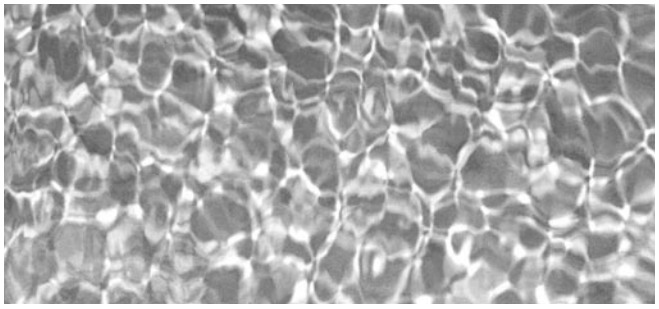
Blue Shield of California

Combined Summary of Benefits and Disclosure

Effective July 1, 2005



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Individual and Family Plans

An Independent Member of the Blue Shield Association

This booklet is only a summary of Blue Shield's health plans for individuals and families. It is not a contract. To review the Uniform Health Plan Benefits and Coverage Matrix (Uniform Matrix) for individual plans, please refer to the Table of Contents. The actual complete terms and conditions of the plans' benefits and coverage, limitations and exclusions are set forth in the applicable *Evidence of Coverage and Health Service Agreement* (EOC) or *Certificate of Insurance and Policy* (COI), which we will send you as soon as your application is approved. You have the right to receive a copy of the EOC/COI before you become a member. To request a copy, or if you have questions or need additional information, please call **(800) 431-2809**.

Please read this booklet and the EOC/COI completely and carefully. If you have special healthcare needs, be sure to read the applicable sections of this summary and the EOC/COI before applying for coverage.

PLEASE NOTE: This brochure should be distributed only with a presale disclosure document which explains general plan exclusions and limitations. Both documents should be read together. If you do not receive the presale disclosure document, you can obtain a copy by contacting your agent or calling Blue Shield of California at (800) 431-2809. This document is not a contract. For actual complete benefit descriptions, terms and conditions and limitations of the health plan, please read the *Evidence of Coverage and Health Service Agreement* (EOC)/*Certificate of Insurance and Policy* (COI).

Contents

Make the Right Decision Today: Protect Your Well-Being with Blue Shield Health Coverage.

Quality healthcare coverage you can count on matters. As a Blue Shield member, you have coverage from a trusted organization that has provided affordable, flexible and dependable healthcare plans to millions of Californians.

You can't afford to be without health coverage. Let us show you why.

Health coverage helps protect you physically and financially. With Blue Shield health coverage you'll have access to over 45,000 doctors and more than 350 hospitals if you need medical care, and it also means you will pay only a small fraction of the total cost of your care. Since the doctors and hospitals in our networks have agreed to bill specific fees for their services (called "Allowable Amounts"), we can further protect you from the high costs you would be subject to without coverage.

An Example of Your Potential Savings for a Serious Accident

The chart below shows the medical costs that could be incurred after a serious accident. We've also listed the costs you could pay and the percentage you would save if you have coverage through one of our plans. As a Blue Shield plan member, the costs you pay would be a small portion of the total billed amount for someone who is uninsured.

Services Rendered	Uninsured Billed Amount	Your Costs			
		Shield Spectrum PPO Plan 5000**	Shield Spectrum PPO Savings Plan 2400	Active Choice Plan 600**	Active Start Plan 35**
Deductible	N/A	$5,000	$2,400	N/A	$0
Total Medical Costs (includes ambulance ride, ER visit, surgery, hospitalization, prescription drugs, physical therapy)	$132,250	$7,050	$3,200	$3,560	$7,540
Annual Premiums/Dues	N/A	$960	$1,200	$2,376	$1,236
Your Total Costs*	$132,250	$8,010	$4,400	$5,936	$8,776
% Savings	N/A	94%	97%	96%	93%

Please note: These costs are estimates based on 2004 examples of medical charges and dues/premiums. Costs may vary depending on region and provider.

* Assuming any deductible has been met and you have not yet reached your annual coinsurance/copayment or out-of pocket maximum and your coinsurance/copayment amount varies for Choice and Affiliate providers.

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

Which plan is right for you?

Everyone's situation and needs differ when it comes to choosing a health plan. Here are some scenarios that might apply to you and can help point you toward the right health plan.

SCENARIO	PLAN TO CONSIDER	WHY?
Brendan, a recent college graduate working part-time and searching for full-time employment, wants to be able to go to the doctor without having to pay a deductible.	Active Start Plan 35* (see page 13)	• With no medical deductible Brendan can visit his doctor and only pay a low copayment for the office visit • Low monthly premiums fit within Brendan's budget • Preventive care services for $35 copayments
Kevin and Jennifer are married and own a small business. They have grown children who no longer live at home. They go to the doctor for their regular check-ups, and prefer to pay lower monthly rates. Because they have enough in their savings, they feel comfortable paying a higher deductible in an emergency situation.	A Shield Spectrum PPO Savings Plan (see page 17)	• They want a high-deductible health plan that is compatible with a Health Savings Account so they can save for future health expenses (see page 45 for HSA details) • Choice of deductible options so they can determine the best way to balance monthly rates and deductible • Preventive care services covered with a small copayment before having to meet the calendar-year deductible
Maya works part-time in retail sales and does not have health coverage through her employer. She goes to the doctor infrequently, but would like to get more day-to-day value from her plan. She is also interested in going to the chiro-practor and acupuncturist.	Active Choice Plan 600* (see page 10)	• Annual $600 credit to use towards payment for outpatient professional services without first meeting a deductible • Preventive care services for $20 copayment • Fixed copayment for generic prescription drugs without meeting the brand-name drug deductible • If Maya stays healthy and doesn't use up her annual credit, any remaining portion will carry over and be added to the next year's credit, giving her a larger amount of credit coverage to spend
Jacob is a recent college graduate who works for a friend's moving company. He goes to the doctor infrequently, but would like to continue going to the doctor he's always gone to. He takes a prescription medicine and wants a plan that covers most of that cost right away.	A Shield Spectrum PPO Plan (see page 17)	• Choice of deductibles (the higher the deductible, the lower the monthly dues/premiums) • Automatic generic prescription drug coverage for a small copayment without meeting the calendar-year brand-name drug deductible • Freedom to visit Blue Shield preferred or non-preferred doctors and specialists for a flat or percentage copayment
Eric and Nicole are a young couple who want comprehensive coverage for them-selves and their son. They don't go to the doctor often, but their son does. They want a plan that will make their son's healthcare costs predictable.	PPO Plan 5000* for Eric and Nicole, and a separate Access+ HMO YouthCare℠ plan for their son. (see pages 24 and 39)	• The Access+ HMO plan lets them take their son to the doctor as often as necessary and keep their out-of-pocket costs down • Fixed copayments for physician office visits, hospital services and prescription drugs, with no charge for preventive care services for their son • The PPO Plan 5000 covers Eric and Nicole in the event of an emergency and provides for their annual physical exams for a flat copayment before meeting their deductible • With two different plans, they can best meet their individual coverage needs • YouthCare℠ rates reduce their monthly dues
John and Sheila are a couple in their 50s who want a health plan that will cover the medical attention they may need, but with the lowest monthly premiums. They are aware of the health issues that often come with age, so they want a little extra protec-tion just in case something happens.	PPO Plan 5000* (see page 24)	• The plan's $10,000 *Critical Condition Protection*℠ (CCP) benefit will provide them with the added protection they may need in the future • They don't mind having a high-deductible plan that keeps their monthly premiums low because they can afford to pay the deductible if they have a high-cost medical event

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

Plan Comparison Chart

Take the first step towards protecting yourself and your family with hea

YOUR HEALTH PLAN OPTIONS	PPO PLANS		
	Active Start℠ Plan 35†	Active Choice℠ Plan 600*†	Shield Spectrum℠ PPO Plan 5000†
This plan may be right for you if you want:	A plan offering single-party coverage with low monthly premiums and no calendar-year medical deductible.	Economical coverage with wide choice of providers; annual $600 credit ($1,200 family) up front to use for covered services including acupuncture and chiropractic care.	Low-cost coverage for high-cost event with added security of Critical Condition Protection℠ (CCP) – a $10,000 payout if, as a member, you are diagnosed with a critical condition as defined by plan.
Annual Medical Deductible	No Individual Deductible	No Individual Deductible	$5,000 Individual
		No Family Deductible	$10,000 Family
Total calendar-year out-of-pocket costs with preferred Choice providers (includes plan deductible)[3]	$7,500 Individual Copayment Maximum	$3,500 ($7,000 family) Copayment Maximum	$7,000 ($14,000 family) Copayment Maximum **Note: Annual deductible applies to the Copayment Maximum**
ALL COPYAMENTS/COINSURANCES LISTED BELOW ARE THE MEMBER'S RESPONSIBILITY			
Preventive care			
Annual physical exam, well-baby care, gynecological exam	$35	$20[1]	$35
Pap test, approved cervical cancer screening,mammography, pediatric/adult immunizations	Covered by the copay when performed as part of the Preventive Care visit.	Covered by the copay when performed as part of the Preventive Care visit.	Covered by the copay when performed as part of the Preventive Care visit.
Professional services			
Physician office visits	$35	100% (after $600 credit exhausted) Applies to Professional, Outpatient and ER Services	$35
Hospital inpatient (non-emergency)	$500/admit + 40%		30%
Maternity services (resulting in delivery)	Not covered		30%
Outpatient services (non-emergency)			
Surgery	$500/admit + 40%		30%
Treatment/procedure	40%		30%
X-ray and laboratory	40%		30%
ER services			
Emergency Room visits	$30/visit[4] + 40%		30%/visit
Ambulance	40%		30%
ER physician visits/consultations	$35		30%
Prescription benefits			
Generic	$8/Rx	$12/Rx	$10/Rx
Formulary brand-name drugs	$35/Rx (after $750 brand-name deductible)	$30/Rx (after $250 brand-name deductible)	$30 + 10% ($60 max/Rx) (after $500 brand-name deductible)
Non-Formulary brand-name drugs	$50 or 50% (whichever is greater)/Rx (after $750 brand-name deductible)	$45 or 50% (whichever is greater)/Rx (after $250 brand-name deductible)	$45 or 50% (whichever is greater)/Rx (after $500 brand-name deductible)
Home self-administered injectables[5]	30%	30%	30%

Please Note: Benefits shown as shaded in the gray boxes are provided right away, before you have to meet any plan deductible. **You are responsible for all charges up to the allowable amount until** comparison of some of the benefits of the various Blue Shield plans. This document is not a contract. You should request and review the Evidence of Coverage and Health Service Agreement/ Certificate of Insurance

althcare coverage. Use this chart to compare our different health plans and find the one that works best for you.

PPO PLANS				HMO PLAN
NEW! Shield Spectrum℠ PPO Savings Plan 4000/8000†	Shield Spectrum℠ PPO Savings Plan 2400/4800	Shield Spectrum℠ PPO Plan 2000†	Shield Spectrum℠ PPO Plan 750	Access+ HMO® Plan
Affordable coverage for high-cost event; annual deductible applies to your out-of-pocket maximum payment; possible tax-savings when combined with an HSA.		Choice of annual deductible: the higher the deductible, the lower the plan's monthly dues. Freedom to choose your own providers each time you seek care. Preventive care coverage is available before having to meet the plan deductible. *Blue Shield also offers Shield Spectrum℠ PPO Plan 1500† and Shield Spectrum PPO Plan 500. Please contact your authorized agent or Blue Shield for more information.*		Many covered services right away for a fixed copayment; virtually no claim forms to file; predictable out-of-pocket costs throughout the year.
$4,000 Individual	$2,400 Individual	$2,000 Individual	$750 Individual	$1,500 Individual[2]
$8,000 Family#	$4,800 Family#	$4,000 Family	$1,500 Family	$3,000 Family[2]
$4,000 ($8,000 family) out-of-pocket costs	$3,200 ($5,800 family) out-of-pocket costs	$5,000 ($10,000 family) Copayment Max + $2,000 ($4,000 family) Deductible = **$7,000 ($14,000 family) out-of-pocket costs**	$4,000 ($8,000 family) Copayment Max + $750 ($1,500 family) Deductible = **$4,750 ($9,500 family) out-of-pocket costs**	**$3,000 ($6,000 family) out-of-pocket costs**
$35 (until deductible is met then No charge)	$35	$45	$35	No charge
No charge	30%/service	Covered by the copay when performed as part of the Preventive Care visit.		No charge
No charge	30%	$45	$35	$10
No charge	30%	30%		No charge
Not covered	30%	30%		No charge
No charge	30%	30%		$150/visit
No charge	30%	30%		$25/visit
No charge	30%	30%		No charge
No charge	$75/visit + 30%[4]	30%/visit		$50/visit[4]
No charge	30%	30%		$50/trip
No charge	30%	30%		No charge
No charge at participating and non-participating pharmacies (after meeting the medical deductible). You will receive Blue Shield's contracted rate at participating pharmacies.	30% at participating and non-participating pharmacies (after meeting the medical deductible). You will receive Blue Shield's contracted rate at participating pharmacies.	$10/Rx		$10/Rx
		$30 + 10% ($60 max/Rx) (after $250 brand-name deductible)	$30/Rx (after $250 brand-name deductible)	$30/Rx (after $150 brand-name deductible)
		$45 + 10% ($100 max/Rx) (after $250 brand-name deductible)		Not covered (except w/prior authorization)
		30%		20% ($100 max/Rx)

the deductible is met. At that point, you will be responsible for the copayment or coinsurance noted in the chart when accessing preferred providers. This information is intended only as a brief and Policy for a more complete description of the benefits, terms and conditions and limitations of the health plans. Footnotes for this chart located on inside back cover.

Frequently Asked Questions

What kind of individual and family plans does Blue Shield offer?

Blue Shield offers an HMO (Health Maintenance Organization) plan called Access+ HMO®, and a selection of PPO (Preferred Provider Organization) plans: Shield Spectrum℠ PPO Plans, Shield Spectrum℠ PPO Savings Plans – including our new PPO Savings Plan 4000/8000 – and Active Choice℠ Plan 600. Blue Shield also offers an individual subscriber only plan, Active Start℠ Plan 35.

Please Note: The Active Choice Plan 600, Active Start Plan 35, Blue Shield Life PPO Plans 1500 and 2000, Shield Spectrum PPO Plan 5000 and Shield Spectrum PPO Savings Plan 4000/8000 are underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life). PPO Savings Plan 4000/8000 is subject to regulatory approval.

What is the difference between an HMO and a PPO health plan?

There are many differences between an HMO and a PPO plan, but the most significant is how you access care. With an HMO plan, you and all eligible family members must live or work in an area served by Access+ HMO and access all your care through a designated Personal Physician that you choose. With one of our PPO plans, you may visit any licensed doctor without a referral from a Personal Physician.

With an HMO plan, you:

- Generally pay higher monthly dues so that your costs are lower whenever you access care throughout the year
- Receive many covered services at no charge or for a fixed copayment
- Choose a designated Personal Physician from our HMO network who provides, refers and coordinates your medical care
- Receive all medical services from providers in your Personal Physician's medical group or IPA (Independent Practice Association)
- Can go directly to an Access+ *Specialist*℠ without a referral
- Live or work in a Access+ HMO plan service area (identified in Blue Shield's HMO Directory)

With a PPO plan, you:

- Choose your own provider(s) each time you seek medical care
- Generally pay lower monthly dues/ premiums in exchange for higher out-of-pocket costs when you access care throughout the year
- Receive some preventive care benefits even before you meet your plan deductible
- Pay a percentage of charges for most covered services after you meet any applicable plan deductible
- Reduce your out-of-pocket costs when you use Blue Shield's or Blue Shield Life's preferred provider network – a network of more than 350 hospitals and over 45,000 doctors

What are the differences among Blue Shield's PPO plans?

Each of our PPO plans has a different calendar-year deductible and different benefit levels. As a general rule, the higher the calendar-year deductible for a plan, the lower the monthly dues/ premiums. Plans with lower deductibles tend to have higher monthly dues/ premiums, more generous prescription drug benefits and lower office visit copayments. Please see page 17 for a description of your Shield Spectrum PPO plan choices.

Our Active Start Plan 35 and our Active Choice Plan 600 have no medical plan deductible. Another key difference for Active Start is that it is a plan for individual coverage only. This means that there are no two-party or family coverage options for this plan. Also, the Active Start Plan 35 and the Shield Spectrum PPO Savings Plan 4000/8000 do not provide maternity benefits. Please review each plan's benefit summary for more detail.

Is preventive care covered?

Yes. To help our members stay healthy, Blue Shield health plans cover preventive care such as routine physical exams, immunizations, well-baby care and annual gynecological exams before meeting any deductible.

Is my doctor included in Blue Shield's provider network?

Find out by going to the **Find a Provider** area of our Web site, **mylifepath.com**. You'll find every practitioner in the Blue Shield HMO and PPO networks and Blue Shield Life network, including hospitals, listed here. You'll also be able to locate dentists, optometrists, dermatologists, mental health providers, chiropractors and acupuncturists.

Can individual family members have different plans?

Yes. It may better suit some families' health coverage needs or budget to place family members on different types of plans. Your agent will be able to guide you and discuss which plan may be right for each of your family members. Putting your child on his or her own plan with special YouthCare rates may also save you money. This can reduce your monthly dues/premiums compared to having a single family plan. Ask your agent about YouthCare.

Can I get dental coverage through Blue Shield?

Yes. If you're a Blue Shield member, you have the opportunity to purchase the Dental PPO or Dental HMO dental plan at an additional cost. The Access+ HMO health plan offers Access+ *Dentist*SM at no extra charge, providing basic dental services. Please see page 42 for details.

Can I get life insurance through Blue Shield?

Yes. If you are approved for a health plan, you can purchase term life insurance through Blue Shield Life to add to your coverage package without a separate approval process. Please see page 44 for more details.

Active Choice Plan 600

Manage your health with our distinctive PPO plan.

Do you want healthcare coverage that gives you greater control and choice with a healthcare spending credit to use right away?

If your answer is "yes," then Active Choice Plan 600 might be right for you.

Active Choice Plan 600 gives you more flexibility and control over how your healthcare dollars are spent, while keeping you covered – from day-to-day healthcare needs to potentially expensive medical events. And Active Choice has no medical deductible, so you can use your credit toward the medical care you need from the start.

Active Choice Plan 600 Advantages

- No medical plan deductible to meet
- Affordable coverage with a wide choice of providers
- Annual $600 credit ($1,200 family) to use for the care you need: hospital facility services and outpatient professional services, including acupuncture and chiropractic care
- Any unused portion of your current year's credit will be added to your next year's credit and can be carried over as long as you remain continuously covered under this plan
- $20 copayments for preventive care and $12 copayments for generic prescription drugs at participating pharmacies (Please note: These copayments are separate from and do not deduct from your $600 annual credit)
- After the calendar-year copayment/coinsurance maximum is reached, Blue Shield will pay 100 percent of the allowable amount for all First Dollar services received from a preferred provider for the duration of the calendar year

How is Active Choice Plan 600 different?

This plan's design gives you more control and more choice over how you manage your healthcare dollars. Each calendar year a $600 ($1,200 family) credit is provided under this plan. You can use this money toward payment for any covered services, excluding preventive care and pharmacy services, which you always get for a flat copayment. If you don't use up your credit, it will be carried over and added to your next year's credit as long as you are continuously enrolled in this plan. For example, if you spend only $200 of your $600 credit by the end of the year, the remaining $400 will be added to your next $600. You'll then start the next year with a total credit of $1,000 to use. By staying healthy, you won't lose your credits – you'll get to bank them to use in the next year.

Active Choice Plan 600

Uniform Health Plan Benefits & Coverage Matrix

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

Please note: Preferred hospitals are designated as either **Choice** or **Affiliate**, and different copayments may apply. Please see the Glossary for descriptions of **Choice** and **Affiliate** Hospitals.

ACTIVE CHOICE PLAN 600 This plan is underwritten by Blue Shield of California Life & Health Insurance Company.	
CALENDAR-YEAR CREDIT	$600 ($1,200 Family)
CREDIT CARRYOVER POLICY ($600/$1,200 Max)	Any unused portion of the $600 ($1,200 Family) credit is carried over to the next calendar year as long as you are continuously enrolled in the plan. No individual member can use more than $600 of the $1,200 Family credit benefit.
CALENDAR-YEAR COPAYMENT/COINSURANCE MAXIMUM	$3,500 ($7,000 Family) with Preferred **Choice** Providers* All Providers $5,000 ($10,000 Family)
COPAYMENTS FOR PREVENTIVE CARE SERVICES	$20 with Preferred Providers Not applicable with Non-Preferred Providers
COINSURANCE FOR ALL OTHER SERVICES	Member pays 100% of the allowable amount for services from Preferred Providers or the billed amount from Non-Preferred Providers before reaching the copayment maximum. Blue Shield then pays 100% of the allowable amount after the copayment/coinsurance maximum is reached.∞
CALENDAR-YEAR BRAND PRESCRIPTION DRUG DEDUCTIBLE	$250 per person
LIFETIME MAXIMUM	$6,000,000

* This copayment/coinsurance maximum also includes copayments/coinsurance for services from preferred providers when there is no designation of "**Choice** Hospitals" or "**Affiliate** Hospitals."

PREVENTIVE CARE SERVICES

For the following services you will pay a **$20** copayment per visit with **preferred** providers, before or after you've met the copayment/coinsurance maximum. If you use a **non-preferred** provider, these services will not be covered by Blue Shield. Copayments for preventive care services do not count towards the calendar-year copayment/coinsurance maximum or the $600 ($1,200 family) annual credit.

- **Annual routine physical** (including urinalysis, eye and ear screenings up to age 16)[1,2]
- **Annual gynecological exam office visit** (including Pap test or other approved cervical cancer screening tests, and routine mammography with annual physical or in a separate office visit)[1,2]
- **Well-Baby benefits** (up to age 3, including tuberculin tests and immunizations)[1,2]
- **Immunizations** (adult and child) and the immunizing agent

The following services are offered at **no additional charge** from **preferred** providers

- **Osteoporosis screening – age 65+**
- **Colorectal cancer screening – age 50+**

OUTPATIENT PRESCRIPTION DRUGS[3] (oral contraceptives, diaphragms, asthma inhalers and inhaler spacers covered). There is a $250 individual brand-name prescription drug deductible per year, which does not count towards the copayment/coinsurance maximum or deduct from the $600 ($1,200 family) annual credit.

	For drugs received from a Participating Pharmacy (30-day supply), you pay	For drugs received through the Mail Service, a Prescription Drug Program (60-day supply), you pay	For drugs received from a Non-Participating Pharmacy, you pay
Formulary generic drugs	$12/prescription	$24/prescription	Not Covered
Formulary brand-name drugs[4]	$30/prescription	$60/prescription	Not Covered
Non-formulary brand-name drugs[4]	$45 or 50%/prescription (whichever is greater)	$90 or 50%/prescription (whichever is greater)	Not Covered
Home self-administered injectables[5]	30%	Not Covered	Not Covered

FIRST DOLLAR SERVICES: ALL OTHER COVERED SERVICES[6]

You can use your $600 ($1,200 family) credit to pay for First Dollar services received from preferred providers. Please note that there are certain restrictions for services received from non-preferred providers. Once that credit is used, you will pay 100 percent of the allowable amount for services received from preferred providers or 100 percent of billed charges for services received from non-preferred providers until you meet the calendar-year copayment/coinsurance maximum. After the annual copayment/coinsurance maximum has been met, these services will be covered by Blue Shield at 100 percent until you reach the lifetime maximum.

PROFESSIONAL SERVICES
Physician office visits and visits to specialists, allergy testing and treatment, asthma self-management training

OUTPATIENT SERVICES[2]
Non-emergency services, surgery services received in a hospital outpatient or ambulatory surgery center, outpatient X-ray and lab services, speech therapy

HOSPITALIZATION SERVICES
Inpatient physician visits, inpatient semiprivate room and board, services and supplies, and subacute care

EMERGENCY HEALTH COVERAGE
Outpatient ER facility services, inpatient physician visits, inpatient semiprivate room and board, ambulance services

DURABLE MEDICAL EQUIPMENT ($2,000 COMBINED MAXIMUM)[7]
Prosthetic appliances, home medical equipment, asthma nebulizers (including face masks and tubing), peak flow monitors and orthotic equipment

MENTAL HEALTH SERVICES[8,9]
Inpatient hospital facility and physician services, outpatient visits for severe mental health conditions

HOME HEALTH SERVICES
Services received at home for an insured who is housebound and would otherwise require hospitalization (up to 90 visit maximum per calendar year; prior authorization is required)

PREGNANCY AND MATERNITY CARE[10]
Outpatient prenatal and postnatal care, delivery and all necessary inpatient hospital services

FAMILY PLANNING
Consultations, tubal ligation, vasectomy, elective abortion, injectable contraceptives

REHABILITATION SERVICES
Provided by an M.D. (in physician's office or a hospital outpatient department), or in the office of a physical therapist, certified occupational therapist or certified respiratory therapist

ACUPUNCTURE AND CHIROPRACTIC SERVICES
Up to 12 visits per calendar year combined, received from a chiropractor or acupuncturist

SKILLED NURSING FACILITY (SNF) AND SUBACUTE CARE
Semiprivate accommodations in a hospital or freestanding SNF unit (100 days maximum per calendar year)

OUT-OF-STATE SERVICES
Full plan benefits covered nationwide with the BlueCard® Program

DIABETES CARE
Diabetes care supplies, self-management training

DENTAL CARE
Optional dental benefits and life insurance are available. See pages 42-44 for details.

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

∞ 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'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 or coinsurance, plus any charges that exceed Blue Shield's allowable amount. Charges above the allowable amount do not count toward the calendar-year copayment/coinsurance maximum. Mental health and substance abuse services, other than services for medical acute detoxification, are accessed through the mental health services administrator (MHSA) utilizing MHSA participating providers. MHSA participating providers agree to accept the MHSA's payment, plus member's payment of any applicable copayment or coinsurance, or amounts in excess of benefit dollar maximums specified, as payment-in-full for covered mental health and substance abuse services. Inpatient services for medical acute detoxification are accessed utilizing Blue Shield Life's preferred and non-preferred (not MHSA) providers.

1 Copayment includes preventive lab services provided or ordered as part of exam. Diagnostic X-ray services, diagnostic examinations, pathology services and clinical laboratory services to diagnose illness or injury are not covered by the Preventive Care Services benefit.

2 If the member's physician provides or orders any covered outpatient or out-of-hospital X-ray, laboratory, or pathology services beyond those covered by the Preventive Care Services benefit, those services will only be considered for payment under the First Dollar Services section.

3 The drug formulary is a comprehensive list of recommended drugs, based on safety, efficacy, FDA bioequivalency, and cost-effectiveness, and is reviewed and updated four times per year. Always present your Blue Shield ID card to obtain benefits at a participating (network) pharmacy. Prescription drugs obtained from non-participating pharmacies are not covered. Call **(800) 351-2465** to find out if a particular drug is on the Blue Shield drug formulary, or to request a copy of the formulary. For the most current information, you can access the formulary on the Blue Shield Web site at **mylifepath.com**.

4 If a member requests a brand-name drug or the physician states 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-name and generic drug.

5 Home self-administered injectables are available through pharmacies designated in a specialty network. They are covered only when obtained from a pharmacy designated in a specialty network, and they require prior authorization from Blue Shield Pharmacy Services.

6 See the *Certificate of Insurance* (COI) for a complete listing of all covered services.

7 All covered orthotic, prosthesis and durable medical 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.

8 For a listing of Severe Mental Illnesses including Serious Emotional Disturbances of a Child, and other benefit details, please refer to the *Certificate of Insurance* (COI).

9 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 substance abuse 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 Life preferred or non-preferred providers.

10 Members have coverage for inpatient benefits of no less than 48 hours following a normal delivery and no less than 96 hours following a delivery by cesarean section, unless the treating physician, in consultation with the mother, decides on an earlier discharge. See the COI for more information.

Active Start Plan 35

Get value from day one with our no-deductible PPO plan.

Are you looking for individual coverage that is affordable and allows easier access to care with low monthly premiums and no annual medical deductible?

If your answer is "yes," then Active Start Plan might be right for you.

Active Start keeps you covered in case of a potentially expensive medical event, while also taking care of your day-to-day healthcare needs. This plan delivers all the benefits you would expect from a health plan at lower, more affordable rates – with no medical deductible.

Active Start Plan 35 Advantages

- No medical deductible to meet, so your coverage starts immediately
- $35 copayments for preventive care office visits and $8 copayments for generic prescription drugs at participating pharmacies
- Benefits for alternative care like chiropractic and acupuncture
- One of the largest provider networks in the state
- Affordable coverage for individuals

How is Active Start Plan 35 different?

Active Start differs from our other plans in that it is individual-only coverage and does not provide maternity benefits. The plan does not include options for two-party and family coverage. Active Start also combines no medical deductible, low generic drug copayments and low copayments for office visits and preventive care in one affordable PPO plan. If affordability has prevented you from having healthcare coverage, you may want to consider all the advantages provided by Active Start.

Active Start Plan 35

Uniform Health Plan Benefits & Coverage Matrix

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

Please note: Preferred hospitals are designated as either **Choice** or **Affiliate**, and different copayments may apply. Please see the Glossary for descriptions of **Choice** and **Affiliate** Hospitals.

ACTIVE START PLAN 35 This plan is underwritten by Blue Shield of California Life & Health Insurance Company.	
DEDUCTIBLE*	$0
COPAYMENTS	$35 with Preferred Providers Not applicable with Non-Preferred Providers
PERCENTAGE COPAYMENTS	40% with Preferred **Choice** Hospitals 45% with Preferred **Affiliate** Hospitals 50% with Non-Preferred Providers
CALENDAR-YEAR COPAYMENT/COINSURANCE MAXIMUM (Some services do not apply.)	Services with Preferred **Choice** Providers**: $7,500 Individual only Services with All Providers: $10,000
LIFETIME MAXIMUM	$6,000,000

* Benefits for covered brand-name drugs are subject to a $750 brand-name drug deductible per person.
** This copayment/coinsurance maximum also includes copayments from preferred providers when there is no designation of "**Choice** Hospitals" or "**Affiliate** Hospitals."

COVERED SERVICES	MEMBER COPAYMENTS		
	With Preferred Providers,[1] you pay		With Non-Preferred Providers,[1] you pay
PROFESSIONAL SERVICES			
– Office visits, consultations, OB/GYN and specialist visits, second surgical opinions, urgent care services, asthma self-management training	$35		50%
– Allergy testing and treatment	40%		50%
PREVENTIVE CARE			
– Annual Routine Physical Exam, Well-Baby care office visits, and Gynecological exam office visit (includes Pap test or other approved cervical cancer screening tests, routine mammography, and immunizations when received as part of the annual exam or preventive care visit)	$35		Not Covered
OUTPATIENT SERVICES			
– Non-Emergency services and procedures	40% w/Choice Hospitals	45% w/Affiliate Hospitals	50%[2,3]
– Outpatient surgery in hospital	$500/admit + 40% w/Choice Hospitals	$500/admit + 45% w/Affiliate Hospitals	50%[2,3]
– Outpatient or Out-of-Hospital X-ray and Laboratory	40%		50%
– Non-Emergency surgery in an Ambulatory Surgery Center (ASC)	40%		50%[2,3]
– Radiological Procedure requiring prior authorization (such as CT scans, MRIs, MRAs, PET scans, Bone Densitometry and any cardiac diagnostic procedure utilizing Nuclear Medicine)	40%		50%

COVERED SERVICES	MEMBER COPAYMENTS	
	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	$500/admit + 40% w/Choice Hospitals; $500/admit + 45% w/Affiliate Hospitals	50%[2,3]
EMERGENCY HEALTH COVERAGE		
– Outpatient Emergency room facility services, semiprivate room and board, services and supplies, and subacute care not resulting in admission ($30 copayment waived if the member is admitted directly to the hospital as an inpatient)	$30/visit + 40%	$30/visit + 40%
– ER Physician visits[4]	$35	$35
AMBULANCE SERVICES (Surface or Air)[5]	40%	40%
PRESCRIPTION DRUG COVERAGE[6] (outpatient; brand-name drugs are subject to a $750 brand-name drug deductible per person, per calendar year; includes oral contraceptives, diaphragms, diabetic testing supplies, and asthma inhalers and inhaler spacers)	**At Participating Pharmacies** (Up to a 30-day supply)	**Mail Service Prescriptions** (Up to a 60-day supply)
– Generic formulary drugs	$8/prescription[2]	$16/prescription[2]
– Formulary brand-name drugs[‡,7]	$35/prescription[2]	$70/prescription[2]
– Non-formulary brand-name drugs[‡,7]	$50 or 50%/prescription (whichever is greater)[2]	$100 or 50%/prescription (whichever is greater)[2]
– Home Self-Administered Injectables[8]	30%[2]	Not Covered
DURABLE MEDICAL EQUIPMENT		
– Prosthetic Appliances, Home Medical Equipment, Asthma Nebulizers (including face masks and tubing), Peak Flow Monitors and Orthotic Equipment[9]	40%	50%
	With MHSA Participating Providers,[1] you pay	**With MHSA Non-Participating Providers,[1] you pay**
MENTAL HEALTH SERVICES[10,11]		
– Inpatient Hospital Facility Services	$500/admit + 40%	50%[2,3]
– Inpatient Physician Services	40%	50%
– Outpatient visits for severe mental health conditions	$35	50%
– Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits)	40%[2]	Not Covered
CHEMICAL DEPENDENCY SERVICES (Substance Abuse)[11]		
– Inpatient Hospital Facility Services for medical acute detoxification	$500/admit + 40% w/Choice Hospitals; $500/admit + 45% w/Affiliate Hospitals	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)	40%[2]	Not Covered
	With Preferred Providers,[1] you pay	**With Non-Preferred Providers,[1] you pay**
HOME HEALTH SERVICES (up to 90 preauthorized visits per calendar year)	40%	Not Covered

COVERED SERVICES	MEMBER COPAYMENTS	
	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	40%	Not Covered
– Injectable Contraceptives[12]	$25[2]	Not Covered
Rehabilitation Services (up to 12 visits per calendar year combined with Chiropractic and Speech Therapy visits)		
– Physical, occupational, or respiratory therapy received in a physician's office or outpatient department of a hospital	40%	50% (up to a maximum payment of $25/visit)
Chiropractic Services (up to 12 visits per calendar year combined with Rehabilitation Services and Speech Therapy visits)		
– Received from a chiropractor	40%	50% (up to a maximum payment of $25/visit)
Skilled Nursing Facility (SNF) and Subacute Care (semiprivate accommodations following transfer from hospital unless Blue Shield gives written authorization; up to 100 days per calendar year)	40% in hospital or freestanding SNF	50%[2] in hospital 40% in freestanding SNF
Out-of-State Services (full plan benefits covered nationwide with the BlueCard program)	40% with BlueCard Participating Providers	50% with all other providers
Diabetes Care		
– Diabetes Self-Management Training	$35	50%[2]
– Diabetes Care Supplies	40%	50%
Dental Services and Life Insurance (Optional dental benefits and life insurance are available. See pages 42-44 for details.)		

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

‡ The brand-name drug deductible is separate from the medical plan 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. Mental health and chemical dependency services, other than services for medical acute detoxification, are accessed through the mental health services administrator (MHSA) utilizing MHSA participating providers. MHSA participating providers agree to accept the MHSA's payment, plus member's payment of any applicable copayment, coinsurance or amounts in excess of benefit dollar maximums specified, as payment-in-full for covered mental health and substance abuse services. Inpatient services for medical acute detoxification are accessed through Blue Shield utilizing Blue Shield's preferred and non-preferred (not MHSA) providers.

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 Members pay the preferred provider copayment, $35 per visit, for physician services received during an emergency room visit.

5 Members who reasonably believe that they have an emergency medical condition which requires an emergency response are encouraged to appropriately use the 911 emergency response system where available.

6 The drug formulary is a comprehensive list of recommended drugs, based on safety, efficacy, FDA bioequivalency, and cost-effectiveness, and is reviewed and updated four times per year. Always present your Blue Shield ID card to obtain benefits at a participating (network) pharmacy. Except for covered emergencies, prescription drugs obtained from non-participating pharmacies are not covered. Call **(800) 351-2465** to find out if a particular drug is on the Blue Shield drug formulary, or to request a copy of the formulary. For the most current information, you can access the formulary on the Blue Shield Web site at **mylifepath.com**.

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 difference between the brand and generic drug cost.

8 Home self-administered injectables are available through pharmacies designated in a specialty network. They are only covered when obtained from a pharmacy designated in a specialty network, and they require prior authorization from Blue Shield Pharmacy Services.

9 All covered home medical, orthoses and prostheses equipment and services have a benefit maximum of $2,000 per member per calendar year, except those services covered under the Diabetes Care benefit and medically necessary oxygen.

10 For a listing of Severe Mental Illnesses including Serious Emotional Disturbances of a Child and other benefit details, please refer to the *Certificate of Insurance* (COI).

11 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.

12 Member is responsible for the office visit copayment in addition to the $25 copayment.

Shield Spectrum PPO Savings Plans and Shield Spectrum PPO Plans

Choose one of our PPO plans with the calendar-year deductible and benefits that work best for you, including four that are HSA-eligible.

Do you want protection against major healthcare expenses with the potential for tax savings?

If your answer is "yes," consider one of our Shield Spectrum PPO Savings Plans. They are highly affordable plans that offer many advantages while keeping dues/premiums low. Please note that the Shield Spectrum PPO Savings Plan 4000/8000 does not offer maternity benefits.

Shield Spectrum PPO Savings Plan advantages

- Blue Shield offers four High-Deductible Health Plans (HDHPs) that are designed to be compatible with a Health Savings Account (HSA). Our new PPO Savings Plan 4000/8000 presents you with another option as you consider the benefits of setting up an HSA. **To learn more about the tax advantages of HSAs, turn to page 45 or call (800) 431-2809**
- Choose a plan with the coverage levels you need – 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
- Preventive care on a fixed copayment basis before meeting any deductible
- Get prescription drugs at our contracted rate at participating pharmacies
- Access to a mail service pharmacy benefit.
- 100% coverage for prescription drugs once the out-of-pocket maximum for the plan has been satisfied

Do you want the freedom to choose your healthcare providers each time you seek care?

If your answer is "yes," then a Shield Spectrum PPO plan could be right for you. You'll have the freedom to visit the doctors and specialists you want to see, and a wide variety of deductible options to meet your needs and lifestyle. When you receive care from Blue Shield PPO preferred providers your out-of-pocket costs are less.

Shield Spectrum PPO Plan 5000-500 advantages

- One of California's largest PPO provider networks: over 45,000 doctors and more than 350 hospitals
- Many services with a fixed dollar or percentage copayment before you meet the annual deductible
- Wide range of annual deductibles – and when two or more people are covered, each covered individual in the family also has his or her own individual deductible, in case only one person needs expensive medical care
- Copayment/coinsurance maximums to help contain costs – your family copayment maximums are only twice the individual amounts, no matter how many people are covered on the plan
- Added protection of $10,000 in *Critical Condition Protection*℠ (CCP) with the PPO Plan 5000*

* *Critical Condition Protection*℠ (CCP) is part of the Shield Spectrum PPO Plan 5000. Members who have a first incident of severe heart attack, severe stroke or certain life-threatening cancer become eligible for this benefit. There are restrictions that apply. Payment related to the CCP benefit is not restricted to medical care expenses. Therefore, a portion of your monthly premium payment allocated to the CCP maximum may not be tax deductible. Blue Shield does not provide tax advice and this cannot be considered tax advice. If you have any questions, you should contact your tax advisor.

Shield Spectrum PPO Savings Plan 2400 (Individual)/4800 (Family)

Uniform Health Plan Benefits & 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.

PPO Savings Plan benefits provided before you need to meet the deductible are shown in a shaded box. For all boxes without shading, you are responsible for all charges up to the allowable amount or billed charges 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. **Please note:** Preferred hospitals are designated as either **Choice** or **Affiliate,** and different copayments may apply. Please see the Glossary for descriptions of **Choice** and **Affiliate** Hospitals.

SHIELD SPECTRUM PPO SAVINGS PLAN 2400/4800	
DEDUCTIBLE*	$2,400 Individual/$4,800 Family
CALENDAR-YEAR OUT-OF-POCKET MAXIMUM (Includes the plan deductible.) **Please Note:** The deductibles and out-of-pocket maximum amounts may increase annually to reflect federal cost-of-living adjustment.	$3,200 Individual/$5,800 Family
LIFETIME MAXIMUM	$6,000,000
* For two-party/family coverage: Only after the family deductible is met will any individual be eligible for benefits. Adds together applicable expenses accrued by all covered family members.	

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, consultations, OB/GYN and specialist visits, second surgical opinions, urgent care services, asthma self-management training	30%	50%
– Allergy testing and treatment	30%	50%
PREVENTIVE CARE		
– Annual Routine Physical Exam, Gynecological Exam, Well-Baby care office visits	$35	Not Covered
– Annual Pap test or other approved cervical cancer screening tests and routine mammography, immunizations (with annual physical or in a separate office visit)	30%/service	Not Covered
OUTPATIENT SERVICES		
– Non-emergency services and procedures, Outpatient surgery in a hospital	30% w/ Choice Hospitals / 40% w/ Affiliate Hospitals	50%[2]
– Outpatient X-ray and laboratory	30%	50%
– Non-emergency surgery in an Ambulatory Surgery Center (ASC)	30%	50%[2]
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% w/ Choice Hospitals / 40% w/ Affiliate Hospitals	50%[2]
EMERGENCY HEALTH COVERAGE		
– Emergency room services ($75 copayment waived if the member is admitted directly to the hospital as an inpatient)	$75/visit + 30%	$75/visit + 30%
– ER Physician visits[3]	30%	30%

COVERED SERVICES (Subject to the plan deductible, unless noted)	MEMBER COPAYMENTS With Preferred Providers,[1] you pay		With Non-Preferred Providers,[1] you pay
AMBULANCE SERVICES (Surface or Air)[4]	30%		30%
	At Participating Pharmacies (Up to a 30-day supply)	At Non-Participating Pharmacies (Up to a 30-day supply)	Mail Service Prescriptions (Up to a 60-day supply)
PRESCRIPTION DRUG COVERAGE[5] (outpatient; subject to the plan deductible, oral contraceptives, diaphragms, asthma inhalers and inhaler spacers covered)	30%	30%	100% of Blue Shield negotiated rate
DURABLE MEDICAL EQUIPMENT			
– Prosthetic Appliances, Home Medical Equipment, Asthma Nebulizers (including face masks and tubing), Peak Flow Monitors and Orthotic Equipment[6]	30%		50%
	With MHSA ParticipatingProviders,[1] you pay		With MHSA Non-Participating Providers,[1] you pay
MENTAL HEALTH SERVICES[7,8]			
– Inpatient Hospital Facility Services	30%		50%[2]
– Inpatient Physician Services, Outpatient visits for severe mental health conditions	30%		50%
– Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits)	30%		Not Covered
CHEMICAL DEPENDENCY SERVICES (Substance Abuse)[8]			
– Inpatient Hospital Facility Services for medical acute detoxification	30% w/ Choice Hospitals	40% w/ Affiliate Hospitals	50%[2]
– 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)	30%		Not Covered
	With Preferred Providers,[1] you pay		With Non-Preferred Providers,[1] you pay
HOME HEALTH SERVICES (up to 90 preauthorized visits per calendar year)	30%		Not Covered
OTHER			
Pregnancy and Maternity Care[9]			
– Outpatient prenatal and postnatal care	30%		50%
– Delivery and all necessary inpatient hospital services	30% w/ Choice Hospitals	40% w/ Affiliate Hospitals	50%[2]
Family Planning			
– Consultations, tubal ligation, vasectomy, elective abortion	30%		Not Covered
– Injectable Contraceptives[10]	30%		Not Covered
Rehabilitation Services			
– Physical, occupational, or respiratory therapy received in a provider's office or outpatient department of a hospital	30%		50%
Chiropractic Services (up to 12 visits per calendar year)			
– Received from a chiropractor	50% up to $25 (member responsible for all charges over $25)		Not Covered

COVERED SERVICES (Subject to the plan deductible, unless noted)	MEMBER COPAYMENTS With Preferred Providers,[1] you pay	With Non-Preferred Providers,[1] you pay
Skilled Nursing Facility (SNF) and Subacute Care (semiprivate accommodations following transfer from hospital unless Blue Shield gives written authorization; up to 100 days per calendar year)	30% in hospital or freestanding SNF	50% in hospital or freestanding SNF
Out-of-State Services (full plan benefits covered nationwide with the BlueCard program)	30% with BlueCard Participating Providers	50% with all other providers
Diabetes Care		
– Diabetes Self-Management Training	30%	50%
– Diabetes Care Supplies	30%	50%
Dental Services and Life Insurance (Optional dental benefits and life insurance are available. See pages 42-44 for details.)		

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

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 allowable 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. Mental health and substance abuse services, other than services for medical acute detoxification, are accessed through the mental health services administrator (MHSA) utilizing MHSA participating providers. MHSA participating providers agree to accept the MHSA's payment, plus member's payment of any applicable deductible and copayment, or amounts in excess of benefit dollar maximums specified, as payment-in-full for covered mental health and substance abuse services. Inpatient services for medical acute detoxification are accessed through Blue Shield utilizing Blue Shield's preferred and non-preferred (not MHSA) providers.

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 Members pay the preferred provider level, 30 percent, for physician services received during an emergency room visit.

4 Members who reasonably believe that they have an emergency medical condition which requires an emergency response are encouraged to appropriately use the 911 emergency response system where available.

5 Includes coverage for medically necessary drugs, including drugs to treat diabetes. Always present your Blue Shield ID card to obtain benefits at a participating pharmacy.

6 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, Home Medical Equipment and Diabetes Care benefit.

7 For a listing of Severe Mental Illnesses including Serious Emotional Disturbances of a Child, and other benefit details, please refer to the *Evidence of Coverage* (EOC).

8 Blue Shield of California has contracted with a specialized health care service plan to act as our mental health services administrator (MHSA). The MHSA provides mental health and substance abuse 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 providers.

9 Members have coverage for inpatient benefits of no less than 48 hours following a normal delivery and no less than 96 hours following a delivery by cesarean section, unless the treating physician, in consultation with the mother, decides on an earlier discharge.

10 Member is responsible for the office visit copayment in addition to the 30 percent copayment.

Shield Spectrum PPO Savings Plan 4000 (Individual)/8000 (Family)

Uniform Health Plan Benefits & Coverage Matrix

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

PPO Savings Plan benefits provided before you need to meet the deductible are shown in a shaded box. For all boxes without shading, you are responsible for all charges up to the allowable amount or billed charges 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.
Please note: Preferred hospitals are designated as either **Choice** or **Affiliate**, and different copayments may apply. Please see the Glossary for descriptions of **Choice** and **Affiliate** Hospitals.

SHIELD SPECTRUM PPO SAVINGS PLAN 4000/ 8000 This plan is underwritten by Blue Shield of California Life & Health Insurance Company.	
DEDUCTIBLE*	$4,000 Individual/$8,000 Family
CALENDAR-YEAR OUT-OF-POCKET MAXIMUM (Includes the plan deductible.) **Please Note:** The deductibles and out-of-pocket maximum amounts may increase annually to reflect federal cost-of-living adjustment.	Services with Preferred **Choice** Providers**: $4,000 Individual/$8,000 Family Services with All Providers: $5,000 Individual/$10,000 Family
LIFETIME MAXIMUM	$6,000,000

* For two-party/family coverage: Only after the family deductible is met will any individual be eligible for benefits. Adds together applicable expenses accrued by all covered family members.
** This out-of-pocket maximum also includes copayments from preferred providers when there is no designation of "**Choice** Hospitals" or "**Affiliate** Hospitals."

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, consultations, OB/GYN and specialist visits, second surgical opinions, urgent care services, asthma self-management training	No Charge	50%
– Allergy testing and treatment	No Charge	50%
PREVENTIVE CARE		
– Annual Routine Physical Exam, Gynecological Exam, Well-Baby care office visits	$35 (until deductible is met, then No Charge)	Not Covered
– Annual Pap test or other approved cervical cancer screening tests and routine mammography, immunizations (with annual physical or in a separate office visit)	No Charge	Not Covered
OUTPATIENT SERVICES		
– Non-emergency services and procedures, Outpatient surgery in a hospital	No Charge w/ Choice Hospitals; 40% w/ Affiliate Hospitals	50%[2]
– Outpatient X-ray and laboratory	No Charge	50%
– Non-emergency surgery in an Ambulatory Surgery Center (ASC)	No Charge	50%[2]
HOSPITALIZATION SERVICES		
– Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists	No Charge	50%
– Inpatient semiprivate room and board, services and supplies, and subacute care	No Charge w/ Choice Hospitals; 40% w/ Affiliate Hospitals	50%[2]
EMERGENCY HEALTH COVERAGE		
– Emergency room services[3]	No Charge	No Charge
– ER Physician visits[3]	No Charge	No Charge

COVERED SERVICES (Subject to the plan deductible, unless noted)	MEMBER COPAYMENTS With Preferred Providers,[1] you pay		With Non-Preferred Providers,[1] you pay
AMBULANCE SERVICES (Surface or Air)[3]	No Charge		No Charge
	At Participating Pharmacies (Up to a 30-day supply)	At Non-Participating Pharmacies (Up to a 30-day supply)	Mail Service Prescriptions (Up to a 60-day supply)
PRESCRIPTION DRUG COVERAGE[4] (outpatient; subject to the plan deductible, oral contraceptives, diaphragms, asthma inhalers and inhaler spacers covered)	No Charge	No Charge	100% of Blue Shield negotiated rate
DURABLE MEDICAL EQUIPMENT			
– Prosthetic Appliances, Home Medical Equipment, Asthma Nebulizers (including face masks and tubing), Peak Flow Monitors and Orthotic Equipment[5]	No Charge		50%
	With MHSA Participating Providers,[1] you pay		With MHSA Non-Participating Providers,[1] you pay
MENTAL HEALTH SERVICES[6,7]			
– Inpatient Hospital Facility Services	No Charge		50%[2]
– Inpatient Physician Services, Outpatient visits for severe mental health conditions	No Charge		50%
– Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits)	No Charge		Not Covered
CHEMICAL DEPENDENCY SERVICES (Substance Abuse)[7]			
– Inpatient Hospital Facility Services for medical acute detoxification	No Charge w/ Choice Hospitals	40% w/ Affiliate Hospitals	50%[2]
– Inpatient Physician Services for medical acute detoxification	No Charge		50%
– Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits)	No Charge		Not Covered
	With Preferred Providers,[1] you pay		With Non-Preferred Providers,[1] you pay
HOME HEALTH SERVICES (up to 90 preauthorized visits per calendar year)	No Charge		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		Not Covered
– Injectable Contraceptives	No Charge		Not Covered
Rehabilitation Services			
– Physical, occupational, or respiratory therapy received in a provider's office or outpatient department of a hospital	No Charge		50%
Chiropractic Services (up to 12 visits per calendar year)			
– Received from a chiropractor	No Charge		Not Covered

COVERED SERVICES (Subject to the plan deductible, unless noted)	MEMBER COPAYMENTS With Preferred Providers,[1] you pay	With Non-Preferred Providers,[1] you pay
Skilled Nursing Facility (SNF) and Subacute Care (semiprivate accommodations following transfer from hospital unless Blue Shield gives written authorization; up to 100 days per calendar year)	No Charge in hospital or freestanding SNF	50% in hospital or freestanding SNF
Out-of-State Services (full plan benefits covered nationwide with the BlueCard program)	No Charge with BlueCard Participating Providers	50% with all other providers
Diabetes Care		
– Diabetes Self-Management Training	No Charge	50%
– Diabetes Care Supplies	No Charge	50%
Dental Services and Life Insurance (Optional dental benefits and life insurance are available. See pages 42-44 for details.)		

Please Note: Benefits are subject to modification for subsequently enacted state or federal legislation. Shield Spectrum PPO Savings Plan 4000/8000 is subject to regulatory approval.

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'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 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 the calendar year out-of-pocket maximum. Mental health and substance abuse services, other than services for medical acute detoxification, are accessed through the mental health services administrator (MHSA) utilizing MHSA participating providers. MHSA participating providers agree to accept the MHSA's payment, plus member's payment of any applicable deductible, copayment, coinsurance or amounts in excess of benefit dollar maximums specified, as payment-in-full for covered mental health and substance abuse services. Inpatient services for medical acute detoxification are accessed through Blue Shield utilizing Blue Shield's preferred and non-preferred (not MHSA) providers.

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 Members who reasonably believe that they have an emergency medical condition which requires an emergency response are encouraged to appropriately use the 911 emergency response system where available.

4 Includes coverage for medically necessary drugs, including drugs to treat diabetes. Always present your Blue Shield ID card to obtain benefits at a participating pharmacy.

5 All covered home medical equipment, prosthetic and orthotic equipment and services have a benefit maximum of $2,000 per member per calendar year, except those services covered under the Prosthetic Appliances, Home Medical Equipment and Diabetes Care benefit.

6 For a listing of Severe Mental Illnesses including Serious Emotional Disturbances of a Child, and other benefit details, please refer to the *Certificate of Insurance* (COI).

7 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 substance abuse 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 providers.

Shield Spectrum PPO Plan 5000

Uniform Health Plan Benefits & Coverage Matrix

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

Plan benefits that are available before you need to meet the medical plan deductible are shown below in a shaded box. For all boxes without shading, you are responsible for all charges up to the allowable amount or billed charges 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. **Please note:** Preferred hospitals are designated as either **Choice** or **Affiliate**, and different copayments may apply. Please see the Glossary for descriptions of **Choice** and **Affiliate** Hospitals.

SHIELD SPECTRUM PPO PLAN 5000 This plan is underwritten by Blue Shield of California Life & Health Insurance Company.	
DEDUCTIBLE*	$5,000 ($10,000 Family)
COPAYMENTS	$35 with Preferred Providers Not applicable with Non-Preferred Providers
COINSURANCE	30% with Preferred **Choice** Hospitals 40% with Preferred **Affiliate** Hospitals 50% with Non-Preferred Providers
CALENDAR-YEAR COPAYMENT/COINSURANCE MAXIMUM (Includes the plan deductible. Some services do not apply.)	Services with Preferred **Choice** Providers**: $7,000 ($14,000 Family) Services with All Providers: $10,000 ($20,000 Family)
LIFETIME MAXIMUM	$6,000,000
CRITICAL CONDITION PROTECTION	$10,000 per member, per lifetime

* Benefits for covered brand-name drugs are subject to a separate $500 brand-name drug deductible per person.

** This copayment/coinsurance maximum also includes copayments or coinsurance for services from preferred providers when there is no designation of "**Choice** Hospital" and "**Affiliate** Hospital."

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, consultations, OB/GYN and specialist visits, second surgical opinions, urgent care services, asthma self-management training	$35	50%
– Allergy testing and treatment	30%	50%
PREVENTIVE CARE		
– Annual Routine Physical Exam, Well-Baby care office visits, and Gynecological exam office visit (includes Pap test or other approved cervical cancer screening tests, routine mammography, and immunizations when received as part of the annual exam or preventive care visit)	$35	Not Covered
OUTPATIENT SERVICES		
– Non-Emergency services and procedures, Outpatient surgery in a hospital	30% w/ Choice Hospitals; 40% w/ Affiliate Hospitals	50%[2,3]
– Outpatient or Out-of-Hospital X-ray and Laboratory	30%	50%
– Non-Emergency surgery in an Ambulatory Surgery Center (ASC)	30%	50%[2,3]
– Radiological Procedure requiring prior authorization (such as CT scans, MRIs, MRAs, PET scans, Bone Densitometry and any cardiac diagnostic procedure utilizing Nuclear Medicine)	30%	50%

COVERED SERVICES (Subject to the plan deductible, unless noted)	MEMBER COPAYMENTS 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% w/ Choice Hospitals	40% w/ Affiliate Hospitals	50%[2,3]
EMERGENCY HEALTH COVERAGE			
– Outpatient Emergency room facility services, semiprivate room and board, services and supplies, and subacute care not resulting in admission	30%/visit		30%/visit
– ER Physician visits[4]	30%		30%
AMBULANCE SERVICES (Surface or Air)[5]	30%		30%
PRESCRIPTION DRUG COVERAGE[6] (outpatient; brand-name drugs are subject to a $500 brand-name drug deductible per person, per calendar year; includes oral contraceptives, diaphragms, diabetic testing supplies, asthma inhalers and inhaler spacers)	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[‡,7]	$30+10%/prescription (maximum copayment of $60 per prescription)[2]		$60+10%/prescription (maximum copayment of $150 per prescription)[2]
– Non-formulary brand-name drugs[‡,7]	$45 or 50%/prescription (whichever is greater)[2]		$75 or 50%/prescription (whichever is greater)[2]
– Home Self-Administered Injectables[8]	30%[2]		Not Covered
DURABLE MEDICAL EQUIPMENT			
– Prosthetic Appliances, Home Medical Equipment, Asthma Nebulizers (including face masks and tubing), Peak Flow Monitors and Orthotic Equipment[9]	30%		50%

	With MHSA Participating Providers,[1] you pay		With MHSA Non-Participating Providers,[1] you pay
MENTAL HEALTH SERVICES[10,11]			
– Inpatient Hospital Facility Services	30%		50%[2,3]
– Inpatient Physician Services	30%		50%
– Outpatient visits for severe mental health conditions	$35		50%
– Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits)	30%		Not Covered
CHEMICAL DEPENDENCY SERVICES (Substance Abuse)[11]			
– Inpatient Hospital Facility Services for medical acute detoxification	30% w/ Choice Hospitals	40% w/ Affiliate Hospitals	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)	30%		Not Covered

	With Preferred Providers,[1] you pay	With Non-Preferred Providers,[1] you pay
HOME HEALTH SERVICES (Up to 90 preauthorized visits per calendar year)	30%	Not Covered

COVERED SERVICES (Subject to the plan deductible, unless noted)	MEMBER COPAYMENTS With Preferred Providers,[1] you pay	With Non-Preferred Providers,[1] you pay
OTHER		
Pregnancy and Maternity Care[12]		
– Outpatient prenatal and postnatal care	30%	50%
– Delivery and all necessary inpatient hospital services	30% w/ Choice Hospitals; 40% w/ Affiliate Hospitals	50%[2,3]
Family Planning		
– Consultations, tubal ligation, vasectomy, elective abortion	30%	Not Covered
– Injectable Contraceptives[13]	$25[2]	Not Covered
Rehabilitation Services (up to 12 visits per calendar year combined with Speech Therapy visits)		
– Physical, occupational, or respiratory therapy received in a provider's office or outpatient department of a hospital	30%	50%
Speech Therapy (up to 12 visits per calendar year combined with Rehabilitation Services visits)		
– Received in a provider's office or outpatient department of a hospital	30%	50%
– Received from a licensed speech therapist	30%	30%
Skilled Nursing Facility (SNF) and Subacute Care (semiprivate accommodations following transfer from hospital unless Blue Shield gives written authorization; up to 100 days per calendar year)	30% in hospital or freestanding SNF	50%[2] in hospital SNF 30% in freestanding SNF
Out-of-State Services (full plan benefits covered nationwide with the BlueCard program)	30% with BlueCard Participating Providers	50% with all other providers
Diabetes Care		
– Diabetes Self-Management Training	$35	50%
– Diabetes Care Supplies	30%	50%
Dental Services and Life Insurance (Optional dental benefits and life insurance are available. See pages 42-44 for details.)		

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

‡ The brand-name drug deductible is separate from the medical plan 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 plan deductible or copayment/coinsurance maximum. Mental health and chemical dependency services, other than services for medical acute detoxification, are accessed through the mental health services administrator (MHSA) utilizing MHSA participating providers. MHSA participating providers agree to accept the MHSA's payment, plus Member's payment of any applicable deductible, copayment, coinsurance or amounts in excess of benefit dollar maximums specified, as payment-in-full for covered mental health and substance abuse services. Inpatient services for medical acute detoxification are accessed through Blue Shield utilizing Blue Shield's preferred and non-preferred (not MHSA) providers.

2 These copayments or coinsurance do not count toward the copayment/coinsurance maximum and will continue to be charged once it 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 Members pay the preferred provider percentage copayment level, 30 percent, for physician services received during an emergency room visit.

5 Members who reasonably believe that they have an emergency medical condition which requires an emergency response are encouraged to appropriately use the 911 emergency response system where available.

6 The drug formulary is a comprehensive list of recommended drugs, based on safety, efficacy, FDA bioequivalency and cost-effectiveness, and is reviewed and updated four times per year. Always present your Blue Shield ID card to obtain benefits at a participating (network) pharmacy. Except for covered emergencies, prescription drugs obtained from non-participating pharmacies are not covered. Call **(800) 351-2465** to find out if a particular drug is on the Blue Shield drug formulary, or to request a copy of the formulary. For the most current information, you can access the formulary on the Blue Shield Web site at **mylifepath.com.**

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.

8 Home self-administered injectables are available through pharmacies designated in a specialty network. They are only covered when obtained from a pharmacy designated in a specialty network, and they require prior authorization from Blue Shield Pharmacy Services.

9 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.

10 For a listing of Severe Mental Illnesses including Serious Emotional Disturbances of a Child and other benefit details, please refer to the *Certificate of Insurance* (COI).

11 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.

12 Members have coverage for inpatient benefits of no less than 48 hours following a normal delivery and no less than 96 hours following a delivery by cesarean section, unless the treating physician, in consultation with the mother, decides on an early discharge.

13 Member is responsible for the office visit copayment in addition to the $25 copayment.

Shield Spectrum PPO Plan 2000
Blue Shield Life PPO Plan 2000

Uniform Health Plan Benefits & 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/CERTIFICATE OF INSURANCE AND POLICY SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Plan benefits that are available before you need to meet the medical plan deductible are shown below in a shaded box. For all boxes without shading, you are responsible for all charges up to the allowable amount or billed charges 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. **Please note:** Preferred hospitals are designated as either **Choice** or **Affiliate,** and different copayments may apply. Please see the Glossary for descriptions of **Choice** and **Affiliate** Hospitals.

Blue Shield of California and Blue Shield of California Life & Health Insurance Company each offer a PPO Plan 2000. The plan benefits and rates are identical. Please call (800) 431-2809 for more information.

DEDUCTIBLE*	$2,000 ($4,000 Family)
COPAYMENTS	$45 with Preferred Providers Not applicable with Non-Preferred Providers
PERCENTAGE COPAYMENTS	30% with Preferred **Choice** Hospitals 40% with Preferred **Affiliate** Hospitals 50% with Non-Preferred Providers
CALENDAR-YEAR COPAYMENT/COINSURANCE MAXIMUM (Does not include the plan deductible. Some services do not apply.)	Services with Preferred **Choice** Providers**: $5,000 ($10,000 Family) Services with All Providers: $7,000 ($14,000 Family)
LIFETIME MAXIMUM	$6,000,000
TOTAL ANNUAL OUT-OF-POCKET COSTS	Deductible + copayment maximum

* Benefits for covered brand-name drugs are subject to a separate $250 brand-name drug deductible per person.

** This copayment/coinsurance maximum also includes copayments for services from preferred providers when there is no designation of "**Choice** Hospital" and "**Affiliate** Hospital."

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, consultations, OB/GYN and specialist visits, second surgical opinions, urgent care services, asthma self-management training	$45[2]	50%
– Allergy testing and treatment	30%	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 annual exam or preventive care visit)	$45[2]	Not Covered
OUTPATIENT SERVICES		
– Non-Emergency services and procedures, Outpatient surgery in hospital	30% w/ Choice Hospitals / 40% w/ Affiliate Hospitals	50%[2,3]
– Outpatient or Out-of-Hospital X-ray and Laboratory	30%	50%
– Non-Emergency surgery in an Ambulatory Surgery Center (ASC)	30%	50%[2,3]
– Radiological Procedure requiring prior authorization (such as CT scans, MRIs, MRAs, PET scans, Bone Densitometry and any cardiac diagnostic procedure utilizing Nuclear Medicine)	30%	50%

COVERED SERVICES (Subject to the plan deductible, unless noted)	MEMBER COPAYMENTS 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% w/ Choice Hospitals; 40% w/ Affiliate Hospitals	50%[2,3]
EMERGENCY HEALTH COVERAGE		
– Outpatient Emergency room facility services, semiprivate room and board, services and supplies, and subacute care not resulting in admission	30%/visit	30%/visit
– ER Physician visits[4]	30%	30%
AMBULANCE SERVICES (Surface or Air)[5]	30%	30%
PRESCRIPTION DRUG COVERAGE[6] (outpatient; brand-name drugs are subject to a $250 brand-name drug deductible per person, per calendar year; includes oral contraceptives, diaphragms, diabetic testing supplies, asthma inhalers and inhaler spacers)	**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[‡,7]	$30 + 10%/prescription (maximum copayment of $60 per prescription)[2]	$60 + 10%/prescription (maximum copayment of $90 per prescription)[2]
– Non-formulary brand-name drugs[‡,7]	$45 + 10%/prescription (maximum copayment of $100 per prescription)[2]	$75 + 10%/prescription (maximum copayment of $150 per prescription)[2]
– Home Self-Administered Injectables[8]	30%[2]	Not Covered
DURABLE MEDICAL EQUIPMENT		
– Prosthetic Appliances, Home Medical Equipment, Asthma Nebulizers (including face masks and tubing), Peak Flow Monitors and Orthotic Equipment[9]	30%	50%
	With MHSA Participating Providers,[1] you pay	**With MHSA Non-Participating Providers,[1] you pay**
MENTAL HEALTH SERVICES[10,11]		
– Inpatient Hospital Facility Services	30%	50%[2,3]
– Inpatient Physician Services	30%	50%
– Outpatient visits for severe mental health conditions	$45[2]	50%
– Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits)	30%	Not Covered
CHEMICAL DEPENDENCY SERVICES (Substance Abuse)[11]		
– Inpatient Hospital Facility Services for medical acute detoxification	30% w/ Choice Hospitals; 40% w/ Affiliate Hospitals	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)	30%	Not Covered
	With Preferred Providers,[1] you pay	**With Non-Preferred Providers,[1] you pay**
HOME HEALTH SERVICES (up to 90 preauthorized visits per calendar year)	30%	Not Covered

COVERED SERVICES (Subject to the plan deductible, unless noted)	MEMBER COPAYMENTS With Preferred Providers,[1] you pay	With Non-Preferred Providers,[1] you pay
OTHER		
Pregnancy and Maternity Care[12]		
– Outpatient prenatal and postnatal care	30%	50%
– Delivery and all necessary inpatient hospital services	30% w/ Choice Hospitals; 40% w/ Affiliate Hospitals	50%[2,3]
Family Planning		
– Consultations, tubal ligation, vasectomy, elective abortion	30%	Not Covered
– Injectable Contraceptives[13]	$25[2]	Not Covered
Rehabilitation Services		
– Physical, occupational or respiratory therapy received in a provider's office or outpatient department of a hospital	30%	50%
Chiropractic Services (up to 12 visits per calendar year)		
– Received from a chiropractor	50% up to $25 (member responsible for all charges over $25)	Not Covered
Skilled Nursing Facility (SNF) and Subacute Care (semiprivate accommodations following transfer from hospital unless Blue Shield gives written authorization; up to 100 days per calendar year)	30% in hospital or freestanding SNF	50%[2] in hospital SNF 30% in freestanding SNF
Out-of-State Services (full plan benefits covered nationwide with the BlueCard program)	30% with BlueCard Participating Providers	50% with all other providers
Diabetes Care		
– Diabetes Self-Management Training	$45[2]	50%
– Diabetes Care Supplies	30%	50%
Dental Services and Life Insurance (Optional dental benefits and life insurance are available. See pages 42-44 for details.)		

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

‡ The brand-name drug deductible is separate from the medical plan deductible.

1 Member is responsible for fixed dollar or percentage copayment or coinsurance in addition to any charges above allowable amounts. The coinsurance/copayment percentage 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 percentage of the allowable amount 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. Mental health and chemical dependency services, other than services for medical acute detoxification, are accessed through the mental health services administrator (MHSA) utilizing MHSA participating providers. MHSA participating providers agree to accept the MHSA's payment, plus member's payment of any applicable deductible, copayment, coinsurance or amounts in excess of benefit dollar maximums specified, as payment-in-full for covered mental health and substance abuse services. Inpatient services for medical acute detoxification are accessed through Blue Shield utilizing Blue Shield's preferred and non-preferred (not MHSA) providers.

2 These copayments do not count toward the copayment/coinsurance maximum and will continue to be charged once it 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 Members pay the preferred provider percentage copayment level, 30 percent, for physician services received during an emergency room visit.

5 Members who reasonably believe that they have an emergency medical condition which requires an emergency response are encouraged to appropriately use the 911 emergency response system where available.

6 The drug formulary is a comprehensive list of recommended drugs, based on safety, efficacy, FDA bioequivalency and cost-effectiveness, and is reviewed and updated four times per year. Always present your Blue Shield ID card to obtain benefits at a participating (network) pharmacy. Except for covered emergencies, prescription drugs obtained from non-participating pharmacies are not covered. Call **(800) 351-2465** to find out if a particular drug is on the Blue Shield drug formulary, or to request a copy of the formulary. For the most current information, you can access the formulary on the Blue Shield Web site at **mylifepath.com**.

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. Member pays a copayment plus 10 percent for formulary brand-name drugs. The 10 percent members' responsibility is calculated by taking Blue Shield's contracted rate, minus the copayment, and then taking 10 percent of the remaining amount.

8 Home self-administered injectables are available through pharmacies designated in a specialty network. They are only covered when obtained from a pharmacy designated in a specialty network, and they require prior authorization from Blue Shield Pharmacy Services.

9 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.

10 For a listing of Severe Mental Illnesses including Serious Emotional Disturbances of a Child and other benefit details, please refer to the *Evidence of Coverage* (EOC)/ *Certificate of Insurance* (COI).

11 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.

12 Members have coverage for inpatient benefits of no less than 48 hours following a normal delivery and no less than 96 hours following a delivery by cesarean section, unless the treating physician, in consultation with the mother, decides on an early discharge.

13 Member is responsible for the office visit copayment in addition to the $25 copayment.

Shield Spectrum PPO Plan 1500
Blue Shield Life PPO Plan 1500

Uniform Health Plan Benefits & 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/CERTIFICATE OF INSURANCE AND POLICY SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Plan benefits that are available before you need to meet the medical plan deductible are shown below in a shaded box. For all boxes without shading, you are responsible for all charges up to the allowable amount or billed charges 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. **Please note:** Preferred hospitals are designated as either **Choice** or **Affiliate,** and different copayments may apply. Please see the Glossary for descriptions of **Choice** and **Affiliate** Hospitals.

Blue Shield of California and Blue Shield of California Life & Health Insurance Company each offer a PPO Plan 1500. The plan benefits and rates are identical. Please call (800) 431-2809 for more information.

DEDUCTIBLE*	$1,500 ($3,000 Family)
COPAYMENTS	$40 with Preferred Providers Not applicable with Non-Preferred Providers
PERCENTAGE COPAYMENTS	30% with Preferred **Choice** Hospitals 40% with Preferred **Affiliate** Hospitals 50% with Non-Preferred Providers
CALENDAR-YEAR COPAYMENT/ COINSURANCE MAXIMUM (Does not include the plan deductible. Some services do not apply.)	Services with Preferred **Choice** Providers**: $4,500 ($9,000 Family) Services with All Providers: $6,500 ($13,000 Family)
LIFETIME MAXIMUM	$6,000,000
TOTAL ANNUAL OUT-OF-POCKET COSTS	Deductible + copayment maximum

* Benefits for covered brand-name drugs are subject to a separate $250 brand-name drug deductible per person.
** This copayment/coinsurance maximum also includes copayments for services from preferred providers when there is no designation of "**Choice** Hospital" and "**Affiliate** Hospital."

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, consultations, OB/GYN and specialist visits, second surgical opinions, urgent care services, asthma self-management training	$40[2]	50%
– Allergy testing and treatment	30%	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 annual exam or preventive care visit)	$40[2]	Not Covered
OUTPATIENT SERVICES		
– Non-Emergency services and procedures, Outpatient surgery in hospital	30% w/ Choice Hospitals; 40% w/ Affiliate Hospitals	50%[2,3]
– Outpatient or Out-of-Hospital X-ray and Laboratory	30%	50%
– Non-emergency surgery in an Ambulatory Surgery Center (ASC)	30%	50%[2,3]

COVERED SERVICES (Subject to the plan deductible, unless noted)	MEMBER COPAYMENTS With Preferred Providers,[1] you pay		With Non-Preferred Providers,[1] you pay
– Radiological Procedure requiring prior authorization (such as CT scans, MRIs, MRAs, PET scans, Bone Densitometry and any cardiac diagnostic procedure utilizing Nuclear Medicine)	30%		50%
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% w/ Choice Hospitals	40% w/ Affiliate Hospitals	50%[2,3]
EMERGENCY HEALTH COVERAGE			
– Outpatient Emergency room facility services, semiprivate room and board, services and supplies, and subacute care not resulting in admission	30%/visit		30%/visit
– ER Physician visits[4]	30%		30%
AMBULANCE SERVICES (Surface or Air)[5]	30%		30%
PRESCRIPTION DRUG COVERAGE[6] (outpatient; brand-name drugs are subject to a $250 brand-name drug deductible per person, per calendar year; includes oral contraceptives, diaphragms, diabetic testing supplies, asthma inhalers and inhaler spacers)	**At Participating Pharmacies** (up to a 30-day supply)		**Mail Service Prescriptions** (up to a 60-day supply)
– Generic formulary drugs	$7/prescription[2]		$14/prescription[2]
– Formulary brand-name drugs[‡,7]	$25 + 10%/prescription (maximum copayment of $60 per prescription)[2]		$50 + 10%/prescription (maximum copayment of $90 per prescription)[2]
– Non-formulary brand-name drugs[‡,7]	$45 + 10%/prescription (maximum copayment of $100 per prescription)[2]		$75 + 10%/prescription (maximum copayment of $150 per prescription)[2]
– Home Self-Administered Injectables[8]	30%[2]		Not Covered
DURABLE MEDICAL EQUIPMENT			
– Prosthetic Appliances, Home Medical Equipment, Asthma Nebulizers (including face masks and tubing), Peak Flow Monitors and Orthotic Equipment[9]	30%		50%
	With MHSA Participating Providers,[1] you pay		**With MHSA Non-Participating Providers,[1] you pay**
MENTAL HEALTH SERVICES[10,11]			
– Inpatient Hospital Facility Services	30%		50%[2,3]
– Inpatient Physician Services	30%		50%
– Outpatient visits for severe mental health conditions	$40[2]		50%
– Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits)	30%		Not Covered
CHEMICAL DEPENDENCY SERVICES (Substance Abuse)[11]			
– Inpatient Hospital Facility Services for medical acute detoxification	30% w/Choice Hospitals	40% w/Affiliate Hospitals	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)	30%		Not Covered
	With Preferred Providers,[1] you pay		**With Non-Preferred Providers,[1] you pay**
HOME HEALTH SERVICES (up to 90 preauthorized visits per calendar year)	30%		Not Covered

COVERED SERVICES (Subject to the plan deductible, unless noted)	MEMBER COPAYMENTS With Preferred Providers,[1] you pay		With Non-Preferred Providers,[1] you pay
OTHER			
Pregnancy and Maternity Care[12]			
– Outpatient prenatal and postnatal care	30%		50%
– Delivery and all necessary inpatient hospital services	30% w/ Choice Hospitals	40% w/ Affiliate Hospitals	50%[2,3]
Family Planning			
– Consultations, tubal ligation, vasectomy, elective abortion	30%		Not Covered
– Injectable Contraceptives[13]	$25[2]		Not Covered
Rehabilitation Services			
– Physical, occupational, or respiratory therapy received in a provider's office or outpatient department of a hospital	30%		50%
Chiropractic Services (up to 12 visits per calendar year)			
– Received from a chiropractor	50% up to $25 (member responsible for all charges over $25)		Not Covered
Skilled Nursing Facility (SNF) and Subacute Care (semiprivate accommodations following transfer from hospital unless Blue Shield gives written authorization; up to 100 days per calendar year)	30% in hospital or freestanding SNF		50%[2] in hospital SNF 30% in freestanding SNF
Out-of-State Services (full plan benefits covered nationwide with the BlueCard program)	30% with BlueCard Participating Providers		50% with all other providers
Diabetes Care			
– Diabetes Self-Management Training	$40[2]		50%
– Diabetes Care Supplies	30%		50%
Dental Services and Life Insurance (Optional dental benefits and life insurance are available. See pages 42-44 for details.)			

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

‡ The brand-name drug deductible is separate from the medical plan deductible.

1 Member is responsible for fixed dollar or percentage copayment or coinsurance in addition to any charges above allowable amounts. The coinsurance/copayment percentage 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 percentage of the allowable amount 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. Mental health and chemical dependency services, other than services for medical acute detoxification, are accessed through the mental health services administrator (MHSA) utilizing MHSA participating providers. MHSA participating providers agree to accept the MHSA's payment, plus member's payment of any applicable deductible, copayment, coinsurance or amounts in excess of benefit dollar maximums specified, as payment-in-full for covered mental health and substance abuse services. Inpatient services for medical acute detoxification are accessed through Blue Shield utilizing Blue Shield's preferred and non-preferred (not MHSA) providers.

2 These copayments do not count toward the copayment/coinsurance maximum and will continue to be charged once the copayment 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 Members pay the preferred provider percentage copayment level, 30 percent, for physician services received during an emergency room visit.

5 Members who reasonably believe that they have an emergency medical condition which requires an emergency response are encouraged to appropriately use the 911 emergency response system, where available.

6 The drug formulary is a comprehensive list of recommended drugs, based on safety, efficacy, FDA bioequivalency, and cost-effectiveness, and is reviewed and updated four times per year. Always present your Blue Shield ID card to obtain benefits at a participating (network) pharmacy. Except for covered emergencies, prescription drugs obtained from non-participating pharmacies are not covered. Call **(800) 351-2465** to find out if a particular drug is on the Blue Shield drug formulary, or to request a copy of the formulary. For the most current information, you can access the formulary on the Blue Shield Web site at **mylifepath.com.**

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 difference between the brand and generic drug cost. Member pays a copayment plus 10 percent for formulary brand-name drugs. The 10 percent members' responsibility is calculated by taking Blue Shield's contracted rate, minus the copayment, and then taking 10 percent of the remaining amount.

8 Home self-administered injectables are available through pharmacies designated in a specialty network. They are only covered when obtained from a pharmacy designated in a specialty network, and they require prior authorization from Blue Shield Pharmacy Services.

9 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.

10 For a listing of Severe Mental Illnesses including Serious Emotional Disturbances of a Child and other benefit details, please refer to the *Evidence of Coverage* (EOC)/ *Certificate of Insurance* (COI).

11 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.

12 Members have coverage for inpatient benefits of no less than 48 hours following a normal delivery and no less than 96 hours following a delivery by cesarean section, unless the treating physician, in consultation with the mother, decides on an early discharge.

13 Member is responsible for the office visit copayment in addition to the $25 copayment.

Shield Spectrum PPO Plan 750

Uniform Health Plan Benefits & 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.

Plan benefits that are available before you need to meet the medical plan deductible are shown below in a shaded box. For all boxes without shading, you are responsible for all charges up to the allowable amount or billed charges 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 or non-preferred providers. **Please note:** Preferred hospitals are designated as either **Choice** or **Affiliate,** and different copayments may apply. Please see the Glossary for descriptions of **Choice** and **Affiliate** Hospitals.

DEDUCTIBLE*	$750 ($1,500 Family)
COPAYMENTS	$35 with Preferred Providers Not applicable with Non-Preferred Providers
PERCENTAGE COPAYMENTS	30% with Preferred **Choice** Hospitals 40% with Preferred **Affiliate** Hospitals 50% with Non-Preferred Providers
CALENDAR-YEAR COPAYMENT MAXIMUM (Does not include the plan deductible. Some services do not apply.)	Services with Preferred **Choice** Providers**: $4,000 ($8,000 Family) Services with All Providers: $6,000 ($12,000 Family)
LIFETIME MAXIMUM	$6,000,000
TOTAL ANNUAL OUT-OF-POCKET COSTS	Deductible + copayment maximum

* Benefits for covered brand-name drugs are subject to a $250 brand name-drug deductible per person.
** This copayment maximum also includes copayments for services from preferred providers when there is no designation of "**Choice** Hospital" and "**Affiliate** Hospital."

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, consultations, OB/GYN and specialist visits, second surgical opinions, urgent care services, asthma self-management training	$35[2]	50%
– Allergy testing and treatment	30%	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 annual exam or preventive care visit)	$35[2]	Not Covered
OUTPATIENT SERVICES		
– Non-Emergency services and procedures, Outpatient surgery in hospital	30% w/ Choice Hospitals / 40% w/ Affiliate Hospitals	50%[2,3]
– Outpatient or Out-of-Hospital X-ray and Laboratory	30%	50%
– Non-Emergency surgery in an Ambulatory Surgery Center (ASC)	30%	50%[2,3]
– Radiological Procedure requiring prior authorization (such as CT scans, MRIs, MRAs, PET scans, Bone Densitometry and any cardiac diagnostic procedure utilizing Nuclear Medicine)	30%	50%

COVERED SERVICES (Subject to the plan deductible, unless noted)	MEMBER COPAYMENTS 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% w/ Choice Hospitals; 40% w/ Affiliate Hospitals	50%[2,3]
EMERGENCY HEALTH COVERAGE		
– Outpatient Emergency room facility services, semiprivate room and board, services and supplies, and subacute care not resulting in admission	30%/visit	30%/visit
– ER Physician visits[4]	30%	30%
AMBULANCE SERVICES (Surface or Air)[5]	30%	30%
PRESCRIPTION DRUG COVERAGE[6] (outpatient; brand-name drugs are subject to a $250 brand-name drug deductible per person, per calendar year; includes oral contraceptives, diaphragms, diabetic testing supplies, asthma inhalers and inhaler spacers)	**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[‡,7]	$30/prescription[2]	$60/prescription[2]
– Non-formulary brand-name drugs[‡,7]	$45 + 10%/prescription (maximum copayment of $100 per prescription)[2]	$75 + 10%/prescription (maximum copayment of $150 per prescription)[2]
– Home Self-Administered Injectables[8]	30%[2]	Not Covered
DURABLE MEDICAL EQUIPMENT		
– Prosthetic Appliances, Home Medical Equipment, Asthma Nebulizers (including face masks and tubing), Peak Flow Monitors and Orthotic Equipment[9]	30%	50%

	With MHSA Participating Providers,[1] you pay	With MHSA Non-Participating Providers,[1] you pay
MENTAL HEALTH SERVICES[10,11]		
– Inpatient Hospital Facility Services	30%	50%[2,3]
– Inpatient Physician Services	30%	50%
– Outpatient visits for severe mental health conditions	$35[2]	50%
– Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits)	30%	Not Covered
CHEMICAL DEPENDENCY SERVICES (Substance Abuse)[11]		
– Inpatient Hospital Facility Services for medical acute detoxification	30% w/ Choice Hospitals; 40% w/ Affiliate Hospitals	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)	30%	Not Covered

	With Preferred Providers,[1] you pay	With Non-Preferred Providers,[1] you pay
HOME HEALTH SERVICES (up to 90 preauthorized visits per calendar year)	30%	Not Covered

COVERED SERVICES (Subject to the plan deductible, unless noted)	MEMBER COPAYMENTS With Preferred Providers,[1] you pay	With Non-Preferred Providers,[1] you pay
OTHER		
Pregnancy and Maternity Care[12]		
– Outpatient prenatal and postnatal care	30%	50%
– Delivery and all necessary inpatient hospital services	30% w/ Choice Hospitals; 40% w/ Affiliate Hospitals	50%[2,3]
Family Planning		
– Consultations, tubal ligation, vasectomy, elective abortion	30%	Not Covered
– Injectable Contraceptives[13]	$25[2]	Not Covered
Rehabilitation Services		
– Physical, occupational, or respiratory therapy received in a provider's office or outpatient department of a hospital	30%	50%
Chiropractic Services (up to 12 visits per calendar year)		
– Received from a chiropractor	50% up to $25 (member responsible for all charges over $25)	Not Covered
Skilled Nursing Facility (SNF) and Subacute Care (semiprivate accommodations following transfer from hospital unless Blue Shield gives written authorization; up to 100 days per calendar year)	30% in hospital or freestanding SNF	50%[2] in hospital SNF 30% in freestanding SNF
Out-of-State Services (full plan benefits covered nationwide with the BlueCard program)	30% with BlueCard Participating Providers	50% with all other providers
Diabetes Care		
– Diabetes Self-Management Training	$35[2]	50%
– Diabetes Care Supplies	30%	50%
Dental Services and Life Insurance (Optional dental benefits and life insurance are available. See pages 42-44 for details.)		

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

‡ The brand-name drug deductible is separate from the medical plan 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 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 percentage 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 maximum. Mental health and chemical dependency services, other than services for medical acute detoxification, are accessed through the mental health services administrator (MHSA) utilizing MHSA participating providers. MHSA participating providers agree to accept the MHSA's payment, plus member's payment of any applicable deductible and copayment, or amounts in excess of benefit dollar maximums specified, as payment-in-full for covered mental health and substance abuse services. Inpatient services for medical acute detoxification are accessed through Blue Shield utilizing Blue Shield's preferred and non-preferred (not MHSA) providers.

2 These copayments do not count toward the copayment maximum and will continue to be charged once the copayment 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 Members pay the preferred provider percentage copayment level, 30 percent, for physician services received during an emergency room visit.

5 Members who reasonably believe that they have an emergency medical condition which requires an emergency response are encouraged to appropriately use the 911 emergency response system where available.

6 The drug formulary is a comprehensive list of recommended drugs, based on safety, efficacy, FDA bioequivalency, and cost-effectiveness, and is reviewed and updated four times per year. Always present your Blue Shield ID card to obtain benefits at a participating (network) pharmacy. Except for covered emergencies, prescription drugs obtained from non-participating pharmacies are not covered. Call **(800) 351-2465** to find out if a particular drug is on the Blue Shield drug formulary, or to request a copy of the formulary. For the most current information, you can access the formulary on the Blue Shield of California Web site at **mylifepath.com**.

7 If a member requests a brand-name drug or the physician states 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. Member pays a copayment plus 10 percent for the formulary brand-name drugs. The 10 percent members' responsibility is calculated by taking Blue Shield's contracted rate, minus the dollar copayment, and then taking 10 percent of the remaining amount.

8 Home self-administered injectables are available through pharmacies designated in a specialty network. They are only covered when obtained from a pharmacy designated in a specialty network, and they require prior authorization from Blue Shield Pharmacy Services.

9 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.

10 For a listing of Severe Mental Illnesses including Serious Emotional Disturbances of a Child and other benefit details, please refer to the *Evidence of Coverage* (EOC).

11 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.

12 Members have coverage for inpatient benefits of no less than 48 hours following a normal delivery and no less than 96 hours following a delivery by cesarean section, unless the treating physician, in consultation with the mother, decides on an early discharge.

13 Member is responsible for the office visit copayment in addition to the $25 copayment.

Shield Spectrum PPO Plan 500

Uniform Health Plan Benefits & 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.

Plan benefits that are available before you need to meet the medical plan deductible are shown below in a shaded box. For all boxes without shading, you are responsible for all charges up to the allowable amount or billed charges 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. **Please note:** Preferred hospitals are designated as either **Choice** or **Affiliate,** and different copayments may apply. Please see the Glossary for descriptions of **Choice** and **Affiliate** Hospitals.

DEDUCTIBLE*	$500 ($1,000 Family)
COPAYMENTS	$30 with Preferred Providers Not applicable with Non-Preferred Providers
PERCENTAGE COPAYMENTS	25% with Preferred **Choice** Hospitals 35% with Preferred **Affiliate** Hospitals 50% with Non-Preferred Providers
CALENDAR-YEAR COPAYMENT MAXIMUM (Does not include the plan deductible. Some services do not apply.)	Services with Preferred **Choice** Providers**: $3,500 ($7,000 Family) Services with All Providers: $5,000 ($10,000 Family)
LIFETIME MAXIMUM	$6,000,000
TOTAL ANNUAL OUT-OF-POCKET COSTS	Deductible + copayment maximum

* Benefits for covered brand-name drugs are subject to a separate $250 brand-name drug deductible per person.

** This copayment maximum also includes copayments for services from preferred providers when there is no designation of "**Choice** Hospital" and "**Affiliate** Hospital."

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, consultations, OB/GYN and specialist visits, second surgical opinions, urgent care services, asthma self-management training	$30[2]	50%
– Allergy testing and treatment	25%	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 annual exam or preventive care visit)	$30[2]	Not Covered
OUTPATIENT SERVICES		
– Non-Emergency services and procedures, Outpatient surgery in hospital	25% w/ Choice Hospitals / 35% w/ Affiliate Hospitals	50%[2,3]
– Outpatient or Out-of-Hospital X-ray and Laboratory	25%	50%
– Non-Emergency surgery in an Ambulatory Surgery Center (ASC)	25%	50%[2,3]
– Radiological Procedure requiring prior authorization (such as CT scans, MRIs, MRAs, PET scans, Bone Densitometry and any cardiac diagnostic procedure utilizing Nuclear Medicine)	25%	50%

COVERED SERVICES (Subject to the plan deductible, unless noted)	MEMBER COPAYMENTS 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	25%		50%
– Inpatient semiprivate room and board, services and supplies and subacute care	25% w/ Choice Hospitals	35% w/ Affiliate Hospitals	50%[2,3]
EMERGENCY HEALTH COVERAGE			
– Outpatient Emergency room facility services, semiprivate room and board, services and supplies, and subacute care not resulting in admission	25%/visit		25%/visit
– ER Physician visits[4]	25%		25%
AMBULANCE SERVICES (Surface or Air)[5]	25%		25%
PRESCRIPTION DRUG COVERAGE[6] (outpatient; brand-name drugs are subject to a $250 brand-name drug deductible per person, per calendar year; includes oral contraceptives, diaphragms, diabetic testing supplies, asthma inhalers and inhaler spacers)	**At Participating Pharmacies** (up to a 30-day supply)		**Mail Service Prescriptions** (up to a 60-day supply)
– Generic formulary drugs	$7/prescription[2]		$14/prescription[2]
– Formulary brand-name drugs[‡,7]	$25/prescription[2]		$50/prescription[2]
– Non-formulary brand-name drugs[‡,7]	$45 + 10%/prescription (maximum copayment of $100 per prescription)[2]		$75 + 10%/prescription (maximum copayment of $150 per prescription)[2]
– Home Self-Administered Injectables[8]	30%[2]		Not Covered
DURABLE MEDICAL EQUIPMENT			
– Prosthetic Appliances, Home Medical Equipment, Asthma Nebulizers (including face masks and tubing), Peak Flow Monitors and Orthotic Equipment[9]	25%		50%

	With MHSA Participating Providers,[1] you pay		With MHSA Non-Participating Providers,[1] you pay
MENTAL HEALTH SERVICES[10,11]			
– Inpatient Hospital Facility Services	25%		50%[2,3]
– Inpatient Physician Services	25%		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)	25%		Not Covered
CHEMICAL DEPENDENCY SERVICES (Substance Abuse)[11]			
– Inpatient Hospital Facility Services for medical acute detoxification	25% w/ Choice Hospitals	35% w/ Affiliate Hospitals	50%[2,3]
– Inpatient Physician Services for medical acute detoxification	25%		50%
– Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits)	25%		Not Covered

	With Preferred Providers,[1] you pay	With Non-Preferred Providers,[1] you pay
HOME HEALTH SERVICES (up to 90 preauthorized visits per calendar year)	25%	Not Covered

COVERED SERVICES (Subject to the plan deductible, unless noted)	MEMBER COPAYMENTS With Preferred Providers,[1] you pay		With Non-Preferred Providers,[1] you pay
OTHER			
Pregnancy and Maternity Care[12]			
– Outpatient prenatal and postnatal care	25%		50%
– Delivery and all necessary inpatient hospital services	25% w/ Choice Hospitals	35% w/ Affiliate Hospitals	50%[2,3]
Family Planning			
– Consultations, tubal ligation, vasectomy, elective abortion	25%		Not Covered
– Injectable Contraceptives[13]	$25[2]		Not Covered
Rehabilitation Services			
– Physical, occupational or respiratory therapy received in a provider's office or outpatient department of a hospital	25%		50%
Chiropractic Services (up to 12 visits per calendar year)			
– Received from a chiropractor	50% up to $25 (member responsible for all charges over $25)		Not Covered
Skilled Nursing Facility (SNF) and Subacute Care (semiprivate accommodations following transfer from hospital unless Blue Shield gives written authorization; up to 100 days per calendar year)	25% in hospital or freestanding SNF		50%[2] in hospital SNF 25% in freestanding SNF
Out-of-State Services (full plan benefits covered nationwide with the BlueCard program)	25% with BlueCard Participating Providers		50% with all other providers
Diabetes Care			
– Diabetes Self-Management Training	$30[2]		50%
– Diabetes Care Supplies	25%		50%
Dental Services and Life Insurance (Optional dental benefits and life insurance are available. See pages 42-44 for details.)			

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

‡ The brand-name drug deductible is separate from the medical plan 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 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 percentage 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 maximum. Mental health and chemical dependency services, other than services for medical acute detoxification, are accessed through the mental health services administrator (MHSA) utilizing MHSA participating providers. MHSA participating providers agree to accept the MHSA's payment, plus member's payment of any applicable deductible and copayment, or amounts in excess of benefit dollar maximums specified, as payment-in-full for covered mental health and substance abuse services. Inpatient services for medical acute detoxification are accessed through Blue Shield utilizing Blue Shield's preferred and non-preferred (not MHSA) providers.

2 These copayments do not count toward the copayment maximum and will continue to be charged once the copayment 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 Members pay the preferred provider percentage copayment level, 25 percent, for physician services received during an emergency room visit.

5 Members who reasonably believe that they have an emergency medical condition which requires an emergency response are encouraged to appropriately use the 911 emergency response system where available.

6 The drug formulary is a comprehensive list of recommended drugs based on safety, efficacy, FDA bioequivalency and cost-effectiveness, and is reviewed and updated four times per year. Always present your Blue Shield ID card to obtain benefits at a participating (network) pharmacy. Except for covered emergencies, prescription drugs obtained from non-participating pharmacies are not covered. Call **(800) 351-2465** to find out if a particular drug is on the Blue Shield drug formulary, or to request a copy of the formulary. For the most current information, you can access the formulary on the Blue Shield of California Web site at **mylifepath.com**.

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. Member pays a copayment plus 10 percent for formulary brand-name drugs. The 10 percent members' responsibility is calculated by taking Blue Shield's contracted rate, minus the copayment, and then taking 10 percent of the remaining amount.

8 Home self-administered injectables are available through pharmacies designated in a specialty network. They are only covered when obtained from a pharmacy designated in a specialty network, and they require prior authorization from Blue Shield Pharmacy Services.

9 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.

10 For a listing of Severe Mental Illnesses, including Serious Emotional Disturbances of a Child, and other benefit details, please refer to the *Evidence of Coverage* (EOC).

11 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 providers.

12 Members have coverage for inpatient benefits of no less than 48 hours following a normal delivery and no less than 96 hours following a delivery by cesarean section, unless the treating physician, in consultation with the mother, decides on an early discharge.

13 Member is responsible for the office visit copayment in addition to the $25 copayment.

Blue Shield Access+ HMO Plan

An easy and efficient way to manage your health care and your costs

Do you or your dependents go to the doctor often?

If your answer is "yes," Access+ HMO could be the right plan for you. You'll have access to a wide range of routine and preventive care services for a small copayment or for no out-of-pocket charge at all, without having to meet a deductible.

Please see the following Uniform Plan Matrix for specific benefit details.

Access+ HMO plan advantages

- $10 office visit copayments
- Access to a specialist without a referral in your Personal Physician's participating medical group/IPA for a $30 copayment
- Covered preventive care provided at no extra charge
- Our HMO network has more than 25,000 doctors and 280 hospitals throughout California
- Basic dental services
- No lifetime maximum on plan benefits
- Virtually no claim forms

Personal care from your Personal Physician

Your relationship with the Personal Physician you choose is the key to your Access+ HMO plan. He or she will:

- Provide or coordinate your necessary medical services
- Arrange for referrals to specialists and hospitals and other covered non-physician healthcare practitioners

Access+ HMO Hospitals

Our Access+ HMO hospital network contains both **Choice** Hospitals and **Affiliate** Hospitals. *Non-emergency* services received from Affiliate Hospitals may be subject to higher copayments. You can help control your costs by accessing **Choice** Hospitals in the Blue Shield Provider Network. See the Uniform Matrix for copayment information.

Special features of the Access+ HMO plan

Self-referral to specialists

With Access+ *Specialist*[SM] you can go directly to a specialist or other physician in the same medical group or IPA as your Personal Physician, without a referral. When you self-refer, your copayment will be $30 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.

Self-referrals to gynecological exams and OB/GYN visits

Women may 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 gynecological exams – without a referral. There is no charge for your annual gynecological office visit, but you will be charged your usual $10 office visit copayment for other OB/GYN visits.

Money-back guarantee

Our member feedback program, Access+ *Satisfaction,*[SM] will refund your usual $10 office visit copayment and provide a postage-paid postcard for your comments if you are ever dissatisfied with the service you receive during a covered office visit with an HMO network physician.

This is only an overview of the Blue Shield Access+ HMO plan. Please read this information so you will know from whom or what group of providers health care may be obtained. For complete information on the provisions of the Access+ HMO health plan, please read the Access+ HMO plan *Evidence of Coverage* (EOC). We will be happy to provide you with a copy when you call **(800) 431-2809**.

Access+ HMO Plan

Uniform Health Plan Benefits & 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.

All the benefits listed below are covered by the Access+ HMO plan. Plan services and supplies are covered when performed, prescribed or authorized by your Personal Physician. Other than the exceptions listed on page 39, services that are not obtained from or approved by your Personal Physician will not be covered.

Benefits that are available before you meet any deductible are shown in a shaded box. **Please note:** Network hospitals are designated as either **Choice** or **Affiliate,** and different copayments may apply. Please see the Glossary for descriptions of **Choice** and **Affiliate** Hospitals.

DEDUCTIBLE*	$1,500 ($3,000 Family)
CALENDAR-YEAR OUT-OF-POCKET MAXIMUM The calendar year out-of-pocket maximum includes the plan deductible. (The copayments indicated with ∞ do not apply towards the out-of-pocket maximum amount.)	$3,000 ($6,000 Family)
LIFETIME MAXIMUM	No Limit
* Benefits for covered brand-name drugs are subject to a separate $150 brand-name drug deductible per person for formulary and non-formulary.	

COVERED SERVICES[1]	MEMBER COPAYMENTS	
PROFESSIONAL SERVICES		
– Personal Physician office visits, specialists, OB/GYN services, urgent care, allergy testing and treatment, asthma self-management training	$10/visit	
– Allergy serum purchased separately for treatment	50%	
– Injectable medications, lab and X-ray (infertility injectables are not covered; insulin is covered under the outpatient prescription drug benefit)	No Charge	
– Access+ *Specialist* (Self-referred physician office visits and other consultations only)[2]	$30/visit∞	
– Physician home visits	$25/visit	
PREVENTIVE CARE		
– Scheduled Routine Physical Exams, annual Gynecological Exam, immunizations, vision, hearing and routine lab screenings	No Charge	
OUTPATIENT SERVICES		
Non-Emergency		
– Outpatient Surgery (in a hospital)	$150/visit with Choice Hospitals $250/visit with Affiliate Hospitals	
– Outpatient Surgery (in an Ambulatory Surgery Center)	$150/visit	
– Outpatient Services and Supplies (in a hospital; includes radiation and intravenous chemotherapy)	$25/visit with Choice Hospitals $35/visit with Affiliate Hospitals	
– Outpatient Services and Supplies (in an Ambulatory Surgery Center)	$25/visit	
HOSPITALIZATION SERVICES		
– Inpatient physician visits and consultations, surgeons and assistants, anesthesiologists, pathologists, radiologists (covered inpatient hospital, skilled nursing facility and subacute care physician services)	No Charge	
– Inpatient semiprivate room and board, intensive care units, subacute care, special treatment rooms, services and supplies	No Charge w/ Choice Hospitals $150/admit w/ Affiliate Hospitals	
EMERGENCY HEALTH COVERAGE		
– Emergency room services ($50 copayment waived if the member is admitted directly to the hospital as an inpatient)	$50/visit	
– Inpatient hospital services and supplies	No Charge w/Choice Hospitals $150/admit w/Affiliate Hospitals	
AMBULANCE SERVICES (Surface or Air)[3]	$50/trip	
PRESCRIPTION DRUG COVERAGE[4] (brand-name drugs subject to a $150 brand-name drug deductible; includes coverage for formulary drugs, formulary oral contraceptives, diaphragms, diabetic testing supplies, asthma inhalers and inhaler spacers)	**At Participating Pharmacies** (up to a 30-day supply)	**Mail Service Prescriptions** (up to a 60-day supply)
– Generic drugs	$10/prescription∞	$20/prescription∞
– Formulary brand-name drugs[5]	$30/prescription∞	$60/prescription∞
– Home self-administered injectables[6]	20% (up to $100/prescription)∞	Not Covered
DURABLE MEDICAL EQUIPMENT		
– Prosthetics, Orthotics[7], Home Medical Equipment, Asthma Nebulizers (including face masks and tubing) and Peak Flow Monitors	50%∞	

COVERED SERVICES[1]	MEMBER COPAYMENTS
MENTAL HEALTH SERVICES[8,11]	
– Inpatient Hospital Facility Services	No Charge
– Inpatient Physician Services	No Charge
– Outpatient visits for severe mental health conditions[2]	$10/visit ($30/visit if provider is MHSA Access+ *Specialist* provider)
– Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits)[2]	$25/visit ∞ ($30/visit if provider is MHSA Access+ *Specialist* provider)
CHEMICAL DEPENDENCY SERVICES (Substance Abuse)[11]	
– Inpatient hospital facility services for medical acute detoxification	No Charge w/Choice Hospitals $150/admit w/Affiliate Hospitals
– Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits)[2]	$25/visit ∞ ($30/visit if provider is MHSA Access+ *Specialist* provider)
HOME HEALTH SERVICES (up to 100 visits per calendar year)	
– Home Health Agency visits (up to 4 visits per day, 2 hours per visit)	$10/visit
– Consultations and evaluations by a licensed medical social worker, and medically necessary services or supplies which would be covered in the hospital	No Charge
OTHER	
Pregnancy and Maternity Care[9,10]	
– Outpatient prenatal and postnatal physician office visits	No Charge
– Delivery and all necessary inpatient hospital services	No Charge w/ Choice Hospitals $150/admit w/ Affiliate Hospitals
Family Planning	
– Counseling	$10/visit
– Tubal ligation,[10] elective abortion	$100/occurrence
– Vasectomy	$75/occurrence
– Injectable Contraceptives[12]	$25 per injection
Rehabilitation Services - physical, occupational and respiratory therapy	
– Received in a physician's office visit or in a hospital outpatient department	$10/visit
– In Inpatient rehabilitation unit of hospital	No Charge with Choice Hospitals $150/admit with Affiliate Hospitals
Skilled Nursing Facility (SNF) and Subacute Care (subject to all of the inpatient hospital services provisions and limited to a benefit maximum of 100 days per calendar year; custodial care is not covered)	$50/day
Urgent Care (outside your Plan Service Area)[13]	$50/visit
Diabetes Care	
– Diabetic Equipment (diabetic testing supplies are covered under the Outpatient Prescription Drug benefit.)	50%
– Diabetes Self-Management Training	$10/day
Dental Services (for details please see the Dental Highlights Matrix, page 43)	
– Access+ *Dentist*	Embedded within this Plan
Other optional dental benefits are available for an additional cost through the Blue Shield Dental PPO or Dental HMO plans. See pages 42-44 for details.	

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

1 Access+ HMO benefits are provided only for services that are medically necessary, as determined by the Personal Physician or Access+ HMO except in an emergency or as otherwise specified, and must be received while the patient is a current member. Mental health and substance abuse services are accessed through the mental health services administrator (MHSA) utilizing MHSA participating providers.

2 To use the Access+ *Specialist* option, for other than mental health or substance abuse 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 Substance Abuse Care will accrue towards the 20-visit-per-calendar-year maximum. In addition, all Access+ *Specialist* visits require a $30 copayment per visit. Mental health and substance abuse Access+ *Specialist* visits are accessed through the MHSA utilizing MHSA participating providers.

3 Members who reasonably believe that they have an emergency medical condition which requires an emergency response are encouraged to appropriately use the 911 emergency response system where available.

4 Only medically necessary outpatient formulary drugs are covered. The drug formulary is a comprehensive list of recommended drugs based on safety, efficacy, FDA bioequivalency and cost-effectiveness, and is reviewed and updated four times per year. Always present your Blue Shield ID card to obtain benefits for prescription drugs at a participating pharmacy. Call Member Services to find out if a particular drug is on the formulary, or to request a copy of the formulary. The most current version of the formulary may be accessed on the Blue Shield of California Web site at **mylifepath.com**. 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.

5 Only drugs in the Blue Shield Drug Formulary are covered. 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.

6 Home self-administered injectables are available through pharmacies designated in a specialty network. They are only covered when obtained from a pharmacy designated in a specialty network, and they require prior authorization from Blue Shield Pharmacy Services.

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 For a listing of Severe Mental Illnesses, including Serious Emotional Disturbances of a Child, and other benefit details, please refer to the *Evidence of Coverage* (EOC).

9 Except for the treatment of involuntary complications of pregnancy, pregnancy/maternity benefits for a pregnancy that qualifies as a Waivered Condition are not available during the six-month period beginning as of the effective date of coverage. Coverage is applied for inpatient benefits of no less than 48 hours following a normal delivery and no less than 96 hours following a delivery by cesarean section, unless the treating physician, in consultation with the mother, decides on an early discharge.

10 The tubal ligation copayment does not apply when the procedure is performed in conjunction with delivery or abdominal surgery.

11 Blue Shield of California has contracted with a specialized health care service plan to act as the plan's mental health services administrator (MHSA) and to provide mental health and substance abuse 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 providers. For all other mental health and substance abuse services, members should access MHSA participating providers.

12 Member is responsible for the office visit copayment in addition to the $25 copayment for the injectable contraceptives.

13 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.

Dental Coverage

Complete your Blue Shield health coverage with our affordable dental plans.

Monthly Dental Coverage Rates		
	Dental PPO	Dental HMO
Individual (Adult or YouthCare)	$34	$16
Two-Party	$65	$30
Family	$101	$50

Please Note: Monthly dues for the Dental HMO and Dental PPO plans are in addition to the dues/ premiums for medical benefits covered by the Blue Shield health plan. However, you will receive one bill that combines your health, dental and, if applicable, life insurance premiums. If you select the Dental HMO, your health plan and dental coverage effective dates must be the first of the month. (No benefits are paid for services received before the effective date.)

Dental Coverage

Because Blue Shield believes dental health is an important part of your total wellness, we offer you several affordable dental coverage options. All applicants who qualify for a Blue Shield health plan may choose between the Blue Shield Dental PPO Plan and the Blue Shield Dental HMO Plan for quality dental coverage at affordable rates.

The Blue Shield Dental PPO Plan

With the Blue Shield Dental PPO Plan, you have the freedom to choose any dental provider, but your out-of-pocket costs for covered services are lowest when you receive care from participating (network) dentists. The Dental PPO Plan features:

- An extensive network of general care and specialty dentists.
- An individual deductible of $50 per member per calendar year.
- A wide range of dental benefits, including diagnostic and preventive services at no out-of-pocket cost.
- Coverage even when you use an out-of-network dentist – the plan reimburses you for up to a specified amount, and you pay the balance of the total billed charges.
- A $1,000 per-member per-year benefit maximum – including a $500 per-member per-year maximum for out-of-network benefits. (Each calendar year, the member is responsible for all charges incurred after the plan has paid these amounts for covered dental services.)
- No waiting period for diagnostic or preventive services. The following waiting periods do apply: Three months for minor restorative services and procedures (such as fillings), endodontics, periodontics, and oral surgery. Twelve months for major restorative services and procedures (such as crowns), orthodontics, removable and fixed prosthetics.

The Blue Shield Dental HMO Plan

With the Blue Shield Dental HMO Plan, you choose a dental provider from our list of Blue Shield Dental HMO dental providers. All of your family's dental care will be provided or coordinated through that dental provider. The Dental HMO Plan features:

- An extensive network of general care and specialty dentists.
- No deductibles or calendar-year maximums.
- A wide range of dental benefits, including most diagnostic and preventive services at no out-of-pocket cost to you, and generally lower copayments than the Dental PPO.
- Specialty care available with a referral from your dental provider.
- No waiting period for any type of service other than orthodontics. (A 12-month waiting period applies to orthodontic services.)
- Virtually no claim forms.

Access+ *Dentist* – For Access+ HMO members only

Access+ HMO members have built-in dental services through Access+ *Dentist*, with no additional dues. Just show your Blue Shield ID card when you visit an Access+ *Dentist* provider, and you'll receive dental services at reduced out-of-pocket costs, including diagnostic and preventive services for $20 copayments. See the column titled "Access+ *Dentist*" on the Dental Highlights Matrix. Although Access+ *Dentist* is included in the health plan, Access+ HMO members can choose to purchase a more generous dental plan instead of receiving the Access+ *Dentist* services.

We've made it easy to enroll!

To apply for the Blue Shield Dental PPO or Dental HMO Plan, all you need to do is mark your selection on the health plan application. If your health plan application is approved, your dental coverage will take effect on the same day as your health plan. You and any dependents covered on your Blue Shield health plan will be covered by the dental plan you choose. YouthCare applicants can be covered on their own dental plan.

If you are signing up for the Blue Shield Dental HMO, please be sure to list a dental provider for yourself and your family on your application. If you do not have a copy of Blue Shield's *Dental HMO Dental Provider Directory*, please visit the Find a Provider section of our Web site at **mylifepath.com** or call **(800) 431-2809**.

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. We will automatically send you a copy of the applicable Supplement when your health plan application is approved. To have a Supplement sent sooner, please call **(800) 431–2809**.

SERVICE	DENTAL PPO[1,2]		DENTAL HMO[3,4]	ACCESS+ *DENTIST*
	With Participating Dentists, you pay:	With Non-Participating Dentists, the plan reimburses you up to:	You pay:	(Access+ HMO members only)[5] You pay:
Diagnostic Services				
Comprehensive oral exams	$0	$40	$0	$20 (Plus $10 for full-mouth series X-rays)
Preventive Care				
Prophylaxis (cleanings, every 6 months)				
Adult	$0	$48	$0	$20
Child	$0	$34	$0	$20
Sealant/per tooth[6] (covered to age 16)	$0	$22	$11	$10
Restorative Services[2]				
One-surface amalgam (filling)	$35	$28	$15	80%**
Crown (porcelain fused to noble metal)	$320	$256	$300*	80%**
Endodontics[2]				
Anterior root canal	$156	$125	$155	80%**
Molar root canal	$234	$187	$290	Not Covered
Periodontics[2]				
Osseous surgery/per quadrant	$263	$210	$303	Not Covered
Periodontal root planing/per quadrant	$65	$52	$75	80%**
Prosthetics[2]				
Bridge (per unit)	$320	$256	$300*	80%**
Complete denture (upper or lower)	$388	$310	$400	80%**
Oral Surgery[2]				
Extraction (single tooth)	$37	$30	$30	80%**
Removal of impacted tooth (complete bony)	$113	$90	$125	Not Covered
Orthodontics[2,4,7]				
Fully banded (two year) case – child	$2,350***	Not Covered	$2,350***	Not Covered
Fully banded (two year) case – adult	$2,650***	Not Covered	$2,650***	Not Covered

1 Use any participating (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 a $50 calendar-year deductible.

2 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.

3 All services must be performed, prescribed or authorized by your dental provider, 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.

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

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

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

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

* Plus the cost of precious or semi-precious metals.

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

*** Plus up to $250 for records.

Individual Term Life Insurance

If you'd like to add the financial protection and security of $10,000, $30,000, $60,000 or $90,000 in term life insurance to your coverage portfolio, Blue Shield of California Life & Health Insurance Company offers a simple solution. Applying for term life coverage couldn't be easier. Just complete the life insurance part of your Blue Shield health plan application by checking the box for the amount of life insurance coverage you want, and designate your beneficiary. If coverage is approved, your health plan and life insurance effective dates will be the same, and you'll receive a single combined bill for payment of premiums.

Individual term life insurance is available to primary subscribers (ages 1 through 64) of any Blue Shield health plan for individuals and families, including YouthCare subscribers except for members of Blue Shield guaranteed issue plans.

MONTHLY INDIVIDUAL TERM LIFE INSURANCE PREMIUMS

	Amount of Insurance			
Age Range	$10,000	$30,000	$60,000*	$90,000*
1-18*	$1.95	$2.95	N/A	N/A
19-29	$2.75	$5.35	$9.25	$13.15
30-39	$3.05	$6.25	$11.05	$15.85
40-49	$5.85	$14.65	$27.85	$41.05
50-59	$13.85	$38.65	$75.85	$113.05**
60-64	$20.45	$58.45	$115.45	$172.45**

* Those younger than age 19 are not eligible for $60,000 and $90,000 life insurance options.

** $90,000 benefit amount is not available for new sales to those ages 50 years or older, but current members with in-force policies who turn age 50 are eligible to keep their coverage until age 65.

If you choose to apply for individual term life insurance after you are approved for a Blue Shield health plan, you must request a Blue Shield Life Evidence of Good Health form by calling Blue Shield at **(800) 431-2809** or downloading it from **bscalife.com**. If coverage is approved, your life insurance effective date will be the first day of the month following approval.

PLEASE NOTE: Individual term life insurance is underwritten by Blue Shield of California Life & Health Insurance Company.

Adding more value to your plan with a Health Savings Account

Our Shield Spectrum PPO Savings Plans 2400/4800 and 4000/8000 are high-deductible health plans that can be paired with a Health Savings Account (HSA) that offers qualified members* the opportunity to save on taxes. Our HSA-eligible high-deductible health plans enable you to receive benefits at lower-cost dues/premiums while taking a more active role in your healthcare choices.

What is an HSA?

HSAs are tax-advantaged personal savings or investment accounts intended for payment of qualified medical expenses that may be established in combination with qualifying high-deductible health plans. HSAs offer a number of benefits compared to other tax-advantaged accounts:

- Higher contribution limits than Archer Medical Savings Accounts (MSAs) or most Flexible Spending Accounts (FSAs)
- Broader eligibility guidelines
- Both employees and employers may contribute in the same year
- Catch-up contributions are allowed for people ages 55 to 65
- Portability: Members own and control the accounts even if they change jobs

If you enroll in either the PPO Savings Plan** 2400/4800 or 4000/8000 and are qualified to open an HSA, you can use your tax-free HSA funds to pay for qualified medical expenses, even those that may not be covered by your health plan, including dentist visits, eye exams and even acupuncture. You can also accumulate tax-free funds from year to year for future healthcare funding such as long-term care.

Preferred HSA administrator delivers convenience and cost savings

To provide you with a one-stop HSA experience, Blue Shield has carefully researched and selected Wells Fargo as the preferred administrator to manage HSAs for our members with HSA-eligible high-deductible health plans. As a Blue Shield member, you will benefit from no transaction fees, low monthly administration fees and the comprehensive customer service offered by Wells Fargo. However, you may establish an HSA with any financial institution who offers an HSA.

To get more information about the Health Savings Account offered by Wells Fargo, please call **1-866-890-8313**.

Important Information Regarding HSAs

Blue Shield has designed the PPO Savings Plans 2400/4800 and 4000/8000 to meet government requirements for a high-deductible health plan, which would permit qualified individuals to open tax-advantaged Health Savings Accounts (HSAs). If you are eligible, it may allow you to take advantage of the income tax benefits available when you establish an HSA and use the money you put into the HSA to pay for qualified medical expenses subject to the deductibles under this plan.

NOTICE: Blue Shield currently has a relationship with an HSA administrator but does not provide tax advice. 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 Blue Shield believes that these plans meet these requirements, the Internal Revenue Service has not ruled on whether the plans are qualified as high-deductible health plans. Should you purchase one of these plans to obtain the income tax benefits associated with an HSA and the Internal Revenue Service were to rule 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, Blue Shield intends to amend the Shield Spectrum PPO Savings Plans, if necessary, to meet the requirements of a qualified plan. A change in the plan's dues may also be required as a result of a change in the plan(s).

* Please note that most consumers who enroll in an HSA eligible high deductible health plan may be eligible to open an HSA, but should consult with a financial and/or tax adviser to confirm and determine if an HSA is a good financial fit for them. Blue Shield does not offer tax advice or HSAs. HSAs are offered through financial institutions.

**As of July 2005, the PPO Savings Plans 2400/4800 and 4000/8000 are intended to qualify as a "high deductible health plan" for the purposes of qualifying for a health savings account (HSA), within the meaning of Section 223 of the Internal Revenue Code of 1986, as amended. Blue Shield may receive a nominal referral fee from Wells Fargo Bank when a high-deductible health plan member that has been referred establishes an HSA with Wells Fargo.

Additional services offer more value with every plan

At Blue Shield, we believe staying well is just as important as getting well. That's why we offer a wide selection of services, programs, tools and information to support our members' health. These valuable services are available only by becoming a Blue Shield member.

Lifepath Advisers

Lifepath Advisers℠ provides a convenient resource that Blue Shield members can consult for immediate professional assistance with virtually any concern, personal or professional. These services are available to you automatically upon becoming a member, without any extra cost or paperwork.

Available 24 hours a day, seven days a week, *Lifepath* Advisers provides the following types of services:

- **Nurseline.** Registered nurses offer medical information, assistance in choosing the most appropriate type of health care, self-care tips and lifestyle counseling. Members can also chat online with a registered nurse by logging on to the "My Health Plan" section of our Web site.
- **Personal consultation.** Master's-level counselors offer support with issues like marriage and relationships, finding a balance between career and personal life, and mental health.
- **Work-life resources.** Sometimes you need help managing the impact of home and career. *Lifepath* Advisers offers a broad range of services including senior care, child care, family and relationship service, lifelong learning – even financial counseling and legal advice.

The Eye Care Network Discount Vision Program

When you use Eye Care Network (ECN) providers*, you will receive a 20 percent discount for a wide range of services and supplies.

Mylifepath Alternative Health Services Discount Program

Through the *Mylifepath*℠ Alternative Health Services Discount Program, you can save money on alternative health and wellness services. This program provides members with discounts for acupuncture, chiropractic and massage therapy services.**

The *Mylifepath* network includes thousands of screened and qualified acupuncturists, chiropractors and massage therapists throughout California. Members can receive the discount simply by presenting their Blue Shield member ID card to any *Mylifepath* network practitioner and paying the lesser of 25 percent off the practitioner's usual published fee or the program's maximum fee schedule.

Mylifepath.com

Our innovative, award-winning Web site offers you valuable tools and reliable information to help you manage your health plan benefits. Once you become a member and register on **mylifepath.com**, you'll have access to:

- **My Health Plan:** Find out about your specific plan's benefits and services, view summaries of copayments, coinsurance and annual deductible amounts.
- ***Lifepath* Decision Guide℠:** Compare inpatient services and their costs at hospitals in your area, and find out about the treatment options for a diagnosed condition.
- **Find a Provider:** Find physicians, dentists, optometrists, chiropractors, hospitals, clinics and other healthcare providers. You can search by name, specialty, gender, location or medical group. You can even print directions.
- **Pharmacy:** Send your questions about prescription and over-the-counter drugs to a pharmacist at the University of California, San Francisco and receive your answer within two business days. Check for drugs listed in the formulary. Compare the costs of generic versus brand-name drugs and research drug interaction. Find a participating pharmacy near you.
- **Health & Wellness:** Search our Health Library for up-to-date information on a wide variety of health topics from expert health sources like the Mayo Clinic. And discover helpful health topics delivered right to your inbox by subscribing to our Health Update e-newsletter.

continued on next page

* Discount program services are provided by the Eye Care Network (ECN). ECN network practitioners are screened, credentialed and managed by ECN. The Eye Care Network Discount Program is not a covered service of any Blue Shield health plan. None of the terms or conditions of Blue Shield health plans apply to the discount program. Members are responsible for all charges incurred and must pay the practitioner directly. Members who are not satisfied with services received from the program's practitioners may use the Blue Shield grievance process.

** The *Mylifepath* Alternative Health Services Discount Program is available only to Blue Shield members through an arrangement with American Specialty Health (ASH) Networks and is not a covered service of any Blue Shield health plan. ASH Networks credentials and manages the program's practitioners. None of the terms and conditions of Blue Shield's health plans apply. Blue Shield does not review the program's practitioners' services and products for medical necessity or efficacy and makes no representations or guarantees regarding their services or products. Members who use the discount program are responsible for the payment of services provided by participating network practitioners, including payment for cancelled or missed appointments. Members who are not satisfied with services received from the program's practitioners may use the Blue Shield grievance process. Blue Shield reserves the right to terminate this program without notice.

Health Management Programs

Our health management programs provide up-to-date information and wellness strategies to help members take control of their health. And Blue Shield's Center for Health Improvement offers valuable programs and resources for members living with chronic conditions such as asthma and diabetes. For more information about our health programs or publications, call us at **(800) 431-2809** or visit the Health & Wellness section of **mylifepath.com**.

Continued from pages 6-7

No individuals will be eligible for benefits until after the family deductible is met.

* After the $600 credit is used, member is responsible for 100 percent of allowable amount for covered services received from preferred providers or 100 percent of billed charges for covered services received from non-preferred providers up to the copayment maximum. Once the $3,500 copayment maximum has been reached, Blue Shield will then begin to cover 100 percent of allowable amount for covered services. There are restrictions on which services deduct from the $600 credit and accrue toward the $3,500 copayment maximum. If the $600 is not used during the first calendar year, the remaining dollars will be added to the next year's $600 credit as long as you are continuously enrolled in the plan.

† Underwritten by Blue Shield of California Life & Health Insurance Company. Blue Shield of California and Blue Shield of California Life & Health Insurance Company each offer a PPO 1500 and 2000 plan. The plan benefits and rates are identical. Please call **(800) 431-2809** for more information. The Shield Spectrum PPO Savings Plan 4000/8000 is subject to regulatory approval.

1 For preventive care services you will pay a $20 copayment per visit with preferred providers, before or after you've met the copayment maximum. If you use a non-preferred provider, these services will not be covered by Blue Shield. Copayments for these services do not count towards the calendar-year copayment maximum or the $600 ($1,200 family) credit.

2 For Access+ HMO plan, the deductible only applies to facility charges for inpatient hospital services, outpatient hospital surgery services and ambulatory surgery center services.

3 Access+ HMO, Shield Spectrum PPO Savings Plans 2400/4800 and 4000/8000 and Shield Spectrum PPO Plan 5000: the out-of-pocket/copayment maximums include the plan deductible. Shield Spectrum PPO Plans 2000-500: The copayment maximum does not include the plan deductible. For certain plans, copayments made for some services may not count towards the out-of-pocket or copayment maximum.

4 The initial flat dollar emergency room copayment is waived if you are admitted directly to the hospital as an inpatient.

5 Only with prior authorization from Blue Shield Pharmacy Services.