

	<b>BLUE SHIELD OF CALIFORNIA</b> Trio HMO and Access+ HMO
<b>DEDUCTIBLES</b>	
Deductible and Out-of-Pocket Maximum (medical)	No Deductible Annual out-of-pocket maximum \$2,000/individual; \$4,000 family
<b>PREVENTIVE CARE</b>	
Routine Physical	No charge
Most Immunizations and Inoculations	No charge
Well Woman Exam and Family Planning	No charge
Routine Pre/Post-Partum Care	No charge visits limited; see EOC
<b>PHYSICIAN and OTHER PROVIDER CARE</b>	
Office and Home Visits	\$25 co-pay
Inpatient Hospital Visits	No charge
<b>PRESCRIPTION DRUGS</b>	
Pharmacy: Generic Drugs	\$10 co-pay 30-day supply
Pharmacy: Brand-Name Drugs	\$25 co-pay 30-day supply
Pharmacy: Non-Formulary Drugs	\$50 co-pay 30-day supply
Mail Order: Generic Drugs	\$20 co-pay 90-day supply
Mail Order: Brand-Name Drugs	\$50 co-pay 90-day supply
Mail Order: Non-Formulary Drugs	\$100 co-pay 90-day supply
Specialty Drugs	20% coinsurance up to \$100 per prescription, 30 day supply
<b>OUTPATIENT SERVICES</b>	
Diagnostic X-ray and Laboratory	No charge
<b>EMERGENCY</b>	
Hospital Emergency Room	\$100 co-pay waived if hospitalized
Urgent Care Facility	\$25 co-pay in-network
<b>HOSPITAL/SURGERY</b>	
Inpatient	\$200 co-pay per admission
Outpatient	\$100 co-pay per surgery

	<b>BLUE SHIELD OF CALIFORNIA</b> Trio HMO and Access+ HMO
<b>REHABILITATIVE</b>	
Physical/Occupational Therapy	\$25 co-pay per visit
Acupuncture/Chiropractic	\$15 co-pay 30 visits of each max per plan year; ASH network
<b>GENDER DYSPHORIA</b>	
Office Visits and Outpatient Surgery	Co-pays apply authorization required
<b>DURABLE MEDICAL EQUIPMENT</b>	
Home Medical Equipment	No charge
Diabetic Monitoring Supplies	No charge based upon allowed charges
Prosthetics/Orthotics	No charge when medically necessary
Hearing Aids	Evaluation no charge 1 aid per ear, every 36 months, up to \$2,500 each
<b>MENTAL HEALTH</b>	
Inpatient Hospitalization	\$200 co-pay per admission
Outpatient Treatment	\$25 co-pay non-severe and severe
Inpatient Detox	\$200 co-pay per admission
Residential Rehabilitation	\$200 co-pay per admission
<b>EXTENDED &amp; END-OF-LIFE CARE</b>	
Skilled Nursing Facility	No charge up to 100 days/year
Hospice	No charge authorization required
<b>OUTSIDE SERVICE AREA</b>	
Care Access and Limitations	Urgent care \$50 co-pay; guest membership benefits for college students in some areas.