



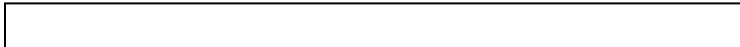
* For more information about limitations and exceptions, see the plan or policy document at

Provider (most)	Limitations, Exceptions, & Other Important Information
ered	<p><u>Preauthorization</u> is required. Failure to obtain <u>preauthorization</u> may result in non-payment of benefits.</p> <p><i>Retail and Network Specialty Pharmacies:</i> Covers up to a 30-day supply; Specialty drugs must be obtained at a Network Specialty Pharmacy.</p> <p><i>Mail Service:</i> Covers up to a 90-day supply.</p>

* For more information about limitations and exceptions, see the plan or policy document at www.bscabook.com/M0034274_EOC.pdf.

Blue Shield of California is an independent member of the Blue Shield Association.

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Language Access Services:

To see examples of how this plan might cover costs for a sample medical situation, see the next section.-----

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Peg is Having a Baby
 (9 months of participating pre-natal care and a hospital delivery)

0 D Q D J L Q Type-2 Diabetes
 (a year of routine participating care of a well-controlled condition)

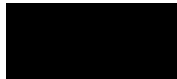
0 L D · V 6 L P S O H) U
 (participating emergency room visit and follow up care)

- „ The S O D Q R V deductible \$0
- „ Specialist copayment \$10
- „ Hospital (facility) copayment \$250
- „ Other copayment \$0

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
 Specialist

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The plan would be responsible for the other costs of these EXAMPLE covered services.



NOTICES AVAILABLE ONLINE

Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: blueshieldca.com/notices.

You can also call for language assistance services: (866) 346-7198 (TTY: 711).

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Care at (888) 256-3650 (TTY: 711).

Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en blueshieldca.com/notices. Para obtener servicios de asistencia en idiomas, también puede llamar al (866) 346-7198 (TTY: 711).

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Atención al Cliente al (888) 256-3650 (TTY: 711).

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