

**2012 CSAC Blue Shield Medical PPO
Consumer-Driven Health Plan (CDHP)**

MEA

Effective 1/1/12

Plan	Tier	Monthly Premium	ER Monthly Contrib	EE Monthly Contrib	EE Bi-Weekly Contrib
Blue Shield PPO	Single	574.02	388.83	185.19	85.47
	Two-Party	1,213.53	857.37	356.16	164.38
	Family	1,503.99	1,106.88	397.11	183.28

*Above premium costs do not reflect start-up nor monthly charge to be borne by employee.

<u>Benefits Summary</u>	<u>Network</u>	<u>Non-Network</u>
Calendar Year Deductible Individual/Family	\$1,250/\$2,500	
Annual Out-of-Pocket Maximum Individual/Family	\$5,000/\$10,000	
Lifetime Plan Maximum	Unlimited	
MAJOR MEDICAL		
Physician Office Visit	20%	50%
Specialist Co-pay	20%	50%
Preventive Care	No Charge	Not Covered
Lab and X-Ray	20%	50%
Hospitalization		
Inpatient	20%+\$100	50% (Max \$600/day)
Outpatient	20%	50% (Max \$350/day)
Emergency Room	\$100/Visit + 20% (Deductible waived if admitted)	
Urgent Care	20%	50%
Chiropractic	20%	50% (Max 15 Combined Visits/Yr, Combined w/Acu)
Acupuncture	20%	50% (Max 15 Combined Visits/Yr. Combined w/Chiro)
PRESCRIPTION DRUGS		
Rx Deductible	Generic/Brand/Non-Formulary See Medical Deductible	
Retail - 30 day supply	\$10/\$20/\$50	
Mail Order - 90 day supply	\$20/\$40/\$100	