

Individual and Family Plans

find a plan that fits you

live by

your own plan



a plan for your life

Everyone's needs are unique, and it's important to find a plan that best fits you and your family. When it comes to your health, you need a plan that's right for you.

At Blue Shield of California, we want you to live by your own plan.

PPO health plans

Our individual and family preferred provider organization (PPO) plans are designed for members to receive care from Blue Shield doctors and hospitals ("providers") that participate in the Exclusive PPO Network. While the Exclusive PPO Network includes fewer providers than Blue Shield's Full PPO Network, members still have access to over 41,000 doctors in California.

When members receive care from providers in their plan's network, they will pay the least out of pocket. PPO plans also provide coverage for care received from providers who are not part of the plan's network, but the member's share of the cost is higher.

How to choose your plan

We have a variety of health plans for you to choose from:

- **Platinum 90 PPO**
- **Gold 80 PPO**
- **Silver 70 PPO**
- **Silver 94 PPO**
- **Silver 87 PPO**
- **Silver 73 PPO**
- **Silver Seven 3750 PPO**
- **Silver 1850 PPO**
- **Bronze 60 PPO**
- **Bronze 5550 PPO**
- **Bronze 60 HSA PPO**
- **Minimum Coverage PPO**

How do you choose the plan that's right for you? Don't worry. We're here to help simplify it for you. Choosing your plan depends on how much you want to pay when you get care versus how much you want to pay monthly for your plan premium. Generally speaking, the more you pay per month for your plan premium, the less you pay when you get care. And the less you pay per month for your plan premium, the more you pay when you get care. A higher premium plan is typically better if you see a provider frequently, while a lower premium plan is typically better if you rarely see a provider.



See page 8 for helpful definitions of important medical terms.

PLATINUM



Platinum 90 PPO/ Gold 80 PPO

With **Platinum 90 PPO** and **Gold 80 PPO** plans, you'll pay more for your monthly premium, but pay less when you get care. One of these plans may be a good choice if you need to see the doctor often.

GOLD



SILVER



Silver Plans

Silver 70 PPO offers more of a balance between the cost for monthly plan premiums and the cost for care. If you are looking for a high-value, lower-cost plan offering predictable costs, one of our new **Silver 1850 PPO** or **Silver Seven 3750 PPO** plans could be for you.

Depending on your income and other factors, you may be able to enroll in one of our three Silver cost-sharing reduction plans to help reduce your medical costs:

Silver 94 PPO | Silver 87 PPO | Silver 73 PPO

Cost-sharing reduction plans, which are purchased through Covered California, offer lower copayments, deductibles, and out-of-pocket costs, so you'll pay less when you get care from network providers.

BRONZE



Bronze Plans

Bronze plans cost less for your monthly premium and more when you see a provider. The **Bronze 60 PPO** or our new **Bronze 5550 PPO** may be a good choice if you don't need health care often and want to spend less on your monthly premium. However, it's important to keep in mind that you'll pay more out of pocket when you receive medical care.

BRONZE



Our **Bronze 60 HSA PPO** plan is eligible for a health savings account* (HSA). You can prepare for future medical costs by contributing tax-advantaged money to your own HSA. And you can receive preventive care services for no additional cost before meeting the deductible.*

* Although most individuals who enroll in an HSA-compatible high-deductible health plan are eligible to open an HSA, you should consult with a financial adviser to determine if an HSA/HDHP is a good financial fit for you. Blue Shield does not offer tax advice for HSAs. HSAs are offered through financial institutions. For more information about HSAs, eligibility, and the law's current provisions, you should ask your financial or tax adviser.

MINIMUM
COVERAGE

Minimum Coverage PPO

Minimum Coverage PPO is designed specifically for people under age 30, or those age 30 and above who can provide certification that they are without affordable coverage or are experiencing a hardship, and are looking for a low-cost option. These plans have a high deductible, and most services are subject to the medical deductible. But you do get important benefits like preventive care and three doctor visits per year for no additional cost before meeting the deductible.



See page 8 for helpful definitions of important medical terms.




How to apply

Your broker can assist you in applying for a Blue Shield plan through Blue Shield or through Covered California (www.CoveredCA.com), which is California's health plan marketplace. You may be eligible for federal assistance to help pay your monthly premiums for any Blue Shield plan (except the Minimum Coverage PPO plan) through Covered California. Contact your broker or Blue Shield to guide you through the qualification process.

Choose the plan that suits your life

This chart provides details on plan deductibles, copayments, and coinsurance amounts for common services when using network providers. Please note that some benefits are subject to a deductible. You are responsible for all charges up to the allowable amount until the deductible is met. Then, you will be responsible for the copayment or coinsurance noted in the chart. Once you reach the plan's out-of-pocket maximum, Blue Shield will pay 100% for most covered services received from Exclusive PPO Network providers.

 = Benefit is available prior to meeting any deductible


 = Benefit is subject to a deductible

Benefit	PLATINUM 90 PPO	GOLD 80 PPO	SILVER 70 PPO	SILVER 94 PPO*	SILVER 87 PPO*	SILVER 73 PPO*
With participating providers, members pay:†						
Preventive health benefits	\$0	\$0	\$0	\$0	\$0	\$0
Office visit – primary care doctor	\$20	\$35	\$45	\$5	\$15	\$40
Office visit – specialist doctor	\$40	\$55	\$70	\$8	\$25	\$55
Tier 1 drugs	\$5	\$15	\$15	\$3	\$5	\$15
Tier 2 drugs	\$15	\$50	\$50	\$10	\$20	\$45
Tier 3 drugs	\$25	\$70	\$70	\$15	\$35	\$70
Lab	\$20	\$35	\$35	\$8	\$15	\$35
X-ray	\$40	\$50	\$65	\$8	\$25	\$50
Inpatient hospitalization	10%	20%	20%	10%	15%	20%
Outpatient surgery	10%	20%	20%	10%	15%	20%
Emergency room services not resulting in admission	\$150	\$250	\$250	\$30	\$75	\$250
Urgent care visit	\$40	\$60	\$90	\$6	\$30	\$80
Maternity	10%	20%	20%	10%	15%	20%
Pediatric dental exam	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric eye exam	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric eyeglasses	1 pair per year	1 pair per year	1 pair per year	1 pair per year	1 pair per year	1 pair per year
Acupuncture (from a licensed acupuncturist)	\$20	\$35	\$45	\$5	\$15	\$40
Calendar-year medical deductible*	\$0	\$0	\$2,250 per individual/ \$4,500 per family	\$75 per individual/ \$150 per family	\$550 per individual/ \$1,100 per family	\$1,900 per individual/ \$3,800 per family
Calendar-year out-of-pocket maximum (includes deductible)	\$4,000 per individual/ \$8,000 per family	\$6,200 per individual/ \$12,400 per family	\$6,250 per individual/ \$12,500 per family	\$2,250 per individual/ \$4,500 per family	\$2,250 per individual/ \$4,500 per family	\$5,450 per individual/ \$10,900 per family
Calendar-year pharmacy deductible	\$0	\$0	\$250 per individual/ \$500 per family	\$0	\$50 per individual/ \$100 per family	\$250 per individual/ \$500 per family



See page 8 for helpful definitions of important medical terms.

 = Benefit is available prior to meeting any deductible

 = Benefit is subject to a deductible

Benefit	SILVER SEVEN 3750 PPO [†]	SILVER 1850 PPO [†]	BRONZE 60 PPO	BRONZE 5550 PPO [†]	BRONZE 60 HSA PPO	MINIMUM COVERAGE PPO
With participating providers, members pay!*						
Preventive health benefits	\$0	\$0	\$0	\$0	\$0	\$0
Office visit – primary care doctor	\$7	\$45	\$70 for first 3 visits per calendar year prior to deductible, then \$70 after deductible ²	\$70 for first 3 visits per calendar year prior to deductible, then \$70 after deductible ³	40%	\$0 for first 3 visits per calendar year prior to deductible, then \$0 after deductible ⁴
Office visit – specialist doctor	\$35	\$70	\$90 for first 3 visits per calendar year, then \$90 after deductible ²	30%	40%	0%
Tier 1 drugs	\$7	\$15	100% (up to \$500 per prescription)	30% (up to \$500 per prescription) ⁵	40% ⁵	0% ⁵
Tier 2 drugs	\$35	\$50	100% (up to \$500 per prescription)	30% (up to \$500 per prescription) ⁵	40% ⁵	0% ⁵
Tier 3 drugs	\$70	\$70	100% (up to \$500 per prescription)	30% (up to \$500 per prescription) ⁵	40% ⁵	0% ⁵
Lab	\$7	30%	\$40	30%	40%	0%
X-ray	\$35	30%	100%	30%	40%	0%
Inpatient hospitalization	30%	30%	100%	30%	40%	0%
Outpatient surgery	30%	30%	100%	30%	40%	0%
Emergency room services not resulting in admission	30%	30%	100%	30%	40%	0%
Urgent care visit	\$70	\$90	\$120 for first 3 visits per calendar year prior to deductible, then \$120 after deductible ²	\$120 for first 3 visits per calendar year prior to deductible, then \$120 after deductible ³	40%	\$0 for first 3 visits per calendar year prior to deductible, then \$0 after deductible ⁴
Maternity	30%	30%	100%	30%	40%	0%
Pediatric dental exam	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric eye exam	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric eyeglasses	1 pair per year	1 pair per year	1 pair per year	1 pair per year	1 pair per year	1 pair per year
Acupuncture (from a licensed acupuncturist)	\$7	\$45	\$70 for first 3 visits per calendar year prior to deductible, then \$70 after deductible ²	\$70 for first 3 visits per calendar year prior to deductible, then \$70 after deductible ³	40%	\$0 for first 3 visits per calendar year prior to deductible, then \$0 after deductible ⁴
Calendar-year medical deductible ⁶	\$3,750 per individual/ \$7,500 per family	\$1,850 per individual/ \$3,700 per family	\$6,000 per individual/ \$12,000 per family	\$5,550 per individual/ \$11,100 per family	\$4,500 per individual/ \$9,000 per family	\$6,850 per individual/ \$13,700 per family
Calendar-year out-of-pocket maximum (includes deductible)	\$6,500 per individual/ \$13,000 per family	\$6,500 per individual/ \$13,000 per family	\$6,500 per individual/ \$13,000 per family	\$6,500 per individual/ \$13,000 per family	\$6,500 per individual/ \$13,000 per family	\$6,850 per individual/ \$13,700 per family
Calendar-year pharmacy deductible	\$250 per individual/ \$500 per family	\$250 per individual/ \$500 per family	\$500 per individual/ \$1,000 per family	\$0 ⁵	\$0 ⁵	\$0 ⁵

This is not a contract. All benefit descriptions are an overview of plan benefits. For a detailed description of plan benefits and exclusions, please request a copy of the Evidence of Coverage (EOC) by calling us at (888) 256-3650. We also have Summary of Benefits and Coverage (SBC) Forms that can help you make a decision by providing you with an easy-to-understand overview of what these plans cover. Visit blueshieldca.com/sbc or call (888) 256-3650 to obtain the forms.

We also offer the following plans for American Indians and Alaskan Natives: Platinum 90 AI-AN PPO, Gold 80 AI-AN PPO, Silver 70 AI-AN PPO, Bronze 60 AI-AN PPO, Bronze 60 HSA AI-AN PPO, and \$0 Cost Share AI-AN PPO plans. Visit blueshieldca.com for more information.

* This Blue Shield plan must be purchased through Covered California, and your broker can help you with the process. All other Blue Shield medical plans displayed on this chart can be purchased through Blue Shield or Covered California, unless indicated otherwise.

† This Blue Shield plan must be purchased through Blue Shield, and your broker can help you with the process. All other Blue Shield medical plans displayed on this chart can be purchased through Blue Shield or Covered California, unless indicated otherwise.

- 1 The amounts indicated are a percentage of the allowable amounts. Network providers accept Blue Shield's allowable amounts as payment in full for covered services.
- 2 The three visits prior to meeting the calendar-year deductible include a combination of physician office visits, specialist office visits, other practitioners, urgent care visits, postnatal visits, acupuncture visits, outpatient mental health visits, outpatient substance abuse visits. Subsequent visits are subject to the calendar-year medical deductible.
- 3 The three visits prior to meeting the calendar-year deductible include a combination of physician office visits, other practitioners, urgent care visits,

and postnatal visits. Subsequent visits are subject to the calendar-year medical deductible.

- 4 The three visits prior to meeting the calendar-year deductible includes a combination of physician office visits, other practitioners, urgent care visits, postnatal visits, acupuncture visits, outpatient mental health visits, and outpatient substance abuse visits. Subsequent visits are subject to the calendar-year medical deductible.
- 5 Prescription drugs are subject to the calendar-year medical deductible.
- 6 For family coverage, Blue Shield will pay benefits for an individual member once the member meets the individual deductible amount. Blue Shield will pay benefits for all covered family members once the family deductible is satisfied. The family deductible can be satisfied when two family members meet their individual deductibles, or when the combined deductible contributions of three or more members reaches the family deductible limit.

a complete plan is a better plan

Blue Shield offers more than just medical coverage. We also offer dental, vision, and life insurance* plans that are available for purchase with or without a medical plan. Our Specialty DuoSM* plan offers you a convenient package that includes both dental and vision coverage.

Smile, we've got your dental plan

Protect your smile with one of our dental plans, and you'll enjoy a range of benefits with access to a large network of providers. If you have children under age 19, their basic dental and vision needs are covered by the pediatric dental and pediatric vision benefits we include in every medical plan. For richer benefits for your children, and for adult coverage, the plans below are available with or without a medical plan.

Benefit	ENHANCED DENTAL PPO 50/1250	ENHANCED DENTAL PPO 25/500	DENTAL PPO	ENHANCED DENTAL HMO \$0	DENTAL HMO	SPECIALTY DUO DENTAL + VISION PACKAGE
With participating providers, members pay: ¹						
Diagnostic and preventive services (includes but is not limited to cleanings, X-rays, and initial and periodic oral examinations)	0%	0%	\$0 ⁶	\$0	\$0	\$0 ⁶
Restorative services – fillings (one surface resin composite, anterior)	20% ²	20% ²	\$37 ³	\$20	\$18	\$37 ³
Oral surgery (includes but is not limited to extraction of erupted tooth or exposed root)	20% ²	20% ²	\$40 ³	\$65	\$65	\$40 ³
Root canal (anterior root canal)	50% ⁴	50% ⁴	\$156 ³	\$175	\$155	\$156 ³
Crowns (porcelain/ceramic substrate)	50% ⁴	50% ⁴	\$265 ^{4,5}	\$350 ⁵	\$300 ⁵	\$265 ^{4,5}
Orthodontics	Not covered	Not covered	\$2,350 for child, fully banded, two years ⁴ \$2,650 for adult, fully banded, two years ⁴	\$2,350 for child, fully banded, two years \$2,650 for adult, fully banded, two years	\$2,350 for child, fully banded, two years ⁴ \$2,650 for adult, fully banded, two years ⁴	\$2,350 for child, fully banded, two years ⁴ \$2,650 for adult, fully banded, two years ⁴
Calendar-year deductible	\$50 per individual/ \$150 per family	\$25 per individual/ \$75 per family	\$50 per individual	\$0	\$0	\$50 per individual
Calendar-year benefit maximum	\$1,250 per individual	\$500 per individual	\$1,000 per individual	None	None	\$1,000 per individual

This chart is an overview of benefits. For additional benefit information, cost for services, waiting periods, and exclusions and limitations, please see the *Benefit Summary* and *Important Legal Information* booklets.

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

1 The amounts indicated are a percentage of the allowable amounts. Network providers accept Blue Shield's allowable amounts as payment in full for covered services.


2 There is a six-month waiting period for these services.


3 There is a three-month waiting period for these services.

4 There is a 12-month waiting period for these services.

5 If precious metals are used, member will be charged at the dentist's cost. For Dental HMO, porcelain on molar teeth is subject to an additional charge of \$75.00.

6 Diagnostic and preventive services do not apply to the calendar-year benefit maximum for this plan.

 = Benefit is available prior to meeting any deductible

 = Benefit is subject to a deductible



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See the value of vision coverage

Protect your vision with a Blue Shield vision plan. Our Ultimate Vision 15/25/150* is a comprehensive vision plan that features a \$150 frame allowance, and our new Ultimate Vision 15/25/120* offers savings without sacrificing dependable benefits. Specialty Duo^{SM,*} offers the convenience of dental and vision coverage in a single package. All these plans can be purchased with or without a medical plan.


Benefit		ULTIMATE VISION 15/25/150	ULTIMATE VISION 15/25/120	SPECIALTY DUO DENTAL + VISION PACKAGE
Allowance and copays with participating providers: ¹				
Eye exam (every 12 months)		\$15 copay	\$15 copay	\$0 copay
Materials copayment		\$25 copay	\$25 copay	\$25 copay
Frame allowance		Up to \$150 allowance (every 12 months)	Up to \$120 allowance (every 12 months)	Up to \$100 allowance (every 24 months)
Lenses (standard single vision, lined bifocal, or lined trifocal with scratch coating)		Every 12 months	Every 12 months	Every 24 months
Lens options and treatments	Polycarbonate lenses (only for dependent children)	\$100 allowance	\$100 allowance	\$100 allowance
	Photochromic lenses	\$115-\$200 allowance	Not covered	Not covered
	Progressive lenses	\$140 allowance	Not covered	Not covered
	Anti-reflective lens coating	\$50 allowance	Not covered	Not covered
Contact lenses²	Medically necessary	\$25 copay	\$25 copay	\$25 copay
	Elective (cosmetic or convenience)	\$120 allowance (every 12 months)	\$120 allowance (every 12 months)	\$120 allowance (every 24 months)
Diabetes Management Referral		\$0 copay	\$0 copay	\$0 copay

This chart is an overview of benefits. For additional benefit information, cost for services, waiting periods, and exclusions and limitations, please see the *Benefit Summary Guide* and *Important Legal Information* booklets.

* Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life). Ultimate Vision 15/25/120 and Specialty Duo are pending regulatory approval.

¹ Network providers accept Blue Shield's allowable amounts as payment in full for covered services. There is a 90-day waiting period for all vision benefits.

² Contact lenses may be selected instead of eyeglasses.

 = Benefit is available prior to meeting any deductible



See page 8 for helpful definitions of important medical terms.

protect your family further with life insurance

Facing financial burdens after the loss of a loved one can be overwhelming, and having life insurance helps. Individual term life insurance plans from Blue Shield of California Life & Health Insurance Company (Blue Shield Life) can help safeguard the future of the significant people in your life by providing critical financial protection that can be used to help cover living expenses, college education costs, mortgage payments, and more.

We offer the financial protection and security of \$10,000, \$30,000, \$60,000, \$90,000, or \$100,000 in term life insurance, with low monthly rates based on your age.

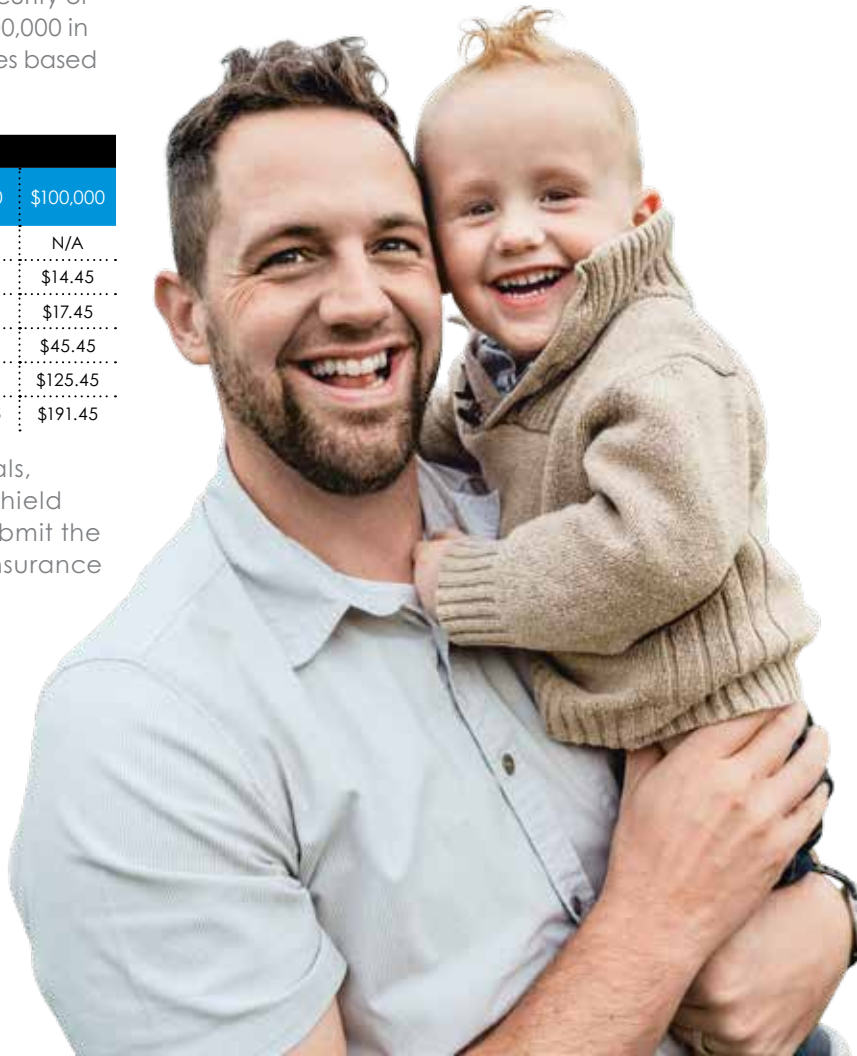
Available coverage amounts					
Age range	\$10,000	\$30,000	\$60,000	\$90,000	\$100,000
1 to 18*	\$1.95	\$2.95	N/A	N/A	N/A
19 to 29	\$2.75	\$5.35	\$9.25	\$13.15	\$14.45
30 to 39	\$3.05	\$6.25	\$11.05	\$15.85	\$17.45
40 to 49	\$5.85	\$14.65	\$27.85	\$41.05	\$45.45
50 to 59	\$13.85	\$38.65	\$75.85	\$113.05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

Coverage is available to all individuals, ages 1 to 64,[†] with or without a Blue Shield health plan. Simply complete and submit the Application for Individual Term Life Insurance Coverage to apply.

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

† All plans terminate at age 65.

Download the application at
blueshieldca.com/LifeApplication
or call your broker today.



DEFINITIONS:

Allowable amount – The total dollar amount Blue Shield has established for the benefits the member has received.

Benefits (covered services) – The medically necessary services and supplies covered by the health plan.

Coinsurance – The percentage amount a member pays for benefits after meeting any calendar-year deductible.

Copayment (copay) – The dollar amount a member pays for benefits after meeting any applicable calendar-year deductible.

Deductible – The amount a member pays each calendar year for most covered services before Blue Shield begins to pay. Specific covered services, such as preventive care, are covered before a member reaches the calendar-year deductible.

Formulary – The list of preferred medications maintained by Blue Shield for its prescription drug benefits. This list includes both generic and brand-name drugs approved by the federal Food and Drug Administration (FDA).

Participating providers/provider network – A provider, which includes doctors and hospitals, that has agreed to contract with Blue Shield to provide covered services to members of a given health plan. A Participating Provider has agreed to accept Blue Shield's contracted rate as payment in full for covered services.

Premium – The amount you pay each month to Blue Shield for your health coverage plan.

Tier 1 – Most generic drugs and low-cost, brand drugs in Blue Shield's Standard formulary.

Tier 2 – Preferred brand drugs and non-preferred generic drugs in Blue Shield's Standard formulary.

Tier 3 – Non-preferred brand and non-preferred generic drugs in Blue Shield's Standard formulary.

Have questions or want to apply?



Call your broker



Visit us at [blueshieldca.com/GetBlue](https://www.blueshieldca.com/GetBlue)

