

choosing your health plan

for individuals and families

Effective October 1, 2010

hello

Thank you for choosing Blue Shield. We know your healthcare needs are as unique as you are, and can change as your life changes. That's why Blue Shield offers a wide selection of well-designed health plan options for you to choose from. And selecting the perfect health plan can be simple – this booklet will help you compare, choose, and apply for the plan that best meets your unique wants and needs.

This booklet is a summary of plan information and is not a contract. The actual complete terms and conditions of a plan's benefits and coverage, limitations, and exclusions are located in the *Evidence of Coverage and Health Service Agreement (EOC)* or *Policy for Individuals and Families (Policy)*. We'll send you your EOC/Policy if your application is approved. If you have any questions or would like a copy of the EOC/Policy before you apply, call us at **(800) 431-2809**.

To review the Uniform Health Plan Benefits and Coverage Matrix (Uniform Matrix) for specific plans, please refer to the *Choosing Your Health Plan* booklet.

PLEASE NOTE: This booklet should be accompanied by the *Important Legal Information* booklet, explaining general plan exclusions and limitations. You should read both documents together. If you do not have the *Important Legal Information* booklet, please obtain a copy by contacting your broker or calling Blue Shield of California at **(800) 431-2809**.

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1. we're here for you

When it comes to your health, we're here to support you.

Blue Shield has over 70 years of experience serving millions of members just like you.

With Blue Shield, you can get the care you need from doctors you know and trust by using our large physician and hospital networks - among the largest networks in the state. We also offer dental coverage and term life insurance* options, so your total healthcare needs can be managed by a single company. And, as a member, you will have access to our knowledgeable customer service teams who can answer your questions quickly and easily. Along with quality plans, we also offer a wide range of programs, services, and resources that complement your coverage, so you can stay on top of your health.

Blue Shield has a variety of plans to fit your unique needs, and we understand choosing a health plan may seem complicated, but it doesn't need to be. This booklet is a handy tool designed to help you easily understand, select, and apply for health plan coverage. Whether it's your first time shopping for a health plan or you want to change from your current one, we're here to help.

Blue Shield offers you:

A wide range of plans that fit your unique needs and budget.

Dental and term life insurance to complete your total health package.

A broad choice of providers so you can find a doctor nearby.

NurseHelp 24/7SM which can help ease your health concerns, anytime day or night.

A wealth of online tools to manage your well-being.

A variety of wellness programs to help you take charge of your health.

Knowledgeable customer service representatives to answer all your questions.

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

2. find the right plan

Without health coverage, unexpected medical events can really add up. Did you know that an average day in the hospital can cost more than \$15,399?*

But with the right health plan you don't need to worry, because that day in the hospital can cost you much less. In addition, doctor visits and prescriptions are much more affordable when you have the right plan to fit your needs.

Given the importance of selecting a health plan that's right for you, and knowing it can cause you some anxiety, we want you to think about a few simple questions to help guide your choice and make it easier:

Is your current doctor part of our extensive network?

With one of the largest provider networks in the state, chances are your current physician is already part of Blue Shield's network. See for yourself with our *Find a Provider* tool at blueshieldca.com.

What kind of coverage would suit you best?

Choosing a PPO or an HMO plan provides you with different experiences. With a PPO plan, you may visit any licensed doctor, in or out of the physician network, without a referral from a Personal Physician. With an HMO plan, you and all family members covered by the plan must live or work in an area served by the plan and access all your care in the plan provider network, through the Personal Physician you choose.

What plan will fit your budget?

There are two things to consider when calculating your healthcare costs: your **monthly rate** and your **out-of-pocket costs**.

- 1) Using the enclosed *Monthly Rates for Individuals and Families* booklet you can estimate your monthly rates. Determine your rate by looking up your geographic region, age, and plan choice.
- 2) When determining out-of-pocket costs you need to think about:
 - **When you visit a physician, what do you want to pay?**
If you go to the doctor often, you may prefer a plan with a lower copayment. What level of copayment feels right for how often you go? Compare "physician office visit copayments" in the Plan Comparison Chart on the following page.

* Based on an average day's billed charges for a Blue Shield of California individual and family plan in 2009. Costs may vary depending on the carrier, region, and provider.

- **What is the most you want to pay each year for medical care before your plan begins paying?**
This is your annual deductible. Typically, the higher the deductible, the lower your monthly rate. Compare the “annual medical deductible” for each plan in the Plan Comparison Chart on the next page. Rest assured, all our plans provide a preventive care exam before you have to meet the annual deductible.
- **What is the maximum amount you can afford in case of an accident?**
Compare the “annual out-of-pocket maximum” for each plan in the chart on the following page.
- **Do you prefer generic or brand-name prescription drugs?**
Compare each plan’s “drug coverage” in the chart on the next page. You can choose plans that offer generic drug coverage only for a lower monthly rate.

After you narrow down your health plan choices, refer to the health plan summaries found later in this guide for more detailed information on each plan.

Blue Shield member exclusives

As a Blue Shield member, you have access to a wide range of wellness resources that can help you stay healthy at no additional charge.

Counseling and support

Our Health Coach program can help you achieve your personal health goals with coaching services that help you quit smoking, lose weight, and lower your daily stress.

Support for personal, family, and work issues

Our LifeReferralsSM program gives you access to trained counselors, licensed therapists, attorneys and financial professionals.

Talk with a registered nurse 24/7

With our NurseHelp 24/7SM program, you can talk to a nurse anytime to learn about a condition, evaluate treatment options, develop a healthier lifestyle, and more.

Helpful online tools

Our innovative Web site, blueshieldca.com, offers around-the-clock access to valuable tools, health resources, and wellness information.

You can:

- Locate network doctors, hospitals, pharmacies, dentists, optometrists, dermatologists, mental health providers, chiropractors, and acupuncturists.
- Search our online drug formulary (preferred Blue Shield drugs) to see if your prescription is covered and if a generic version is available.
- Submit a confidential question about your medication to Ask the Pharmacist, and receive a personal and private response from a University of California, San Francisco pharmacist within two business days.
- Sign up for health management programs, offering resources and support for conditions such as asthma, diabetes, and depression.
- Compare hospitals, find treatment options, and learn about formulary drugs.
- Participate in Healthy Lifestyle Rewards to get in shape, eat right, reduce stress, or quit smoking.

Plan comparison chart

Use the following chart to identify which Blue Shield coverage options you should consider.

| | | Physician office visits copayments ¹ you pay: | Annual medical deductible | Annual out-of-pocket maximum ² | Monthly rates starting at ³ | Maternity coverage | Prescription drug coverage (formulary) | HSA-compatible |
|-----------------------|-----------------|--|---------------------------|---|--|--------------------|--|----------------|
| Vital Shield* | 2900 | \$40 for first 2 visits | \$2,900 | \$5,900 | \$67 | | Generic only | |
| | 900 | \$40 for first 2 visits | \$900 | \$4,900 | \$83 | | Generic only | |
| Vital Shield Plus* | 2900 Generic Rx | \$30 for first 5 visits | \$2,900 | \$4,900 | \$85 | | Generic only | |
| | 2900 | \$30 for first 5 visits | \$2,900 | \$4,900 | \$103 | | Brand and generic | |
| | 900 Generic Rx | \$30 for first 5 visits | \$900 | \$3,900 | \$101 | | Generic only | |
| | 900 | \$30 for first 5 visits | \$900 | \$3,900 | \$121 | | Brand and generic | |
| | 400 Generic Rx | \$30 for first 5 visits | \$400 | \$2,900 | \$131 | | Generic only | |
| | 400 | \$30 for first 5 visits | \$400 | \$2,900 | \$153 | | Brand and generic | |
| Balance plans* | 2500 | \$30 | \$2,500 | \$7,500 | \$113 | | Brand and generic | |
| | 1700 | \$30 | \$1,700 | \$6,500 | \$150 | | Brand and generic | |
| | 1000 | \$30 | \$1,000 | \$5,500 | \$165 | | Brand and generic | |
| Essential plans* | 4500 | \$40 for first 3 visits | \$4,500 | \$4,500 | \$130 | | Generic only | |
| | 3000 | \$40 for first 3 visits | \$3,000 | \$3,000 | \$162 | | Generic only | |
| | 1750 | \$40 for first 3 visits | \$1,750 | \$1,750 | \$193 | | Generic only | |
| Shield Savings plans* | 5200 | \$0 after deductible | \$5,200 | \$5,200 | \$82 | | Brand and generic | ● |
| | 3500 | \$0 after deductible | \$3,500 | \$5,000 | \$85 | | Brand and generic | ● |
| | 4000/8000 | \$0 after deductible | \$4,000 | \$4,000 | \$89 | | Brand and generic | ● |
| | 1800/3600 | \$35 after deductible | \$1,800 | \$5,950 | \$103 | | Brand and generic | ● |
| Shield Spectrum PPO | 5500 | 35% after deductible | \$5,500 | \$7,500 | \$103 | ● | Brand and generic | |
| | 5000* | \$35 after deductible | \$5,000 | \$7,000 | \$107 | ● | Brand and generic | |
| HMOs | Access+ Value | \$35 | \$2,000 | \$4,000 | \$306 | ● | Brand and generic | |
| | Access+ | \$20 | \$2,000 | \$3,000 | \$386 | ● | Brand and generic | |
| Active Start plans* | 35 Generic Rx | \$35 | \$0 | \$7,500 | \$157 | | Generic only | |
| | 35 | \$35 | \$0 | \$7,500 | \$187 | | Brand and generic | |
| | 25 Generic Rx | \$25 | \$0 | \$6,000 | \$202 | | Generic only | |
| | 25 | \$25 | \$0 | \$6,000 | \$220 | | Brand and generic | |

Please note: annual deductibles and out-of-pocket maximums listed in this chart are for individuals. Copayments and coinsurance amounts are for services received from participating providers. Office visits are not subject to deductible unless noted.

* Vital Shield plans, Vital Shield Plus plans, Active Start plans, Essential plans, Balance plans, Shield Savings plans and PPO 5000 are underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life). Plans may be subject to regulatory approval.

1 Visit limits are per member per calendar year before deductible. Subsequent visits may be subject to the deductible. See each plan's EOC/Policy for details.

2 For certain plan, copayments for some services do not count toward the out-of-pocket maximum. The out-of-pocket maximums in this chart include the plan deductible.

3 Rates are Tier 1 rates as of October 2010 for male individual age 19 to 29. Rates apply to Colusa, California for: Vital Shield, Vital Shield Plus, Balance plans, Essential plans, Shield Savings plans, Shield Spectrum PPO Plan 5500; San Diego, California for: Active Start plans and Shield Spectrum PPO Plan 5000; Los Angeles, California (some zip codes may not apply) for: Access+ and Access+ Value HMOs. Rates may vary and are for people in good health.

3. dental plans and term life insurance coverage

Dental coverage

Complete your Blue Shield health coverage with an affordable dental plan.

Did you know that more than 90% of all common diseases have oral symptoms? It's true – your dentist may be the first healthcare provider to diagnose a health problem. Because dental health is an important part of your total wellness, we offer a range of affordable HMO and PPO dental plans to fit your dental needs, and complement a Blue Shield health plan. And when purchased together, you can enjoy the added convenience of combined billing, while strengthening your overall health coverage.

If you are not enrolled in a Blue Shield plan but still want dental coverage, you can enroll in a Blue Shield of California Life & Health Insurance Company (Blue Shield Life) Value SmileSM PPO¹ or SmileSM PPO¹ plan. Further details provided in the benefit section of this booklet.

Blue Shield Dental plan highlights

| | |
|---|---|
| HMO – Choose a provider from our dental HMO provider network for all of your family's dental care. | PPO – Blue Shield's PPO plans allow the freedom to choose any dental provider, in and out of network. Out-of-pocket costs for covered services are lowest when you receive care from the extensive network provider selection. |
|---|---|

Dental plans offered with Blue Shield medical plans²

| Dental HMO | Value Smile SM PPO ¹ | Dental PPO |
|---|--|---|
| Provides a full range of dental services with fixed member copayments. | Provides preventive, diagnostic dental care, plus some minor restorative services; designed to aid in reduction of future costly services. | Provides extensive protection including orthodontic benefits. |
| Network Plan features: <ul style="list-style-type: none"> • Access to over 8,000 dental provider locations in California³ • Two annual teeth cleanings, including annual X-rays, for \$0 • Low, fixed copayments for minor restorative and major services • No waiting periods with exception of orthodontics, which has a 12-month waiting period • Orthodontic benefits for children and adults • No deductibles or calendar-year maximums • Specialty care services available with referral from your primary dental provider | Network Plan features: <ul style="list-style-type: none"> • Access to nearly 20,000 general and specialty care providers in California³ • Two annual teeth cleanings, including annual X-rays and oral cancer screening, for \$0 • Low copayments for minor services • No coverage for major services • Fixed copayments when using network dentists • No waiting periods • \$25 calendar-year deductible per member • \$500 calendar-year benefit maximum per member⁴ • Enhanced dental services for pregnant women | Network Plan features: <ul style="list-style-type: none"> • Access to nearly 20,000 general and specialty care providers in California³ • Two annual teeth cleanings, including annual X-rays and oral cancer screening, for \$0 • Low copayments for minor restorative and major services • Fixed copayments when using network dentists • No waiting period for diagnostic or preventive services • 3 months waiting period for minor restorative services and 12 months waiting period for major restorative and orthodontic services • Orthodontic benefits for children and adults • \$50 calendar-year deductible per member • \$1,000 calendar-year benefit maximum per member, of which \$500 per member, per year can be used for non-network benefits⁴ • Enhanced dental services for pregnant women |

Blue Shield Dental plan highlights (continued)

PPO – Blue Shield Life's PPO plans allow the freedom to choose any dental provider, in and out of network. Out-of-pocket costs for covered services are lowest when you receive care from the extensive network provider selection.

Dental plans offered independent of Blue Shield medical plans²

| | |
|--|---|
| <p>SmileSM PPO¹ Provides comprehensive dental benefits at an attractive rate.</p> | <p>Value Smile PPO¹ Provides preventive, diagnostic dental care, plus some minor restorative services; designed to aid in reduction of costly future services.</p> |
| <p>Network Plan features:</p> <ul style="list-style-type: none"> • Access to nearly 20,000 general and specialty care providers in California³ • Two annual teeth cleanings, including annual X-rays and oral cancer screening, for \$0 • Low copayments for minor restorative and major services • Fixed copayments when using network dentists • No waiting period for diagnostic or preventive services • 6 months waiting period for minor restorative services and 12 months waiting period for major restorative and orthodontic services • Orthodontic benefits for children and adults • \$50 calendar-year deductible per member • \$1,000 calendar-year benefit maximum per member, of which \$500 per member, per year can be used for non-network benefits⁴ • Enhanced dental services for pregnant women | <p>Network Plan features:</p> <ul style="list-style-type: none"> • Access to nearly 20,000 general and specialty care providers in California³ • Two annual teeth cleanings, including annual X-rays and oral cancer screening, for \$0 • Low copayments for minor services • No coverage for major services • Fixed copayments when using network dentists • No waiting periods • \$25 calendar-year deductible per member • \$500 calendar-year benefit maximum per member⁴ • Enhanced dental services for pregnant women |

* "Prevent Oral Health Problems: Visit a Dentist Twice a Year"; Academy of General Dentistry, January 2007

1 Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life). Pending regulatory approval.

2 To be eligible for a dental plan, you must be a California resident and under age 65 at the time of enrollment. If you had a Blue Shield individual and family dental plan cancelled, you must wait 12 months from the date of cancellation before you can reapply.

3 Dental providers in California are contracted through the dental plan administrator.

4 Each calendar year, the member is responsible for all charges incurred after the plan has paid these amounts for covered dental services.

PLEASE NOTE: Value Smile PPO, Dental PPO, Smile PPO, and Dental HMO plan benefits supersede Access+ *Dentist* and EssentialSM plans' dental benefits. If you're an Access+ HMO[®] or Essential plan member and you purchase a dental PPO or dental HMO plan, you will receive the more generous benefits of the plan you have chosen, and will not receive any of the dental benefits of Access+ HMO or the Essential plan.

Life insurance

Individual term life insurance[†] coverage

Blue Shield Life can help you prepare for the unexpected. We offer the financial protection and security of \$10,000, \$30,000, \$60,000, \$90,000 or \$100,000 in term life insurance. In addition, life insurance can be continued beyond the termination of your health plan.

Further details provided in the benefit section of this booklet.

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

4. how to apply

Once you select the health plan that is right for you, simply fill out the application. Use the following checklist to double check that your application is complete, so it can be processed as quickly as possible.

Have you and each applying family member answered every question on the application?

Have you signed all areas requesting signatures?

Are you returning the application within 30 days of the date you signed it?

If you are signing up for a Blue Shield HMO health plan, or HMO dental plan, have you chosen and listed a Personal Physician or dental provider for yourself and each family member on your application?

Did you include a personal check or money order with your application for the first month of coverage?

Have you indicated your payment option?

Interested in **adding dental PPO, Value Smile PPO, dental HMO or term life insurance coverage** to your health plan coverage? Simply complete the dental coverage or term life insurance part of your Blue Shield health plan application. When your health plan coverage is approved, your dental coverage or term life insurance* effective dates will be the same as your health plan's effective date. Also, you'll receive one bill that combines your health, dental, and if applicable, life insurance dues/premiums.

If you choose to **apply only for dental insurance**, and not healthcare coverage, you can choose between the Smile PPO[†] or Value Smile PPO[†] plan. You can then easily enroll by completing the dental-only paper application included in this kit.

* Assumes complete and accurate term life insurance replacement coverage information, if applicable, is received at time of health plan application. If you are replacing an existing term life insurance policy with a Blue Shield Life term life insurance policy, make sure you complete the Acknowledgement of Life Insurance Replacement Coverage form (C20272) and submit it along with your Blue Shield health plan application.

† Underwritten by Blue Shield of California Life & Health Insurance Company. Pending regulatory approval.

5. health plan details

The following pages give you a closer look at the many benefits and services each plan offers you.

Please take your time reviewing all your options before you apply.

Vital Shield*

Vital Shield Plus*

Balance Plans*

Essential Plans*

Shield Savings Plans*

Access+ HMO

Access+ Value HMO

Shield Spectrum PPOs

Active Start Plans*

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

Vital Shield plans

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

Vital Shield 900

Vital Shield 2900

Protect yourself with our lowest-priced PPO plans for individuals.

Is a Vital Shield plan right for you?

Vital ShieldSM plans cover you with basic benefits and a low or moderate deductible in case of hospitalization, surgery or other major medical events. These lower-priced PPO options cover two office visits and generic drugs, before you have to meet a deductible. They are available for individuals only and offer many popular benefits, so you don't pay for services you don't expect to use, such as maternity care or brand-name drug benefits.

Vital Shield advantages

Monthly rates as low as \$67.*

Choice of low or moderate annual deductible (\$900 or \$2,900).

Most in-network benefits are covered at 100% after you meet the copayment maximum.

Low copayments for generic prescription drugs at network pharmacies (\$10).

Two calendar-year office visits before you have to meet the deductible.

X-ray and laboratory outpatient services are \$0 with preferred providers, once you meet the plan's copayment maximum.

* Male individual, Age 19-29, Tier 1, Living in Colusa, California, October 2010. Rates may vary and are for people in good health.

Vital Shield plans

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

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 SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

| | Vital Shield 900 | Vital Shield 2900 |
|--|--|--|
| Deductible | \$900 | \$2,900 |
| Coinsurance | 40% with preferred providers 50% with non-preferred providers | 40% with preferred providers 50% with non-preferred providers |
| Calendar-year copayment/coinsurance maximum (includes the plan deductible – some services do not apply) | Services with preferred providers: \$4,900 Services with all providers: \$7,900 | Services with preferred providers: \$5,900 Services with all providers: \$8,900 |
| Lifetime maximum | \$3,000,000 | \$3,000,000 |

The benefits below apply to both the Vital Shield 900 and Vital Shield 2900 plans.

- Plan benefits that are available before you need to meet the medical plan deductible are shown below with a dot. For all benefits without a dot, you are responsible for all charges up to the allowable amount or billed charges with preferred and non-preferred providers until the deductible is met. At that point, you will be responsible for the coinsurance noted in the chart below when accessing preferred and non-preferred providers.

Covered services

Subject to the plan deductible, unless noted.

Member copayments

| | With preferred providers, ¹ you pay | With non-preferred providers, ¹ you pay |
|---|--|--|
| Professional services | | |
| Office visits (first 2 visits/calendar year for any combination of preventive care exam and physician office visits – subsequent visits are subject to the copayment maximum) | \$40 ^{3,*} ● | No charge after copay maximum ³ |
| Preventive care | | |
| Annual routine physical exam, well-baby care office visits, and gynecological exam office visit (first 2 visits/calendar year for any combination of preventive care exam and physician office visits – subsequent visits are subject to the copayment maximum) | \$40 ^{3,*} ● | Not covered |
| Annual Pap test or other approved cervical cancer screening tests, routine mammography, and immunizations when received as part of the preventive care exam | 40% ● | Not covered |
| Outpatient services | | |
| Non-emergency services and procedures, outpatient surgery in hospital | 40% | 50% ^{2,4} |
| Outpatient surgery performed in an ambulatory surgery center (ASC) | 40% | 50% ^{2,5} |
| Outpatient or out-of-hospital X-ray and laboratory | No charge after copay maximum ³ | No charge after copay maximum ³ |
| 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 | 40% | 50% ^{2,4} |
| Bariatric surgery inpatient services (pre-authorization required: medically necessary surgery for weight loss, only for morbid obesity) ⁶ | 40% | 50% ^{2,4} |
| Emergency health coverage | | |
| Emergency room services (\$100 copayment/visit waived if member is admitted directly to the hospital as an inpatient) | \$100/visit + 40% | \$100/visit + 40% |
| ER physician visits | 40% | 40% |
| Ambulance services (surface or air) | 40% | 40% |
| Prescription drug coverage⁷ (outpatient) | | |
| Generic formulary drugs | \$10/prescription ² ● | \$20/prescription ² ● |
| Formulary brand-name drugs | Not covered | Not covered |
| Non-formulary brand-name drugs | Not covered | Not covered |

Vital Shield plans

Covered services

Member copayments

| Subject to the plan deductible unless noted. | With preferred providers, ¹ you pay | With non-preferred providers, ¹ you pay |
|---|--|--|
| Durable medical equipment | Not covered | Not covered |
| Mental health services⁸ | | |
| Inpatient hospital facility services | 40% | 50% ^{2,4} |
| Inpatient physician services | 40% | 50% |
| Outpatient visits for severe mental health conditions | 40% | 50% ^{2,4} |
| Outpatient visits for non-severe mental health conditions ⁹ | Not covered | Not covered |
| Chemical dependency services⁸ (substance abuse) | | |
| Inpatient hospital facility services for medical acute detoxification | 40% | 50% ^{2,4} |
| Inpatient physician services for medical acute detoxification | 40% | 50% |
| Outpatient visits ⁹ | Not covered | Not covered |
| Home health services (up to 90 pre-authorized visits per calendar year) | No charge after copay maximum ³ | 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 | No charge after copay maximum ³ | Not covered |
| Rehabilitation services | | |
| Provided in the office of a physician or physical therapist | Not covered | Not covered |
| 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. Plans are subject to regulatory approval.

- Plan benefits provided before you need to meet the medical deductible.
 - * Member has 2 visits per calendar year before the calendar-year copayment/coinsurance maximum is met. After the 2 visits are used for any one purpose, the member pays 100% of the allowable amount for all of these services until the calendar-year copayment/coinsurance maximum is met, with no accrual to deductible or copayment/coinsurance maximum. Subsequent visits are \$0 after the copayment/coinsurance maximum is reached.
- 1 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 plan deductible or copayment/coinsurance maximum.
 - 2 These copayments do not count toward the copayment/coinsurance maximum. They will continue to be charged once the copayment/coinsurance maximum is reached. See Policy for details.
 - 3 These copayments do not count toward the copayment/coinsurance maximum, but will not be charged once the copayment/coinsurance maximum is reached. See Policy for details.
 - 4 For non-emergency hospital services and supplies received from a non-preferred hospital, Blue Shield's payment is limited to \$250 per day. Members are responsible for all charges that exceed \$250 per day.
 - 5 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. Blue Shield's payment is limited to \$150 per day. Members are responsible for all charges that exceed \$150 per day.
 - 6 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. See Policy for details.
 - 7 Vital Shield plans do not cover brand-name drugs with the exception of covered drugs and supplies for diabetes. Brand and generic diabetes medications/supplies are covered, and may be subject to prior authorization for medical necessity. Prescription coverage differs for home self-injectables. See Policy for details.
 - 8 Blue Shield has contracted with a specialized health care 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.
 - 9 For MHSA participating providers initial visit treated as if the condition was a severe mental illness or serious emotional disturbance of a child. For MHSA non-participating providers initial visit treated as an MHSA participating provider.

Vital Shield Plus plans

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

Vital Shield Plus 400

Vital Shield Plus 400 Generic Rx

Vital Shield Plus 900

Vital Shield Plus 900 Generic Rx

Vital Shield Plus 2900

Vital Shield Plus 2900 Generic Rx

Is a Vital Shield Plus plan right for you?

You want the same coverage as our Vital Shield plans, **plus** more covered office visits in a calendar year, **plus** a lower deductible option, **plus** brand or generic prescription drug options, **plus** lower office visit and preventive care exam copayments. Vital ShieldSM Plus plans offer you and your family the vital health coverage you need to protect yourself against the high costs of hospitalization, surgery, and other major medical events. And with no maternity coverage and generic prescription drug coverage options, you aren't paying for services you don't expect to use.

Vital Shield Plus advantages

Control your monthly rate by choosing a low annual deductible of \$400, a moderate deductible of \$900, or a higher deductible of \$2,900.

5 calendar-year office visits, before you have to meet the deductible, so you will get the care you need in case of injury.

\$10 generic prescription drug coverage right away, before you have to meet a deductible, at network pharmacies.

Most benefits are covered at 100% after you meet the coinsurance maximum, so you're protected when you need it most.

Outpatient X-ray and laboratory services are \$0 with preferred providers, once you meet the plan's copayment maximum.

If you do not meet your annual deductible in a calendar year, you can "carry over" the amount accrued, from October to December of that year, and apply it towards your annual medical deductible for the following year.

Vital Shield Plus plans

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

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.

| | Vital Shield Plus 400 Vital Shield Plus 400 Generic Rx | Vital Shield Plus 900 Vital Shield Plus 900 Generic Rx | Vital Shield Plus 2900 Vital Shield Plus 2900 Generic Rx |
|---|--|--|--|
| Deductible* | Services with preferred providers: \$400 (\$800 family) Services with non-preferred providers: \$5,000 (\$10,000 family) | Services with preferred providers: \$900 (\$1,800 family) Services with non-preferred providers: \$5,000 (\$10,000 family) | Services with preferred providers: \$2,900 (\$5,800 family) Services with non-preferred providers: \$5,000 (\$10,000 family) |
| Copayments | \$30 with preferred providers Not applicable with non-preferred providers | \$30 with preferred providers Not applicable with non-preferred providers | \$30 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 | 40% with preferred providers 50% with non-preferred providers |
| Calendar-year copayment/coinsurance maximum (includes the plan deductible – some services do not apply) | Services with preferred providers: \$2,900 (\$5,800 family) Services with non-preferred providers: \$15,000 (\$30,000 family) | Services with preferred providers: \$3,900 (\$7,800 family) Services with non-preferred providers: \$15,000 (\$30,000 family) | Services with preferred providers: \$4,900 (\$9,800 family) Services with non-preferred providers: \$15,000 (\$30,000 family) |
| Lifetime maximum | \$3,000,000 | \$3,000,000 | \$3,000,000 |

* If the annual plan deductible has not been met, any charges that accumulate toward the plan deductible in the last three months of the calendar year will be credited towards the plan deductible for the following calendar year. Benefits for covered brand-name drugs are subject to a brand-name drug deductible per person. Vital Shield Plus 400, 900 and 2900 have a \$500 brand-name drug deductible. Vital Shield Plus 400, 900, and 2900 Generic Rx do not offer brand-name drug coverage, with the exception of covered drugs and supplies for diabetes, and are not subject to a brand-name drug deductible.

The benefits below apply to all Vital Shield Plus plans.

- Plan benefits provided before you need to meet the deductible are shown below with a dot. For all benefits without a colored dot, you are responsible for all charges up to the allowable amount or billed charges with preferred and non-preferred providers until the deductible is met. At that point, you will be responsible for the copayment or coinsurance noted in the chart below when accessing preferred and non-preferred providers.

Covered services

Member copayments

| Subject to the plan deductible, unless noted. | With preferred providers, ¹ you pay | With non-preferred providers, ¹ you pay |
|---|--|--|
| Professional services | | |
| Office visits (first 5 visits/calendar year for any combination of preventive care exam and physician office visits – subsequent visits are subject to the copayment maximum) | \$30 ^{3,*} ● | No charge after copay maximum ³ |
| Preventive care | | |
| Annual routine physical exam, well-baby care office visits, and gynecological exam office visit (first 5 visits/calendar year for any combination of preventive care exam and physician office visits – for subsequent visits are subject to the copayment maximum) | \$30 ^{3,*} ● | Not covered |
| Annual Pap test or other approved cervical cancer screening tests, routine mammography, and immunizations when received as part of the preventive care exam | 40% ● | Not covered |
| Outpatient services | | |
| Non-emergency services and procedures, outpatient surgery in hospital | 40% | 50% ^{2,4} |
| Outpatient surgery performed in an ambulatory surgery center (ASC) | 40% | 50% ^{2,5} |
| Outpatient or out-of-hospital X-ray and laboratory | No charge after copay maximum | No charge after copay maximum ³ |

Vital Shield Plus plans

Covered services

Member copayments

| Subject to the plan deductible unless noted. | With preferred providers, ¹ you pay | With non-preferred providers, ¹ you pay |
|--|--|--|
| 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 | 40% | 50% ^{2,4} |
| Bariatric surgery inpatient services (pre-authorization required: medically necessary surgery for weight loss, only for morbid obesity) ⁶ | 40% | 50% ^{2,4} |
| Emergency health coverage | | |
| Emergency room services (\$100 copayment/visit waived if member is admitted directly to the hospital as an inpatient) | \$100/visit + 40% | \$100/visit + 40% |
| ER physician visits | 40% | 40% |
| Ambulance services (surface or air) | 40% | 40% |

| | Vital Shield Plus 400, 900, and 2900 | |
|---|--|---|
| Prescription drug coverage⁷ (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 | \$45/prescription ² | \$90/prescription ² |
| Non-formulary brand-name drugs | Not covered | Not covered |
| Brand-name drug deductible (brand-name drugs are subject to a brand-name drug deductible per person, per calendar year) | \$500 | |

Vital Shield Plus 400, 900 and 2900 Generic Rx do not cover brand-name drugs with the exception of covered drugs and supplies for diabetes. Brand and generic diabetes medications/supplies are covered, and may be subject to prior authorization for medical necessity. All other plan benefits are the same.

| | With preferred providers, ¹ you pay | With non-preferred providers, ¹ you pay |
|--|--|--|
| Durable medical equipment | Not covered | Not covered |
| Mental health services⁸ | | |
| Inpatient hospital facility services | 40% | 50% ^{2,4} |
| Inpatient physician services | 40% | 50% |
| Outpatient visits for severe mental health conditions | 40% | 50% ^{2,4} |
| Outpatient visits for non-severe mental health conditions ⁹ | Not covered | Not covered |
| Chemical dependency services⁸ (substance abuse) | | |
| Inpatient hospital facility services for medical acute detoxification | 40% | 50% ^{2,4} |
| Inpatient physician services for medical acute detoxification | 40% | 50% |
| Outpatient visits ⁹ | Not covered | Not covered |
| Home health services (up to 90 pre-authorized visits per calendar year) | No charge after copay maximum ³ | Not covered |

Vital Shield Plus plans

Covered services

Member copayments

| Subject to the plan deductible unless noted. | With preferred providers, ¹ you pay | With non-preferred providers, ¹ you pay |
|--|--|--|
| 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 | No charge after copay maximum ³ | Not covered |
| Rehabilitation services | | |
| Provided in the office of a physician or physical therapist | Not covered | Not covered |
| 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. Vital Shield Plus plans are subject to regulatory approval.

- Plan benefits provided before you need to meet the medical deductible

* Member has 5 visits per calendar year before the calendar year copayment/coinsurance maximum is met. After the 5 visits are used, the member pays 100% of the allowable amount for all of these services until the calendar-year copayment/coinsurance maximum is met, with no accrual to deductible or copayment/coinsurance maximum. Subsequent visits are \$0 after the copayment/coinsurance maximum is reached.

- 1 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 plan deductible or copayment/coinsurance maximum.
- 2 These copayments do not count toward the copayment/coinsurance maximum. They will continue to be charged once the copayment/coinsurance maximum is reached. See Policy for details.
- 3 These copayments do not count toward the copayment/coinsurance maximum, but will not be charged once the copayment/coinsurance maximum is reached. See Policy for details.
- 4 For non-emergency hospital services and supplies received from a non-preferred hospital, Blue Shield's payment is limited to \$250 per day. Members are responsible for all charges that exceed \$250 per day.
- 5 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. Blue Shield's payment is limited to \$150 per day. Members are responsible for all charges that exceed \$150 per day.
- 6 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. See Policy for details.
- 7 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 cost difference between the brand and generic drug. Prescription coverage differs for home self-injectables. See Policy for details.
- 8 Blue Shield has contracted with a specialized health care 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.
- 9 For MHSA participating providers initial visit treated as if the condition was a severe mental illness or serious emotional disturbance of a child. For MHSA non-participating providers initial visit treated as an MHSA participating provider.

Balance plans

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

Balance Plan 1000

Balance Plan 1700

Balance Plan 2500

These PPO plans offer a sensible balance of comprehensive benefits with relatively low deductibles.

Is a Balance plan right for you?

You have a family and want the balance of solid coverage with a relatively low deductible and rates. BalanceSM plans provide coverage for preventive care exam, doctor's office visits, generic prescription coverage, and emergency room care right away, *before* you meet your deductible. Additionally, they offer easy access to chiropractic care and acupuncture, and a wide range of other quality benefits. All Balance plans feature the same copayments, so you can choose which deductible amount best suits your needs.

Balance plan advantages

A variety of deductibles to choose from.

The plan's copayment/coinsurance maximum includes your medical deductible, so you'll pay only up to the copayment/coinsurance maximum in a calendar year.

Doctor's office visits and preventive care exam are provided for a fixed copayment (\$30) before you need to meet the deductible.

Generic drugs for \$10.

Includes benefits for chiropractic care and acupuncture.

Balance plans

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

Uniform Health Plan Benefits and Coverage Matrix

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| | Balance Plan 1000 | Balance Plan 1700 | Balance Plan 2500 |
|--|--|--|---|
| Deductible* | \$1,000 (\$2,000 family) | \$1,700 (\$3,400 family) | \$2,500 (\$5,000 family) |
| Copayments | \$30 with preferred providers Not applicable with non-preferred providers | \$30 with preferred providers Not applicable with non-preferred providers | \$30 with preferred providers Not applicable with non-preferred providers |
| Coinsurance | 30% with preferred providers, 50% with non-preferred providers | 30% with preferred providers, 50% with non-preferred providers | 30% with preferred providers, 50% with non-preferred providers |
| Calendar-year copayment/coinsurance maximum (includes the plan deductible – some services do not apply) | Services with preferred providers: \$5,500 (\$11,000 family) Services with all providers: \$8,500 (\$17,000 family) | Services with preferred providers: \$6,500 (\$13,000 family) Services with all providers: \$9,500 (\$19,000 family) | Services with preferred providers: \$7,500 (\$15,000 family) Services with all providers: \$10,500 (\$21,000 family) |
| Lifetime maximum | \$6,000,000 | \$6,000,000 | \$6,000,000 |

* Benefits for covered brand-name drugs are subject to a separate brand-name drug deductible per person per calendar year. Balance plans have a \$500 brand-name drug deductible. Blue Shield Life's payments for brand-name prescriptions are limited to \$2,500 per calendar year.

The benefits below apply to all Balance plans.

- Plan benefits provided before you need to meet any medical deductible are shown below with a dot. For all benefits without a dot, you are responsible for all charges up to the allowable amount or billed charges with preferred and non-preferred providers until the deductible is met. At that point, you will be responsible for the copayment or coinsurance noted in the chart below when accessing preferred and non-preferred providers.

Covered services

Member copayments

| Subject to the plan deductible, unless noted. | With preferred providers, ¹ you pay | With non-preferred providers, ¹ you pay |
|---|--|--|
| Professional services | | |
| Office visits | \$30 ² ● | 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 preventive care exam) | \$30 ² ● | Not covered |
| Outpatient services | | |
| Non-emergency services and procedures | 30% | 50% ^{2,3} |
| Outpatient surgery in hospital | \$250/visit + 30% | 50% ^{2,3} |
| Outpatient surgery performed in an ambulatory surgery center (ASC) | 30% | 50% ^{2,4} |
| Outpatient or out-of-hospital X-ray and laboratory | 30% | 50% |

Balance plans

Covered services

Member copayments

| Subject to the plan deductible unless noted. | With preferred providers, ¹ you pay | With non-preferred providers, ¹ you pay |
|--|--|--|
| Hospitalization services | | |
| Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists | 30% | 50% |
| Inpatient semiprivate room and board, services and supplies, and subacute care | 30% | 50% ^{2,3} |
| Bariatric surgery inpatient services (pre-authorization required: medically necessary surgery for weight loss, only for morbid obesity) ⁵ | 30% | 50% ^{2,3} |
| Emergency health coverage | | |
| Emergency room services (\$100 copayment/visit waived if the member is admitted directly to the hospital as an inpatient) | \$100/visit + 30% ● | \$100/visit + 30% ● |
| ER physician visits | 30% | 30% |
| Ambulance services (surface or air) | 30% | 30% |

| Prescription drug coverage ⁶ (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%, whichever is greater/prescription ² | \$100 or 50%, whichever is greater/prescription ² |
| Brand-name drug deductible (brand-name drugs are subject to a brand-name drug deductible per person, per calendar year) | \$500 | |

Blue Shield Life's payments for brand-name prescriptions are limited to \$2,500 per calendar year.

| | With preferred providers, ¹ you pay | With non-preferred providers, ¹ you pay |
|---|--|--|
| Durable medical equipment⁷ | 30% | 50% |
| Mental health services⁸ | | |
| Inpatient hospital facility services | 30% | 50% ^{2,3} |
| Inpatient physician services | 30% | 50% |
| Outpatient visits for severe mental health conditions | \$30 ² ● | 50% |
| Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits) ⁹ | 30% | Not covered |
| Chemical dependency services⁸ (substance abuse) | | |
| Inpatient hospital facility services for medical acute detoxification | 30% | 50% ^{2,3} |
| Inpatient physician services for medical acute detoxification | 30% | 50% |
| Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits) ⁹ | 30% | Not covered |
| Home health services (up to 90 pre-authorized visits per calendar year) | 30% | Not covered |

Balance plans

Covered services

Member copayments

| Subject to the plan deductible unless noted. | With preferred providers, ¹ you pay | With non-preferred providers, ¹ you pay |
|--|--|--|
| 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 | 30% | Not covered |
| Rehabilitation services (up to 20 visits per calendar year combined with speech therapy visits) | | |
| Provided in the office of a physician or physical therapist | 30% | 50% |
| Chiropractic services (up to 15 visits per calendar year combined with acupuncture – Blue Shield's payment is limited to \$25) | 50% | Not covered |
| Acupuncture (up to 15 visits per calendar year combined with acupressure and chiropractic – Blue Shield's payment is limited to \$25) | 50% | 50% |
| Out-of-state services (full plan benefits covered nationwide with the BlueCard Program) | 30% with BlueCard participating providers | 50% with all other providers |

Please note: Benefits are subject to modification for subsequently enacted state or federal legislation. Balance Plans are subject to regulatory approval.

- Plan benefits provided before you need to meet the medical deductible.

- 1 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.
- 2 These copayments/coinsurance do not count toward the copayment/coinsurance maximum, and will continue to be charged once the copayment/coinsurance maximum is reached.
- 3 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.
- 4 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. Blue Shield's payment is limited to \$150 per day. Members are responsible for all charges that exceed \$150 per day.
- 5 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. See Policy for details.
- 6 Blue Shield Life's payments for brand-name prescriptions are limited to \$2,500 per calendar year. After the brand-name Rx maximum has been met, covered brand-name medications and supplies for diabetes will continue to be covered at the applicable prescription drug copayment. 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 cost difference between the brand and generic drug. Prescription coverage differs for home self-injectables. See Policy for details.
- 7 All covered durable medical equipment, orthoses, and prostheses have a combined benefit maximum of \$5,000 per member per calendar year, except those services covered under the diabetes care benefit. See Policy for details.
- 8 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.
- 9 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.

Essential plans

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

Essential Plan 1750

Essential Plan 3000

Essential Plan 4500

Essential plans simplify getting the coverage you need by combining medical, dental, and vision benefits all in one plan.

Is an Essential plan right for you?

You're an individual who only wants coverage to protect you in case of major medical events, and also provides essential benefits for doctor visits. Our EssentialSM plans allow you to control the total annual amount you spend on copayments and deductibles, and include dental and vision coverage at no added cost. They are available for individuals only and offer essential benefits, so you don't pay for services you don't expect to use, like maternity care or brand-name drug benefits. By providing you with affordable coverage, including dental and vision, these plans offer you the essential coverage you need.

Essential plan advantages

Comprehensive coverage – includes medical, dental, and vision care.

Affordable monthly rates.

Manageable out-of-pocket medical costs.

- Your copayment maximum equals the deductible.
 - You're covered at 100% after the deductible is met (see Policy for details).
-

Affordable copayments for the preventive care exam (\$40) and generic prescription drugs at network pharmacies (\$10).

Choice of 3 annual deductibles (\$1,750, \$3,000 and \$4,500).

Essential plans

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

Uniform Health Plan Benefits and Coverage Matrix

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| | Essential Plan 1750 | Essential Plan 3000 | Essential Plan 4500 |
|---|--|--|--|
| Deductible | \$1,750 | \$3,000 | \$4,500 |
| Copayments | \$40 with preferred providers Not applicable with non-preferred providers | \$40 with preferred providers Not applicable with non-preferred providers | \$40 with preferred providers Not applicable with non-preferred providers |
| Calendar-year copayment/coinsurance maximum (includes the plan deductible – some services do not apply) | Services with preferred providers: \$1,750 Services with all providers: \$8,000 | Services with preferred providers: \$3,000 Services with all providers: \$8,000 | Services with preferred providers: \$4,500 Services with all providers: \$8,000 |
| Lifetime maximum | \$6,000,000 | \$6,000,000 | \$6,000,000 |

The benefits below apply to all Essential plans.

- Plan benefits provided before you need to meet any medical deductible are shown below with a dot. For all benefits without a dot, you are responsible for all charges up to the allowable amount or billed charges with preferred and non-preferred providers until the deductible is met. At that point, you will be responsible for the copayment or coinsurance noted in the chart below when accessing preferred and non-preferred providers.

Covered services

Member copayments

| Subject to the plan deductible, unless noted. | With preferred providers, ¹ you pay | With non-preferred providers, ¹ you pay |
|---|--|--|
| Professional services | | |
| Office visits (first 3 visits/calendar year – subsequent visits are subject to the deductible) | \$40 (no charge after deductible) • | 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 preventive care exam) | \$40 ² • | Not covered |
| Outpatient services | | |
| Non-emergency services and procedures | No charge after deductible | 50% ^{2,3} |
| Outpatient surgery in hospital | No charge after deductible | 50% ^{2,3} |
| Outpatient surgery performed in an ambulatory surgery center (ASC) | No charge after deductible | 50% ^{2,4} |
| Outpatient or out-of-hospital X-ray and laboratory | No charge after deductible | 50% |
| Hospitalization services | | |
| Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists | No charge after deductible | 50% |
| Inpatient semiprivate room and board, services and supplies, and subacute care | No charge after deductible | 50% ^{2,3} |
| Bariatric surgery inpatient services (pre-authorization required: medically necessary surgery for weight loss, only for morbid obesity) ⁵ | No charge after deductible | 50% ^{2,3} |

Essential plans

Covered services

Member copayments

| Subject to the plan deductible unless noted. | With preferred providers, ¹ you pay | With non-preferred providers, ¹ you pay |
|---|--|---|
| Emergency health coverage | | |
| Emergency room services (\$100 copayment/visit waived if the member is admitted directly to the hospital as an inpatient) | \$100/visit ² ● | \$100/visit ² ● |
| ER physician visits | No charge after deductible | No charge after deductible |
| Ambulance services (surface or air) | No charge after deductible | No charge after deductible |
| Prescription drug coverage¹² (outpatient; brand-name drugs are not covered, with the exception of covered drugs and supplies for diabetes. Brand and generic diabetes medications/supplies are covered, and may be subject to prior authorization for medical necessity.) | | |
| Generic formulary drugs | \$10/prescription ² ● | \$20/prescription ² ● |
| Formulary brand-name drugs | Not covered | Not covered |
| Non-formulary brand-name drugs | Not covered | Not covered |
| At participating pharmacies (up to a 30-day supply) | | |
| Mail service prescriptions (up to a 60-day supply) | | |
| Durable medical equipment⁶ | | |
| | No charge after deductible | 50% |
| Mental health services⁷ | | |
| Inpatient hospital facility services | No charge after deductible | 50% ^{2,3} |
| Inpatient physician services | No charge after deductible | 50% |
| Outpatient visits for severe mental health conditions (first 3 visits/ calendar year – subsequent visits subject to the deductible) | \$40 (no charge after deductible) ● | 50% |
| Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits) ⁸ | No charge after deductible | Not covered |
| Chemical dependency services⁷ (substance abuse) | | |
| Inpatient hospital facility services for medical acute detoxification | No charge after deductible | 50% ^{2,3} |
| Inpatient physician services for medical acute detoxification | No charge after deductible | 50% |
| Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits) ⁸ | No charge after deductible | Not covered |
| Home health services (up to 60 pre-authorized visits per calendar year) | No charge after deductible | 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 | No charge after deductible | Not covered |
| Tubal ligation, vasectomy, elective abortion | Not covered | Not covered |
| Rehabilitation services (up to 15 visits per calendar year combined with speech therapy visits) | | |
| Provided in the office of a physician or physical therapist | No charge after deductible | 50% |
| Chiropractic services | Not covered | Not covered |
| Out-of-state services (full plan benefits covered nationwide with the BlueCard Program) | No charge after deductible with BlueCard participating providers | 50% with all other providers |
| Vision services⁹ | | |
| Vision exam | \$5 ² ● | \$5 ² ● (and charges above the allowable amount) |

Essential plans

Covered services

Member copayments

| Subject to the plan deductible unless noted. | With preferred providers, ¹ you pay | With non-preferred providers, ¹ you pay |
|--|--|--|
| Dental services are NOT subject to the plan medical deductible, but there is a \$50 dental deductible for some minor restorative services | | |
| Dental services¹⁰ | | |
| Preventive and diagnostic (including routine oral exams, X-rays, and teeth cleaning) | No charge ¹¹ | Member reimbursed per procedure reimbursement schedule |
| Minor restorative ² (subject to \$50 dental deductible, including amalgam and resin-based fillings) | \$35-\$100 ¹¹ (depending on procedure) | Member reimbursed per procedure reimbursement schedule |

Please note: Benefits are subject to modification for subsequently enacted state or federal legislation. Essential Plan 1750 is subject to regulatory approval.

- Plan benefits provided before you need to meet the medical deductible.
- 1 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.
 - 2 These copayments do not count toward the copayment/coinsurance maximum, and will continue to be charged once the copayment/coinsurance maximum is reached.
 - 3 For non-emergency hospital services and supplies received from a non-preferred hospital, Blue Shield's payment is limited to \$250 per day. Members are responsible for all charges that exceed \$250 per day.
 - 4 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. Blue Shield's payment is limited to \$150 per day. Members are responsible for all charges that exceed \$150 per day.
 - 5 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. See Policy for details.
 - 6 All covered orthoses have a benefit maximum of \$500 per member per calendar year, except those services covered under the diabetes care benefit. All covered prosthetics have a benefit maximum of \$2,000 per member per calendar year. See Policy for details.
 - 7 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.
 - 8 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.
 - 9 Vision exams are provided through a vision plan administrator.
 - 10 Dental services provided through the dental plan administrator. Benefits limited to \$500 per calendar year combined. 3-month waiting period following the effective date of coverage for minor restorative services. Calendar-year medical deductible does not apply to preventive dental services.
 - 11 Blue Shield's payment is limited to \$500 per calendar year for preventive and diagnostic and minor restorative. Member is responsible for all charges that exceed \$500 per calendar year.
 - 12 Prescription coverage differs for home-self injectibles. See Policy for details.

Shield Savings plans

Underwritten by Blue Shield of California Life & Health Insurance Company. Shield Savings plans 1800/3600, 3500, and 5200 are subject to regulatory approval.

Shield Savings 1800/3600 (HSA)

Shield Savings 3500 (HSA)

Shield Savings 4000/8000 (HSA)

Shield Savings 5200 (HSA)

These high-deductible health plans offer a preventive care exam before having to meet the deductible, are compatible with a Health Savings Account (HSA), and offer you protection against major healthcare expenses.

Shield SavingsSM advantages

To help you stay healthy, the preventive care exam is provided right away, before meeting any deductible, for \$0 with Shield Savings plans 3500, 4000/8000, and 5200, and a fixed copayment with Shield Savings plan 1800/3600.

Your out-of-pocket maximum includes your plan deductible, so you'll pay only up to your plan's out-of-pocket maximum in a calendar year.

No copayment for covered prescription drugs once you meet the out-of-pocket maximum, and convenient access to a mail service pharmacy benefit.

For Shield Savings plans 1800/3600 and 4000/8000:

- Once the family deductible is met, all remaining covered family members will have met their deductible. The family deductible can be met by any family member or combination of family members.

For Shield Savings plans 3500 and 5200:

- When two or more family members are on one plan, each covered individual has his or her own individual deductible, in case only one person needs expensive medical care.

Compatible with Health Savings Accounts.

A variety of deductible options.

Shield Savings plans 3500, 4000/8000, and 5200 provide critical services, like office visits, hospitalizations, outpatient X-ray and laboratory services, with preferred providers, for \$0 after you meet the plan's deductible.

NOTICE: Blue Shield does not provide tax advice. HSAs are offered through financial institutions. If you intend to purchase this plan to use with an HSA for tax purposes, you should consult with your tax advisor about whether you are eligible and whether your HSA meets all legal requirements. Although we believe that these plans meet these legal requirements, the Internal Revenue Service has not ruled on whether the plans are qualified as high-deductible health plans. If you purchase one of these plans to obtain the income tax benefits associated with an HSA and the Internal Revenue Service rules that these plans do not qualify as high-deductible health plans, you may not be eligible for the income tax benefits associated with an HSA. In this instance, you may have adverse income tax consequences with respect to your HSA for all years in which you were not eligible. However, if there were such a ruling, or if government requirements for an HSA eligible high-deductible health plan change, we intend to amend the Shield Savings plans, if necessary, to meet the requirements of a qualified plan. The plan's monthly rates may also change as a result of a change in the plan(s).

A Health Savings Account (HSA) adds value to your plan

What is an HSA?

An HSA is a personal savings or investment account that you can combine with a high-deductible health plan. It allows you to contribute pre-tax dollars to a special savings account which you can use to pay for qualified medical expenses.

If you enroll in a Shield Savings plan and are qualified to open an HSA, you can use your tax-free HSA funds to pay for qualified medical expenses, even those not covered by your health plan. These include dentist visits, eye exams, acupuncture, and more. You can also accumulate tax-free funds for future healthcare funding needs such as long-term care.

If I don't want an HSA, can I still choose a Shield Savings plan?

Absolutely! These plans are PPO health plans and HSA participation is optional. Regardless of your eligibility – now or later – for an HSA, you can choose a Shield Savings plan for affordable rates, extensive coverage and nationwide access to providers.

Bridge Plan (hospital insurance indemnity rider option)[†]

If you're excited about the cost savings that an HSA-compatible high-deductible health plan offers, but are concerned about saving up enough money to pay for your medical deductible should you be hospitalized in the first year, no need to worry. With the Bridge Plan – offered exclusively with Shield Savings Plans 3500, 4000/8000 and 5200 – you get the security and peace of mind of helping to supplement your health coverage, during your first year of funding an HSA, should you become hospitalized.

Here's how it works: In the first 12 months of coverage, if you have an inpatient hospital stay of 72 hours or more, the benefit pays \$1,500 per member. If more than one family member is covered, the benefit pays \$1,500 per member, up to \$3,000.*

Bridge Plan gives you the security of knowing that if something happens before you've built up funds in an HSA, you have a backup. The cost is only \$60/year for an individual or \$120/year for a family, and to make it easy on your budget, the cost will be billed on a monthly basis. That means you're only paying \$5/month for an individual or \$10/month for a family!

Bridge Plan benefits

| | Indemnity Value | Premium | Eligibility for Claim | Term of coverage |
|-------------------|--|-----------------------------------|---|---|
| Individual | \$1,500 per member per lifetime | \$60/year per individual contract | 72 consecutive hours of inpatient hospitalization | 12 consecutive months starting from the 1st day the medical plan is effective |
| Family | \$1,500 per member per lifetime up to \$3,000 per family | \$120/year per family contract | | |

Bridge Plan is available with the following eligible Blue Shield health plans: Shield Savings plans 3500, 4000/8000, or 5200.

Bridge Plan:

- Can only be purchased at the time of application for an eligible Blue Shield health plan.
- Provides coverage during the first 12 months of coverage in the eligible Blue Shield health plan and is not renewable.
- Pays \$1,500 per member per lifetime (up to \$3,000 per family) for an inpatient hospital stay lasting a minimum of 72 hours.

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

* The benefit is limited to \$1,500 per member per lifetime and up to \$3,000 per family. The rider is available only at time of enrollment in a qualifying Blue Shield health plan and provides coverage only during the first year of enrollment in the health plan. The annual premium due for the 12-month term of coverage will be billed to the member on a monthly basis.

Shield Savings plans

HSA-compatible

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.

| | 1800/3600 [†] | 3500 [†] | 4000/8000 [†] | 5200 [†] |
|--|--|--|---|--|
| Deductible* | \$1,800 (\$3,600 family)** | Services with preferred providers: \$3,500 (\$7,000 family) Services with non-preferred providers: \$5,000 (\$10,000 family) | \$4,000 (\$8,000 family) | Services with preferred providers: \$5,200 (\$10,400 family) Services with non-preferred providers: \$5,200 (\$10,400 family) |
| Coinsurance | 30% with preferred providers 50% with non-preferred providers | No charge after deductible with preferred providers; 50% with non-preferred providers | No charge after deductible with preferred providers 50% with non-preferred providers | No charge after deductible with preferred providers; 50% with non-preferred providers |
| Calendar-year out-of-pocket maximum (includes the plan deductible) | Service with preferred providers: \$5,950 (\$11,900 family) Services with all providers: \$10,000 (\$20,000 family) | Service with preferred providers: \$5,000 (\$10,000 family) Services with non-preferred providers: \$15,000 (\$30,000 family) | Services with preferred providers: \$4,000 (\$8,000 family) Services with all providers: \$5,000 (\$10,000 family) | Service with preferred providers: \$5,200 (\$10,400 family) Services with non-preferred providers: \$15,000 (\$30,000 family) |
| Lifetime maximum | \$6,000,000 | \$6,000,000 | \$6,000,000 | \$6,000,000 |

* For two-party/family coverage on Shield Savings 1800/3600 and 4000/8000, individuals become eligible for benefits after the total of applicable expenses accrued by all covered family members meets the family deductible amount.

For two-party/family coverage on Shield Savings 3500 and 5200, individuals become eligible for benefits after the total of an individual's applicable expenses equals half the family deductible amount or the family deductible is met.

** The deductibles and out-of-pocket maximum amounts may increase annually to reflect federal cost-of-living adjustment.

† Underwritten by Blue Shield of California Life & Health Insurance Company. Shield Savings plans 1800/3600, 3500, and 5200 are pending regulatory approval.

• Plan benefits provided before you need to meet the deductible are shown below with a dot. For all benefits without a dot, you are responsible for all charges up to the allowable amount or billed charges with preferred and non-preferred providers until the deductible is met. At that point, you will be responsible for the copayment or coinsurance noted in the chart below when accessing preferred and non-preferred providers.

Covered services

Member copayments

| Subject to the plan deductible, unless noted. | With preferred providers, ¹ you pay | | | With non-preferred providers, ¹ you pay |
|---|--|------|----------------------------|--|
| | 1800/3600 | 3500 | 4000/8000 and 5200 | |
| Professional services | | | | |
| Office visits | \$35 | | No charge after deductible | 50% |
| Preventive care | | | | |
| Annual routine physical exam, gynecological exam, well-baby care office visits (includes Pap test or other approved cervical cancer screening tests, and routine mammography when received as part of the preventive care exam) | \$35 • | | \$0 • | Not covered |
| Outpatient services | | | | |
| Non-emergency services and procedures, outpatient surgery in a hospital | 30% | | No charge after deductible | 50% ² |
| Outpatient surgery performed in an ambulatory surgery center (ASC) | 30% | | No charge after deductible | 50% ² |
| Outpatient X-ray and laboratory | 30% | | No charge after deductible | 50% |

Shield Savings plans

Covered services

Member copayments

| Subject to the plan deductible, unless noted. | With preferred providers, ¹ you pay | | | With non-preferred providers, ¹ you pay |
|--|--|-------------|----------------------------|--|
| | 1800/3600 | 3500 | 4000/8000 and 5200 | |
| Hospitalization services | | | | |
| Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists | 30% | | No charge after deductible | 50% |
| Inpatient semiprivate room and board, services and supplies, and subacute care | 30% | | No charge after deductible | 50% ² |
| Bariatric surgery inpatient services (pre-authorization required; medically necessary surgery for weight loss, only for morbid obesity) ⁴ | 30% | | No charge after deductible | 50% ² |
| Emergency health coverage | | | | |
| Emergency room services (\$75 or \$100 copayment/visit is waived if the member is admitted directly to the hospital as an inpatient) | \$75/visit + 30% | \$100/visit | No charge after deductible | Covered at same level as preferred provider |
| ER physician visits | 30% | | No charge after deductible | Covered at same level as preferred provider |
| Ambulance services (surface or air) | 30% | | No charge after deductible | Covered at same level as preferred provider |

| | At participating pharmacies (up to a 30-day supply) | | Mail service prescriptions (up to a 60-day supply) | |
|--|--|----------------------------|---|----------------------------|
| | 1800/3600 and 3500 | 4000/8000 and 5200 | 1800/3600 and 3500 | 4000/8000 and 5200 |
| Prescription drug coverage⁵ (outpatient; subject to the plan medical deductible) | | | | |
| Generic formulary drugs | \$10/prescription | No charge after deductible | \$20/prescription | No charge after deductible |
| Formulary brand-name drugs | \$35/prescription | | \$70/prescription | |
| Non-formulary brand-name drugs | \$50 or 50%/prescription, whichever is greater (maximum of \$150/Rx) | | \$100 or 50%/prescription, whichever is greater (maximum of \$300/Rx) | |

| | With preferred providers, ¹ you pay | | | With non-preferred providers, ¹ you pay |
|---|--|------|----------------------------|--|
| | 1800/3600 | 3500 | 4000/8000 and 5200 | |
| Durable medical equipment⁶ | 30% | | No charge after deductible | 50% |
| Mental health services⁷ | | | | |
| Inpatient hospital facility services | 30% | | No charge after deductible | 50% ² |
| Inpatient physician services | 30% | | No charge after deductible | 50% |
| Outpatient visits for severe mental health conditions | \$35 | | No charge after deductible | 50% |
| Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits) ⁸ | 30% | | No charge after deductible | Not covered |

Shield Savings plans

Covered services

Member copayments

| Subject to the plan deductible, unless noted. | With preferred providers, ¹ you pay | | | With non-preferred providers, ¹ you pay |
|--|---|---|--|--|
| | 1800/3600 | 3500 | 4000/8000 and 5200 | |
| Chemical dependency services⁷ (substance abuse) | | | | |
| Inpatient hospital facility services for medical acute detoxification | 30% | | No charge after deductible | 50% ² |
| Inpatient physician services for medical acute detoxification | 30% | | No charge after deductible | 50% |
| Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits) ⁸ | 30% | | No charge after deductible | Not covered |
| Home health services (up to 90 pre-authorized visits per calendar year) | 30% | | No charge after deductible | Not covered |
| Other | | | | |
| Pregnancy and maternity care | | | | |
| Outpatient prenatal and postnatal care | Not covered | | Not covered | Not covered |
| Delivery and all necessary inpatient hospital services | Not covered | | Not covered | Not covered |
| Family planning | | | | |
| Consultations, tubal ligation, vasectomy, elective abortion | 30% | | No charge after deductible | Not covered |
| Rehabilitation services | | | | |
| Provided in the office of a physician or physical therapist (up to 20 visits per calendar year) | 30% ⁹ (visit limit combined with physical, occupational, respiratory, and speech therapy visits) | 30% (visit limit combined with chiropractic visits) | No charge after deductible | 50% |
| Chiropractic services (Blue Shield's payment is limited to \$25/visit) | 50% (up to 12 visits per calendar year) | 30% (up to 20 visits per calendar year combined with physical therapy visits) | No charge after deductible (up to 12 visits per calendar year) | Not covered |
| Out-of-state services (full plan benefits covered nationwide with the BlueCard Program) | 30% with BlueCard participating providers | | No charge after deductible with BlueCard participating providers | 50% with all other providers |

Shield Savings plans

Please note: Benefits are subject to modification for subsequently enacted state or federal legislation. Shield Savings Plans 1800/3600, 3500, and 5200 are subject to regulatory approval.

- Plan benefits provided before you need to meet the medical deductible.
- 1 Member is responsible for fixed dollar or percentage copayment, in addition to any charges above allowable amounts. The copayment percentage indicated is a percentage of the allowed amounts. Preferred providers accept Blue Shield's allowable amount as payment in full for covered services. Non-preferred providers can charge more than the allowable amounts. When members use non-preferred providers, they must pay the applicable copayment plus any charges that exceed Blue Shield's allowable amount. Charges above the allowable amount do not count toward the plan deductible or the calendar year out-of-pocket maximum.
- 2 For non-emergency hospital services and supplies received from a non-preferred (non-network) hospital, Blue Shield's maximum payment is \$300 per day. After the deductible is met, members are responsible for all charges that exceed \$300 per day.
- 3 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. Blue Shield's payment is limited to \$150 per day. Members are responsible for all charges that exceed \$150 per day.
- 4 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.
- 5 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, the member pays the generic copayment plus the cost difference between the brand and generic drug, and it will not accrue to the copayment maximum. Prescription coverage differs for home self-injectables. Some prescriptions will require prior authorization to obtain coverage (see formulary). Use of ID card is required to obtain prescriptions from pharmacy or claim(s) will be denied. Refer to the Policy for further benefit details.
- 6 For Shield Savings Plan 1800/3600, all covered orthotic equipment and services have a benefit maximum of \$2,000 per member per calendar year, except those services covered under the prosthetic appliances, durable medical equipment, or the diabetes care benefit. For Shield Savings Plans 3500, 4000/8000, and 5200, all covered durable medical equipment, prosthetic, and orthotic 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.
- 7 Blue Shield of California 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.
- 8 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.
- 9 Additional visits will be authorized if Blue Shield determines that additional treatment is medically necessary.

HMO plans

Access+ Value HMO

Access+ HMO

Our affordable HMO plans offer a predictable, cost-efficient way to manage your health care, especially if you or your dependents visit the doctor often. These plans may also help you to navigate the healthcare system.

Our HMO plans are perfect for those who like predictable out-of-pocket costs with minimal paperwork. Before having to meet a deductible, you'll have easy access to a wide range of services for a small copayment, like routine preventive and well-baby care.

Access+ Value HMOSM and Access+ HMO[®] plan advantages

Affordable \$20/\$35 office visit copayments; \$10 copayments for generic drug prescriptions.

See a specialist in your Personal Physician's participating medical group/IPA without a referral for a \$35/\$50 copayment.

Basic dental services included with Access+ HMO.

No lifetime maximum on plan benefits.

Practically no claim forms.

Personal care from your Personal Physician

The relationship you have with your Personal Physician is the key to your HMO plan.

He or she:

- Provides or coordinates all your necessary medical services; and
- Arranges for referrals to specialists, hospitals, and other covered non-physician healthcare practitioners.

Special features

Direct access to specialists

With Access+ *Specialist*SM you can go directly to a specialist or another physician in the same medical group or IPA as your Personal Physician, without a referral. When you do, depending on your plan, your copayment will be \$35 or \$50 per covered office visit. To use the Access+ *Specialist* option, you must belong to a medical group or IPA that is an Access+ *Specialist* provider group.

Direct access to gynecological exams and OB/GYN visits

Women can go directly to an OB/GYN or family practice physician in the same medical group or IPA as their Personal Physician for obstetrical/gynecological services, including annual exams, without a referral.

Money-back guarantee

Our member feedback program, Access+ *Satisfaction*SM will refund your office-visit copayment if you are ever dissatisfied with the service you receive during a covered office visit with an HMO network physician. It will also provide a postage-paid postcard for your comments so you can share your valuable feedback with us.

HMO plans

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 EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

| | Access+ Value HMO | Access+ HMO Plan |
|---|--------------------------|--------------------------|
| Deductible* | \$2,000 (\$4,000 family) | \$2,000 (\$4,000 family) |
| Calendar-year copayment maximum (includes the plan deductible – some services do not apply) | \$4,000 (\$8,000 family) | \$3,000 (\$6,000 family) |
| Lifetime maximum | No limit | No limit |

* Benefits for covered brand-name drugs are subject to a separate brand-name drug deductible per person for formulary and non-formulary. The brand-name drug deductibles are as follows: Access+ Value HMO has a \$400 brand-name drug deductible and Access+ HMO has a \$200 brand-name drug deductible.

- Plan benefits provided before you need to meet any medical deductible are shown below with a dot.

Plan services and supplies are covered when performed, prescribed or authorized by your Personal Physician. Limitations and exclusions apply for certain services that are not obtained from or approved by your Personal Physician. See the EOC for details.

Covered services¹

Member copayments

| | Access+ Value HMO | Access+ HMO |
|---|---------------------------|---------------------------|
| Professional services | | |
| Personal Physician office visits | \$35/visit • | \$20/visit • |
| Injectable medications, lab, and X-ray | \$35 • | \$20 • |
| Access+ <i>Specialist</i> (self-referred physician office visits or other consultations only) ³ | \$50/visit ² • | \$35/visit ² • |
| Physician home visits | \$50 • | \$35 • |
| Preventive care | | |
| Scheduled routine physical exams, annual gynecological exam, immunizations, vision, hearing, and routine lab screenings | \$35 • | \$20 • |
| Outpatient services | | |
| Outpatient surgery (in a hospital) | 40%/visit | \$250/visit |
| Outpatient surgery performed in an ambulatory surgery center (ASC) ⁴ | \$150/visit | \$150/visit |
| Outpatient services and supplies (in a hospital; includes radiation and intravenous chemotherapy) | 40%/visit • | \$35/visit • |
| Outpatient or out-of-hospital X-ray and laboratory | \$35/visit • | \$20/visit • |
| Hospitalization services | | |
| Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists (covered inpatient hospital, skilled nursing facility, and subacute care physician services) | \$35/visit • | \$20/visit • |
| Inpatient semiprivate room and board, intensive care units, subacute care, special treatment rooms, services, and supplies | 40%/admit | \$250/admit |
| Emergency health coverage | | |
| Emergency room facility services (copayment/visit waived if the member is admitted directly to the hospital as an inpatient) | \$150/visit • | \$75/visit • |
| Ambulance services (surface or air) | \$50/trip • | \$50/trip • |

HMO plans

Covered services¹

Member copayments

| | Access+ Value HMO and Access+ HMO | |
|---|--|--|
| Prescription drug coverage^{5,6} | At participating pharmacies (up to a 30-day supply) | Mail service prescriptions (up to a 60-day supply) |
| Generic drugs | \$10/prescription ² ● | \$20/prescription ² ● |
| Formulary brand-name drugs | \$35/prescription ² | \$70/prescription ² |
| Brand name drug deductible (brand-name drugs subject to a brand-name drug deductible per person, per calendar year) | Access+ Value HMO \$400 | Access+ HMO \$200 |
| | | |
| | Access+ Value HMO | Access+ HMO |
| Durable medical equipment⁷ | 50% ² ● | 50% ² ● |
| Mental health services⁸ | | |
| Inpatient hospital facility services | 40%/admit | \$250/admit |
| Inpatient physician services | \$35/visit ● | \$20/visit ● |
| Outpatient visits for severe mental health conditions | \$35/visit (\$50/visit ² if provider is MHSA Access+ Specialist provider) ³ ● | \$20/visit (\$35/visit ² if provider is MHSA Access+ Specialist provider) ³ ● |
| Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits) ⁹ | \$35/visit ² (\$50/visit ² if provider is MHSA Access+ Specialist provider) ³ ● | \$20/visit ² (\$35/visit ² if provider is MHSA Access+ Specialist provider) ³ ● |
| Chemical dependency services⁸ (substance abuse) | | |
| Inpatient hospital facility services for medical acute detoxification | 40%/admit | \$250/admit |
| Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits) ⁹ | \$35/visit ² (\$50/visit ² if provider is MHSA Access+ Specialist provider) ³ ● | \$20/visit ² (\$35/visit ² if provider is MHSA Access+ Specialist provider) ³ ● |
| Home health services (up to 100 visits per calendar year) | | |
| Home health agency visits (up to 4 visits per day, 2 hours per visit) | \$35 ● | \$20 ● |
| Other | | |
| Pregnancy and maternity care¹⁰ | | |
| Outpatient prenatal and postnatal physician office visits | \$35/visit ● | \$20/visit ● |
| Delivery and all necessary inpatient hospital services | 40%/admit | \$250/admit |
| Family planning | | |
| Counseling | \$35/visit ● | \$20/visit ● |
| Tubal ligation, ¹¹ elective abortion | \$100/occurrence ● | \$100/occurrence ● |
| Vasectomy | \$75/occurrence ● | \$75/occurrence ● |
| Rehabilitation services – physical, occupational, and respiratory therapy | | |
| Received in a physician's office visit or in hospital outpatient department | \$35/visit ● | \$20/visit ● |
| In an inpatient rehabilitation unit of hospital | 40%/admit | \$250/admit |
| Urgent care (outside your plan service area) ¹² | \$50/visit ● | \$50/visit ● |
| Dental services (for details please see the Dental Highlights Matrix) | | |
| Access+ Dentist | Not covered | Included within this plan |

Please note: Benefits are subject to modification for subsequently enacted state or federal legislation.

- Plan benefits provided before you need to meet the medical deductible.
- 1 Access+ HMO and Access+ Value HMO benefits are provided only for services that are medically necessary, as determined by the Personal Physician or Access+ Value HMO/Access+ HMO, except in an emergency or as otherwise specified, and must be received while the patient is a current member.
 - 2 These copayments do not accrue to the copayment maximum.
 - 3 To use the Access+ *Specialist* option, for other than mental health or chemical dependency services, your Personal Physician must belong to a medical group or IPA that has decided to become an Access+ provider group. Access+ *Specialist* visits for mental health services for other than severe mental illnesses or serious emotional disturbances of a child, and for chemical dependency care, will accrue toward the 20-visit-per-calendar-year maximum. In addition, all Access+ *Specialist* visits require a copayment per visit. Mental health and chemical dependency Access+ *Specialist* visits are accessed through the MHSA utilizing MHSA participating providers.
 - 4 Participating ambulatory surgery centers (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.
 - 5 Only medically necessary outpatient formulary drugs are covered, unless prior authorization is obtained from Blue Shield Pharmacy Services. Non-formulary drugs may be covered only if prior authorization is obtained from Blue Shield Pharmacy Services. After all necessary documentation is available from your physician, prior authorization approval or denial will be provided to your physician within two working days of the request. Member is then responsible for the brand prescription copayment. Prescription coverage differs for home self-injectables. Please see the EOC for details.
 - 6 If a member or the physician requests a brand-name drug when an equivalent generic drug is available, the member pays the generic copayment plus the cost difference between the brand and generic drug at retail or mail order pharmacies.
 - 7 All covered orthotic equipment and services have a benefit maximum of \$2,000 per member per calendar year, except those services covered under the diabetes care benefit.
 - 8 Blue Shield of California has contracted with a specialized healthcare service plan to act as the plan's mental health services administrator (MHSA) and to provide mental health and chemical dependency services, other than inpatient services for medical acute detoxification, through a separate network of MHSA participating providers. Inpatient services for medical acute detoxification are accessed through Blue Shield utilizing HMO network (not MHSA) providers. For all other mental health and chemical dependency services, members should access MHSA participating providers.
 - 9 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.
 - 10 Except for the treatment of involuntary complications of pregnancy, pregnancy/maternity benefits for a pregnancy that qualifies as a waived condition are not available during the six-month period beginning as of the effective date of coverage.
 - 11 The tubal ligation copayment does not apply when the procedure is performed in conjunction with delivery or abdominal surgery.
 - 12 Authorization by Blue Shield is required for more than two out-of-area follow-up outpatient visits or for out-of-area follow-up care that involves a surgical or other procedure or inpatient stay. After all necessary documentation is available from your physician, prior authorization approval or denial will be provided to your physician within two working days of the request.

Shield Spectrum PPO

PPO 5000*

PPO 5500

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

Shield Spectrum PPOs feature comprehensive coverage with rich benefits for families and individuals seeking a robust health plan.

Is a Shield Spectrum PPO right for you?

You may have a family and want thorough coverage for doctor visits, prescription drugs and hospital care. Shield Spectrum PPOsSM make it easy to visit the doctors and specialists you want with our large provider network. Keep in mind, when you receive care from Blue Shield PPO network providers your out-of-pocket costs are always lower.

Shield Spectrum PPO advantages

The preventive care exam is covered before you need to meet the annual deductible.

Two deductible amounts to choose from: \$5,000 or \$5,500.

Includes generic and brand-name Rx coverage.

Generic Rx coverage for as low as \$10, and you don't need to meet a deductible.

When two or more family members are on one plan, each covered individual has his or her own individual deductible, in case only one person needs expensive medical care.

Copayment/coinsurance maximums help contain costs, because your family maximum is only twice the individual amount, no matter how many people are covered.

Shield Spectrum PPO

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 EVIDENCE OF COVERAGE AND PLAN CONTRACT/POLICY FOR INDIVIDUALS AND FAMILIES SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

| | PPO 5000 [†] | PPO 5500 |
|--|---|---|
| Deductible* | \$5,000 (\$10,000 family) | \$5,500 (\$11,000 family) |
| Copayments | \$35 with preferred providers Not applicable with non-preferred providers | \$35 with preferred providers Not applicable with non-preferred providers |
| Coinsurance | 30% with preferred providers 50% with non-preferred providers | 35% with Preferred providers 50% with Non-preferred providers |
| Calendar-year copayment/ coinsurance maximum (includes the plan deductible – some services do not apply) | Services with preferred providers: \$7,000 (\$14,000 family) Services with all providers: \$10,000 (\$20,000 family) | Services with preferred providers: \$7,500 (\$15,000 family) Services with all providers: \$10,000 (\$20,000 family) |
| Lifetime maximum | \$6,000,000 | \$6,000,000 |

* Benefits for covered brand-name drugs are subject to a separate brand-name drug deductible per person.

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

- Plan benefits provided before you need to meet medical deductible are shown below with a dot. For all benefits without a dot, you are responsible for all charges up to the allowable amount or billed charges with preferred and non-preferred providers until the deductible is met. At that point, you will be responsible for the copayment or coinsurance noted in the chart below when accessing preferred and non-preferred providers.

Covered services

Member copayments

Subject to the plan deductible, unless noted.

| | With preferred providers, ¹ you pay | | With non-preferred providers, ¹ you pay |
|---|--|-----------------------------------|--|
| | PPO 5000 | PPO 5500 | |
| Professional services | | | |
| Office visits | \$35 | 35% after deductible ² | 50% |
| Preventive care | | | |
| Annual routine physical exam, well-baby care office visits and gynecological exam (includes Pap test or other approved cervical cancer screening tests, routine mammography, and immunizations when received as part of the preventive care exam) | \$35 • | \$35 ² • | Not covered |
| Outpatient services | | | |
| Non-emergency services and procedures | 30% | 35% | 50% ^{2,3} |
| Outpatient surgery in hospital | 30% | 35% | 50% ^{2,3} |
| Outpatient surgery performed in an ambulatory surgery center (ASC) | 30% | 35% | 50% ^{2,4} |
| Outpatient or out-of-hospital X-ray and laboratory | 30% | 35% | 50% |

Shield Spectrum PPO

Covered services

Member copayments

| Subject to the plan deductible, unless noted. | With preferred providers, ¹ you pay | | With non-preferred providers, ¹ you pay |
|--|--|---|--|
| | PPO 5000 | PPO 5000 | |
| | | | |
| Hospitalization services | | | |
| Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists | 30% | 35% | 50% |
| Inpatient semiprivate room and board, services and supplies, and subacute care | 30% | 35% | 50% ^{2,3} |
| Bariatric surgery inpatient services (pre-authorization required: medically necessary surgery for weight loss, only for morbid obesity) ⁵ | 30% | 35% | 50% ^{2,3} |
| Emergency health coverage | | | |
| Emergency room services (\$100 copayment/visit waived if admitted as an inpatient) | 30% | \$100/visit + 35% | \$100/visit + 35% |
| ER physician visits | 30% | 35% | 35% |
| Ambulance services (surface or air) | 30% | 35% | 35% |
| Prescription drug coverage⁶ | | | |
| (outpatient) | At participating pharmacies (up to a 30-day supply) | | Mail service prescriptions (up to a 60-day supply) |
| | PPO 5000 | PPO 5000 | |
| Generic formulary drugs | \$10/prescription ² ● | \$10/prescription ² ● | \$20/prescription ² ● |
| Formulary brand-name drugs | \$35/prescription ² | \$45/prescription ² | \$90/prescription ² |
| Non-formulary brand-name drugs | \$50 or 50%/prescription (whichever is greater) ² | \$60 or 50%/prescription, whichever is greater (maximum copayment of \$150 per prescription) ² | \$120 or 50%/prescription, whichever is greater (maximum copayment of \$300 per prescription) ² |
| Brand-name drug deductible (brand-name drugs are subject to a brand-name drug deductible per person, per calendar year) | \$500 | \$750 | |
| Durable medical equipment | | | |
| | 30% ⁸ | 35% ⁷ | 50% |
| Mental health services⁹ | | | |
| Inpatient hospital facility services | 30% | 35% | 50% ^{2,3} |
| Inpatient physician services | 30% | 35% | 50% |
| Outpatient visits for severe mental health conditions | \$35 | 35% | 50% |
| Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits) ¹⁰ | 30% | 35% | Not covered |
| Chemical dependency services⁹ (substance abuse) | | | |
| Inpatient hospital facility services for medical acute detoxification | 30% | 35% | 50% ^{2,3} |
| Inpatient physician services for medical acute detoxification | 30% | 35% | 50% |
| Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits) ¹⁰ | 30% | 35% | Not covered |

Shield Spectrum PPO

Covered services

Member copayments

| Subject to the plan deductible, unless noted. | With preferred providers, ¹ you pay | | With non-preferred providers, ¹ you pay |
|--|--|---|--|
| | PPO 5000 | PPO 5500 | |
| Home health services (up to 90 pre-authorized visits per calendar year) | 30% | 35% | Not covered |
| Other | | | |
| Pregnancy and maternity care | | | |
| Outpatient prenatal and postnatal care | 30% | 35% | 50% |
| Delivery and all necessary inpatient hospital services | 30% | 35% | 50% ^{2,3} |
| Family planning | | | |
| Consultations, tubal ligation, vasectomy, elective abortion | 30% | 35% | Not covered |
| Rehabilitation services | | | |
| Provided in the office of a physician or physical therapist | 30% | 35% | 50% |
| Chiropractic services | | | |
| | Not covered | Not covered | Not covered |
| Out-of-state services (full plan benefits covered nationwide with the BlueCard Program) | | | |
| | 30% with BlueCard participating providers | 35% with BlueCard participating providers | 50% with all other providers |

Please note: Benefits are subject to modification for subsequently enacted state or federal legislation. PPO 5500 is subject to regulatory approval.

- Plan benefits provided before you need to meet the medical deductible.

- Member is responsible for copayment/coinsurance in addition to any charges above allowable amounts. The coinsurance/ copayment indicated is a portion 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/coinsurance of the allowable amount plus any charges that exceed Blue Shield's allowable amount. Charges above the allowable amount do not count toward the plan deductible or copayment/coinsurance maximum.
- These copayments do not count toward the copayment/coinsurance maximum, and will continue to be charged once it 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. Members are 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. Blue Shield's payment is limited to \$150 per day. Members are responsible for all charges that exceed \$150 per day.
- 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 EOC/Policy for further benefit detail.
- 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 cost difference between the brand and generic drug. Prescription coverage differs for home self-injectables. Refer to the EOC/Policy for further benefit detail.
- All covered orthotic equipment and services have a benefit maximum of \$1,000 per member per calendar year, except those services covered under the diabetes care benefit. All covered prostheses and durable medical equipment have a benefit maximum of \$2,000 per member per calendar year.
- All covered orthotic equipment and services have a benefit maximum of \$2,000 per member per calendar year, except those services covered under the Diabetes Care benefit.
- Blue Shield has contracted with a specialized health care 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 was a severe mental illness or Serious Emotional Disturbance of a Child. For MHSA non-participating providers, initial visit treated as a MHSA participating provider. See EOC for details.

Active Start plans

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

Active Start Plan 25

Active Start Plan 25 Generic Rx

Active Start Plan 35

Active Start Plan 35 Generic Rx

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

Is an Active Start plan right for you?

Whether you're an adult or child, you can appreciate our Active StartSM plans' low generic drug and preventive care exam copayments with no annual deductible. These plans offer a blend of lower costs and comprehensive benefits for active individuals who want coverage in case of a serious medical event, but also want to take care of more routine day-to-day healthcare needs. The economical Active Start plans offer individual coverage only and do not provide maternity benefits.

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.

You choose the low copayment that best fits your budget (\$25 or \$35).

No medical deductible to meet, so your coverage starts immediately.

Low copayments for the preventive care exam and office visits (\$25/\$35).

Benefits for chiropractic care and acupuncture.

Active Start plans

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

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 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, with the exception of covered drugs and supplies for diabetes, 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 preventive care exam) | \$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) | 40% | | 50% ^{2,4} |
| 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} |

Active Start plans

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 coverage ⁶ (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 \$500 | Active Start Plan 35 \$750 |

Active Start Plan 25 Generic Rx and Active Start Plan 35 Generic Rx do not cover brand-name drugs, with the exception of covered drugs and supplies for diabetes. Brand and generic diabetes medications/supplies are covered, and may be subject to prior authorization for medical necessity. All other plan benefits are the same. **Blue Shield Life's payments for brand-name prescriptions are limited to \$2,000 per calendar year.**

| | 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% |
| Mental health services⁸ | | | |
| 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 services⁸ (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 |

Active Start plans

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. Blue Shield's payment is limited to \$150 per day. Members are responsible for all charges that exceed \$150 per day.
- 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.
- Blue Shield Life's payments for brand-name prescriptions are limited to \$2,000 per calendar year. After the brand-name Rx maximum has been met covered brand-name medications and supplies for diabetes will continue to be covered at the applicable prescription drug copayment. 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. Refer to the Policy for further benefit details.
- 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.

Individual term life insurance coverage

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

Monthly rates

| Age range | Amount of insurance | | | | |
|-----------|---------------------|----------|----------|------------|------------|
| | \$10,000 | \$30,000 | \$60,000 | \$90,000 | \$100,000 |
| 1 to 18* | \$1.95 | \$2.95 | N/A | N/A | N/A |
| 19 to 29 | \$2.75 | \$5.35 | \$9.25 | \$13.15 | \$14.45 |
| 30 to 39 | \$3.05 | \$6.25 | \$11.05 | \$15.85 | \$17.45 |
| 40 to 49 | \$5.85 | \$14.65 | \$27.85 | \$41.05 | \$45.45 |
| 50 to 59 | \$13.85 | \$38.65 | \$75.85 | \$113.05** | \$125.45** |
| 60 to 64 | \$20.45 | \$58.45 | \$115.45 | \$172.45** | \$191.45** |

* Those under age 19 are not eligible for \$60,000, \$90,000 and \$100,000 benefit amounts.

** \$90,000 and \$100,000 benefit amounts are not available for new sales to those age 50 years or older. Existing members who reach age 50 are eligible to keep their original coverage until age 65.

Please note: Individual term life insurance is available to primary subscribers (ages 1 to 64) of any Blue Shield health plan except those members of Blue Shield guaranteed-issue plans for individuals and families including child subscriber plans. All plans terminate at age 65.

Dental coverage

Monthly rates

| | Dental plans offered with Blue Shield medical plans | | | Dental plans offered independent of Blue Shield medical plans | |
|---------------------------------------|---|--|------------|---|------------------------------|
| | Dental HMO | Value Smile SM PPO ¹ | Dental PPO | Smile SM PPO ¹ | Value Smile PPO ¹ |
| Adult/child | \$17.80 | \$21.90 | \$36.90 | \$40.60 | \$21.90 |
| Adult and spouse/ domestic partner | \$35.50 | \$46.30 | \$78.00 | \$85.80 | \$46.30 |
| Adult and child | \$31.40 | \$33.10 | \$55.90 | \$61.50 | \$33.10 |
| Adult and children | \$36.60 | \$49.50 | \$83.30 | \$91.50 | \$49.50 |
| Family | \$69.00 | \$77.00 | \$129.70 | \$142.70 | \$77.00 |

¹ Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life). Pending regulatory approval.

Please note: Monthly rates for the dental HMO and dental PPO plans are in addition to the monthly rates for medical benefits covered by the Blue Shield health plan. To be eligible for a dental plan, you must be a California resident and under age 65 at the time of enrollment. If you had a Blue Shield individual and family dental plan cancelled, you must wait 12 months from the date of cancellation before you can reapply.

If you choose Dental PPO or Dental HMO:

You will receive one bill that combines your health, dental and, if applicable, life insurance premiums.

If you choose Value Smile PPO or Smile PPO:

You will receive one bill for your dental coverage. If you also have other Blue Shield health or life insurance coverage, then your health and life insurance premiums will be presented on a separate bill.

If you select an HMO medical plan, your dental HMO plan and health coverage effective dates must be the first of the month. No benefits are paid for services received before the effective date. If you select a PPO medical plan along with a dental HMO or dental PPO plan, you may request any effective date for both plans.

Dental plans available with Blue Shield medical plans

Dental PPO and Dental HMO Highlights Matrix

This chart is only a summary. For a complete list of the benefits, exclusions and limitations of the dental PPO or dental HMO, please refer to the Supplement to the Service Agreement/Policy for your health plan. For a complete description of the Access+ *Dentist* feature, please see the Access+ HMO Service Agreement.

| | Access+ <i>Dentist</i> | Dental HMO ^{2,3} | Value Smile PPO ⁴ | | Dental PPO ^{4,5} | |
|--|---|---------------------------|---------------------------------|--|--|--|
| Calendar-year deductible | \$0 | \$0 | \$25 per person | | \$50 per person | |
| Calendar-year maximum | \$0 | \$0 | \$500 ^{††} | | \$1,000 (\$500 maximum may be used for non-network dentists) ^{††} | |
| Service | Access+ HMO members pay: ¹ | You pay: | With network dentists, you pay: | With non-network dentists the plan reimburses you up to: | With network dentists, you pay: | With non-network dentists the plan reimburses you up to: |
| Diagnostic services | | | | | | |
| Comprehensive oral exams | \$20 (Plus \$10 for full-mouth series X-rays) | \$0 | \$0 | \$40 | \$0 | \$40 |
| Preventive care | | | | | | |
| Prophylaxis (cleanings, one every 6 months) | | | | | | |
| Adult | \$20 | \$0 | \$0 | \$48 | \$0 | \$48 |
| Child | \$20 | \$0 | \$0 | \$34 | \$0 | \$34 |
| Sealant/per tooth ⁷ (covered to age 16) | \$10 | \$11 | \$0 | \$22 | \$0 | \$22 |
| Restorative Services⁵ | | | | | | |
| One-surface composite (filling) | 80%** | \$18 | \$37 | \$30 | \$37 | \$30 |
| Crown (porcelain fused to noble metal) | 80%** | \$300* | Not covered | Not covered | \$320 | \$256 |
| Endodontics⁵ | | | | | | |
| Anterior root canal | 80%** | \$155 | Not covered | Not covered | \$156 | \$125 |
| Molar root canal | Not covered | \$290 | Not covered | Not covered | \$234 | \$187 |
| Periodontics⁵ | | | | | | |
| Osseous surgery/per quadrant | Not covered | \$303 | Not covered | Not covered | \$263 | \$210 |
| Periodontal root planing/ per quadrant | 80%** | \$75 | Not covered | Not covered | \$65 | \$52 |
| Prosthetics⁵ | | | | | | |
| Bridge Pontic/False Tooth - High Noble Metal (per unit) | 80%** | \$300* | Not covered | Not covered | \$293 | \$234 |
| Bridge Retainer - Porcelain Fused to High Noble Metal (per unit) | 80%** | \$300* | Not covered | Not covered | \$313 | \$250 |
| Complete denture (upper or lower) | 80%** | \$400 | Not covered | Not covered | \$388 | \$310 |
| Oral Surgery⁵ | | | | | | |
| Extraction (single tooth) | 80%** | \$34 | Not covered | Not covered | \$40 | \$32 |
| Removal of impacted tooth (complete bony) | Not covered | \$125 | Not covered | Not covered | \$113 | \$90 |
| Services for pregnant women ⁸ (not subject to plan deductibles with network dentists) | Not covered | Not covered | \$0 | \$48 | \$0 | 100% of charge |
| Orthodontics^{3,5,9} | | | | | | |
| Fully banded (two year) case – child | Not covered | \$2,350*** | Not covered | Not covered | \$2,350*** | Not covered |
| Fully banded (two year) case – adult | Not covered | \$2,650*** | Not covered | Not covered | \$2,650*** | Not covered |

Note: Diagnostic and preventive services are not subject to plan deductibles.

Dental plans available independent of Blue Shield medical plans

Dental PPO Highlights Matrix

This chart is only a summary. For a complete list of the benefits, exclusions and limitations of the dental PPO plans, please refer to the Supplement to the Service Agreement/Policy for your health plan.

| | Smile PPO ^{4,6} | | Value Smile PPO ^{†,4} | |
|--|--|---|--|---|
| Calendar-year deductible | \$50 per person | | \$25 per person | |
| Calendar-year maximum | \$1,000 (\$500 maximum may be used for non-network dentists) ^{††} | | \$500 ^{††} | |
| Service | With network dentists, you pay: | With non-network dentists the plan reimburses you up to: | With network dentists, you pay: | With non-network dentists the plan reimburses you up to: |
| Diagnostic services | | | | |
| Comprehensive oral exams | \$0 | \$40 | \$0 | \$40 |
| Preventive care | | | | |
| Prophylaxis (cleanings, one every 6 months) | | | | |
| Adult | \$0 | \$48 | \$0 | \$48 |
| Child | \$0 | \$34 | \$0 | \$34 |
| Sealant/per tooth⁷ (covered to age 16) | \$0 | \$22 | \$0 | \$22 |
| Restorative Services⁶ | | | | |
| One-surface composite (filling) | \$37 | \$30 | \$37 | \$30 |
| Crown (porcelain fused to noble metal) | \$320 | \$256 | Not covered | Not covered |
| Endodontics⁶ | | | | |
| Anterior root canal | \$156 | \$125 | Not covered | Not covered |
| Molar root canal | \$234 | \$187 | Not covered | Not covered |
| Periodontics⁶ | | | | |
| Osseous surgery/per quadrant | \$263 | \$210 | Not covered | Not covered |
| Periodontal root planing/ per quadrant | \$65 | \$52 | Not covered | Not covered |
| Prosthetics⁶ | | | | |
| Bridge Pontic/False Tooth - High Noble Metal (per unit) | \$293 | \$234 | Not covered | Not covered |
| Bridge Retainer - Porcelain Fused to High Noble Metal (per unit) | \$313 | \$250 | Not covered | Not covered |
| Complete denture (upper or lower) | \$388 | \$310 | Not covered | Not covered |
| Oral Surgery⁶ | | | | |
| Extraction (single tooth) | \$40 | \$32 | Not covered | Not covered |
| Removal of impacted tooth (complete bony) | \$113 | \$90 | Not covered | Not covered |
| Services for pregnant women⁸ (not subject to plan deductibles with network dentists) | \$0 | 100% of charge | \$0 | \$48 |
| Orthodontics^{6,9} | | | | |
| Fully banded (two year) case – child | \$2,350 ^{***} | Not covered | Not covered | Not covered |
| Fully banded (two year) case – adult | \$2,650 ^{***} | Not covered | Not covered | Not covered |

Note: Diagnostic and preventive services are not subject to plan deductibles.

Dental footnotes

† Orthodontic benefits are not available with the Value Smile PPO plan.

†† Each calendar-year, the member is responsible for all charges incurred after the plan has paid these amounts for dental services.

* You pay the copayment plus the cost of precious or semi-precious metals.

** Based on the attending dentist's billed charges.

*** You pay the copayment plus up to \$250 for records.

1 Services available only when you use Access+ Dentist. (Access+ Dentists are listed in the Blue Shield Directory of Access+ Dentists.)

2 All services must be performed, prescribed or authorized by your dentist, chosen from the Blue Shield Dental HMO Dental Provider Directory. If you need to see a specialist, you must get a referral from your dental provider to receive covered services.

3 Dental HMO members have a 12-month waiting period for orthodontics. (There are no waiting periods for other covered services.)

4 Use any network dentist to take advantage of contracted rates and pay lower out-of-pocket costs. When you use dentists who are not in our network, the plan reimburses up to the amount listed and you are responsible for all charges in excess of that amount and your calendar-year deductible.

5 Dental PPO members have certain waiting periods: three months for minor restorative services and procedures (such as fillings), endodontics, periodontics and oral surgery; 12 months for major restorative services and procedures (such as crowns), orthodontics, and removable and fixed prosthetics.

6 Smile PPO members have certain waiting periods: six months for minor restorative services and procedures (such as fillings), endodontics, periodontics and oral surgery; 12 months for major restorative services and procedures (such as crowns), orthodontics, and removable and fixed prosthetics.

7 Coverage for sealants is limited to the first and second permanent molars.

8 One additional routine adult prophylaxis (including periodontal prophylaxis for gingivitis) for women during pregnancy and one periodontal maintenance visit if warranted by a history of periodontal treatment and one course (up to four quadrants) of periodontal scaling and root planing for women during pregnancy with a documented existing periodontal condition. Value Smile PPO covers one additional routine adult prophylaxis only.

9 Orthodontic services have a fixed patient copayment and do not apply to your \$1,000 network plan maximum.

6. FAQs and glossary

Is my doctor part of a Blue Shield network?

Blue Shield's HMO and PPO networks are among the largest in California so chances are good your doctor is part of our network, if you are already seeing one. It's easy to see if your doctor participates in our network by going to *Find a Provider* on our Web site, blueshieldca.com. You can also locate network hospitals, dentists, optometrists, dermatologists, mental health providers, chiropractors and acupuncturists.

Is my prescription on Blue Shield's formulary?

To see if the prescriptions you take are on our formulary, go to blueshieldca.com and click on *Pharmacy*, then click *Drug Database & Formulary* to search for the drug name. Also check the specific plan information in this booklet to see the prescription coverage that comes with each plan.

How do deductibles work?

If your health plan has a deductible, you must pay this amount each year before Blue Shield makes payments towards covered services. Depending on your plan, some services, such as preventive care, may be covered by Blue Shield before you meet your deductible.

Also, if your plan has an individual and family deductible and you have family coverage, a family deductible applies. Typically this means that the individual deductibles paid by covered family members count towards the family deductible, and once the family deductible is met, the individual deductibles are also met.

Is preventive care covered?

Yes. To help our members stay healthy, all Blue Shield health plans cover a range of preventive care such as routine physical exams, immunizations, well-baby care and annual gynecological exams before any deductible must be met. Please look at each plan's benefit summary for specific benefit coverage.

Can individual family members have different plans?

Yes. It may best suit your needs to cover your family members with different plans. You may also save money by covering your child with an individual plan that offers special child rates instead of having a single family plan. Ask before applying to ensure you get the best rate.

For specific benefit details, see the plan's EOC/Policy.

Use this glossary to help understand common terminology. For the contractual definitions of terms, see the EOC or Policy.

| | |
|---|---|
| Allowable amount | The dollar amount considered payment in full for services provided by Blue Shield and our network of healthcare providers. |
| Calendar year | The period starting at 12:01 a.m. on January 1 and ending at 12:01 a.m. on January 1 of the next year. |
| Coinsurance | The percentage share of the cost of service that the patient pays. For example, if the allowable amount is \$100 and your coinsurance is 20%, you pay \$20 (20% of \$100) and your health plan pays \$80. Some plans may not pay for some services until after you meet your deductible. |
| Copayment | The fixed amount you pay for a service, such as a doctor's visit or a prescription. If your office visit copayment is \$20, you would pay that amount each time you see your doctor. Note that some plans may not pay for some services until after you meet your deductible. |
| Copayment/ coinsurance maximum | The dollar limit on the amount you may have to pay for many covered services in a calendar year. |
| Deductible | The initial, fixed amount you pay in a calendar year for covered services before you become eligible to receive benefits. For some covered services, such as preventive care, your plan may pay for treatment before you meet the deductible. |
| Family deductible | This applies when you have family coverage and a plan with a family deductible. The individual deductibles paid by covered family members count toward the family deductible, and once the family deductible is met, the individual deductibles are also met. Certain payments for services with preferred and non-preferred providers may count toward the deductible. |
| Formulary | Our list of preferred prescription generic and name-brand drugs. Formulary drugs cost you less. |
| Non-preferred provider (PPO plans only) | A provider that is not in the Blue Shield PPO network (also called a non-network provider). |
| Out-of-pocket maximum | A dollar limit on the total amount you have to pay for many covered services in a calendar year, including the deductible. |
| Personal Physician (HMO plans only) | The network doctor who serves as the HMO member's primary healthcare provider and provides and coordinates all of the member's care. |
| Preferred provider (PPO plans only) | A provider that is part of the Blue Shield PPO network (also called a network provider). PPO members pay less when they see preferred providers. |

