



Blue Shield of California Medical Benefits

<i>Benefit Description</i>	<i>Blue Shield EPO 90% \$500 \$25 5137</i>	<i>Out of Network</i>
Calendar Year Deductible: Individual/Family	\$500/\$1000	N/A
Out of Pocket Maximum: Individual/Family	\$2,500/\$5,000	N/A
Hospitalization	10%	No Coverage
Outpatient Surgery	10%	No Coverage
Emergency Room	\$200 Copay, then 10%	Covered as In-Network
Office Visits	\$25	No Coverage
Routine Physicals	No Charge	No Coverage
X-Ray/Lab	10%	No Coverage
Chiropractic	24 Visits/benefit period	No Coverage
Urgent Care	\$50	Not Covered
Prescription Retail	\$10 Generic/\$20 Preferred \$40 Non Preferred	Retail: not covered except if required as a result of emergency or urgently needed service for an acute condition. Mail order not covered
Prescription Mail Order Up to 90 day supply	\$20 Generic/\$40 Preferred \$80 Non Preferred	Same as above

\* This is a summary of benefits only, for more information about your coverage please see plan documents.