

BLUE SHIELD OF CALIFORNIA, SOUTHERN REGION—65 PLUS HMO MEDICARE ADVANTAGE PLAN

Benefits Summary 2023-2024

Services	Benefits
Ambulance	<ul style="list-style-type: none"> \$0 co-pay per trip
Annual Physical Examination	<ul style="list-style-type: none"> \$0 co-pay, although office visit co-pay may apply
Durable Medical Equipment (DME)— Medicare Covered Services	<ul style="list-style-type: none"> \$0 co-pay
Hospitalization <ul style="list-style-type: none"> Inpatient Outpatient hospital services Emergency room 	<ul style="list-style-type: none"> \$0 co-pay per admission \$0 co-pay \$50 co-pay/waived if admitted within 24 hrs for the same condition
Immunizations <ul style="list-style-type: none"> Includes flu injections and all Medicare-approved immunizations 	<ul style="list-style-type: none"> \$0 co-pay, although office visit co-pay may apply
Laboratory Services	<ul style="list-style-type: none"> No charge
Manual Manipulation of the Spine	<ul style="list-style-type: none"> \$20 co-pay per visit (subject to medical necessity)
Mental Health—Inpatient	<ul style="list-style-type: none"> No charge for day 1–150 Member pays 100% from day 151 and over
Mental Health—Outpatient Unlimited Visits	<ul style="list-style-type: none"> \$20 co-pay
Physician Services/Basic Health Services <ul style="list-style-type: none"> Office visits Consultation, diagnosis and treatment by a specialist 	<ul style="list-style-type: none"> \$20 co-pay \$20 co-pay
Prescription Drugs (10/30/50 three-tiered plan) <ul style="list-style-type: none"> Generic Preferred brand Non-preferred brand Injectables Specialty <ul style="list-style-type: none"> 30-day supply at retail, 90-day supply through mail 	<ul style="list-style-type: none"> \$10 retail, \$20 mail order \$30 retail, \$60 mail order \$50 retail, \$100 mail order 20% up to \$100 per prescription retail, \$300 mail order 20% up to \$100 per prescription retail, \$300 mail order
Skilled Nursing Facility	<ul style="list-style-type: none"> Covered in full for 100 days per benefit period
X-ray Services	<ul style="list-style-type: none"> \$0 co-pay, although office visit co-pay may apply

Rate Effective October 1, 2023	Total Cost Per Person
	Southern Region: \$321.00

A school district's geographic location will determine the applicable rate. Southern Region includes San Luis Obispo, Kern, San Bernardino and all other counties to the south.

Members *must* live in an approved zip code of the Blue Shield of California GMA-PD Service Area. Please refer to the Group Benefit Summary or Evidence of Coverage for details www.blueshieldca.com/SISC