member's calendar-year copayment maximum continue to be the member's responsibility after the calendar-year copayment maximum is reached. Please refer to the Evidence of Coverage, and the plan contract for exact terms and conditions of coverage.

2 For emergency services, the personal physician must be notified within 24 hours after care is received, unless it is not reasonably possible to do so. The services will be reviewed retrospectively by the Plan to determine whether the services were for a medical condition for which a reasonable person would have believed that he or she had an emergency medical condition. Please note that an approved referral by Access Baja HMO and Blue Shield of California to receive medical services in California does not constitute nor grant legal authorization for the member to enter the United States. Individuals who lack the necessary border documentation for the purpose of seeking medical services in the United States should apply to the United States Immigration and Naturalization Service (INS) for authorization.

3 Personal Physician and Specialist Office Visits/Consultations include chemotherapy, radiation therapy, diabetic counseling, and second opinion consultations when authorized by the Plan.

4 Skilled nursing services are limited to 100 days during a calendar year except when received through a hospice program provided by a participating hospice agency. This 100-day maximum on skilled nursing services is a combined maximum between SNF in a hospital unit and skilled nursing facilities.

5 Members are encouraged to use appropriately the "911" emergency response system, in areas where the system is established and operating, (in Mexico, use "066" when they have an emergency medical condition that requires the emergency response.

6 Coverage is provided for drugs determined by the personal physician to be medically necessary. Drugs obtained at non-participating pharmacies are not covered unless medically necessary for a covered emergency.

7 This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the federal government for Medicare Part D (also called "creditable" coverage). Since this plan's prescription drug coverage is creditable, you do not have to enroll in Medicare Part D while you maintain this coverage; however, you should be aware that if you have a subsequent break in this coverage of 63 days or more before enrolling in Medicare Part D you could be subject to payment of higher Medicare Part D premiums.

8 Durable Medical Equipment benefits except for services covered under diabetes care are limited to a \$2,000 maximum per person per calendar year.

9 For a listing of severe mental illnesses including serious emotional disturbances of a child and other benefit details, please refer to the Evidence of Coverage or Plan Contract.

10 Inpatient services for acute detoxification are covered under the medical benefit, see hospitalization services for benefit details.

11 For home health care visits in Mexico, services will be rendered by a Mexican registered nurse contracted by the IPA.

12 PKU- related formulas and special food products: benefits are provided for enteral formulas and Special Food Products that are medically necessary to avert the development of serious physical or mental disabilities or to promote normal development or function as a consequence of phenylketonuria (PKU).

13 Copayment does not apply when procedure is performed in conjunction with delivery or abdominal surgery.

14 This benefit can be exercised only within California; Copayment applies to physician services in the office or outpatient hospital facility.

Plan designs may be modified to ensure compliance with state and federal requirements