



Integrated Health Insurance Program

HDHP 300



Blue Shield
of California

Member Responsibility		HDHP 300
General Benefits		
Calendar Year Deductible	Individual: \$1,300 Family: \$5,000	
Coinsurance	40% After Deductible	
Calendar Year Out-of-Pocket Maximum	Individual: \$6,250 Family: \$12,500 (No family member will pay more than \$6,850 per calendar year.)	
Doctor Visits		
Doctor Visits (Primary Care)	40% After Deductible	
Doctor Visits (Specialists)	40% After Deductible	
Preventive Care/Immunizations	No Charge	
Lab & X-Ray		
Outpatient Diagnostic Tests/Imaging	40% After Deductible	
Radiation Therapy Chemotherapy	40% After Deductible	
Medical Benefits		
Ambulance-Ground/Air	40% After Deductible	
Physical Therapy	40% After Deductible	
Acupuncture	40% After Deductible Max 12 Visits per calendar year	
Chiropractic	40% After Deductible	
Durable Medical Equipment	40% After Deductible	
Hospital Benefits		
Outpatient Surgery	40% After Deductible	
Hospital Inpatient	40% After Deductible/Semi Private Room Unlimited Days	
Hospital Emergency Room	40% After Deductible	
Urgent Care	40% After Deductible	
Home Health Care	40% After Deductible 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	40% After Deductible (30 Day Supply)	
Prescription Drugs-Brand	40% After Deductible (30 Day Supply)	
Prescription Drugs-Non Preferred	40% After Deductible (30 Day Supply)	
Mail Order-Generic	40% After Deductible (90 Day Supply)	
Mail Order-Brand or Non Preferred	40% After Deductible (90 Day Supply)	