

Summary of Covered Services ~ 2010

This is only a summary of benefits. Please refer to the Evidence of Coverage booklet for the exact terms and conditions of coverage.

Category Description	Blue Shield Access + HMO & Blue Shield Net Value	PERS Choice & Select PPO		PERS Care PPO	
		Contracting Provider	Non-Contracting Provider	Contracting Provider	Non Contracting Provider
Calendar Year Deductible	None	Member: \$500 / Family: \$1,000		Member: \$500 / Family: \$1,000	
Maximum Annual Co-Payment	None	Member: \$3,000 Family: \$6,000	None	Member: \$2000 Family: \$4000	None
Lifetime Maximum Benefit	None	\$2,000,000 per member		None	
Ambulance	No Charge	20%	20%	20%	20%
Chiropractic/Acupuncture	These benefits are not available	20%	40%	10%	40%
Diagnostic X-ray/Lab	No Charge (Outpatient Services)	20%	40%	10%	40%
Durable Medical Equipment	No Charge	20%	40%	10%	40%
Emergency Services	\$50/visit. Waived if hospitalized.	20% (\$50 deductible)	20% (\$50 deductible)	10% (\$50 deductible)	10% (\$50 deductible)
Hearing Aid Exam	No Charge	20%	40%	10%	40%
Hearing Aid (up to two)	\$1,000 maximum benefit every 36 months.	\$1,000 max benefit every 36 months.		\$1,000 max benefit every 36 months.	
Hospital (Inpatient & Outpatient)	No Charge	20%	40%	10%	40%
Home Health Services	No Charge (Custodial care not covered)	20%	40%	10%	40%
Hospice	No Charge	20% See EOC	20%	10% See EOC	10%
Infertility Testing & Treatment	50% of allowed charges. See EOC for details.	This benefit is not available		This benefit is not available	
Mental Health					
Inpatient	No Charge	20%	40%	10%	40%
Outpatient:	\$15-\$20 co-pay. Refer to EOC for details.	20%	40%	10%	40%
Physician Services					
Office Visits/Urgent Care	\$15/visit	\$20 co-pay	40%	\$20 co-pay	40%
Allergy Testing/Treatment	No Charge	20%	40%	10%	40%
Hearing Exam/Screening	No Charge	20%	40%	10%	40%
Immunization/Inoculation	No Charge	No Charge	40%	No Charge	40%
Annual Well-Woman Exam	No Charge	No Charge	40%	No Charge	40%
Periodic Health Exam	No Charge	No Charge	40%	No Charge	40%
Well Baby Care	No Charge	No Charge	40%	No Charge	40%
Inpatient Hospital Visits	No Charge	20% See EOC	40%	10% See EOC	40%
Surgery/Anesthesia	No Charge	20%	40%	10%	40%
Prescription Drugs					
Retail pharmacy:	(Up to a 30 day supply)	(Up to a 30 day supply, limited to 2 months)		(Up to a 34 day supply, limited to 2 months)	
Generic	\$5 per prescription	\$5 per prescription		\$5 per prescription	
Formulary Brand	\$15 per prescription	\$15 per prescription		\$15 per prescription	
Non-Formulary	\$45 per prescription	\$45 per prescription		\$45 per prescription	
Mail Order Prescriptions:	(Up to a 90-day supply)	(Up to a 90-day supply)		(Up to a 90-day supply)	
Generic	\$10 per prescription	\$10 per prescription		\$10 per prescription	
Formulary Brand	\$25 per prescription	\$25 per prescription		\$25 per prescription	
Non-Formulary	\$75 per prescription	\$75 per prescription		\$75 per prescription	
Speech /Physical Therapy	No Charge, (\$15/visit if outpatient)	20%	40%	10%	40%
Skilled Nursing Facility Care	No Charge – up to 100 days per calendar year	First 10 days: 20% Next 90 days: 30%	40% 40%	First 10 days: 10% Next 170 days: 20%	40% 40%
Substance Abuse					
Inpatient	No Charge (acute medical detoxification only)	20%	40%	10%	40%
Outpatient	\$15/visit – up to 20 visits per calendar year.	20%	40%	10%	40%