

COUNTY MEDICAL PLANS COMPARISON CHART			
These benefit summaries only highlight your benefits. They are not Summary Plan Descriptions (SPDs). If any discrepancy exists between these benefit summaries and the official plan documents, the official plan documents will prevail.			
	Exclusive Care EPO	Kaiser HMO	Blue Shield Access+ HMO
	Network Only	Network Only	Network Only
Choice of physician	Any Exclusive Care network physician	Any Kaiser physician and/or facility	Any Blue Shield HMO network physician
Deductible	None	None	None
Calendar year out-of-pocket maximum	\$3,000/person	\$1,500/person \$3,000/family	\$1,500/person \$3,000/family
Lifetime maximum	\$1,000,000/person	None	None
Pre-existing condition limitation	Fully covered	Fully covered	Fully covered
Office Visit Benefits			
Diagnostic X-ray & lab	100%	100%	100%
Physician hospital visits	100% after \$5 copay at physician clinics	\$15 copay per admission	\$15 copay per admission
Immunizations	100% after \$5 copay for office visit	100%	100% after \$15 copay
Maternity care	100% after \$5 copay	100% after \$15 copay	100%
Periodic health evaluations/physicals	100% after \$5 copay	100% after \$15 copay	100%
Physician office visits	100% after \$5 copay	100% after \$15 copay	100% after \$15 copay; 100% after \$30 copay for self-referred specialist visits
Vision exams	Not covered	100% after \$15 copay	100% for screening and refraction
Well-baby care	100% after \$5 copay	100% after \$15 copay	100% after \$15 copay
Well-woman care	100% after \$5 copay	100% after \$15 copay	100% after \$15 copay



PLEASE USE THE FOLLOWING REFERENCES WITH THE EXCLUSIVE CARE SELECT PLAN CHART ON PAGE 17

1. You will pay any amount charged by an out-of-network provider that is in excess of Blue Shield's allowable amount.
2. Benefits are not subject to deductible.
3. Deductibles and copayments do not count toward out-of-pocket maximum.
4. Exclusive Care uses Centers of Excellence for services in cardiac care, complex and rare cancer treatments, transplant services, joint replacement surgery, mental health care, and other highly specialized complex care programs. Centers of Excellence are designated by the plan and are characterized by exemplary results in the area of specialty.

Please refer to the individual medical plan booklets for detailed lists of covered expenses, and exclusions and limitations. Medical plan booklets are available from your Department Representative, at a Benefits Fair or by contacting the Benefits Information Line at (951) 955-4981.

COUNTY MEDICAL PLANS COMPARISON CHART (CONTINUED)

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	Exclusive Care EPO	Kaiser HMO	Blue Shield Access+ HMO
	Network Only	Network Only	Network Only
Prescription Drugs			
Network retail pharmacies (30- to 34-day supply)	Generic: \$5 copay Preferred brand: \$15 copay Nonpreferred brand: \$25 copay	Generic: \$10 copay (up to 100-day supply) Brand formulary: \$25 copay (up to 100-day supply)	Generic: \$10 copay Preferred brand: \$25 copay Nonpreferred brand: \$50 copay
Network mail order (90-day supply)	Generic: \$10 copay Preferred brand: \$30 copay Nonpreferred brand: \$50 copay / Mail-order is MANDATORY for maintenance medications after a 30-day trial	Generic: \$10 copay (up to 100-day supply) Brand formulary: \$25 copay (up to 100-day supply)	Generic: \$20 copay Preferred brand: \$50 copay Nonpreferred brand: \$100 copay
Hospital and Emergency Room Benefits			
Ambulance (medically necessary)	100%	100%	100%
Ambulatory surgical center	100%	100% after \$15 copay	100%
Physician hospital visits	100% after \$5 copay	100% after \$100 copay per admission	100%
Inpatient hospital	100% at network facility; \$250 per day for emergency services at non-network facility	\$100 copay per admission	\$100 copay per admission
Outpatient hospital	100%	100%; \$15 copay/procedure for outpatient surgery	100%
Emergency room services	100% after \$100 copay at network facility; 100% after \$250 copay at non-network facility (waived if admitted)	100% after \$50 copay; waived if admitted	100% after \$100 copay; waived if admitted
Urgent care	100% after \$20 copay at network facility; 100% after \$50 copay at non-network facility	100% after \$15 copay	100% after \$35 copay; waived if admitted
Mental Health Treatment			
Inpatient Benefit	100%; unlimited admissions	100%; unlimited admissions	\$100 copay per admission (unlimited admissions)
Outpatient Benefit	\$5 copay/visit (unlimited visits)	\$15 copay/private visit; \$7 copay/group visit (unlimited visits)	\$15 copay/visit (unlimited visits)
Substance Abuse Treatment			
Inpatient Detoxification	100%; unlimited admissions	\$100 copay per day, as medically necessary (detox only)	\$100 copay per admission (unlimited admissions)
Outpatient Detoxification	\$5 copay/visit (unlimited visits)	\$15 copay/private visit; \$7 copay/group visit (unlimited visits)	\$15 copay/visit (unlimited visits)

COUNTY MEDICAL PLANS COMPARISON CHART (CONTINUED)			
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	Exclusive Care EPO	Kaiser HMO	Blue Shield Access+ HMO
	Network Only	Network Only	Network Only
Other Benefits			
Allergy testing & treatment	100% after \$5 copay	100% after \$15 copay; \$3/injection	100% after \$15 copay
Chiropractic	100% after \$5 copay; up to 12 visits/calendar year	100% after \$15 copay/visit; up to 20 visits/calendar year	Not covered (discounts of 25% or more available through Blue Shield's Alternative Care Discounts program)
Durable medical equipment	50%, up to a maximum benefit of \$2,000/calendar year	100%	50%, up to a maximum benefit of \$2,000/calendar year
Family planning - Elective pregnancy termination	100% after \$50 copay for 1st trimester; \$100 for 2nd trimester; 3rd trimester not covered unless life-threatening	100% after \$15 copay	\$100 copay
- Infertility services	50% of costs, up to a lifetime maximum benefit of \$5,000	50% of costs	50% of allowed charges
- Tubal ligation	100%	100% after \$15 copay	\$100 copay
- Vasectomy	100%	100% after \$15 copay	\$75 copay
Home health care	100%	100%	100% after \$15 copay
Hospice – routine home and inpatient respite care	100%	100%	100%
Hospice – 24 hour continuous home care and general inpatient care	100%	100%	100%
Physical therapy	100% up to 30 visits/disability (within 90-day period)	100% after \$15 copay	100% after \$15 copay
Skilled nursing facility	100%; up to 100 days/disability	100% up to 100 days/calendar year	\$100 copay; up to 100 days/calendar year