

BLUE SHIELD OF CALIFORNIA, SOUTHERN REGION—65 PLUS HMO MEDICARE ADVANTAGE PLAN

Benefits Summary 2020-2021

Services	Benefits
Ambulance	• \$0 co-pay per trip
Annual Physical Examination	• \$0 co-pay, although office visit co-pay may apply
Durable Medical Equipment (DME)— Medicare Covered Services	• \$0 co-pay
Hospitalization • Inpatient • Outpatient hospital services • Emergency room	• \$0 co-pay per admission • \$0 co-pay • \$50 co-pay/waived if admitted within 24 hrs for the same condition
Immunizations • Includes flu injections and all Medicare-approved immunizations	• \$0 co-pay, although office visit co-pay may apply
Laboratory Services	• No charge
Manual Manipulation of the Spine	• \$20 co-pay per visit (subject to medical necessity)
Mental Health—Inpatient	• No charge for day 1–150 • Member pays 100% from day 151 and over
Mental Health—Outpatient Unlimited Visits	• \$20 co-pay
Physician Services/Basic Health Services • Office visits • Consultation, diagnosis and treatment by a specialist	• \$20 co-pay • \$20 co-pay
Prescription Drugs (10/30/50 three-tiered plan) • Generic • Preferred brand • Non-preferred brand • Injectables Specialty • 30-day supply at retail, 90-day supply through mail	• \$10 retail, \$20 mail order • \$30 retail, \$60 mail order • \$50 retail, \$100 mail order • 20% up to \$100 per prescription retail, \$300 mail order • 20% up to \$100 per prescription retail, \$300 mail order
Skilled Nursing Facility	• Covered in full for 100 days per benefit period
X-ray Services	• \$0 co-pay, although office visit co-pay may apply

Rate Effective October 1, 2020	Total Cost Per Person
	Southern Region: \$288.00

A school district's geographic location will determine the applicable rate. Southern Region includes San Luis Obispo, Kern, San Bernardino and all other counties to the south.

Members *must* live in an approved zip code of the Blue Shield of California GMA-PD Service Area. Please refer to the Group Benefit Summary or Evidence of Coverage for details www.blueshieldca.com/SISC