

Blue Shield of California HMOs

Please check the LBUSD Benefit website for a copy of the Evidence of Coverage (EOC): www.lbusdwellness.com.

This booklet is intended to provide highlights of your benefits only; it is not an Evidence of Coverage (EOC) plan document. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including a complete list of exclusions and limitations, please refer to each carrier's EOC.

	HMO CSEA, TALB, Non-Represented	65 Plus (Available to retirees age 65 and over)
Plan Year Deductible	None	None
Coinsurance	N/A	Must pledge Medicare
Plan Year Out-of-Pocket Maximum	\$250/person; \$500/family	\$250/person
Lifetime Maximum	Unlimited	Unlimited
Inpatient Hospital	No charge	No charge
Surgeon	No charge	No charge
Outpatient Surgery	No charge	No charge
Ambulatory Surgery Center and Outpatient Services	No charge	\$5 copay per procedure
Emergency Room	\$100 copay (waived if admitted)	\$25 copay (waived if admitted)
Physician Visits	\$10 copay (\$30 access + specialist)	\$10 copay
Prenatal and Postnatal	\$10 copay	\$10 copay
X-ray and Laboratory	No charge	No charge
Chiropractic	\$5 copay (up to 30 visits per year)	\$5 copay (up to 30 visits per year)
Ambulance	No charge	No charge
Dental	Not covered	Not covered
Vision	Not covered	Not covered
Routine Physicals	No charge	No charge
Mental Health ¹		
Inpatient ¹	No charge	No charge
Outpatient	\$10 copay	\$10 copay

Prescription Drugs ³	HMO CSEA, TALB Non-represented		65 Plus (Available to retirees age 65 and over)	
	Retail (30 day supply)	Mail Order (90 day supply)	Retail (30 day supply)	Mail Order (90 day supply)
Tier 1	\$5 copay	\$5 copay	\$5 copay	\$5 copay
Tier 2	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Tier 3	\$35 copay	\$35 copay	\$35 copay	\$35 copay
Tier 4	\$35 copay	\$35 copay	\$35 copay	\$35 copay

¹ Severe Mental Illness of adults and children and emotional disturbances of children are treated like any other illness.

² Some contraceptive prescriptions for women are 100% covered in-network with no copay required. Contact the plan for details.

³ For the Blue Shield HMO, effective **January 1, 2018**, prescription drug coverage will be placed into tiers based on clinical value and cost effectiveness of drugs, rather than based on drug type (generic or brand status). As a result of the change to a 4-tier system, some drugs may change to a new tier on the Blue Shield prescription drug schedule. Check with your doctor about cost-effective medications that come in generic forms. For more info, call Blue Shield at **(855) 599-2657** or visit www.blueshieldca.com/lbusd.