

Effective 1/1/20

Individual and Family

PPO health plans



Plan guide



To get a quote and apply, call us at **(800) 660-3007** or visit blueshieldca.com/directsales.

PPO health plans

PPO (preferred provider organization) plans are designed for members who value their choice of doctors, specialists, and hospitals without the need for a referral. With more than 52,000 doctors and 320 hospitals in our Exclusive PPO Network, Blue Shield of California PPO plans can provide you with the choice you are looking for. To find Exclusive PPO Network doctors and hospitals in your area, visit blueshieldca.com/networkifppo.

Costs for covered services are always lowest when using network providers; however, PPO plans will often cover some of the cost from providers that don't participate in our Exclusive PPO Network.

How to choose your plan

We have a variety of health plans for you to choose from, but how do you choose the plan that's right for you? Don't worry. We're here to help simplify it for you.

To pick a plan, you need to consider the right mix of monthly premiums and the cost of care. 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.



Stay covered when you travel

Whether you're traveling for work or pleasure, every Blue Shield PPO plan comes with BlueCard® and Blue Shield Global Core, giving you access to emergency care, urgent care, and any follow-up care resulting from an initial emergency or urgent care visit in all 50 states as well as when traveling abroad.

Talk to a doctor from anywhere, anytime

Teladoc provides 24/7 access to a national network of U.S. board-certified doctors and pediatricians who are always available to consult regarding a variety of medical issues and may prescribe medications via phone or online video consultations.



See page 2 for helpful definitions of important medical terms.



Platinum and Gold plans

With no deductible, these plans are a great choice if you go to the doctor often.



Silver plans

The Blue Shield Silver 70 PPO plans are a great choice if you see the doctor occasionally and are looking for a good balance between your monthly plan premiums and the cost when you receive care.



If you are looking for a high-value, lower-cost plan offering predictable copays, our Silver 1950 PPO plan could be for you.



If you're looking for a plan that allows you to build a health savings account* (HSA), the Blue Shield Silver 2600 HDHP PPO plan may be for you. You can prepare for future medical costs by contributing tax-advantaged money to your own HSA.



We also offer three Silver cost-sharing reduction plans featuring lower copays, deductibles, and out-of-pocket maximums for those who meet certain income requirements and other criteria: Blue Shield Silver 94 PPO, Blue Shield Silver 87 PPO, and Blue Shield Silver 73 PPO. These plans are only available through Covered California.



Bronze plans

These plans are a great choice if you rarely see the doctor and would prefer to pay a lower monthly premium in exchange for a larger share of the cost when receiving care.

The Silver 2600 HDHP PPO isn't your only HSA-compatible plan option. We also offer the Blue Shield Bronze 60 HDHP PPO plan. You'll pay less on your plan premiums for the Bronze 60 HDHP PPO plan compared with the Silver 2600 HDHP PPO plan in exchange for a higher share of the cost when using services.



Minimum Coverage PPO

To be eligible for this plan, you must be under age 30 or qualify for a hardship exemption through the Health Insurance Marketplace. This plan is a great choice if you rarely see the doctor and are looking to pay the lowest monthly premium.

* Although most individuals who enroll in an HSA-compatible high-deductible health plan (HDHP) 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.



Definitions:

Allowed charges – The dollar amount Blue Shield uses to determine payment for covered services.

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 fixed dollar amount a member pays for benefits after meeting any applicable calendar-year deductible.

Cost sharing – Costs for healthcare services that are shared between Blue Shield and the member.

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 Food and Drug Administration (FDA).

HDHP – High-deductible health plan.

Participating providers/network providers – A network provider (includes doctors and hospitals) that has agreed to contract with Blue Shield to provide covered services to members of a given health plan. A network provider has agreed to accept Blue Shield's contracted rate for covered services.

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

Tier 1 – Most generic and low-cost brand drugs in the *Blue Shield Standard Drug Formulary*.

Tier 2 – Preferred brand drugs and non-preferred generic drugs in the *Blue Shield Standard Drug Formulary*.

Tier 3 – Non-preferred brand and non-preferred generic drugs in the *Blue Shield Standard Drug Formulary*.

Tier 4 – Specialty drugs or drugs that cost more than \$600 in the *Blue Shield Standard Drug Formulary*.

Get home visits with Heal

Did you know doctors still make house calls? Heal™ is a service that lets you see a licensed doctor at a time and place that's best for you. Scheduling when and where you want to see a doctor gives you freedom from the time, cost, and stress of traveling to an appointment. Visit heal.com/cities to see if Heal is available in your area.

Looking for an HMO plan instead?

If you prefer an HMO plan with access to a quality network of doctors and hospitals, and perhaps even lower premiums, we may offer our Trio HMO plans in your area. For more information on our HMO plans, call us at **(800) 660-3007** and ask for the HMO version of this brochure or visit blueshieldca.com/directsales.

Financial assistance

You may be eligible for financial assistance to help pay your monthly premiums for any Blue Shield plan offered through Covered California (except the Minimum Coverage PPO plan). Contact your Blue Shield sales representative to guide you through the qualification process.

Heal is a trademark of Get Heal, Inc.

Blue Shield and the Shield symbol are registered trademarks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.

This chart provides details on plan deductibles, copayments, and coinsurance amounts for common services when using network providers. You are responsible for all charges up to the allowed charges until the deductible is met (if applicable). 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

	BLUE SHIELD PLATINUM 90 PPO	BLUE SHIELD GOLD 80 PPO	BLUE SHIELD SILVER 70 OFF EXCHANGE PPO*	BLUE SHIELD SILVER 70 PPO†	BLUE SHIELD SILVER 94 PPO†	BLUE SHIELD SILVER 87 PPO†	BLUE SHIELD SILVER 73 PPO†
Plan available through	Blue Shield and Covered California	Blue Shield and Covered California	Blue Shield only	Covered California only	Covered California only	Covered California only	Covered California only
Benefit	With participating providers, members pay:¹						
Preventive health benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office visit – primary care physician	\$15	\$30	\$40	\$40	\$5	\$15	\$35
Office visit – specialist doctor	\$30	\$65	\$80	\$80	\$8	\$25	\$75
Urgent care visit	\$15	\$30	\$40	\$40	\$5	\$15	\$35
Tier 1 drugs (up to 30-day supply)	\$5	\$15	\$16⁴	\$16⁴	\$3	\$5	\$16⁴
Tier 2 drugs (up to 30-day supply)	\$15	\$55	\$60⁴	\$60⁴	\$10	\$25	\$55⁴
Tier 3 drugs (up to 30-day supply)	\$25	\$80	\$90⁴	\$90⁴	\$15	\$45	\$85⁴
Tier 4 drugs (up to 30-day supply)	10% (up to \$250 per prescription)	20% (up to \$250 per prescription)	20% (up to \$250 per prescription)⁴	20% (up to \$250 per prescription)⁴	10% (up to \$150 per prescription)	15% (up to \$150 per prescription)	20% (up to \$250 per prescription)⁴
Lab	\$15	\$40	\$40	\$40	\$8	\$20	\$40
X-ray	\$30	\$75	\$85	\$85	\$8	\$40	\$85
Inpatient hospitalization	10%	20%	20%	20%	10%	15%	20%
Outpatient surgery	10%	20%	20%	20%	10%	15%	20%
Emergency room services not resulting in hospital admission	\$150	\$350	\$400	\$400	\$50	\$150	\$400
Ambulance	\$150	\$250	\$255	\$250	\$30	\$75	\$250
Maternity – delivery (hospital)	10%	20%	20%	20%	10%	15%	20%
Pediatric dental exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric eye exam	\$0	\$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	1 pair per year
Acupuncture (from a licensed acupuncturist)	\$15	\$30	\$40	\$40	\$5	\$15	\$35
In-network calendar-year medical deductible⁶	\$0	\$0	\$4,000 per individual/ \$8,000 per family	\$4,000 per individual/ \$8,000 per family	\$75 per individual/ \$150 per family	\$1,400 per individual/ \$2,800 per family	\$3,700 per individual/ \$7,400 per family
In-network calendar-year out-of-pocket maximum (includes deductible)	\$4,500 per individual/ \$9,000 per family	\$7,800 per individual/ \$15,600 per family	\$7,800 per individual/ \$15,600 per family	\$7,800 per individual/ \$15,600 per family	\$1,000 per individual/ \$2,000 per family	\$2,700 per individual/ \$5,400 per family	\$6,500 per individual/ \$13,000 per family
In-network calendar-year pharmacy deductible	\$0	\$0	\$300 per individual/ \$600 per family⁴,⁶	\$300 per individual/ \$600 per family⁴,⁶	\$0	\$100 per individual/ \$200 per family⁶,⁷	\$275 per individual/ \$550 per family⁴,⁶

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 decide by giving you an easy-to-understand overview of what these plans cover. Visit [blueshieldca.com/policies](https://www.blueshieldca.com/policies) or call (888) 256-3650 to get the forms.

We also offer special plans for American Indians and Alaska Natives. Visit [coveredca.com](https://www.coveredca.com) for more information.

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

† This Blue Shield plan must be purchased through Covered California, and your Blue Shield sales representative can help you with the process. You can enroll in all other Blue Shield medical plans displayed on this chart through Blue Shield

or Covered California, unless indicated otherwise. Qualified individuals may be eligible for financial assistance when applying for a Blue Shield plan through Covered California.

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

This chart provides details on plan deductibles, copayments, and coinsurance amounts for common services when using network providers. You are responsible for all charges up to the allowed charges until the deductible is met (if applicable). 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

	BLUE SHIELD SILVER 1950 PPO*	BLUE SHIELD SILVER 2600 HDHP PPO*	BLUE SHIELD BRONZE 60 PPO	BLUE SHIELD BRONZE 60 HDHP PPO	BLUE SHIELD MINIMUM COVERAGE PPO
Plan available through	Blue Shield only	Blue Shield only	Blue Shield and Covered California	Blue Shield and Covered California	Blue Shield and Covered California
Benefit					
Preventive health benefits	\$0	\$0	\$0	\$0	\$0
Office visit – primary care physician	\$45	35%	\$65 for first 3 visits per calendar year prior to deductible, then \$65 after deductible ²	0%	\$0 for first 3 visits per calendar year prior to deductible, then \$0 after deductible ³
Office visit – specialist doctor	\$75	35%	\$95 for first 3 visits per calendar year prior to deductible, then \$95 after deductible ²	0%	0%
Urgent care visit	\$45	35%	\$65 for first 3 visits per calendar year prior to deductible, then \$65 after deductible ²	0%	\$0 for first 3 visits per calendar year prior to deductible, then \$0 after deductible ³
Tier 1 drugs (up to 30-day supply)	\$15 ⁴	35% (up to \$250 per prescription) ⁵	\$18	0% ⁵	0% ⁵
Tier 2 drugs (up to 30-day supply)	\$60 ⁴	35% (up to \$250 per prescription) ⁵	40% (up to \$500 per prescription) ⁴	0% ⁵	0% ⁵
Tier 3 drugs (up to 30-day supply)	\$75 ⁴	35% (up to \$250 per prescription) ⁵	40% (up to \$500 per prescription) ⁴	0% ⁵	0% ⁵
Tier 4 drugs (up to 30-day supply)	35% (up to \$250 per prescription) ⁴	35% (up to \$250 per prescription) ⁵	40% (up to \$500 per prescription) ⁴	0% ⁵	0% ⁵
Lab	35%	35%	\$40	0%	0%
X-ray	35%	35%	40%	0%	0%
Inpatient hospitalization	35%	35%	40%	0%	0%
Outpatient surgery	35%	35%	40%	0%	0%
Emergency room services not resulting in hospital admission	35%	35%	40%	0%	0%
Ambulance	35%	35%	40%	0%	0%
Maternity – delivery (hospital)	35%	35%	40%	0%	0%
Pediatric dental exam	\$0	\$0	\$0	\$0	\$0
Pediatric eye exam	\$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
Acupuncture (from a licensed acupuncturist)	\$45	35%	\$65 for first 3 visits per calendar year prior to deductible, then \$65 after deductible ²	0%	\$0 for first 3 visits per calendar year prior to deductible, then \$0 after deductible ³
In-network calendar-year medical deductible ⁶	\$1,950 per individual/ \$3,900 per family	\$2,600 per individual/ \$5,200 per family	\$6,300 per individual/ \$12,600 per family	\$6,900 per individual/ \$13,800 per family	\$8,150 per individual/ \$16,300 per family
In-network calendar-year out-of-pocket maximum (includes deductible)	\$7,800 per individual/ \$15,600 per family	\$6,850 per individual/ \$13,700 per family	\$7,800 per individual/ \$15,600 per family	\$6,900 per individual/ \$13,800 per family	\$8,150 per individual/ \$16,300 per family
In-network calendar-year pharmacy deductible	\$300 per individual/ \$600 per family ^{4,6}	N/A ⁵	\$500 per individual/ \$1,000 per family ^{4,6}	N/A ⁵	N/A ⁵

2 The first three visits are available prior to meeting the calendar-year medical deductible and include a combination of primary care physician, physician home visit, specialist doctor, podiatric service, Teladoc consultation, urgent care, acupuncture, outpatient mental health, outpatient substance use disorder, and other practitioner visits. Subsequent visits are subject to the calendar-year medical deductible.

3 The first three visits are available prior to meeting the calendar-year medical deductible and include a combination of primary care physician, physician

home visit, podiatric service, Teladoc consultation, urgent care, acupuncture, outpatient mental health, outpatient substance use disorder, and other practitioner visits. Subsequent visits are subject to the calendar-year medical deductible.

4 All prescription drugs are subject to the calendar-year pharmacy deductible.

5 All prescription drugs are subject to the calendar-year medical deductible.


6 Family coverage has an individual deductible within the family deductible. Blue Shield will pay benefits for an individual member on the family plan 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.

7 Prescription drugs not in Tier 1 are subject to the calendar-year pharmacy deductible.



Have questions or want to apply?

 Visit our enrollment center at blueshieldca.com/directsales.

 Call us at **(800) 660-3007**.

Your Blue Shield sales representative can help you apply for a Blue Shield plan through Blue Shield or through Covered California (coveredca.com), California's health plan marketplace.

We also offer dental plans, vision plans,* and life insurance plans* that are available for purchase with or without a medical plan. Call us at **(800) 660-3007** for more information or visit blueshieldca.com/directsales.

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