Benefit Sheet

	Blue Shield Access+ Platinum 90 HMO 0/25 PCP + Child Dental INF (Broad Network)	
Benefit	**In Network**	**Out of Network**
Individual Ded	$0	
Family Ded	$0	
Individual OOP Max	$5,000	
Family OOP Max	$10,000	
Co-insurance	10%	
Lifetime Max	Unlimited	
PC/Specialist	$25/$40	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Pre/Postnatal Care	No charge	
Physical Therapy	$25	
Chiropractic Care	Not covered	
Inpatient Hospital	$300/day; 5 days/admit	
IP Physician/Surgeon	No charge	
Maternity Delivery/IP	$300/day; 5 days/admit	
Mental Health IP	$300/day; 5 days/admit	
Substance Abuse IP	$300/day; 5 days/admit	
Outpatient Facility	$100	
OP Physician/Surgeon	$35	
Lab/X-Ray	$20/$35	
Advanced Radiology	$150	
Mental Health OP	$25	
Substance Abuse OP	$25	
Emergency Room	$250	
Ambulance	$150	
Urgent Care	$25	
Rx Tier 1	$10/$15	
Rx Tier 2	$25/$40	
Rx Tier 3	$40/$60	
Rx Tier 4	10%; $250 max/script	
Rx Mail Order	Refer to carrier	
Home Health Care	$20; 100 visits/yr	
Skilled Nursing	$150/day; 5 days/admit; 100 days/benefit period	
Infertility Treatment	Covered; See SoB	
DME	10%	
Hospice Services	No charge	
Pediatric Vision	No charge (exam/hardware)	
Pediatric Dental	No charge	

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