

High Desert & Inland Trust

Additional Substance Abuse Treatment Benefits

Attachment to Benefit Summary (Uniform Benefits and Coverage Matrix)

For Access+ HMO® Plans

Effective Date: July 1, 2008

How the Plan Works

In addition to the benefits listed in the Benefit Summary, your health plan also covers inpatient hospital and professional services for substance abuse treatment and rehabilitation provided via hospitalization or partial hospitalization/day treatment.¹ All services must be medically necessary. Blue Shield of California has contracted with a Mental Health Services Administrator (MHSA), a licensed specialized health care service plan, to administer and deliver these services from MHSA participating providers. The MHSA is only the administrator for participating providers. Blue Shield of California does not provide benefits for services provided by non-participating providers.

Coverage Details

You are covered for a maximum of 30 calendar days per year² for combined inpatient and day treatment. Residential care is not covered. Coinsurance is lowest when you receive care from an MHSA participating provider. These inpatient substance abuse care services do not accrue to the member's calendar-year coinsurance maximum and are subject to the applicable calendar-year deductible your plan may have.

Access+ HMO Plans

Plan 5-0 Inpatient, Plan 10-0 Inpatient, Plan 10-100/Day Inpatient, Plan 10-200/Day Inpatient, Plan 10-250/Admit Inpatient, Plan SaveNet 10-250/Admit Inpatient, Plan 10-1000/Admit Inpatient, Plan 15-500/Admit Inpatient, Plan SaveNet 15-500/Admit Inpatient, Plan 20-250/Admit Inpatient, Plan 20-500/Admit Inpatient, and Plan 25-500/Admit Inpatient

	MHSA Participating Provider
Inpatient Hospitalization	\$50 per day
Partial Hospitalization/Day Treatment	\$25 per day

Access+ HMO Plans

Plan 15-500/Day Inpatient, Plan 15-1000/Admit Inpatient, Plan 20-1000/Admit Inpatient, Plan 25-750/Day Inpatient, Plan 25-1000/Admit Inpatient, Plan 40-1000/Day Inpatient, Plan 10-20%/Zero Facility Deductible, Plan 15-10%/1500 Facility Deductible, Plan 15-20%/Zero Facility Deductible, Plan SaveNet 15-20%/Zero Facility Deductible, Plan 20-25%/Zero Facility Deductible, Plan 30-10%/1500 Facility Deductible.

	MHSA Participating Provider
Inpatient Hospitalization	\$100 per day
Partial Hospitalization/Day Treatment	\$25 per day

1. Except for emergencies, benefits are covered only when pre-authorized by the MHSA.
2. One hospital day counts as one day and two partial hospital days count as one day.

This document is only a summary for informational purposes. It is not a contract. Please refer to the *Plan Contract* and *Evidence of Coverage* for the exact terms and conditions of coverage.

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