blue of california

Summary of Benefits

San Francisco Health Service System Fund (CCSF)
Effective January 1, 2024
PPO Plan

Blue Shield of CA PPO 20

This Summary of Benefits shows the amount you will pay for Covered Services under this plan. It is only a summary and it is included as part of the Benefit Booklet.[1] Please read both documents carefully for details.

Provider Network: Full PPO Network

This Plan uses a specific network of Health Care Providers, called the Full PPO provider network. Providers in this network are called Participating Providers. You pay less for Covered Services when you use a Participating Provider than when you use a Non-Participating Provider. You can find Participating Providers in this network at member.accolade.com or blueshieldca.com, or by calling Accolade Customer Service at 1-866-336-0711.

Calendar Year Deductibles (CYD)[2]

A Calendar Year Deductible (CYD) is the amount a Member pays each Calendar Year before Claims Administrator pays for Covered Services under the Plan. The Claims Administrator pays for some Covered Services before the Calendar Year Deductible is met, as noted in the Benefits chart below.

		When using a Participating Provider[3]	When using a Non-Participating Provider[4]
Calendar Year medical Deductible	*Individual coverage*	$250	$500
	Family coverage	$250: individual	$500: individual
		$750: Family	$1,500: Family

Calendar Year Out-of-Pocket Maximum[5]

An Out-of-Pocket Maximum is the most a Member will pay for Covered Services each Calendar Year. Any exceptions are listed in the Notes section at the end of this Summary of Benefits.

	When using a Participating Provider[3]	When using a Non-Participating Provider[4]
Individual coverage	$10,950	$10,950
Family coverage	$10,950: per individual	$10,950: per individual

No Annual or Lifetime Dollar Limit

Under this Plan there is no annual or lifetime dollar limit on the amount Claims Administrator will pay for Covered Services.

Benefits[6]

	Your payment			
	When using a Participating Provider[3]	CYD[2] applies	When using a Non-Participating Provider[4]	CYD[2] applies
Preventive Health Services[7]				
Preventive Health Services	$0		80%	✔

Benefits[6]	Your payment			
	When using a Participating Provider[3]	CYD[2] applies	When using a Non-Participating Provider[4]	CYD[2] applies
Preventive immunizations	$0		$0	
Physician services				
Primary care office visit	80%	✔	80%	✔
Specialist care office visit	80%	✔	80%	✔
Physician home visit	80%	✔	80%	✔
Physician or surgeon services in an Outpatient Facility	80%	✔	80%	✔
Physician or surgeon services in an inpatient facility	80%	✔	80%	✔
Other professional services				
Other practitioner office visit *Includes nurse practitioners, physician assistants, and therapists.*	80%	✔	80%	✔
Acupuncture services *Up to $1,000 maximum per Member, per Calendar Year.*	80%	✔	80%	✔
Chiropractic services *Up to $1,000 maximum per Member, per Calendar Year.*	80%	✔	80%	✔
Teladoc consultation	80%	✔	Not covered	
Family planning				
• Counseling, consulting, and education	$0		80%	✔
• Injectable contraceptive	$0		80%	✔
• Diaphragm fitting	$0		80%	✔
• Intrauterine device (IUD)	$0		80%	✔
• Insertion and/or removal of intrauterine device (IUD)	$0		80%	✔
• Implantable contraceptive	$0		80%	✔
• Tubal ligation	$0		80%	✔
• Vasectomy	$0		80%	✔
• Diagnosis and Treatment of the Cause of Infertility	80%	✔	80%	✔
Infertility Services				
• Natural or stimulated artificial inseminations. *Limited to 6 procedures per lifetime.*	80%		80%	
• Gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), or in-vitro fertilization (IVF) [8] *Limited to 2 procedures per lifetime.*	80%		80%	

Benefits[6]	Your payment			
	When using a Participating Provider[3]	CYD[2] applies	When using a Non-Participating Provider[4]	CYD[2] applies
• Intracytoplasmic sperm injection (ICSI)	80%		80%	
• Embryo transportation related network disruption[9] *Limited to 1 instance and within the 1 year of storage. Up to $500 maximum.*	80%		80%	
• Testicular sperm aspiration/microsurgical epididymal sperm aspiration (TESA/MESA) - male factor associated surgical procedures for retrieval of sperm *Limited to 1 procedure per lifetime.*	80%		80%	
• Electroejaculation	80%		80%	
• Embryo biopsy for preimplantation screening (PGS) or diagnosis (PGD)	80%		80%	
• Cryopreservation of sperm, oocytes, ovarian tissue, testicular tissue, embryos *Limited to 1 retrieval and 1 year of storage per lifetime.*	80%		80%	
Podiatric services	80%	✔	80%	✔
Medical nutrition therapy, not related to diabetes *Combined with diabetic medical nutrition therapy, up to 4 visits per Member, per Calendar Year.*	80%	✔	80%	✔
Pregnancy and maternity care				
Physician office visits: prenatal and postnatal	80%	✔	80%	✔
Physician services for pregnancy termination	80%	✔	80%	✔
Emergency Services				
Emergency room services *If admitted to the Hospital, this payment for emergency room services does not apply. Instead, you pay the Participating Provider payment under Inpatient facility services/ Hospital services and stay.*	80%	✔	80%	✔
Emergency room services for a non-emergency medical condition[5]	80%	✔	80%	✔
Emergency room Physician services	80%	✔	80%	✔

Benefits[6]	Your payment			
	When using a Participating Provider[3]	CYD[2] applies	When using a Non-Participating Provider[4]	CYD[2] applies
Urgent care center services	80%	✔	80%	✔
Ambulance services *This payment is for emergency or authorized transport.*	80%	✔	80%	✔
Outpatient Facility services				
Ambulatory Surgery Center	80%	✔	80%	✔
Outpatient Department of a Hospital: surgery	80%	✔	80%	✔
Outpatient Department of a Hospital: treatment of illness or injury, radiation therapy, chemotherapy, and necessary supplies	80%	✔	80%	✔
Inpatient facility services				
Hospital services and stay	80%	✔	80%	✔
Transplant services *This payment is for all covered transplants except tissue and kidney. For tissue and kidney transplant services, the payment for Inpatient facility services/ Hospital services and stay applies.*				
• Special transplant facility inpatient services	80%	✔	Not covered	
• Physician inpatient services	80%	✔	Not covered	
Bariatric surgery services				
Participating Provider benefits for bariatric surgery services are limited to $60,000 during the entire period you are covered under the Plan. *Non-Participating Provider benefits for bariatric surgery services are limited to $10,000 during the entire period you are covered under the Plan.*				
Inpatient facility services	80%	✔	80%	✔
Outpatient Facility services	80%	✔	80%	✔
Physician services	80%	✔	80%	✔

Benefits[6]	Your payment			
	When using a Participating Provider[3]	CYD[2] applies	When using a Non-Participating Provider[4]	CYD[2] applies
Diagnostic x-ray, imaging, pathology, and laboratory services				
This payment is for Covered Services that are diagnostic, non-Preventive Health Services, and diagnostic radiological procedures. For the payments for Covered Services that are considered Preventive Health Services, see Preventive Health Services.				
Laboratory and pathology services				
Includes diagnostic Papanicolaou (Pap) test.				
• Laboratory center	80%	✔	80%	✔
• Outpatient Department of a Hospital	80%	✔	80%	✔
Basic imaging services				
Includes plain film X-rays, ultrasounds, and diagnostic mammography.				
• Outpatient radiology center	80%	✔	80%	✔
• Outpatient Department of a Hospital	80%	✔	80%	✔
Other outpatient Non-invasive diagnostic testing				
Testing to diagnose illness or injury such as vestibular function tests, EKG, cardiac monitoring, Non-invasive vascular studies, sleep medicine testing, muscle and range of motion tests, EEG, and EMG.				
• Office location	80%	✔	80%	✔
• Outpatient Department of a Hospital	80%	✔	80%	✔
Advanced imaging services				
Includes diagnostic radiological and nuclear imaging such as CT scans, MRIs, MRAs, and PET scans.				
• Outpatient radiology center	80%	✔	80%	✔
• Outpatient Department of a Hospital	80%	✔	80%	✔
Rehabilitative and Habilitative Services				
Includes physical therapy, occupational therapy, and respiratory therapy.				
Office location	80%	✔	80%	✔
Outpatient Department of a Hospital	80%	✔	80%	✔
Speech Therapy services				
Office location	80%	✔	80%	✔
Outpatient Department of a Hospital	80%	✔	80%	✔

Benefits[6]	Your payment			
	When using a Participating Provider[3]	CYD[2] applies	When using a Non-Participating Provider[4]	CYD[2] applies
Durable medical equipment (DME)				
DME	80%	✔	80%	✔
Breast pump	$0		80%	✔
Orthotic equipment and devices	80%	✔	80%	✔
Prosthetic equipment and devices	80%	✔	80%	✔
Home health care services *Up to 120 visits per Member, per Calendar Year, by a home health care agency. All visits count towards the limit, including visits during any applicable Deductible period. Includes home visits by a nurse, Home Health Aide, medical social worker, physical therapist, speech therapist, or occupational therapist, and medical supplies.*	80%	✔	80%	✔
Home infusion and home injectable therapy services				
Home infusion agency services *Includes home infusion drugs, medical supplies, and visits by a nurse.*	80%	✔	80%	✔
Hemophilia home infusion services *Includes blood factor products.*	80%	✔	80%	✔
Skilled Nursing Facility (SNF) services *Up to 120 days per Member, per benefit period, except when provided as part of a Hospice program. All days count towards the limit, including days during any applicable Deductible period and days in different SNFs during the Calendar Year.*				
Freestanding SNF	80%	✔	80%	✔
Hospital-based SNF	80%	✔	80%	✔
Hospice program services				
Pre-Hospice consultation	80%	✔	80%	✔
Routine home care	80%	✔	80%	✔
24-hour continuous home care	80%	✔	80%	✔
Short-term inpatient care for pain and symptom management	80%	✔	80%	✔
Inpatient respite care	80%	✔	80%	✔

Benefits[6]	Your payment			
	When using a Participating Provider[3]	CYD[2] applies	When using a Non-Participating Provider[4]	CYD[2] applies
Reconstructive surgery services				
Outpatient Facility services	80%	✔	80%	✔
Inpatient facility services	80%	✔	80%	✔
Physician services	80%	✔	80%	✔
Medical treatment of the teeth, gums, jaw joints, and jaw bones				
Outpatient Facility services	80%	✔	80%	✔
Inpatient facility services	80%	✔	80%	✔
Physician services	80%	✔	80%	✔
Other services and supplies				
Diabetes care services				
• Devices, equipment, and supplies	80%	✔	80%	✔
• Self-management training	80%	✔	80%	✔
• Medical nutrition therapy *Combined with medical nutrition therapy not related to diabetes, up to 4 visits per Member, per Calendar Year.*	80%	✔	80%	✔
Dialysis services	80%	✔	80%	✔
PKU product formulas and special food products	80%	✔	80%	✔
Allergy serum billed separately from an office visit	80%	✔	80%	✔
Hearing aid services				
• Hearing aids and equipment *Up to $2,500 maximum per ear, per Member, per 36 months.*	80%		80%	
Clinical trials for treatment of cancer or life-threatening diseases or conditions	Regular medical services for Members enrolled in clinical trials will be covered at the same Cost Shares as any other services (office visit, inpatient, outpatient, etc.)			

Mental Health and Substance Use Disorder Benefits	Your payment			
	When using a Participating Provider[3]	CYD[2] applies	When using a Non-Participating Provider[4]	CYD[2] applies
Outpatient services				
Office visit, including Physician office visit	80%	✔	80%	✔
Intensive outpatient care	80%	✔	80%	✔
Behavioral Health Treatment in an office setting	80%	✔	80%	✔

Mental Health and Substance Use Disorder Benefits

Your payment

	When using a Participating Provider[3]	CYD[2] applies	When using a Non-Participating Provider[4]	CYD[2] applies
Behavioral Health Treatment in home or other non-institutional setting	80%	✔	80%	✔
Office-based opioid treatment	80%	✔	80%	✔
Partial Hospitalization Program	80%	✔	80%	✔
Psychological Testing	80%	✔	80%	✔
Inpatient services				
Physician inpatient services	80%	✔	80%	✔
Hospital services	80%	✔	80%	✔
Residential Care	80%	✔	80%	✔

Prior Authorization

The following are some frequently-utilized Benefits that require prior authorization:

- Advanced imaging services
- Outpatient mental health services, except office visits and office-based opioid treatment
- Inpatient facility services
- Hospice program services

Please review the Benefit Booklet for more about Benefits that require prior authorization.

Notes

1 Benefit Booklet:

The Benefit Booklet describes the Benefits, limitations, and exclusions that apply to coverage under this Plan. Please review the Benefit Booklet for more details of coverage outlined in this Summary of Benefits. You can request a copy of the Benefit Booklet at any time.

Capitalized terms are defined in the Benefit Booklet. Refer to the Benefit Booklet for an explanation of the terms used in this Summary of Benefits.

2 Calendar Year Deductible (CYD):

Calendar Year Deductible explained. A Calendar Year Deductible is the amount you pay each Calendar Year before the Claims Administrator pays for Covered Services under the Plan.

If this Plan has any Calendar Year Deductible(s), Covered Services subject to that Deductible are identified with a check mark (✔) in the Benefits chart above.

Covered Services not subject to the Calendar Year medical Deductible. Some Covered Services received from Participating Providers are paid by the Claims Administrator before you meet any Calendar Year medical Deductible. These Covered Services do not have a check mark (✔) next to them in the "CYD applies" column in the Benefits chart above.

Notes

This Plan cross accumulates Participating Provider and Non-Participating Provider Calendar Year Deductibles. This means that any amounts you pay towards your Participating Provider Calendar Year Deductible also count towards your Non-Participating ProviderCalendar Year Deductible. Also, any amounts you pay towards your Non-Participating Provider Calendar Year Deductible counts towards your Participating Provider Calendar Year Deductible.

Family coverage has an individual Deductible within the Family Deductible. This means that the Deductible will be met for an individual with Family coverage who meets the individual Deductible prior to the Family meeting the Family Deductible within a Calendar Year.

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3 Using Participating Providers:

Participating Providers have a contract to provide health care services to Members. When you receive Covered Services from a Participating Provider, you are only responsible for the Copayment or Coinsurance, once any Calendar Year Deductible has been met.

"Allowable Amount" is defined in the Benefit Booklet. In addition:

- Coinsurance is calculated from the Allowable Amount.

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4 Using Non-Participating Providers:

Non-Participating Providers do not have a contract to provide health care services to Members. When you receive Covered Services from a Non-Participating Provider, you are responsible for:

- the Copayment or Coinsurance (once any Calendar Year Deductible has been met), and
- any charges above the Allowable Amount.

"Allowable Amount" is defined in the Benefit Booklet. In addition:

- Coinsurance is calculated from the Allowable Amount, which is subject to any stated Benefit maximum.
- Charges above the Allowable Amount do not count towards the Out-of-Pocket Maximum, and are your responsibility for payment to the provider. This out-of-pocket expense can be significant.

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5 Calendar Year Out-of-Pocket Maximum (OOPM):

Calendar Year Out-of-Pocket Maximum explained. The Out-of-Pocket Maximum is the most you are required to pay for Covered Services in a Calendar Year. Once you reach your Out-of-Pocket Maximum, the Claims Administrator will pay 100% of the Allowable Amount for Covered Services for the rest of the Calendar Year. Charges for Services which are specifically excluded from accumulating to the OOPM, contained within the Benefit Booklet, do not count towards the OOPM.

Your payment after you reach the Calendar Year OOPM. You will continue to pay all charges for services that are not covered and charges above the Allowable Amount.

Any Deductibles count towards the OOPM. Any amounts you pay that count towards the medical Deductible also count towards the Calendar Year Out-of-Pocket Maximum.

This Plan cross accumulates Participating Provider and Non-Participating Provider OOPM. This means that any amounts you pay towards your Participating Provider OOPM also count towards your Non-Participating Provider OOPM. Also, any amounts you pay towards your Non-Participating Provider OOPM counts towards your Participating Provider OOPM.

Family coverage has an individual OOPM within the Family OOPM. This means that the OOPM will be met for an individual with Family coverage who meets the individual OOPM prior to the Family meeting the Family OOPM within a Calendar Year.

Notes

6 Separate Member Payments When Multiple Covered Services are Received:

Each time you receive multiple Covered Services, you might have separate payments (Copayment or Coinsurance) for each service. When this happens, you may be responsible for multiple Copayments or Coinsurance. For example, you may owe an office visit payment in addition to an allergy serum payment when you visit the doctor for an allergy shot.

7 Preventive Health Services:

If you only receive Preventive Health Services during a Physician office visit, there is no Copayment or Coinsurance for the visit by a Participating Provider. If you receive both Preventive Health Services and other Covered Services during the Physician office visit, you may have a Copayment or Coinsurance for the visit.

8 Fresh or Frozen Transfer Cycles:

Embryo, gamete or zygote fresh or frozen transfer cycles must be received in conjunction with any of the following Covered Services: in-vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), or zygote intrafallopian transfer (ZIFT).

9 Embryo Transportation:

Network Disruption is defined as when a facility closes and/or the Member moves during the covered year of storage, the Member will be reimbursed up to the limit of $500.

Plans may be modified to ensure compliance with Federal requirements.

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Outpatient Prescription Drug Benefit

San Francisco Health Service System Fund (CCSF)
Effective January 1, 2024
PPO

Enhanced Rx $10/25/50 with $0 Pharmacy Deductible Summary of Benefits

This Summary of Benefits shows the amount you will pay for covered Drugs under this prescription Drug Benefit.

Pharmacy Network:	**Rx Ultra**
Drug Formulary:	**Plus Formulary**

Calendar Year Pharmacy Deductible(CYPD)[1]

A Calendar Year Pharmacy Deductible (CYPD) is the amount a Member pays each Calendar Year before the Claims Administrator pays for covered Drugs under the outpatient prescription Drug Benefit. The Claims Administrator pays for some prescription Drugs before the Calendar Year Pharmacy Deductible is met, as noted in the Prescription Drug Benefits chart below.

		When using a Participating[2] or Non-Participating[3] Pharmacy
Calendar Year Pharmacy Deductible	*Per Member*	$0

Prescription Drug Benefits[4,5]

	Your payment			
	When using a Participating Pharmacy[2]	**CYPD[1] applies**	**When using a Non-Participating Pharmacy[3]**	**CYPD[1] applies**
Retail pharmacy prescription Drugs[6]				
Per prescription, up to a 30-day supply.				
Contraceptive Drugs and devices	$0		Applicable Tier 1, Tier 2, or Tier 3 Copayment	
Tier 1 Drugs (mostly preferred Generic Drugs and some Brand Drugs)	$10/prescription		50% plus $10/prescription	
Tier 2 Drugs (mostly preferred Brand Drugs and some Generic Drugs)	$25/prescription		50% plus $25/prescription	
Tier 3 Drugs (non-preferred Generic and non-preferred Brand Drugs)	$50/prescription		50% plus $50/prescription	
Tier 4 Drugs (Specialty and high-cost Drugs)	$50/prescription		50% plus $50/prescription	
Mail service pharmacy prescription Drugs				
Per prescription, for a 31-90-day supply.				
Contraceptive Drugs and devices	$0		Not covered	

Prescription Drug Benefits[4,5]	Your payment			
	When using a Participating Pharmacy[2]	CYPD[1] applies	When using a Non-Participating Pharmacy[3]	CYPD[1] applies
Tier 1 Drugs (mostly preferred Generic Drugs and some Brand Drugs)	$20/prescription		Not covered	
Tier 2 Drugs (mostly preferred Brand Drugs and some Generic Drugs)	$50/prescription		Not covered	
Tier 3 Drugs (non-preferred Generic and non-preferred Brand Drugs)	$100/prescription		Not covered	
Tier 4 Drugs (high-cost Drugs)	$100/prescription		Not covered	

Notes

1 Calendar Year Pharmacy Deductible (CYPD):

Calendar Year Pharmacy Deductible explained. A Calendar Year Pharmacy Deductible is the amount you pay each Calendar Year before the Claims Administrator pays for outpatient prescription Drugs under this Benefit.

If this Benefit has a Calendar Year Pharmacy Deductible, outpatient prescription Drugs subject to the Deductible are identified with a check mark (✔) in the Benefits chart above.

Any applicable Copayment, Coinsurance and CYPD you pay counts towards the Calendar Year Out-of-Pocket Maximum.

Outpatient prescription Drugs not subject to the Calendar Year Pharmacy Deductible. Some outpatient prescription Drugs received from Participating Pharmacies are paid by the Claims Administrator before you meet any Calendar Year Pharmacy Deductible. These outpatient prescription Drugs do not have a check mark (✔) next to them in the "CYPD applies" column in the Prescription Drug Benefits chart above.

2 Using Participating Pharmacies:

Participating Pharmacies have a contract to provide outpatient prescription Drugs to Members. When you obtain covered prescription Drugs from a Participating Pharmacy, you are only responsible for the Copayment or Coinsurance, once any Calendar Year Pharmacy Deductible has been met.

Participating Pharmacies and Drug Formulary. You can find a Participating Pharmacy and the Drug Formulary by visiting www.blueshieldca.com/pharmacy.

3 Using Non-Participating Pharmacies:

Non-Participating Pharmacies do not have a contract to provide outpatient prescription Drugs to Members. When you obtain prescription Drugs from a Non-Participating Pharmacy, you must pay all charges for the prescription, then submit a completed claim form for reimbursement. You will be reimbursed based on the price you paid for the Drug.

4 Outpatient Prescription Drug Coverage:

Medicare Part D-creditable coverage-

This prescription Drug coverage is on average equivalent to or better than the standard benefit set by the federal government for Medicare Part D (also called creditable coverage). Because this prescription Drug coverage is creditable, you do not have to enroll in Medicare Part D while you maintain this coverage; however, you should be

Notes

aware that if you do not enroll in Medicare Part D within 63 days following termination of this coverage, you could be subject to Medicare Part D premium penalties.

5 Outpatient Prescription Drug Coverage:

Brand Drug coverage when a Generic Drug is available. If you select a Brand Drug when a Generic Drug equivalent is available, you are responsible for the difference between the cost to the Claims Administrator for the Brand Drug and its Generic Drug equivalent plus the Tier 1 Copayment or Coinsurance. This difference in cost will not count towards any Calendar Year Pharmacy Deductible, medical Deductible, or the Calendar Year Out-of-Pocket Maximum. If your Physician or Health Care Provider prescribes a Brand Drug and indicates that a Generic Drug equivalent should not be substituted, you pay your applicable tier Copayment or Coinsurance. If your Physician or Health Care Provider does not indicate that a Generic Drug equivalent should not be substituted, you may request a Medical Necessity Review. If approved, the Brand Drug will be covered at the applicable Drug tier Copayment or Coinsurance.

Short-Cycle Specialty Drug program. This program allows initial prescriptions for select Specialty Drugs to be filled for a 15-day supply with your approval. When this occurs, the Copayment or Coinsurance will be pro-rated.

Specialty Drugs. Specialty Drugs are only available from a Network Specialty Pharmacy, up to a 30-day supply.

Mail service Drugs. You pay the applicable 30-day retail pharmacy Copayment for a 30-day supply or less from the mail service pharmacy.

6 Extended day supply of outpatient prescription Drugs at a retail Participating Pharmacy:

You also have an option to receive up to a 90-day supply of prescription Drugs at any retail network pharmacy, when you take maintenance Drugs for an ongoing condition. If your Physician or Health Care Provider writes a prescription for less than a 90-day supply, the pharmacy will only dispense the amount prescribed. Specialty Drugs may only be dispensed up to a 30-day supply. You must pay the applicable retail pharmacy Drug Copayment or Coinsurance for each prescription Drug, for each 30-day supply dispensed. Visit blueshieldca.com for additional information about how to get a 90-day supply of prescription Drugs from retail pharmacies.

Benefit designs may be modified to ensure compliance with Federal requirements.

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