

HMO plans

Access+ HMO package

Access+ Value HMO

Individual and Family Plans

Simple and easy with rich benefits.

If you want an easy-to-understand plan with rich benefits, predictable out-of-pocket expenses, and minimal paperwork, one of our HMO plans could be right for you. Before having to meet a deductible, you'll have easy access to a wide range of services for a small copayment, like physician office visits and generic drugs.

Our Access+ HMO® package also includes basic dental benefits, including coverage for oral exams, teeth cleanings, and restorative services!

Four great reasons to choose a Blue Shield HMO plan today:

- Low copayments for office visits and prescription drugs
- Direct access to specialists within your Personal Physician's medical group without a referral²
- Coverage for basic dental services are included (Access+ HMO package only)
- Practically no claim forms

Compare for yourself all the great benefits of our HMO plans

	Access+ HMO	Access+ Value SM HMO
Office visits	\$20 Specialist ² : \$35	\$35 Specialist ² : \$50
Preventive care exam		\$0
Mammogram and GYN screening		\$0
Inpatient hospitalization	\$250 after deductible	40% after deductible
Outpatient surgery	\$250 after deductible	40% after deductible
Lab and X-ray	\$20	\$35
Emergency room	\$75 (waived if admitted)	\$150 (waived if admitted)
Maternity ³	\$250 after deductible	40% after deductible
Generic Rx		\$10
Brand formulary Rx	\$35 after \$200 Brand Rx deductible	\$35 after \$400 Brand Rx deductible
Annual deductible	\$2,000 per member and \$4,000 per family	\$2,000 per member and \$4,000 per family
Annual out-of-pocket maximum (includes deductible)	\$3,000 per member and \$6,000 per family	\$4,000 per member and \$8,000 per family

Amounts shown represent the member's financial responsibility when using Blue Shield network providers. This document is a summary only. For a detailed description of plan benefits and exclusions, request a copy of the Evidence of Coverage by calling Member Services at **(800) 431-2809**.

Tips for families

Families can save money by enrolling as a family (versus enrolling individually)

- Rates are often lower
- If you have three or more family members, your total family deductibles and out-of-pocket maximums are lower on a family plan versus individual plans
- Each family member only has to meet the member deductible, and that amount accumulates to the total family deductible

Advantages of Blue Shield Individual and Family plans

- Affordable – we've negotiated with providers for lower fees, so you'll pay less for covered medical services. A lot less.
- With more than 30,000 doctors, Blue Shield has one of the largest HMO provider networks in California. If you already have a doctor, chances are your doctor is in our network.
- Lots of extras such as around-the-clock access to a registered nurse, wellness programs and discounts, and out-of-state coverage at no additional cost.
- 20% vision discounts for eye exams, frames and lenses, and other products.⁴

Understanding your plan

To make health coverage easier for you, here is a simple description of how these plans work:

- Some benefits are subject to your annual medical deductible, but most benefits – like office visits and generic prescription drugs – you receive right away for a copayment.
- For services subject to your medical deductible, you'll pay the reduced fee we negotiated with your provider until you've reached your annual deductible amount. After that, you'll pay only the amount shown on the previous page, and we'll pay the rest.
- If you reach your annual out-of-pocket maximum, then we'll pay 100% of your costs for most covered medical services.⁵

Get access to A+ health coverage – apply for an **Access+** plan today!

- ¹ The Access+ HMO package consists of a medical plan and a dental plan offered together at a package rate. The Access+ HMO Dental Plan will appear as a separate rate on your bill, however, it is part of the Access+ HMO package rate which must be paid in its entirety for the Access+ HMO coverage to remain effective. The Access+ HMO Dental Plan may be replaced with a separate Blue Shield dental plan.
- ² To use the Access+ *Specialist* option for services other than mental health or chemical dependency, your Personal Physician must belong to a medical group or IPA that has decided to become an Access+ provider group. Access+ *Specialist* visits for mental health services for other than severe mental illnesses or serious emotional disturbances of a child, and for chemical dependency care, will accrue toward the 20-visit-per-calendar-year maximum. In addition, all Access+ *Specialist* visits require a copayment per visit. Mental health and chemical dependency Access+ *Specialist* visits are accessed through the MHSA utilizing MHSA participating providers.
- ³ Except for the treatment of involuntary complications of pregnancy, pregnancy/maternity benefits for a pregnancy that qualifies as a waived condition are not available during the first six-month period beginning as of the effective date of coverage.
- ⁴ The network of practitioners and facilities in the Discount Vision Program are managed by a contracted vision plan administrator (including any screening and credentialing of provider). Blue Shield does not review the services provided by discount program providers for medical necessity or efficacy. Nor does Blue Shield make any recommendations, representations, claims, or guarantees regarding the practitioners, their availability, fees, services, or products. Some services offered through the discount program may already be included as part of the Blue Shield health plan covered benefits. Members should access those covered services prior to using the discount program. Members who are not satisfied with products or services received from the discount program may use the Blue Shield grievance process described in the Grievance Process section of the *Evidence of Coverage*. Blue Shield reserves the right to terminate this program at any time without notice.
- ⁵ Member payments for Access+ *Specialist* visits and prescription drugs do not count toward the deductible or out-of-pocket maximum, and continue to be charged once the out-of-pocket maximum has been met. See the *Evidence of Coverage* for more details.