

Schools Risk Insurance Additional Substance Abuse Treatment Benefits

Attachment to Benefit Summary (Uniform Benefits and Coverage Matrix)

For the following Shield Spectrum PPOSM Plans:

PPO 250-80/60, PPO 500-80/60, PPO 1000-80/60, PPO 1500-80/60, and PPO 1000-80/50

How the Plan Works

In addition to the benefits listed in the Benefit Summary, your health plan also covers inpatient hospital and professional services for substance abuse treatment and rehabilitation provided via hospitalization or partial hospitalization/day treatment.¹ All services must be medically necessary. Blue Shield of California has contracted with a Mental Health Services Administrator (MHSA), a licensed specialized health care service plan, to administer and deliver these services from MHSA participating providers. The MHSA is only the administrator for participating providers, and does not administer non-participating providers.

Coverage Details

You are covered for a maximum of 30 calendar days per year² for combined inpatient and day treatment. Residential care is not covered. Copayments are lowest when you receive care from an MHSA participating provider. These inpatient substance abuse care services do not accrue to the member's calendar-year copayment maximum and continue to be charged after the maximum is reached. Services are subject to applicable calendar-year deductible.

Shield Spectrum PPO Plans

PPO 250-80/60, PPO 500-80/60, PPO 1000-80/60, and PPO 1500-80/60

| | MHSA Participating Provider* | MHSA Non-Participating Provider ³ |
|-----------------------------------|------------------------------|--|
| Hospital Facility Services | 20% | 40% (to \$175 per day) ⁴ |
| Professional (Physician) Services | 20% | 40% of the allowable amount and charges above the allowable amount |

Shield Spectrum PPO 1000-80/50

| | MHSA Participating Provider* | MHSA Non-Participating Provider ³ |
|-----------------------------------|------------------------------|---|
| Hospital Facility Services | 20% | 50% (to \$175 per day) ⁵ |
| Professional (Physician) Services | 20% | 50% of the allowable and charges above the allowable amount |

1. Except for emergencies, benefits are covered only when pre-authorized by the MHSA.
2. One hospital day counts as one day and two partial hospital days count as one day.
3. Member is responsible for copayment in addition to any charges above allowable amounts from non-participating providers. The copayment percentage indicated is a percentage of allowed amounts. MHSA participating providers accept Blue Shield's allowable amount as full payment for covered services. Non-participating providers can charge more than these amounts. When members use non-participating providers, they must pay the applicable copayment plus any amount that exceeds Blue Shield's allowable amount. Copayment maximum continues to be member's responsibility after the calendar-year copayment maximum is reached. Member's copayment and charges above the allowable amount do not count toward the calendar-year deductible or copayment maximum.
4. The maximum allowable amount for hospital facility services from a MHSA non-participating provider is \$175 per day. Members are responsible for 40 percent of this \$175 per day, plus all charges in excess of \$175.
5. The maximum allowable amount for hospital facility services from a MHSA non-participating provider is \$175 per day. Members are

responsible for 50 percent of this \$175 per day, plus all charges in excess of \$175.

* Copayments are calculated based on the negotiated rate with participating providers.

This is only a summary of the additional substance abuse treatment benefits not described in the Uniform Benefits and Coverage Matrix. It is not a contract. Please refer to the *Plan Contract* and *Evidence of Coverage* for a detailed description of covered benefits and limitations.

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