Stanford University Postdocs
Custom EPO Plan
Benefit Summary
(Uniform Health Plan Benefits and Coverage Matrix)

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Blue Shield of California

Highlights: A description of the prescription drug coverage is provided separately

Effective January 1, 2012

	Preferred Providers[1]
Calendar year Medical Deductible[2]	$0 per individual / $0 per family
Calendar year Copayment Maximum[2]	$1,500 per individual /$3,000 family
LIFETIME BENEFIT MAXIMUM	None

Covered Services	Member Copayment
PROFESSIONAL SERVICES	**Preferred Providers[1]**
Professional (Physician) Benefits	
• Physician and specialist office visits	$20 per visit
• CT scans, MRIs, MRAs, PET scans, and cardiac diagnostic procedures utilizing nuclear medicine[3](prior authorization is required)	No Charge
• Other outpatient X-ray, pathology and laboratory (Diagnostic testing by providers other than outpatient laboratory, pathology, and imaging departments of hospitals/facilities)[3]	No Charge
Allergy Testing and Treatment Benefits	
• Office visits (includes visits for allergy serum injections)	$20 per visit
Preventive Health Benefits	
• Preventive Health Services (see the description of Preventive Health Services in the definitions section of the Plan Contract for more information)	No Charge
OUTPATIENT SERVICES	
Hospital Benefits (Facility Services)	
• Outpatient surgery performed at an Ambulatory Surgery Center[3]	No Charge
• Outpatient surgery in a hospital	No Charge
• Outpatient Services for treatment of illness or injury and necessary supplies (Except as described under "Rehabilitation benefits")	No Charge
• CT scans, MRIs, MRAs, PET scans, and cardiac diagnostic procedures utilizing nuclear medicine performed in a hospital (prior authorization is required)[3]	No Charge
• Other outpatient X-ray, pathology and laboratory performed in a hospital[3]	No Charge
• Bariatric Surgery (pre-authorization required; medically necessary surgery for weight loss, only for morbid obesity)[4]	No Charge
HOSPITALIZATION SERVICES	
Hospital Benefits (Facility Services)	
• Inpatient Physician Services	No Charge
• Inpatient Non-emergency Facility Services (Semi-private room and board, medically necessary services and supplies)	$250 per admission[2]
• Bariatric Surgery (pre-authorization required; medically necessary surgery for weight loss, only for morbid obesity)[4]	$250 per admission[2]
Skilled Nursing Facility Benefits[5] (Combined maximum of up to 100 preauthorized days per calendar year; semi-private accommodations)	
• Services by a free-standing Skilled Nursing Facility	No Charge
• Skilled Nursing Unit of a Hospital	No Charge
EMERGENCY HEALTH COVERAGE	
• Emergency room Services not resulting in admission	$75 per visit
• Emergency room Services resulting in admission (When the member is admitted directly from the ER)	$250 per admission[2]
• Emergency room Physician Services	No Charge

An Independent member of the Blue Shield Association

AMBULANCE SERVICES	
• Emergency or authorized transport	No Charge
PRESCRIPTION DRUG COVERAGE	
Outpatient Prescription Drug Benefits	A description of your outpatient prescription drug coverage is provided separately. If you do not have the separate drug summary that goes with this benefit summary, please contact your benefits administrator or call Customer Services.
PROSTHETICS/ORTHOTICS	
• Prosthetic equipment and devices (Separate office visit copay may apply)	No Charge
• Orthotic equipment and devices (Separate office visit copay may apply)	No Charge
DURABLE MEDICAL EQUIPMENT	
• Durable Medical Equipment (member share is based upon allowed charges)	No Charge
MENTAL HEALTH SERVICES (PSYCHIATRIC)[6]	
• Inpatient Hospital Services	$250 per admission[2]
• Outpatient Mental Health Services	$20 per visit
CHEMICAL DEPENDENCY SERVICES (SUBSTANCE ABUSE)[7]	
• Inpatient Hospital Services or Residential Treatment Center Services	$250 per admission[2]
• Outpatient Chemical dependency and substance abuse services	$20 per visit
HOME HEALTH SERVICES	
• Home health care agency Services (Maximum of 100 prior authorized visits per Calendar Year)	$20 per visit
• Home infusion/home intravenous injectable therapy and infusion nursing visits provided by a Home Infusion Agency (See "Prescription Drug Coverage" for specialty drugs)	No Charge
OTHER	
Hospice Program Benefits	
• Routine home care	No Charge
• Inpatient Respite Care	No Charge
• 24-hour Continuous Home Care	No Charge
• General Inpatient care	No Charge
Chiropractic Benefits[9]	
• Chiropractic Services - provided by a chiropractor (Up to 24 visits per calendar year combined with Rehabilitation services)[9]	$20 per visit
Acupuncture Benefits	
• Acupuncture	$20 per visit
Rehabilitation Benefits (Physical, Occupational and Respiratory Therapy)[9]	
• Office location (Up to 24 visits per calendar year combined with chiropractic services)[9]	$20 per visit
Speech Therapy Benefits	
• Office location	$20 per visit
Pregnancy and Maternity Care Benefits	
• Prenatal and Postnatal Physician Office Visits (For inpatient hospital services, see "Hospitalization Services.")	$20 per visit initial visit only, thereafter, No Charge
Family Planning Benefits	
• Counseling and consulting	$20 per visit
• Diagnosis and treatment of the cause of infertility (Plan payment maximum for covered services up to $2,000 per calendar year)	50%[2]
• Elective abortion[8]	$150
• Tubal ligation[8]	$150
• Vasectomy[8]	$150
Diabetes Care Benefits	
• Devices, equipment, and non-testing supplies (For testing supplies, see "Outpatient Prescription Drug Benefits.")	No Charge
• Diabetes self-management training (member share is based upon allowed charges) (If billed by your provider, you will also be responsible for the office visit copayment)	$20 per visit
Hearing Benefits	
• Audiological examination	$20 per visit
• Hearing aid and ancillary equipment (One hearing aid per ear every 24 months)	No Charge
Care Outside of Plan Service Area Benefits provided through BlueCard® Program, for out-of-state emergency and non-emergency care, are provided at the preferred level of the local Blue Plan allowable amount when you use a Blue Cross/Blue Shield provider.	
• Within US: BlueCard Program	See Applicable Benefit
• Outside of US: BlueCard Worldwide	See Applicable Benefit

[1] Member is responsible for copayment in addition to any charges above allowable amounts. The copayment percentage indicated is a percentage of allowable amounts. Preferred providers accept Blue Shield's allowable amount as full payment for covered services.

[2] Deductible and copayments marked with a (2) do not accrue to calendar-year copayment maximum. Copayments and charges for services not accruing to the member's calendar-year copayment maximum continue to be the member's responsibility after the calendar-year copayment maximum is reached. Deductible does not apply toward the calendar-year maximum. Please refer to the Plan Contract for exact terms and conditions of coverage.

[3] Participating ambulatory surgery and non-Hospital based ("freestanding") outpatient X-ray, pathology and laboratory facilities centers may not be available in all areas. Regardless of their availability, you can obtain outpatient surgery services or outpatient X-ray, pathology and laboratory services from a hospital or an ambulatory surgery center affiliated with a hospital, with payment according to your health plan's hospital services benefits.

[4] Bariatric surgery is covered when pre-authorized by Blue Shield. However, for members residing in Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura Counties ("Designated Counties"), bariatric surgery services are covered only when performed at designated contracting bariatric surgery facilities and by designated contracting surgeons; coverage is not available for bariatric services from any other preferred provider and there is no coverage for bariatric services from non-preferred Providers. In addition, if prior authorized by Blue Shield of California, a member in a Designated County who is required to travel more than 50 miles to a designated bariatric surgery facility will be eligible for limited reimbursement for specified travel expenses for the member and one companion. Refer to the Plan Contract for further benefit details.

[5] Services may require prior authorization by Blue Shield.

[6] Mental health services are accessed using Blue Shield's participating providers.

[7] Inpatient services for acute detoxification are covered under the medical benefit; see hospitalization services for benefit details. Services for medical acute detoxification are accessed through Blue Shield using Blue Shield's preferred providers.

[8] Copayment shown is for physician's services. If the procedure is performed in a facility setting (hospital or outpatient surgery center), an additional facility copayment may apply.

[9] All outpatient chiropractic and rehabilitation therapy visits accrue to the calendar-year visit maximum regardless of whether the plan deductible has been met.

Plan designs may be modified to ensure compliance with federal requirements.