

THIS SUMMARY MATCHES PLAN #4 ON PAGE 5. Please note important exclusions and limitations on pages 10-13. You may want to detach these pages at the perforated lines and make copies for your employees to tell them about the valuable Benefits your company offers. Each summary is printed in English on one side and Spanish on the other; Chinese and Korean versions are available at [www.bluecrossca.com](http://www.bluecrossca.com) - ask your agent or call Small Group Customer Service for assistance (800) 627-8797.



## Comprehensive PPO Benefits: PPO \$35 Copay GenRx Plan

"With this PPO plan, I have comprehensive coverage for both hospitalization and doctor visits, too."

Enjoy a healthy (and fun!) life with FREE access to a wealth of services

Blue Cross expands the value of your coverage every day with many additional resources:

- HealthyExtensions ... gives you information about 10-50% discounts on health/wellness products and services offered by independent vendors: *Fitness club memberships. Health and nutritional supplements. Teeth whitening services. Eyewear and contact lenses. Yoga, massage therapy and hypnotherapy. All-inclusive Club Med vacations. Smoking, alcohol and weight management programs, and more*
- Health Improvement Programs ... free support to help members live well while managing asthma, diabetes or congestive heart failure conditions
- MedCall ... free 24-Hour nurse access by phone, toll-free, any time of the day or night, to answer questions and provide assistance
- Mail Service Pharmacy ... order generic medications by mail or online at [www.PrecisionRx.com](http://www.PrecisionRx.com)

You'll find more details online ... just start at [www.bluecrossca.com](http://www.bluecrossca.com) or call Customer Service at (800) 627-8797.

*Remind doctors that your plan covers generic medication only*  
Generics must meet the same FDA standards for safety and effectiveness as brand-name drugs, and cost much less. If the doctor believes a brand-name drug is necessary, you will receive Blue Cross-negotiated savings if you use a network pharmacy, but you will pay more.

Member is responsible for all amounts listed, unless otherwise noted.

Always use in-network providers and save with Blue Cross negotiated prices

Benefits for eligible covered services:	In-Network	Out-of-Network
	Annual Deductible <i>First you pay for eligible covered charges up to this amount, and then plan benefits begin</i>	\$500 per member Once 2 family members meet their deductible, the deductible is met for the family
Hospital Coinsurance <i>After meeting your Annual Deductible, you pay this amount for covered inpatient hospital charges</i>	Facility Fees: 35% Professional Fees: 35%	Facility Fees: All charges except \$650 per day Professional Fees: 50%
Annual Out-of-Pocket Maximum	\$4,000 per member 2 family member max	Blue Cross payment(s) of \$10,000
<b>Lifetime covered charges paid by Blue Cross</b>	<b>\$5,000,000</b>	
Generic Prescription Drugs <i>Benefits available immediately; amount shown is the copay per 30-day supply</i>	\$15	50% reimbursement per Drug Limited Fee Schedule if filled in CA
Doctor Office Visits <i>In-network office visits not subject to deductible</i>	\$35 copay for first 12 visits; 45% for additional visits	50%
Other Professional Services <i>After meeting your Annual Deductible; includes maternity, diagnostic lab, X-rays</i>	35%	50%
HealthyCheck <sup>SM</sup> Screenings <i>Two levels of health screenings including lab work &amp; immunizations</i>	Choose \$25 or \$75 Screening Option	Not available
Emergency Room <i>You are also responsible for \$100 copay - waived if admitted</i>	35%	35%
Dental Coverage	No benefits	
Vision Coverage	No benefits	

This is a high level overview only; refer to the PPO \$35 Copay GenRx Plan Summary of Features (form #10025) for more detail and to the Certificate for a comprehensive description of coverage, benefits, member payments that do not apply to annual out-of-pocket maximum, services that require Preservice Review, and other limitations. Please note that In-network providers accept Blue Cross negotiated fee rates as payment in full for covered services. Benefits listed are based on the negotiated fee rate for In-Network providers (Out-of-Network providers can charge more than the Negotiated Fee Rate). Benefits listed are based on Customary and Reasonable charges (in cases of medical emergencies) for Out-of-Network providers. When members use an Out-of-Network provider, they must pay the applicable copayment or coinsurance, plus any charges that exceed that allowable amount.