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blue of california

Individual and Family PPO plan guide

Effective January 1, 2017

We're a California-based health plan that's been serving Californians since 1939. We share your values and understand your need for a health plan that helps you keep living the life you love. And we're dedicated to providing you with affordable and reliable healthcare coverage that fits your individual needs.

To get a quote and apply, contact your broker or visit **blueshieldca.com/GetBlue**.

PPO health plans

PPO (preferred provider organization) plans are designed for members who want more flexibility when it comes to choosing their doctors. With over 43,000 doctors and 320 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 even cover some of the cost for many services received 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:

- **Blue Shield Platinum 90 PPO**
- **Blue Shield Gold 80 PPO**
- **Blue Shield Silver 70 PPO**
- **Blue Shield Silver 94 PPO**
- **Blue Shield Silver 87 PPO**
- **Blue Shield Silver 73 PPO**
- **Blue Shield Silver Seven 3750 PPO**
- **Blue Shield Silver 1850 PPO**
- **Blue Shield Bronze 60 PPO**
- **Blue Shield Bronze 5550 PPO**
- **Blue Shield Bronze 60 HDHP PPO**
- **Blue Shield 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.

* Plans are pending regulatory approval

Platinum and Gold plans

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 see the doctor often.

Silver plans

Silver 70 PPO offers 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 **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 available through Covered California. **Silver 94 PPO**, **Silver 87 PPO** and **Silver 73 PPO** offer lower copayments, deductibles and out-of-pocket costs so you'll pay less when you get care from network providers.

Bronze plans

Compared with the other metal plans, Bronze plan members pay less each month for their premiums and are responsible for a larger share of the cost when receiving care. The **Bronze 60 PPO** or **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.

Our **Bronze 60 HDHP 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.*

Minimum Coverage PPO

Minimum Coverage PPO offers the lowest monthly premium compared with Blue Shield's metal plans. Most services are subject to the medical deductible, but you will receive important benefits like preventive care and three doctor visits per year for no additional cost before meeting the deductible. 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 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.

Have questions or want to apply?

Visit us at **blueshieldca.com/GetBlue**

Call your broker

How to apply

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

You may be eligible for financial aid 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.

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**.

See page 4 for helpful definitions of important medical terms.

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

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*	SILVER SEVEN 3750 PPO†
	With participating providers, members pay:[1]						
Preventive health benefits	$0	$0	$0	$0	$0	$0	$0
Office visit – primary care physician	$15	$30	$35	$5	$10	$30	$7
Office visit – specialist doctor	$40	$55	$70	$8	$25	$55	$35
Urgent care visit	$15	$30	$35	$5	$10	$30	$70
Tier 1 drugs (up to 30-day supply)	$5	$15	$15	$3	$5	$15	$7
Tier 2 drugs (up to 30-day supply)	$15	$55	$55	$10	$20	$50	$35
Tier 3 drugs (up to 30-day supply)	$25	$75	$80	$15	$35	$75	$70
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)	10% (up to $150 per prescription)	15% (up to $150 per prescription)	20% (up to $250 per prescription)	30% (up to $250 per prescription)
Lab	$20	$35	$35	$8	$15	$35	$7
X-ray	$40	$55	$70	$8	$25	$65	$35
Inpatient hospitalization	10%	20%	20%	10%	15%	20%	30%
Outpatient surgery	10%	20%	20%	10%	15%	20%	30%
Emergency room services not resulting in admission	$150	$325	$350	$50	$100	$350	30%
Maternity	10%	20%	20%	10%	15%	20%	30%
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	$35	$5	$10	$30	$7
Calendar-year medical deductible[7]	$0	$0	$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	$3,750 per individual/ $7,500 per family
Calendar-year out-of-pocket maximum (includes deductible)	$4,000 per individual/ $8,000 per family	$6,750 per individual/ $13,500 per family	$6,800 per individual/ $13,600 per family	$2,350 per individual/ $4,700 per family	$2,350 per individual/ $4,700 per family	$5,700 per individual/ $11,400 per family	$6,800 per individual/ $13,600 per family
Calendar-year pharmacy deductible	$0	$0	$250 per individual/ $500 per family[7,8]	$0	$50 per individual/ $100 per family[7,8]	$250 per individual/ $500 per family[7,8]	$250 per individual/ $500 per family[7,8]

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** or call **(888) 256-3650** to get the forms. We also offer special plans for American Indians and Alaskan Natives. Visit www.coveredca.com for more information.

* This Blue Shield plan must be purchased through Covered California, 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.

† 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.

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 abuse and other practitioner visits. Subsequent visits are subject to the calendar-year medical deductible.

3 The first visit is available prior to meeting the calendar-year medical deductible, and includes a combination of primary care physician, urgent care, acupuncture 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. 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	SILVER 1850 PPO†	BRONZE 60 PPO	BRONZE 5550 PPO†	BRONZE 60 HDHP PPO	MINIMUM COVERAGE PPO
With participating providers, members pay:[1]					
Preventive health benefits	$0	$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[2]	$70 for first visit 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	$70	$105 for first 3 visits per calendar year, then $105 after deductible[2]	30%	40%	0%
Urgent care visit	$90	$75 for first 3 visits per calendar year prior to deductible, then $75 after deductible[2]	$120 for first visit 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]
Tier 1 drugs (up to 30-day supply)	$15	100% (up to $500 per prescription)[5]	30% (up to $500 per prescription)[6]	40% (up to $500 per prescription)[6]	0%[6]
Tier 2 drugs (up to 30-day supply)	$50	100% (up to $500 per prescription)[5]	30% (up to $500 per prescription)[6]	40% (up to $500 per prescription)[6]	0%[6]
Tier 3 drugs (up to 30-day supply)	$70	100% (up to $500 per prescription)[5]	30% (up to $500 per prescription)[6]	40% (up to $500 per prescription)[6]	0%[6]
Tier 4 drugs (up to 30-day supply)	30% (up to $250 per prescription)	100% (up to $500 per prescription)[5]	30% (up to $500 per prescription)[6]	40% (up to $500 per prescription)[6]	0%[6]
Lab	30%	$40	30%	40%	0%
X-ray	30%	100%	30%	40%	0%
Inpatient hospitalization	30%	100%	30%	40%	0%
Outpatient surgery	30%	100%	30%	40%	0%
Emergency room services not resulting in admission	30%	100%	30%	40%	0%
Maternity	30%	100%	30%	40%	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	$75 for first 3 visits per calendar year prior to deductible, then $75 after deductible[2]	$70 for first visit 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[7]	$1,850 per individual/ $3,700 per family	$6,300 per individual/ $12,600 per family	$5,550 per individual/ $11,100 per family	$4,800 per individual/ $9,600 per family	$7,150 per individual/ $14,300 per family
Calendar-year out-of-pocket maximum (includes deductible)	$6,800 per individual/ $13,600 per family	$6,800 per individual/ $13,600 per family	$6,800 per individual/ $13,600 per family	$6,550 per individual/ $13,100 per family	$7,150 per individual/ $14,300 per family
Calendar-year pharmacy deductible	$250 per individual/ $500 per family[7,8]	$500 per individual/ $1,000 per family[5,7]	N/A[6]	N/A[6]	N/A[6]

4 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 abuse and other practitioner visits. Subsequent visits are subject to the calendar-year medical deductible.

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

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

7 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.

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

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 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 federal 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 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.

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