

# Active Start plans

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

Active Start Plan 25

Active Start Plan 25 Generic Rx

Active Start Plan 35

Active Start Plan 35 Generic Rx

Get value right away with our no-deductible Active Start plans.

## Is an Active Start plan right for you?

Whether you're an adult or child, you can appreciate the Active Start<sup>SM</sup> plans' low generic prescription drug copayment and no annual deductible. These plans offer a blend of lower costs and comprehensive benefits for active individuals who want coverage in case of a serious medical event, but also want to take care of more routine day-to-day healthcare needs. The economical Active Start plans offer individual coverage only and do not provide maternity benefits.

## Active Start plan advantages

Two plans with generic-only prescription drug coverage options to help save costs.

Low copayment for office visits (\$25 or \$35).

\$10 copayments for generic prescription drugs at participating pharmacies with all plans.

Preventive care at no additional cost.

Affordable coverage for individuals.

Benefits for chiropractic care and acupuncture.

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Underwritten by Blue Shield of California Life & Health Insurance Company. Active Start Plan 25 Generic Rx and Active Start Plan 35 Generic Rx are subject to regulatory approval.

## 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 SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.**

	Active Start Plan 25, Active Start Plan 25 Generic Rx	Active Start Plan 35, Active Start Plan 35 Generic Rx
<b>Deductible*</b>	\$0	\$0
<b>Coinsurance</b>	40% with preferred providers 50% with non-preferred providers	40% with preferred providers 50% with non-preferred providers
<b>Calendar-year copayment/ coinsurance maximum</b> (some services do not apply)	Services with preferred providers: \$6,000 Services with all providers: \$8,000	Services with preferred providers: \$7,500 Services with all providers: \$10,000
<b>Lifetime maximum</b>	No limit	No limit

## Covered services

## Member copayments

	With preferred providers, <sup>1</sup> you pay		With non-preferred providers, <sup>1</sup> you pay
	Active Start Plan 25, Active Start Plan 25 Generic Rx	Active Start Plan 35, Active Start Plan 35 Generic Rx	
<b>Professional services</b>			
Office visits	\$25	\$35	50%
<b>Preventive care</b>			
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 preventive care exam)	\$0	\$0	Not covered
<b>Outpatient services</b>			
Non-emergency services and procedures	40%		50% <sup>2,3</sup>
Outpatient surgery in hospital	\$500/admit + 40%		50% <sup>2,3</sup>
Outpatient surgery performed in an ambulatory surgery center (ASC)	40%		50% <sup>2,4</sup>
Outpatient or out-of-hospital X-ray and laboratory	40%		50%
<b>Hospitalization services</b>			
Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists	40%		50%
Inpatient semiprivate room and board, services and supplies, and subacute care	\$500/admit + 40%		50% <sup>2,3</sup>
Bariatric surgery inpatient services (pre-authorization required: medically necessary surgery for weight loss, only for morbid obesity) <sup>5</sup>	\$500/admit + 40%		50% <sup>2,3</sup>

\* Benefits for covered brand-name prescription drugs are subject to a brand-name drug deductible per person. The Active Start Plan 25 has a \$500 brand-name drug deductible, and the Active Start Plan 35 has a \$750 brand-name drug deductible. Active Start Plan 25 Generic Rx and Active Start Plan 35 Generic Rx do not offer brand-name drug coverage, with the exception of covered drugs and supplies for diabetes, and are not subject to a brand-name drug deductible.

# Active Start plans

Covered services	Member copayments		
	With preferred providers, <sup>1</sup> you pay		With non-preferred providers, <sup>1</sup> you pay
	Active Start Plan 25, Active Start Plan 25 Generic Rx	Active Start Plan 35, Active Start Plan 35 Generic Rx	
<b>Emergency health coverage</b>			
Emergency room services (\$100 copayment/visit waived if the member is admitted directly to the hospital as an inpatient)	\$100/visit + 40%		Covered at same level as preferred provider
ER physician visits	\$25	\$35	Covered at same level as preferred provider
<b>Ambulance services</b> (surface or air)	40%		40%
<b>Prescription drug coverage<sup>6</sup> (outpatient)</b>			
	<b>Active Start Plan 25 and Active Start Plan 35</b>		
	<b>At participating pharmacies</b> (up to a 30-day supply)		<b>Mail service prescriptions</b> (up to a 60-day supply)
Generic formulary drugs	\$10/prescription <sup>2</sup>		\$20/prescription <sup>2</sup>
Formulary brand-name drugs	\$35/prescription <sup>2</sup>		\$70/prescription <sup>2</sup>
Non-formulary brand-name drugs	\$50 or 50%/prescription (whichever is greater) <sup>2</sup>		\$100 or 50%/prescription (whichever is greater) <sup>2</sup>
Brand-name drug deductible (brand-name drugs are subject to a brand-name drug deductible per person, per calendar year)	<b>Active Start Plan 25</b> \$500		<b>Active Start Plan 35</b> \$750
<b>Active Start Plan 25 Generic Rx and Active Start Plan 35 Generic Rx do not cover brand-name drugs, with the exception of covered drugs and supplies for diabetes.</b> Brand and generic diabetes medications/supplies are covered, and may be subject to prior authorization for medical necessity. All other plan benefits are the same.			
	With preferred providers, <sup>1</sup> you pay		With non-preferred providers, <sup>1</sup> you pay
	Active Start Plan 25, Active Start Plan 25 Generic Rx	Active Start Plan 35, Active Start Plan 35 Generic Rx	
<b>Durable medical equipment</b>	40%		50%
<b>Mental health services<sup>7</sup></b>			
Inpatient hospital facility services	\$500/admit + 40%		50% <sup>2,3</sup>
Inpatient physician services	40%		50%
Outpatient visits for severe mental health conditions	\$25	\$35	50%
Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits) <sup>8</sup>	40% <sup>2</sup>		Not covered
<b>Chemical dependency services</b> (substance abuse)			
Inpatient hospital facility services for medical acute detoxification <sup>7</sup>	\$500/admit + 40%		50% <sup>2,3</sup>
Inpatient physician services for medical acute detoxification	40%		50% up to \$500 per day
Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits) <sup>7,8</sup>	40% <sup>2</sup>		Not covered

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Covered services	Member copayments	
	With preferred providers, <sup>1</sup> you pay	
	Active Start Plan 25, Active Start Plan 25 Generic Rx	Active Start Plan 35, Active Start Plan 35 Generic Rx
	With non-preferred providers, <sup>1</sup> you pay	
<b>Home health services</b> (up to 90 pre-authorized visits per calendar year)	40%	Not covered
<b>Other</b>		
<b>Pregnancy and maternity care</b>		
Outpatient prenatal and postnatal care	Not covered	Not covered
Delivery and all necessary inpatient hospital services	Not covered	Not covered
<b>Family planning</b>		
Consultations, tubal ligation, vasectomy, elective abortion	40%	Not covered
<b>Rehabilitation services</b> (up to 12 visits per calendar year combined with chiropractic and speech therapy visits – Blue Shield's payment is limited to \$25/visit with non-preferred providers)		
Provided in the office of a physician or physical therapist	40%	50%
<b>Chiropractic services</b> (up to 12 visits per calendar year combined with rehabilitation services and speech therapy visits)	40%	Not covered
<b>Acupuncture</b> (up to 12 visits per calendar year combined with acupressure – Blue Shield's payment is limited to \$25/visit)	50%	50%
<b>Out-of-state services</b> (full plan benefits covered nationwide with the BlueCard Program)	40% with BlueCard participating providers	50% with all other providers

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

- 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 copayment/coinsurance maximum.
- These copayments do not count toward the copayment/coinsurance maximum and will continue to be charged once the copayment/coinsurance maximum is reached.
- For non-emergency hospital services and supplies received from a non-preferred hospital, Blue Shield's payment is limited to \$250 per day. Member is responsible for all charges that exceed \$250 per day.
- Participating 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. Blue Shield's payment is limited to \$150 per day. Members are responsible for all charges that exceed \$150 per day.
- 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.
- If a member requests a brand-name prescription 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 difference between the brand and generic drug cost. Prescription coverage differs for home self-injectables. See the Policy for details.
- 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.
- For MHSA participating providers, initial visit treated as if the condition were a severe mental illness or serious emotional disturbance of a child. For MHSA non-participating providers, initial visit treated as an MHSA participating provider.