

Individual and Family Health Care Plans for California



BlueCross
of California

Blue Cross EPO Plan (HSA-Compatible)

Effective March 1, 2007

Be sure to ask your Blue Cross agent about our other Individual high-deductible health plans and HSA-Compatible health plans!

EPO PLAN: OVERVIEW OF COVERAGE

The Blue Cross Individual EPO (HSA-Compatible) Plan is not a “health savings account” (HSA), but is designed as a high-deductible plan that may allow you, if you are an eligible individual, to take advantage of the tax benefits available to you when you establish an HSA and use the money to pay for qualified medical expenses subject to the deductibles under this plan. Self-employed and other qualified individuals may establish an HSA account with any qualified financial institution that provides that service. If you are considering an HSA, talk with your tax advisor.

The Individual EPO Plan provides coverage for services received from **in-network providers only**, except in emergencies. When you obtain services from a Blue Cross in-network provider, expenses for office visits, laboratory tests, and hospital services all count toward the plan’s deductible.

These amounts show your share of costs after deductibles, if any.

Benefits	EPO (7892)	
	In-Network	Out-of-Network
Lifetime Maximum	\$5,000,000/member	N/A
Annual Out-of-Pocket Maximum (includes deductible)	\$3,000/single, \$5,500/family; all covered benefits for medical and drug combined	N/A
Annual Deductible (applies to above maximum)	\$2,400/single, \$4,500/family; all covered benefits for medical and drug combined	N/A
Office Visits	After deductible, 50% of negotiated fee	Not Covered
Professional Services (X-ray, lab, anesthesia, surgeon, etc.)	50% of negotiated fee	Not Covered
Hospital Inpatient/ Outpatient	50% of negotiated fee	Not Covered
Emergency Services	50% of negotiated fee	50% of customary & reasonable charges for first 48 hours plus 100% of excess; after 48 hours, all charges in excess of \$650/day
Maternity	50% of negotiated fee	Not Covered
Preventive Care	Routine mammogram, PSA, and Pap tests ¹ : 50% of negotiated fee (deductible waived) Well Child: 50% of negotiated fee through age 6 (deductible waived) HealthyCheck SM Centers: \$25 or \$75 copay for basic or premium screening	Not Covered
Ambulance	50% of negotiated fee	Emergency only, then 50% of customary & reasonable charges plus excess
Physical and Occupational Therapy; Chiropractic Services	50% of negotiated fee, up to 12 visits/year	Not Covered
Acupuncture/Acupressure	All charges except \$25/visit, up to 12 visits/year	Not Covered
Prescription Drug Benefits (retail or mail order ² : 30-day supply)	Combined with medical deductible. Generic ³ : 15% of drug limited fee schedule, Brand-name: 35% of drug limited fee schedule, Self-administered injectables (except insulin): 30% of drug limited fee schedule	Not Covered

¹ Tests ordered by a physician are covered. ² Self-administered injectables, except insulin, are not available through mail order.
³ Generic drugs are from our Generic Rx Formulary only.

Medical Rating Area Definitions

The following indicates the counties and/or ZIP codes for each rating area. The subscriber's address determines the rating area.

Alameda	95304, 95377, 95391	Area 2
	all other Alameda ZIPs	Area 3
Alpine		Area 2
Amador		Area 2
Butte		Area 3
Calaveras		Area 2
Colusa		Area 3
Contra Costa		Area 3
Del Norte		Area 1
El Dorado		Area 2
Fresno	93245, 93618	Area 7
	all other Fresno ZIPs	Area 2
Glenn		Area 3
Humboldt		Area 3
Imperial		Area 6
Inyo	93527	Area 7
	all other Inyo ZIPs	Area 2
Kern	93536	Area 9
	93558	Area 6
	all other Kern ZIPs	Area 7
Kings	93242, 93631, 93656	Area 2
	all other Kings ZIPs	Area 7
Lake		Area 3
Lassen		Area 1
Los Angeles	ZIP codes beginning with 906-912, 915, 917, 918 & 935 except 90623, 90630, 90631, 91709, 93560	Area 9
	90623, 90630, 90631	Area 4
	91709	Area 6
	93243, 93560	Area 7
	all other Los Angeles ZIPs	Area 5
Madera		Area 2
Marin		Area 2
Mariposa		Area 2
Mendocino		Area 3
Merced		Area 2
Modoc		Area 1
Mono		Area 2
Monterey	93451	Area 8
	95076	Area 3
	all other Monterey ZIPs	Area 1
Napa		Area 3
Nevada	95977	Area 3
	all other Nevada ZIPs	Area 2
Orange	90638	Area 9
	all other Orange ZIPs	Area 4
Placer	95668, 95692	Area 3
	all other Placer ZIPs	Area 2
Plumas	95981	Area 3
	all other Plumas ZIPs	Area 1

Riverside	92883	Area 4
	all other Riverside ZIPs	Area 6
Sacramento	94571	Area 3
	all other Sacramento ZIPs	Area 2
San Benito	93930, 95004	Area 1
	all other San Benito ZIPs	Area 2
San Bernardino	91766, 91792	Area 9
	93516, 93555	Area 7
	all other San Bernardino ZIPs	Area 6
San Diego		Area 6
San Francisco		Area 3
San Joaquin	94514	Area 3
	all other San Joaquin ZIPs	Area 2
San Luis Obispo	93252	Area 7
	93426	Area 1
	all other San Luis Obispo ZIPs	Area 8
San Mateo		Area 2
Santa Barbara	93252	Area 7
	all other Santa Barbara ZIPs	Area 8
Santa Clara	94303, 95023	Area 2
	all other Santa Clara ZIPs	Area 3
Santa Cruz		Area 3
Shasta		Area 1
Sierra	95922	Area 3
	95960	Area 2
	all other Sierra ZIPs	Area 1
Siskiyou		Area 1
Solano	95690	Area 2
	all other Solano ZIPs	Area 3
Sonoma		Area 3
Stanislaus		Area 2
Sutter	95626, 95648, 95837	Area 2
	all other Sutter ZIPs	Area 3
Tehama	95963, 95973	Area 3
	all other Tehama ZIPs	Area 1
Trinity	95526	Area 3
	all other Trinity ZIPs	Area 1
Tulare	93631, 93641, 93646, 93654	Area 2
	all other Tulare ZIPs	Area 7
Tuolumne		Area 2
Ventura	90265 and ZIP codes beginning with 913	Area 5
	93252	Area 7
	all other Ventura ZIPs	Area 8
Yolo		Area 3
Yuba	95960	Area 2
	all other Yuba ZIPs	Area 3

WHAT THE EPO PLAN DOES NOT COVER

Please take a few moments to review the exclusions and limitations. We want you to understand what your coverage does not include before you enroll.

These listings are an overview only. The EPO Plan booklet contains a comprehensive list of the plan's exclusions and limitations. For a sample copy of a Combined Evidence of Coverage and Disclosure Form (EOC) booklet, ask your agent or contact Blue Cross of California.

- Conditions covered by workers' compensation or similar law.
 - Experimental or investigative services.
 - Services provided by a local, state, federal or foreign government, unless you have to pay for them.
 - Services or supplies not specifically listed as covered under the plan agreement.
 - Services received before your effective date.
 - Services received after coverage ends.
 - Services you wouldn't have to pay for without insurance.
 - Services from relatives.
 - Any services received by Medicare benefits without payment of additional premium.
 - Services or supplies that are not medically necessary.
 - Routine physical exams, except for preventive care services (e.g., physical exams for insurance, employment, licenses or school are not covered), except as specifically stated in the EOC.
 - Any amounts in excess of maximums stated in the EOC.
 - Sex changes.
 - Cosmetic surgery or other services for beautification, including any complications arising from, or the result of, cosmetic surgery, except for reconstructive surgery.*
- * *Does not apply to reconstructive surgery to restore a bodily function or to correct a deformity caused by injury, or medically necessary reconstructive surgery performed to restore symmetry incident to mastectomy.*
- Services primarily for weight reduction, except medically necessary treatment of morbid obesity.
 - Dental care, dental implants or treatment to the teeth and gums, unless covered under accidental injury.
 - Hearing aids.
 - Contraceptive drugs and/or some contraceptive devices, except as specifically stated in the EOC.
 - Infertility services.
 - Private duty nursing.
 - Eyeglasses or contact lenses, except as specifically stated in the EOC.
 - Vision care including certain eye surgeries to replace glasses, except as specifically stated in the EOC.
 - Diagnostic admissions, including inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests that could have been safely performed on an outpatient basis, and inpatient admissions primarily for diagnostic studies when inpatient bed care is not medically necessary.
 - Mental and nervous disorders and substance abuse, except as specifically stated in the EOC.
 - Certain orthopedic shoes or shoe inserts, except as specifically stated in the EOC.
 - Orthodontic services, braces, and other orthodontic appliances.
 - Services or supplies for the treatment of a pre-existing condition during a period of six months following your effective date. This limitation does not apply to a child born or newly adopted by an enrolled subscriber or spouse. Also, if you were covered under qualifying prior coverage within 63 days of becoming covered under this Agreement, the time spent under the qualifying prior coverage will be used to satisfy, or partially satisfy, the six-month period.
 - Telephone or facsimile machine consultations.
 - Educational services except as specifically provided or arranged by Blue Cross.
 - Nutritional counseling.
 - Food or dietary supplements, except for formulas and special food products to prevent complications of phenylketonuria (PKU).
 - Care or treatment furnished in a non-contracting hospital, except for medical emergencies as specifically stated in the EOC.
 - Personal comfort items.
 - Custodial care.
 - Certain genetic testing.
 - Outpatient speech therapy, except as specifically stated in the EOC.
 - Services from a non-participating provider except as specifically stated in the EOC.
 - Outpatient drugs, medications, or other substances dispensed or administered in any outpatient setting.
 - Services or supplies supplied to any person not covered under the Agreement in connection with a surrogate pregnancy.

RIGHTS AND OBLIGATIONS

No-Obligation Review Period

After you enroll in a Blue Cross health plan, you will receive an Evidence of Coverage/Certificate booklet that explains the exact terms and conditions of coverage, including the plan's exclusions and limitations. You have 10 full days to examine your plan's features. During that time, if you are not fully satisfied, you may decline by returning your Evidence of Coverage/Certificate booklet along with a letter notifying us that you wish to discontinue coverage. Evidence of Coverage/Certificate booklets are available for you to examine prior to enrolling. Ask your Blue Cross agent.

Guarding Your Privacy

Blue Cross is fully committed to protecting our members' privacy. Our complete **Notice of Privacy Practices** provides a comprehensive overview of the policies and practices we enforce to preserve our members' privacy rights and control use of their health care information, including: the right to authorize release of information; the right to limit access to medical information; protection of oral, written and electronic information; use of data; and information shared with employers. You may obtain our complete **Notice of Privacy Practices** from our website at bluecrossca.com. You may also call the Customer Service number listed on your member ID card or prospective members can call **(800) 333-0912**.

Requirement for Binding Arbitration

If you are applying for coverage, please note that Blue Cross requires binding arbitration to settle **any and all** disputes including medical malpractice, breach of contract and benefits. This means that you are waiving your right to a jury or court trial for **both** medical malpractice claims and any other disputes. California Health and Safety Code Section 1363.1 and Insurance Code Section 10123.19 require specified disclosures in this regard, including the following notice: "It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration." Both parties also agree to

give up any right to pursue on a class basis any claim or controversy against the other.

Grievances

All complaints and disputes relating to your coverage must be resolved in accordance with Blue Cross' grievance procedure. Grievances may be made by telephone or in writing; the phone number and address are located in your Evidence of Coverage/Certificate booklet. All grievances received by Blue Cross will be answered in writing, together with a description of how Blue Cross proposes to resolve the grievance.

Department of Managed Health Care

The Department of Managed Health Care is responsible for regulating health care service plans, including Blue Cross of California. If you have a grievance against your health plan, you should first telephone your health plan at **(800) 333-0912** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for an IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-HMO-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's website (hmohelp.ca.gov) has complaint forms, IMR application forms and instructions.

Incurred Medical Care Ratio

As required by law, we are advising you that Blue Cross of California and its affiliated companies' incurred medical care ratio for 2006 was 81.53 percent. This ratio was calculated after provider discounts were applied.

GENERAL PROVISIONS

Mental Health Coverage

Blue Cross provides the same level of coverage as other medical diagnoses for the medically necessary treatment of severe mental illnesses in persons of any age. Severe mental illness as defined by the American Psychiatric Association in the *Diagnostic and Statistical Manual (DSM)* includes the following diagnoses:

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder (manic-depressive illness)
- Major depressive disorders
- Panic disorder
- Obsessive-compulsive disorder
- Pervasive developmental disorder or autism
- Anorexia nervosa
- Bulimia nervosa

Blue Cross also provides the same level of coverage as other medical diagnoses for serious emotional disturbances in children that result in behavior inappropriate to the child's age according to expected developmental norms.

For the EPO Plan, coverage is provided for non-severe mental and nervous disorders and substance abuse as follows:

- Inpatient Hospital (30 days/year maximum) – You pay all charges except \$175/day.
- Professional Services (1 visit/day; 20 visits/year maximum) – You pay all charges except \$25/visit.

For more details regarding these benefits, refer to the Evidence of Coverage/Certificate booklet.

Emergency Care

Blue Cross covers emergency services necessary to screen and stabilize your condition. No authorization or precertification is required if you reasonably believe an emergency medical condition exists. A medical emergency is an unexpected acute illness, injury or condition that could endanger your health if not treated immediately.

Examples of medical emergencies include:

- Severe pain
- Chest pains
- Heavy bleeding
- Difficulty breathing or shortness of breath
- Sudden loss of consciousness
- Active natal labor (childbirth)
- Sudden weakness or numbness of the face, arm or leg on one side of the body

If you consider a medical condition to be an emergency, immediately call 911 or go to the nearest hospital emergency room. Once your condition is stabilized, it is important for the hospital, you, or a family member to contact your physician or Blue Cross about the authorization of additional services.

Enrollment Guidelines

To enroll, you must be:

- age 64½ or younger;
- a permanent legal resident of California;
- a U.S. resident for at least the last 3 months;
- the applicant's spouse or domestic partner, age 64½ or younger;
- the applicant's children (under 19 years of age), or the children (under 19 years of age) of the applicant's enrolling spouse or qualified domestic partner;
- the applicant's unmarried dependent children between the ages of 19 through 23 ("dependent" as defined by the Internal Revenue Service)

Medical Underwriting Requirement

We believe the cost of our plans should be consistent with a member's expected health care needs and risk factors. That's why Blue Cross offers various levels of coverage. To determine individual medical risk factors, all enrollments are subject to medical underwriting. Depending on the results of underwriting review, a number of things may happen:

- you may be offered coverage at the standard premium charge, or
- you may be offered the plan you selected at a higher rate, or
- you may not qualify for the plan listed in this brochure, or
- you may be offered an alternate plan.

If you have a significant medical condition and do not qualify for the plan in this brochure, or if you have discontinued group coverage, please contact your Blue Cross representative for information regarding other Individual coverage options.

Waiting Periods

For EPO plans, there is a specific six-month waiting period for coverage of any condition, disease or ailment for which medical advice or treatment was recommended or received within six months preceding the effective date of coverage. If you apply for coverage within 63 days of terminating your membership with another "creditable" health care plan, then you can use your prior coverage for credit toward the six-month waiting period. Blue Cross will credit the time you were enrolled on the previous plan. Consult with your Blue Cross agent or representative if you have a question about the underwriting process.

Terms of Coverage

Coverage remains in force as long as you pay the required premiums on time and for as long as you remain eligible for membership. Coverage will cease if you become ineligible because of:

- residency requirements and/or
- duplicate Individual coverage with Blue Cross

Blue Cross may change or terminate coverage for all covered persons with the same plan, rating area and deductible (if applicable), including changing rates, with 30 days prior written notice. Blue Cross does not change coverage or rates unless the change applies to all covered persons of the same class.



BlueCross
of California

The EPO Plan is offered by Blue Cross of California.

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