Shield Spectrum plan:

- PPO Plan 5000

Shield Spectrum PPO Plan 5000

Shield Spectrum PPO℠ Plan 5000
This plan makes it easy to visit the doctors and specialists you want to see. When you receive care from Blue Shield PPO network providers, your out-of-pocket costs are less.

Shield Spectrum PPO Plan 5000 advantages

- One of California's largest PPO provider networks, so it's easy to find a doctor or hospital you want.
- Many services are covered before you meet the annual deductible.
- When 2 or more family members are on 1 plan, each covered individual has his or her own individual deductible, in case only 1 person needs expensive medical care. The family deductible can be met by any family member or combination of family members.
- Copayment/coinsurance maximums help contain costs, because your family copayment maximums are only twice the individual amount, no matter how many people are covered.
- Added protection of $10,000 in *Critical Condition Protection*℠ (CCP) with the PPO Plan 5000.*
- Knowledgeable customer service representatives who can assist you and quickly answer your questions.

* *Critical Condition Protection* (CCP) is part of the Shield Spectrum PPO Plan 5000 (underwritten by Blue Shield of California Life & Health Insurance Company). Members who have a first incident of severe heart attack, severe stroke, or certain life-threatening cancers 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 adviser.

Shield Spectrum PPO Plan 5000

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

Uniform Health Plan Benefits and Coverage Matrix

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The *Policy for Individuals and Families* should be consulted for a detailed description of coverage benefits and limitations.

Deductible*	$5,000 ($10,000 family)
Copayments	$35 with preferred providers Not applicable with non-preferred providers
Coinsurance	30% with preferred providers 50% with non-preferred providers
Calendar-year copayment/coinsurance maximum (includes the plan deductible – some services do not apply)	Services with preferred 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 per calendar year.

● Plan benefits provided before you need to meet any medical deductible are shown below with a red dot. For all benefits without a dot, you are responsible for all charges up to the allowable amount or billed charges with preferred and non-preferred providers 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.

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	$35	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 (the maximum allowed charges for non-emergency surgery and services performed in a non-participating ambulatory surgery center is $300 per day–members are responsible for 50% of this $300 per day, plus all charges in excess of $300)		
Non-emergency services and procedures, outpatient surgery in hospital	30%	50%[2,3]
Outpatient surgery performed in an ambulatory surgery center (ASC)[4]	30%	50%[2]
Outpatient or out-of-hospital X-ray and laboratory	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%	50%[2,3]
Bariatric surgery inpatient services (pre-authorization required: medically necessary surgery for weight loss, only for morbid obesity)[5]	30%	50%[2,3]
Emergency health coverage		
Emergency room services	30%	30%
ER physician visits	30%	30%
Ambulance services (surface or air)	30%	30%
Prescription drug coverage[6] (outpatient – brand-name drugs are subject to a $500 brand-name drug deductible per person, per calendar year)	**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	$35/prescription[2]	$70/prescription[2]
Non-formulary brand-name drugs	$50 or 50%/prescription (whichever is greater)[2]	$100 or 50%/prescription (whichever is greater)[2]

Shield Spectrum PPO Plan 5000

Covered services	Member copayments	
Subject to the plan deductible, unless noted	**With preferred providers,[1] you pay**	**With non-preferred providers,[1] you pay**
Durable medical equipment[7]	30%	50%
	With MHSA participating providers,[1,8] you pay	**With MHSA non-participating providers,[1,8] you pay**
Mental health services		
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)		
Inpatient hospital facility services for medical acute detoxification	30%	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 pre-authorized visits per calendar year)	30%	Not covered
Other		
Pregnancy and maternity care		
Outpatient prenatal and postnatal care	30%	50%
Delivery and all necessary inpatient hospital services	30%	50%[2,3]
Family planning		
Consultations, tubal ligation, vasectomy, elective abortion	30%	Not covered
Rehabilitation services (up to 12 visits per calendar year combined with speech therapy visits)		
Provided in the office of a physician or physical therapist	30%	50%
Out-of-state services (full plan benefits covered nationwide with the BlueCard Program)	30% with BlueCard participating providers	50% with all other providers

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

- Plan benefits provided before you need to meet the medical 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.

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 Participating ambulatory surgery centers (ASCs) may not be available in all areas. Regardless of their availability, you can obtain outpatient surgery services from a hospital, or an ASC affiliated with a hospital with payment according to your health plan's hospital services benefits.

5 Bariatric surgery is covered when pre-authorized by Blue Shield. However, for members residing in Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura counties ("designated counties"), bariatric surgery services are covered only when performed at designated contracting bariatric surgery facilities and by designated contracting surgeons; coverage is not available for bariatric services from any other preferred provider and there is no coverage for bariatric services from non-preferred providers. In addition, if prior authorized by Blue Shield, a member in a designated county who is required to travel more than 50 miles to a designated bariatric surgery facility will be eligible for limited reimbursement for specified travel expenses for the member and one companion. Refer to the Policy for further benefit details.

6 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. Prescription coverage differs for home self-injectables. Please review the Policy before you purchase the plan.

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 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.

Blue Shield Rating Regions

These rates are Blue Shield's "Tier 1" rates, and are offered to individuals and families in good health. Other rates may apply depending on underwriting determination. The rates are effective February 1, 2007. Rates are subject to change.

Blue Shield Rate Guarantee[1]
Our rate guarantee program now offers new IFP members a rate guarantee for the first consecutive six (6) months of coverage from the member's original effective date (OED).

To find the rates that apply to you:

1 Locate your county of residence in one of the Blue Shield Rating Regions, then find the column for your region.

2 On the chart you'll see that rates are listed separately for single, party of two, family and YouthCare℠ coverage. Locate the category that applies to you. *(If you have dependent children, you may want to consider covering them separately with YouthCare rates. This may cost less per month, especially if you are a single parent.)*

3 Under the type of coverage you've selected *("family," for example)*, find the age range of the person who will be the primary applicant. The rates that apply to you for each Blue Shield plan are in this row. (If you're married, or applying with your domestic partner, use the younger spouse or partner as the primary applicant. It may lower your monthly dues!)

Shield Spectrum PPO℠ Plan 5000[2] Rating Regions

Region 1: Alpine, Butte, Del Norte, Imperial, Inyo, Kern, Plumas, San Luis Obispo, Sonoma, Stanislaus, Trinity, Yolo and the following Santa Barbara ZIP codes: 93254, 93427, 93429, 93434, 93436-38, 93440-41, 93454-58, 93460, 93463-64

Region 2: Colusa, Kings, Madera, Mendocino, Merced, San Benito, San Joaquin, Siskiyou, Tulare

Region 3: Amador, Calaveras, Glenn, Modoc, Nevada, Placer, Sacramento, Shasta, Sierra, Tuolumne

Region 4: Alameda, Contra Costa, Santa Clara

Region 5: Marin, San Francisco, San Mateo

Region 6: El Dorado, Fresno, Humboldt, Lake, Lassen, Mariposa, Mono, Monterey, Napa, Santa Cruz, Solano, Sutter, Tehama, Yuba

Region 7: San Bernardino, San Diego, Santa Barbara except the ZIP codes listed in Rating Region 1

Region 8: Orange, Riverside, Ventura and the following Los Angeles ZIP codes: 91023, 91301, 91310, 91321-22, 91350-51, 91354-55, 91376-77, 91380-87, 91390, 91711, 91750, 91765-69, 91773, 91788-89, 91795, 91797, 91799, 93510, 93532,93534-36, 93539, 93543-44, 93550-53, 93563, 93584, 93586, 93590-91, 93599

Region 9: Los Angeles except the ZIP codes listed in Rating Region 8

To learn about current rates for Guaranteed Issue plans, call **(800) 431-2809**.

Please Note: The rating regions are subject to change. Call Blue Shield to verify which rating region you are in.

1 Does not apply to Guaranteed Issue Plans, rate actions based on age-band changes, rate actions based on a change in location to another rating region, or on plan transfers within the first six months of enrollment.

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

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Age range	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Youth Care - Monthly dues for Blue Shield									
Under 1	$ 95	$ 101	$ 101	$ 106	$ 118	$ 111	$ 88	$ 99	$ 104
1 to 18	42	45	45	44	49	50	46	52	51
Single - Monthly due for Blue Shield									
19 to 29	53	57	57	57	64	61	52	57	61
30 to 34	74	80	80	80	90	86	72	82	85
35 to 39	88	95	95	87	98	104	93	98	108
40 to 44	122	129	132	124	140	142	124	132	150
45 to 49	143	152	152	148	163	165	156	168	175
50 to 54	188	201	202	206	232	217	206	222	225
55 to 59	236	250	251	251	280	275	254	281	285
60 to 64	271	287	290	299	337	315	297	319	332
Party of two - Monthly dues for Blue Shield									
Under 30	103	109	109	112	127	122	102	113	121
30 to 34	145	153	154	157	178	168	142	160	168
35 to 39	175	182	185	171	194	201	180	189	207
40 to 44	239	254	254	242	273	281	243	257	289
45 to 49	278	295	295	283	323	325	304	328	343
50 to 54	365	389	390	402	453	426	395	433	444
55 to 59	460	489	492	485	548	537	491	549	559
60 to 64	528	562	563	582	656	614	582	625	647
Family - Monthly dues for Blue Shield									
Under 30	172	181	182	184	208	199	167	186	197
30 to 34	227	238	241	242	274	265	220	247	260
35 to 39	271	283	286	264	296	310	278	293	322
40 to 44	342	367	367	347	391	400	350	369	416
45 to 49	371	395	395	378	430	431	404	439	457
50 to 54	442	469	470	484	547	513	476	520	535
55 to 59	515	547	549	543	615	599	556	618	627
60 to 64	569	608	609	629	709	664	629	673	701

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