

# EXHIBIT C

## Covered services

## Member copayments

Subject to the plan deductible, unless noted.

<b>Prescription drug coverage*</b> (outpatient)	<b>At participating pharmacies</b> (up to a 30-day supply)	<b>Mail service prescriptions</b> (up to a 60-day supply)
Generic formulary drugs	\$10/prescription <sup>2</sup> •	\$20/prescription <sup>2</sup> •
Formulary brand-name drugs	\$35/prescription <sup>2</sup>	\$70/prescription <sup>2</sup>
Non-formulary brand-name drugs	\$50 or 50%/prescription, whichever is greater (maximum copayment of \$150 per prescription) <sup>2</sup>	\$100 or 50%/prescription, whichever is greater (maximum copayment of \$300 per prescription) <sup>2</sup>
Brand-name drug deductible (brand-name drugs are subject to a brand-name drug deductible per person, per calendar year)	\$500	
	<b>With preferred providers,<sup>1</sup> you pay</b>	<b>With non-preferred providers,<sup>1</sup> you pay</b>
<b>Durable medical equipment<sup>2</sup></b>	30%	50%
	<b>With MHSA participating providers,<sup>1,2</sup> you pay</b>	<b>With MHSA non-participating providers,<sup>1,2</sup> you pay</b>
<b>Mental health services</b>		
Inpatient hospital facility services	\$250/admit + 30%	50% <sup>2,3</sup>
Inpatient physician services	30%	50%
Outpatient visits for severe mental health conditions	\$45 <sup>2</sup> •	50%
Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits) <sup>2</sup>	30%	Not covered
<b>Chemical dependency services (substance abuse)</b>		
Inpatient hospital facility services for medical acute detoxification	\$250/admit + 30%	50% <sup>2,3</sup>
Inpatient physician services for medical acute detoxification	30%	50%
Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits) <sup>2</sup>	30%	Not covered
	<b>With preferred providers,<sup>1</sup> you pay</b>	<b>With non-preferred providers,<sup>1</sup> you pay</b>
<b>Home health services</b> (up to 90 pre-authorized visits per calendar year)	30%	Not covered
<b>Other</b>		
<b>Pregnancy and maternity care</b>		
Outpatient prenatal and postnatal care	30%	50%
Delivery and all necessary inpatient hospital services	\$250/admit + 30%	50% <sup>2,3</sup>
<b>Family planning</b>		
Consultations, tubal ligation, vasectomy, elective abortion	30%	Not covered
<b>Rehabilitation services</b>		
Provided in the office of a physician or physical therapist	30%	50%
<b>Chiropractic services</b> (up to 12 visits per calendar year - Blue Shield's payment is limited to \$25)	50% •	Not covered
<b>Out-of-state services</b> (full plan benefits covered nationwide with the BlueCard Program)	30% with BlueCard participating providers	50% with all other providers

**Please note:** Benefits are subject to modification for subsequently enacted state or federal legislation.

• Plan benefits provided before you need to meet the medical deductible.

- 1 Member is responsible for fixed dollar or percentage copayment or coinsurance in addition to any charges above allowable amounts. The coinsurance/copayment percentage indicated is a percentage of the allowable amounts. Preferred providers accept Blue Shield allowable amounts as payment in full for covered services. Non-preferred providers can charge more than these amounts. When members use non-preferred providers, they must pay the applicable copayment percentage of the allowable amount or coinsurance plus any charges that exceed Blue Shield's allowable amount. Charges above the allowable amount do not count toward the plan deductible or copayment/coinsurance maximum.
- 2 These copayments do not count toward the copayment/coinsurance maximum, and will continue to be charged once it is reached.
- 3 For non-emergency hospital services and supplies received from a non-preferred hospital, Blue Shield's payment is limited to \$250 per day. Members are responsible for all charges that exceed \$250 per day.
- 4 Participating ASCs may not be available in all areas. Regardless of their availability, you can obtain outpatient surgery services from a hospital, or an ASC affiliated with a hospital with payment according to your health plan's hospital services benefits. The maximum allowed charge for non-emergency surgery and services performed in a non-participating ASC is \$300 per day; members are responsible for 50% of this \$300 per day, plus all charges in excess of \$300.
- 5 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, 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 EOC/Policy for further benefit detail.
- 6 If a member requests a brand-name drug, or the physician indicates "dispense as written" (DAW) for a prescription when an equivalent generic drug is available, and the brand-name drug deductible has been satisfied, the member pays the generic copayment plus the cost difference between the brand and generic drug. The \$150/\$300 max/prescription for non-formulary brand-name drugs does not apply to Blue Shield Life Shield Spectrum PPO Plan 2000. Prescription coverage differs for home self-injectables. Please review the EOC/Policy for details.
- 7 All covered orthotic equipment and services have a benefit maximum of \$1,000 per member per calendar year, except those services covered under the diabetes care benefit. All covered prostheses and durable medical equipment have a benefit maximum of \$2,000 per member per calendar year.
- 8 Blue Shield has contracted with a specialized healthcare service plan to act as our mental health services administrator (MHSA). The MHSA provides mental health and chemical dependency services, other than inpatient services for medical acute detoxification, through a separate network of MHSA participating providers. Inpatient medical acute detoxification is a medical benefit provided by Blue Shield preferred or non-preferred (not MHSA) providers.
- 9 For MHSA participating providers, initial visit treated as if the condition were a severe mental illness or serious emotional disturbance of a child. For MHSA non-participating providers, initial visit treated as an MHSA participating provider.