



Integrated Health Insurance Program

PPO Zero



| Member Responsibility | PPO ZERO |
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| 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 |