

B. Summary of Benefits

A Chart To Help You Compare Coverage Benefits

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The Evidence of Coverage and Plan contract should be consulted for a detailed description of coverage benefits and limitations.

Benefit	Covered Service	Member Pays
Deductibles		No deductibles
Lifetime Maximum		Unlimited
Professional Services	In-licensed hospital, skilled nursing facility, hospice, behavioral health facility; office or home physician visit	No co-payment
Outpatient Services	Chemotherapy, dialysis, surgery, anesthesiology, radiation, and associated medically necessary facility charge	No co-payment
Hospitalization Services	Room and board, general nursing care, ancillary services including operating room, intensive care unit, prescribed drugs, laboratory, and radiology during inpatient stay	No co-payment
Emergency Health Coverage	24-hour care for sudden, serious, and unexpected illness, injury, or condition requiring immediate diagnosis in and out of the Plan	No co-payment if services are obtained at San Francisco General Hospital; \$20 co-payment at any other hospital emergency room
Ambulance Services	Ambulance transportation when medically necessary	No co-payment
Prescription Drug Coverage	Prescriptions drug are covered per the DPH Formulary. Call Med Impact at 1(800) 788-2949	\$5 co-payment per prescription for preferred drugs \$10 co-payment per prescription for non-preferred drugs
Durable Medical Equipment	Equipment suitable for use in the home, such as blood glucose monitors, apnea monitors, asthma-related equipment, and supplies	No co-payment
Behavioral Health Services	Inpatient (limited to 30 days per Benefit Year); other services provided through the local behavioral health department with referral. Please note that treatment for the diagnosis of severe emotional disturbances and severe mental illness are excluded from the benefits limitations	No co-payment
Chemical Dependency Services	<ul style="list-style-type: none"> - Outpatient visits for crisis intervention (up to 20 per benefit year) - Inpatient detoxification - Crisis intervention and outpatient alcohol or drug abuse treatment as medically necessary (up to 20 visits) 	\$3/visit No co-payment No co-payment

Benefit	Covered Service	Member Pays
Home Health Services	Medically necessary skilled care (not custodial); home visits, physical, occupational and speech therapy	No co-payment
Hearing Aids/Services	Audiological evaluations, hearing aids, supplies, visits for fitting, counseling, adjustments, repairs	No co-payment
Eye Exams/Supplies Covered through your Vision Service Plan	Annual exams to determine the need for corrective lenses	\$10 per eye exam \$25 for frames under \$75 every 24 months (Member is responsible for amount over \$75)
Diagnostic X-ray and Laboratory Services	Therapeutic radiological services, ECG, EEG, mammography, other diagnostic laboratory and radiology tests, laboratory tests for the management of diabetes	No co-payment
Orthoses and Prostheses	Orthoses and prostheses as prescribed by SFHP providers	No co-payment
Skilled Nursing Facilities	Medically necessary skilled care; room and board; x-ray, laboratory, and other ancillary services; medical social services; drugs, medications, and supplies Skilled nursing services are covered from the day of admission and are limited to 100 days during any benefit year.	No co-payment
Hospice	Medically necessary skilled care; counseling; drugs and supplies; short term inpatient care for pain control and system management; bereavement services; homemaker services; physical, speech and occupational therapies; medical social services; short term inpatient and respite care	No co-payment
Transplants	Medically necessary organ and bone marrow transplant; medical and hospital expenses of a donor or prospective donor; testing expenses and charges associated with procurement of donor organ	No co-payment
Rehabilitative Therapies Inpatient	Physical, occupational, speech therapy	No co-payment
Rehabilitative Therapies Outpatient	Physical, occupational, speech therapy as medically necessary	No co-payment
Health Education	Health education materials	No co-payment (no limits)