

Active Start Plan 25 and Active Start Plan 35

Uniform health plan benefits and coverage matrix

Effective February 1, 2007

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 StartSM Plans

	Active Start Plan 25	Active Start Plan 35
Deductible*	\$0	\$0
Copayments	\$25 with preferred providers Not applicable with non-preferred providers	\$35 with preferred providers Not applicable with non-preferred providers
Coinsurance	40% with preferred providers 50% with non-preferred providers	40% with preferred providers 50% with non-preferred providers
Calendar-year copayment/ coinsurance maximum (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
Lifetime maximum	\$6,000,000	\$6,000,000

These plans are underwritten by Blue Shield of California Life & Health Insurance Company.

* Benefits for covered brand-name 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.

Covered services

Member copayments

	With preferred providers ¹		With non-preferred providers ¹
	Active Start Plan 25	Active Start Plan 35	
Professional services			
Office visits	\$25	\$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)	\$25	\$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 percent of this \$300 per day, plus all charges in excess of \$300.)			
Non-emergency services and procedures	40%	40%	50% ^{2,3}
Outpatient surgery in hospital	\$500/visit + 40%	\$500/visit + 40%	50% ^{2,3}
Outpatient surgery performed in an ambulatory surgery center (ASC) ⁴	40%	40%	50% ²
Outpatient or out-of-hospital X-ray and laboratory	40%	40%	50%
Hospitalization services			
Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists	40%	40%	50%
Inpatient semiprivate room and board, services and supplies, and subacute care	\$500/admit + 40%	\$500/admit + 40%	50% ^{2,3}
Bariatric surgery inpatient services (pre-authorization required: medically necessary surgery for weight loss, only for morbid obesity) ⁵	\$500/admit + 40%	\$500/admit + 40%	50% ^{2,3}
Emergency health coverage			
Emergency room services (\$25/\$35 copayment waived if the member is admitted directly to the hospital as an inpatient)	\$25/visit + 40%	\$35/visit + 40%	Covered at same level as preferred provider
ER physician visits	\$25	\$35	Covered at same level as preferred provider
Ambulance services (surface or air)	40%	40%	40%

	Active Start Plans 25 and 35	
	At participating pharmacies (up to a 30-day supply)	Mail-service prescriptions (up to a 60-day supply)
Prescription drug coverage⁶ (outpatient: brand-name drugs are subject to a \$500/\$750 brand-name drug deductible per person, per calendar year)		
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

	With preferred providers ¹		With non-preferred providers ¹
	Active Start Plan 25	Active Start Plan 35	
Durable medical equipment⁷	40%	40%	50%

Covered services

Member copayments

	With MHSA participating providers ^{1,8}		With MHSA non-participating providers ^{1,8}
	Active Start Plan 25	Active Start Plan 35	
Mental health services			
Inpatient hospital facility services	\$500/admit + 40%	\$500/admit + 40%	50% ^{2,3}
Inpatient physician services	40%	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)	40% ²	40% ²	Not covered
Chemical dependency services (substance abuse)			
Inpatient hospital facility services for medical acute detoxification	\$500/admit + 40%	\$500/admit + 40%	50% ^{2,3}
Inpatient physician services for medical acute detoxification	40%	40%	50%
Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits)	40% ²	40% ²	Not covered
	With preferred providers¹		With non-preferred providers¹
Home health services (up to 90 pre-authorized visits per calendar year)	40%	40%	Not covered
Other			
Pregnancy and maternity care			
Outpatient prenatal and postnatal care	Not covered	Not covered	Not covered
Delivery and all necessary inpatient hospital services	Not covered	Not covered	Not covered
Family planning			
Consultations, tubal ligation, vasectomy, elective abortion	40%	40%	Not covered
Rehabilitation services (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, occupational, or respiratory therapist	40%	40%	50%
Chiropractic services (up to 12 visits per calendar year combined with rehabilitation services and speech therapy visits. Blue Shield's payment is limited to \$25/visit with non-preferred providers.)	40%	40%	50%
Acupuncture (up to 12 visits per calendar year combined with acupressure. Blue Shield's payment is limited to \$25/visit.)	50%	50%	50%
Out-of-state services (full plan benefits covered nationwide with the BlueCard Program)	40% with BlueCard participating providers	40% with BlueCard participating providers	50% with all other providers

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

- 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 copayment/coinsurance maximum.
- 2 These copayments do not count toward the copayment/coinsurance maximum and will continue to be charged once the copayment/coinsurance maximum 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. Member is responsible for all charges that exceed \$250 per day.
- 4 Participating ambulatory surgery centers may not be available in all areas. Regardless of their availability, you can obtain outpatient surgery services from a hospital or an ambulatory surgery center 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 difference between the brand and generic drug cost. Prescription coverage differs for home self-injectables. Please review the Policy before you purchase the plan.
- 7 All covered durable medical, orthoses, and prostheses equipment and services have a combined benefit maximum of \$2,000 per member per calendar year, except those services covered under the diabetes care benefit and medically necessary oxygen.
- 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.