September 2009

Dear Blue Shield CalPERS Basic Plan Member,

Re: Notice of Change in 2010 Substance Abuse Condition Benefits

Attached is a Substance Abuse Condition Benefits Supplement that describes the substance abuse benefits for 2010 for the Blue Shield Basic members enrolled in either the Blue Shield Access + HMO, the EPO, or the NetValue HMO plan for 2010.

For 2010, substance abuse benefits are a covered benefit. Please refer to the Supplement for the description of your 2010 Substance Abuse benefits as the 2010 Evidence of Coverage booklets do not include the correct description.

If you have any questions regarding substance abuse benefits, or any other benefit, please call your CalPERS Blue Shield dedicated member services at 1-800-334-5847.

Thank you for choosing Blue Shield of California

Si usted necesita asistencia en español por favor llame al número de teléfono que está en su tarjeta de membresía de Blue Shield.
# Substance Abuse Condition Benefits

**Supplement to Your Blue Shield**  
*Access+ HMO, EPO and NetValue HMO Evidence of Coverage*

## Summary of Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Member Copayment¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits are provided for Services for Substance Abuse Conditions (including Partial Hospitalization²) as described in this Supplement.</td>
<td></td>
</tr>
<tr>
<td>Hospital Services (as described in your EOC)</td>
<td></td>
</tr>
<tr>
<td>Inpatient Services</td>
<td>$0</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>$0</td>
</tr>
<tr>
<td>Partial Hospitalization²</td>
<td>$0</td>
</tr>
<tr>
<td>Professional (Physician) Services (as described in your EOC)</td>
<td></td>
</tr>
<tr>
<td>Inpatient Services</td>
<td>$0</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>$15</td>
</tr>
</tbody>
</table>

¹The Copayments below are subject to the Deductible, Member Maximum Calendar Year Copayment Responsibility and other applicable provisions of your Plan.

²Partial Hospitalization/Day Treatment Program is a treatment program that may be free-standing or Hospital-based and provides Services at least five (5) hours per day and at least four (4) days per week. Patients may be admitted directly to this level of care, or transferred from acute Inpatient care following acute stabilization.
In addition to the Benefits described in your Evidence of Coverage (EOC), your Plan provides coverage for Substance Abuse Condition Services as described in this Supplement. All Services must be Medically Necessary. Residential care is not covered. For a definition of Substance Abuse Condition, see page 121 in the Definitions section of your Access + HMO EOC, page 110 of the EPO EOC, and page 123 in the Definitions section of your NetValue HMO. All Non-Emergency Substance Abuse Condition Services must be obtained from an MHSA Participating Provider.

This Supplemental Benefit does not include Inpatient Services which are Medically Necessary to treat the acute medical complications of detoxification, which are covered as part of the medical Benefits of your health Plan and not considered to be treatment of the Substance Abuse Condition itself.

Blue Shield of California has contracted with a Mental Health Services Administrator (MHSA) to administer and deliver Mental Health Services as well as the Substance Abuse Condition Services described in this Supplement. These Services are provided through a separate network of MHSA Participating Providers.

Note that MHSA Participating Providers are only those Providers who participate in the MHSA network and have contracted with the MHSA to provide substance abuse Services to Blue Shield Subscribers. A Blue Shield Preferred/Participating Provider may not be an MHSA Participating Provider. MHSA Participating Providers agree to accept the MHSA’s payment, plus your Copayment, as payment-in-full for covered substance abuse Services. This is not true of MHSA Non-Participating Providers; therefore, it is to your advantage to obtain substance abuse Services from MHSA Participating Providers.

It is your responsibility to ensure that the Provider you select for substance abuse Services is an MHSA Participating Provider. MHSA Participating Providers are indicated in the Blue Shield of California Behavioral Health Provider Directory. For questions about these Substance Abuse Condition Benefits, or for assistance in selecting an MHSA Participating Provider, Members should call the MHSA at 1-877-263-9952.

Prior authorization by the MHSA is required for all Non-Emergency Substance Abuse Condition Services. Prior to obtaining the Substance Abuse Condition Services, you or your Physician must call the MHSA at 1-877-263-9952 to obtain prior authorization.

Failure to obtain prior authorization or to follow the recommendations of the MHSA or Blue Shield for Non-Emergency Substance Abuse Condition Services will result in non-payment of services by Blue Shield.

Benefits are provided for Medically Necessary Services for Substance Abuse Condition, as defined in your EOC, and as specified in this Supplement.

This Benefit is subject to the general provisions, limitations and exclusions listed in your Access+ HMO, EPO, and NetValue HMO Evidence of Coverage.

Please be sure to retain this document. It is not a contract but is a part of your Access+ HMO, EPO and NetValue HMO Evidence of Coverage.