



Integrated Health Insurance Program

PPO Zero



Member Responsibility	PPO ZERO
General Benefits	
Calendar Year Deductible	\$0
Coinsurance	No Charge
Calendar Year Out-of-Pocket Maximum	Individual: \$1,250 Family: \$3,750
Doctor Visits	
Doctor Visits (Primary Care)	\$10 Copay
Doctor Visits (Specialists)	\$10 Copay
Preventive Care/Immunizations	No Charge
Lab & X-Ray	
Outpatient Diagnostic Tests/Imaging	No Charge
Radiation Therapy Chemotherapy	No Charge
Medical Benefits	
Ambulance-Ground/Air	No Charge
Physical Therapy	No Charge (Copay if applicable)
Acupuncture	No Charge Max 12 Visits per calendar year (Copay if applicable)
Chiropractic	No Charge (Copay if applicable)
Durable Medical Equipment	No Charge
Hospital Benefits	
Outpatient Surgery	No Charge
Hospital Inpatient	No Charge/Semi Private Room Unlimited Days
Hospital Emergency Room	\$100 Copay (Waived if Admitted as Inpatient) No Charge
Urgent Care	\$10 Copay
Home Health Care	No Charge 100 visits max per calendar year
Substance Abuse & Mental Health Benefits	
Teledoc-Medical Services	Teledoc - \$5 Call Copay 800-835-2362 or visit www.teledoc.com/bsc for Non-Emergency services
Life Referrals 24/7 EAP	Visit blueshieldca.com or call 800-985-2405 for services
Mental Health-Substance Abuse	Visit blueshieldca.com or call 877-263-9952 for services
Prescription Drug Benefits	
Prescription Drugs-Generic	\$5 Copay
Prescription Drugs-Brand	\$10 Copay
Prescription Drugs-Non Preferred	\$40 Copay
Mail Order-Generic	\$5 Copay
Mail Order-Brand or Non Preferred	\$30 Copay