

Effective 1/1/18

Individual and Family

PPO



We know you are tirelessly committed to your pursuit of good health and wellness – because when you feel great, you are unstoppable. That's why we're committed to providing you with access to affordable health care and the ability to choose your doctors.

To get a quote and apply, contact your broker or visit [blueshieldca.com/GetBlue](https://blueshieldca.com/GetBlue).

### PPO health plans

PPO (preferred provider organization) plans are designed for members who value their choice of doctors, specialists and hospitals. With more than 46,000 doctors and 350 hospitals in our Exclusive PPO Network, Blue Shield PPO plans can provide you with the flexibility and choice you are looking for.

Costs for covered services are always lowest when using network providers; however, PPO plans will often cover some of the cost from providers who 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. 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.



**PLATINUM****Platinum and Gold plans**

These plans are a great choice if you go to the doctor often.

**GOLD****SILVER****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.

**SILVER**

If you are looking for a high-value, lower-cost plan offering predictable costs, our Silver 1850 PPO plan could be for you.

**SILVER**

We also offer three Silver cost-sharing 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.

**SILVER****SILVER****BRONZE****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.

**MINIMUM COVERAGE**

If you're looking for a plan that allows you to build a health savings account\* (HSA), the Blue Shield Bronze 60 HDHP PPO plan may be for you. 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.

**Minimum Coverage PPO**

This plan is a great choice if you rarely see the doctor and are looking to pay the lowest monthly premium. To be eligible for this plan, you must be under age 30 or be able to provide certification that you are without affordable coverage or are experiencing a hardship.

\* 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:**

**Allowable amount** – The total dollar amount Blue Shield allows 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/provider network** – A 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 participating 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 drugs and low-cost, brand drugs in Blue Shield's Standard Drug Formulary.

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

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

**Tier 4** – Specialty drugs or drugs that cost more than \$600.

**Stay covered when you travel**

Whether you're traveling for work or pleasure, every Blue Shield PPO plan comes with BlueCard®, giving you access to routine and scheduled services in all 50 states, as well as urgent and emergency services when traveling outside of the country.



**Looking for an HMO plan instead?**

If you prefer an HMO plan with access to a great 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, ask your broker for the HMO version of this brochure or visit [blueshieldca.com/GetBlue](https://blueshieldca.com/GetBlue).

**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 broker or Blue Shield to guide you through the qualification process.

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 allowable amount 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†
<b>Benefit</b>	With participating providers, members pay: <sup>1</sup>						
Preventive health benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office visit – primary care physician	\$15	\$25	\$35	\$35	\$5	\$10	\$30
Office visit – specialist doctor	\$30	\$55	\$75	\$75	\$8	\$25	\$75
Urgent care visit	\$15	\$25	\$35	\$35	\$5	\$10	\$30
Tier 1 drugs (up to 30-day supply)	\$5	\$15	\$15 <sup>4</sup>	\$15 <sup>4</sup>	\$3	\$5	\$15 <sup>4</sup>
Tier 2 drugs (up to 30-day supply)	\$15	\$55	\$55 <sup>4</sup>	\$55 <sup>4</sup>	\$10	\$20	\$50 <sup>4</sup>
Tier 3 drugs (up to 30-day supply)	\$25	\$75	\$80 <sup>4</sup>	\$80 <sup>4</sup>	\$15	\$35	\$75 <sup>4</sup>
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) <sup>4</sup>	20% (up to \$250 per prescription) <sup>4</sup>	10% (up to \$150 per prescription)	15% (up to \$150 per prescription)	20% (up to \$250 per prescription) <sup>4</sup>
Lab	\$15	\$35	\$35	\$35	\$8	\$15	\$35
X-ray	\$30	\$55	\$75	\$75	\$8	\$25	\$75
Inpatient hospitalization	10%	20%	20%	20%	10%	15%	20%
Outpatient surgery	10%	20%	20%	20%	10%	15%	20%
Emergency room services not resulting in admission	\$150	\$325	\$350	\$350	\$50	\$100	\$350
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	\$25	\$35	\$35	\$5	\$10	\$30
Calendar-year medical deductible <sup>6</sup>	\$0	\$0	\$2,500 per individual/ \$5,000 per family	\$2,500 per individual/ \$5,000 per family	\$75 per individual/ \$150 per family	\$650 per individual/ \$1,300 per family	\$2,200 per individual/ \$4,400 per family
Calendar-year out-of-pocket maximum (includes deductible)	\$3,350 per individual/ \$6,700 per family	\$6,000 per individual/ \$12,000 per family	\$7,000 per individual/ \$14,000 per family	\$7,000 per individual/ \$14,000 per family	\$1,000 per individual/ \$2,000 per family	\$2,450 per individual/ \$4,900 per family	\$5,850 per individual/ \$11,700 per family
Calendar-year pharmacy deductible	\$0	\$0	\$130 per individual/ \$260 per family <sup>4,6</sup>	\$130 per individual/ \$260 per family <sup>4,6</sup>	\$0	\$50 per individual/ \$100 per family <sup>6,7</sup>	\$130 per individual/ \$260 per family <sup>4,6</sup>

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

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

\* This Blue Shield plan must be purchased through Blue Shield, and your broker 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.


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

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 allowable amount 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

Benefit	BLUE SHIELD SILVER 1850 PPO*	BLUE SHIELD BRONZE 60 PPO	BLUE SHIELD BRONZE 60 HDHP PPO	BLUE SHIELD MINIMUM COVERAGE PPO
Preventive health benefits	\$0	\$0	\$0	\$0
Office visit – primary care physician	\$45	\$75 for first 3 visits per calendar year prior to deductible, then \$75 after deductible <sup>2</sup>	40%	\$0 for first 3 visits per calendar year prior to deductible, then \$0 after deductible <sup>3</sup>
Office visit – specialist doctor	\$70	\$105 for first 3 visits per calendar year prior to deductible, then \$105 after deductible <sup>2</sup>	40%	0%
Urgent care visit	\$45	\$75 for first 3 visits per calendar year prior to deductible, then \$75 after deductible <sup>2</sup>	40%	\$0 for first 3 visits per calendar year prior to deductible, then \$0 after deductible <sup>3</sup>
Tier 1 drugs (up to 30-day supply)	\$15 <sup>4</sup>	100% (up to \$500 per prescription) <sup>4</sup>	40% (up to \$500 per prescription) <sup>5</sup>	0% <sup>5</sup>
Tier 2 drugs (up to 30-day supply)	\$50 <sup>4</sup>	100% (up to \$500 per prescription) <sup>4</sup>	40% (up to \$500 per prescription) <sup>5</sup>	0% <sup>5</sup>
Tier 3 drugs (up to 30-day supply)	\$70 <sup>4</sup>	100% (up to \$500 per prescription) <sup>4</sup>	40% (up to \$500 per prescription) <sup>5</sup>	0% <sup>5</sup>
Tier 4 drugs (up to 30-day supply)	30% (up to \$250 per prescription) <sup>4</sup>	100% (up to \$500 per prescription) <sup>4</sup>	40% (up to \$500 per prescription) <sup>5</sup>	0% <sup>5</sup>
Lab	30%	\$40	40%	0%
X-ray	30%	100%	40%	0%
Inpatient hospitalization	30%	100%	40%	0%
Outpatient surgery	30%	100%	40%	0%
Emergency room services not resulting in admission	30%	100%	40%	0%
Ambulance	30%	100%	40%	0%
Maternity – delivery (hospital)	30%	100%	40%	0%
Pediatric dental exam	\$0	\$0	\$0	\$0
Pediatric eye exam	\$0	\$0	\$0	\$0
Pediatric eyeglasses	1 pair per year	1 pair per year	1 pair per year	1 pair per year
Acupuncture (from a licensed acupuncturist)	\$45	\$75 for first 3 visits per calendar year prior to deductible, then \$75 after deductible <sup>2</sup>	40%	\$0 for first 3 visits per calendar year prior to deductible, then \$0 after deductible <sup>3</sup>
Calendar-year medical deductible <sup>6</sup>	\$1,850 per individual/ \$3,700 per family	\$6,300 per individual/ \$12,600 per family	\$4,800 per individual/ \$9,600 per family	\$7,350 per individual/ \$14,700 per family
Calendar-year out-of-pocket maximum (includes deductible)	\$7,000 per individual/ \$14,000 per family	\$7,000 per individual/ \$14,000 per family	\$6,550 per individual/ \$13,100 per family	\$7,350 per individual/ \$14,700 per family
Calendar-year pharmacy deductible	\$250 per individual/ \$500 per family <sup>4,6,7</sup>	\$500 per individual/ \$1,000 per family <sup>4,6</sup>	N/A <sup>5</sup>	N/A <sup>5</sup>

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 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.

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/GetBlue](https://blueshieldca.com/GetBlue).

 Call your broker.

Your broker can help you apply for a Blue Shield plan through Blue Shield or through Covered California ([www.coveredca.com](https://www.coveredca.com)), California's health plan marketplace.

We also offer dental, vision and life insurance\* plans that are available for purchase with or without a medical plan. Ask your broker for more information or visit [blueshieldca.com/GetBlue](https://blueshieldca.com/GetBlue).

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