

Active Start plans

Active Start Plan 25

Active Start Plan 25 Generic Rx

Active Start Plan 35

Active Start Plan 35 Generic Rx

Underwritten by Blue Shield of California Life & Health Insurance Company.

Our Active StartSM plans offer a steady meld of cost and comprehensive benefits for active individuals who want coverage in case of a serious medical event, but also want to take care of their day-to-day healthcare needs, with no annual medical deductible.

Active Start plan advantages

- Two plans with generic-only prescription drug coverage options to help save costs.
- \$10 copayments for generic prescription drugs at participating pharmacies with all plans.
- Affordable coverage for individuals.
- One of California's largest PPO provider networks, so it's easy to find the doctor you want.
- No medical deductible to meet, so your coverage starts immediately.
- Low copayments for preventive care office visits (\$25/\$35).
- Benefits for alternative care such as chiropractic and acupuncture.
- Knowledgeable customer service representatives who can assist you and quickly answer your questions.

Get value right away with our no-deductible Active Start PPO plans.

Is an Active Start plan right for you?

These plans feature no medical deductible, low generic drug copayments, and low copayments for office visits and preventive care. The economical Active Start plans offer individual coverage only and do not provide maternity benefits.

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Uniform Health Plan Benefits and Coverage Matrix

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE POLICY FOR INDIVIDUALS AND FAMILIES SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

	Active Start Plan 25, Active Start Plan 25 Generic Rx	Active Start Plan 35, Active Start Plan 35 Generic Rx
Deductible*	\$0	\$0
Copayments	\$25 with preferred providers Not applicable with non-preferred providers	\$35 with preferred providers Not applicable with non-preferred providers
Coinsurance	40% with preferred providers 50% with non-preferred providers	40% with preferred providers 50% with non-preferred providers
Calendar-year copayment/ coinsurance maximum (some services do not apply)	Services with preferred providers: \$6,000 Services with all providers: \$8,000	Services with preferred providers: \$7,500 Services with all providers: \$10,000
Lifetime maximum	\$6,000,000	\$6,000,000

* Benefits for covered brand-name drugs are subject to a brand-name drug deductible per person. The Active Start Plan 25 has a \$500 brand-name drug deductible, and the Active Start Plan 35 has a \$750 brand-name drug deductible. Active Start Plan 25 Generic Rx and Active Start Plan 35 Generic Rx do not offer brand-name drug coverage and are not subject to a brand-name drug deductible. Blue Shield Life's payments for brand-name prescriptions are limited to \$2,000 per calendar year.

Covered services

Member copayments

	With preferred providers, ¹ you pay		With non-preferred providers, ¹ you pay
	Active Start Plan 25, Active Start Plan 25 Generic Rx	Active Start Plan 35, Active Start Plan 35 Generic Rx	
Professional services			
Office visits	\$25	\$35	50%
Preventive care			
Annual routine physical exam, well-baby care office visits, and gynecological exam office visit (includes Pap test or other approved cervical cancer screening tests, routine mammography, and immunizations when received as part of the annual exam or preventive care visit)	\$25	\$35	Not covered
Outpatient services			
Non-emergency services and procedures	40%		50% ^{2,3}
Outpatient surgery in hospital	\$500/admit + 40%		50% ^{2,3}
Outpatient surgery performed in an ambulatory surgery center (ASC) ⁴	40%		50% ²
Outpatient or out-of-hospital X-ray and laboratory	40%		50%
Hospitalization services			
Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists	40%		50%
Inpatient semiprivate room and board, services and supplies, and subacute care	\$500/admit + 40%		50% ^{2,3}
Bariatric surgery inpatient services (pre-authorization required: medically necessary surgery for weight loss, only for morbid obesity) ⁵	\$500/admit + 40%		50% ^{2,3}

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Covered services

Member copayments

	With preferred providers, ¹ you pay		With non-preferred providers, ¹ you pay
	Active Start Plan 25, Active Start Plan 25 Generic Rx	Active Start Plan 35, Active Start Plan 35 Generic Rx	
Emergency health coverage			
Emergency room services (\$100 copayment/visit waived if the member is admitted directly to the hospital as an inpatient)	\$100/visit + 40%		Covered at same level as preferred provider
ER physician visits	\$25	\$35	Covered at same level as preferred provider
Ambulance services (surface or air)	40%		40%
Active Start Plan 25 and Active Start Plan 35			
Prescription drug coverage⁶ (outpatient)	At participating pharmacies (up to a 30-day supply)		Mail service prescriptions (up to a 60-day supply)
Generic formulary drugs	\$10/prescription ²		\$20/prescription ²
Formulary brand-name drugs	\$35/prescription ²		\$70/prescription ²
Non-formulary brand-name drugs	\$50 or 50%/prescription (whichever is greater) ²		\$100 or 50%/prescription (whichever is greater) ²
Brand-name drug deductible (brand-name drugs are subject to a brand-name drug deductible per person, per calendar year)	Active Start plan 25		Active Start plan 35
	\$500		\$750
Active Start Plan 25 Generic Rx and Active Start Plan 35 Generic Rx are also available. These plans do not cover brand-name drugs. All other plan benefits are the same.			
	With preferred providers, ¹ you pay		With non-preferred providers, ¹ you pay
	Active Start Plan 25, Active Start Plan 25 Generic Rx	Active Start Plan 35, Active Start Plan 35 Generic Rx	
Durable medical equipment⁷	40%		50%
	With MHSA participating providers,^{1,8} you pay		With MHSA non-participating providers,^{1,8} you pay
Mental health services			
Inpatient hospital facility services	\$500/admit + 40%		50% ^{2,3}
Inpatient physician services	40%		50%
Outpatient visits for severe mental health conditions	\$25	\$35	50%
Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits) ⁹	40% ²		Not covered
Chemical dependency services (substance abuse)			
Inpatient hospital facility services for medical acute detoxification	\$500/admit + 40%		50% ^{2,3}
Inpatient physician services for medical acute detoxification	40%		50%
Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits) ⁹	40% ²		Not covered

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Covered services	Member copayments		
	With preferred providers, ¹ you pay		With non-preferred providers, ¹ you pay
	Active Start Plan 25, Active Start Plan 25 Generic Rx	Active Start Plan 35, Active Start Plan 35 Generic Rx	
Home health services (up to 90 pre-authorized visits per calendar year)	40%		Not covered
Other			
Pregnancy and maternity care			
Outpatient prenatal and postnatal care	Not covered		Not covered
Delivery and all necessary inpatient hospital services	Not covered		Not covered
Family planning			
Consultations, tubal ligation, vasectomy, elective abortion	40%		Not covered
Rehabilitation services (up to 12 visits per calendar year combined with chiropractic and speech therapy visits – Blue Shield's payment is limited to \$25/visit with non-preferred providers)			
Provided in the office of a physician or physical therapist	40%		50%
Chiropractic services (up to 12 visits per calendar year combined with rehabilitation services and speech therapy visits)	40%		Not covered
Acupuncture (up to 12 visits per calendar year combined with acupressure - Blue Shield's payment is limited to \$25/visit)	50%		50%
Out-of-state services (full plan benefits covered nationwide with the BlueCard Program)	40% with BlueCard participating providers		50% with all other providers

Please note: Benefits are subject to modification for subsequently enacted state or federal legislation. Active Start Plan 25 Generic Rx and Active Start Plan 35 Generic Rx are subject to regulatory approval.

- Member is responsible for copayment or coinsurance in addition to any charges above allowable amounts. The coinsurance 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 or coinsurance plus any charges that exceed Blue Shield's allowable amount. Charges above the allowable amount do not count toward the copayment/coinsurance maximum.
- These copayments do not count toward the copayment/coinsurance maximum, and will continue to be charged once the copayment/coinsurance maximum is reached.
- For non-emergency hospital services and supplies received from a non-preferred hospital, Blue Shield's payment is limited to \$250 per day. Member is responsible for all charges that exceed \$250 per day.
- 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.
- 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 Policy for further benefit details.
- 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 difference between the brand and generic drug cost. Prescription coverage differs for home self-injectables. Blue Shield Life's payments for brand-name prescriptions are limited to \$2,000 per calendar year. Please review the Policy before you purchase the plan.
- All covered durable medical, orthoses, and prostheses equipment and services have a combined benefit maximum of \$2,000 per member per calendar year, except those services covered under the diabetes care benefit and medically necessary oxygen.
- 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.
- 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.