Shield Savings plans

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

- Shield Savings 1800/3600 (HSA)
- Shield Savings 3500 (HSA)
- Shield Savings 4000/8000 (HSA)
- Shield Savings 5200 (HSA)

These high-deductible health plans offer preventive care before having to meet the deductible, are compatible with a Health Savings Account (HSA), and offer you protection against major healthcare expenses.

Shield Savings℠ advantages

Your out-of-pocket maximum includes your plan deductible, so you'll pay only up to your plan's out-of-pocket maximum in a calendar year.

No copayment for covered prescription drugs once you meet the out-of-pocket maximum, and convenient access to a mail service pharmacy benefit.

Preventive care at no additional cost.

For Shield Savings plans 1800/3600 and 4000/8000:
Once the family deductible is met, all remaining covered family members will have met their deductible. The family deductible can be met by any family member or combination of family members.

For Shield Savings plans 3500 and 5200:
When two or more family members are on one plan, each covered individual has his or her own individual deductible, in case only one person needs expensive medical care.

Compatible with Health Savings Accounts.

A variety of deductible options.

Shield Savings plans 3500, 4000/8000, and 5200 provide critical services like office visits, hospitalizations, and outpatient X-ray and laboratory services with preferred providers for $0 after you meet the plan's deductible.

NOTICE: Blue Shield does not provide tax advice. HSAs are offered through financial institutions. If you intend to purchase this plan to use with an HSA for tax purposes, you should consult with your tax advisor about whether you are eligible and whether your HSA meets all legal requirements. Although we believe that these plans meet these legal requirements, the Internal Revenue Service has not ruled on whether the plans are qualified as high-deductible health plans. If you purchase one of these plans to obtain the income tax benefits associated with an HSA and the Internal Revenue Service rules that these plans do not qualify as high-deductible health plans, you may not be eligible for the income tax benefits associated with an HSA. In this instance, you may have adverse income tax consequences with respect to your HSA for all years in which you were not eligible. However, if there were such a ruling, or if government requirements for an HSA eligible high-deductible health plan change, we intend to amend the Shield Savings plans, if necessary, to meet the requirements of a qualified plan. The plan's monthly rates may also change as a result of a change in the plan(s).

A Health Savings Account (HSA) adds value to your plan

What is an HSA?

An HSA is a personal savings or investment account that you can combine with a high-deductible health plan. It allows you to contribute pre-tax dollars to a special savings account which you can use to pay for qualified medical expenses.

If you enroll in a Shield Savings plan and are qualified to open an HSA, you can use your tax-free HSA funds to pay for qualified medical expenses, even those not covered by your health plan. These include dentist visits, eye exams, acupuncture, and more. You can also accumulate tax-free funds for future healthcare funding needs such as long-term care.

If you don't want an HSA, you can still choose a Shield Savings plan

These plans are PPO health plans and HSA participation is optional. Regardless of your eligibility – now or later – for an HSA, you can choose a Shield Savings plan for affordable rates, extensive coverage and nationwide access to providers.

Bridge Plan (hospital insurance indemnity rider option)†

If you're excited about the cost savings that an HSA-compatible high-deductible health plan offers, but concerned about saving up enough money to pay for your medical deductible should you be hospitalized in the first year, there's no need to worry. With the Bridge Plan - offered exclusively with Shield Savings Plans 3500, 4000/8000 and 5200 - you get the security and peace of mind of helping to supplement your health coverage, during your first year of funding a health savings account (HSA), should you become hospitalized.

Here's how it works: In the first 12 months of coverage, if you have an inpatient hospital stay of 72 hours or more, the benefit pays $1,500 per member. If more than one family member is covered, the benefit pays $1,500 per member, up to $3,000.*

Bridge Plan gives you the security of knowing that if something happens before you've built up funds in an HSA, you have a backup. The cost is only $60 for the year for an individual or $120 for a family, and to make it easy on your budget, the cost will be billed on a monthly basis. That means you pay only $5 per month for an individual or $10 per month for a family!

Bridge Plan benefits

	Indemnity value	Premium	Eligibility for claim	Term of coverage
Individual	$1,500 per member per lifetime	$60 for the year per individual contract	72 consecutive hours of inpatient hospitalization	12 consecutive months starting from the 1st day the medical plan is effective
Family	$1,500 per member per lifetime up to $3,000 per family	$120 for the year per family contract		

Bridge Plan is available with the following eligible Blue Shield health plans: Shield Savings plans 3500, 4000/8000,# or 5200.

Bridge Plan:

- Can only be purchased at the time of application for an eligible Blue Shield health plan.
- Provides coverage during the first 12 months of coverage in the eligible Blue Shield health plan and is not renewable.
- Pays $1,500 per member per lifetime (up to $3,000 per family) for an inpatient hospital stay lasting a minimum of 72 hours.

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

* The benefit is limited to $1,500 per member per lifetime and up to $3,000 per family. The rider is available only at time of enrollment in a qualifying Blue Shield health plan and provides coverage only during the first year of enrollment in the health plan. The premium due for the 12-month term of coverage will be billed to the member on a monthly or quarterly basis. Should the benefit be payable before the 12th month, or should the member terminate, change coverage, or otherwise no longer be eligible for this rider before the 12th month, the remaining balance will still be owed and must be paid. This rider is nonrefundable, so there is no premium refund – including a pro-rata portion of premium – if the member terminates, changes coverage, or otherwise is no longer eligible for this rider.

\# Bridge Plan is not available for purchase with the guaranteed-issue version of Shield Savings 4000/8000.

Shield Savings plans

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Shield Savings plans 1800/3600, 3500, and 5200 are pending regulatory approval.

HSA-compatible

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.

	1800/3600	3500	4000/8000	5200
Deductible*	$1,800 ($3,600 family)†	Services with preferred providers: $3,500 ($7,000 family) Services with non-preferred providers: $5,000 ($10,000 family)	$4,000 ($8,000 family)	Services with preferred providers: $5,200 ($10,400 family) Services with non-preferred providers: $5,200 ($10,400 family)
Coinsurance	30% with preferred providers 50% with non-preferred providers	$0 after deductible with preferred providers; 50% with non-preferred providers	$0 after deductible with preferred providers 50% with non-preferred providers	$0 after deductible with preferred providers; 50% with non-preferred providers
Calendar-year out-of-pocket maximum (includes the plan deductible)	Service with preferred providers: $5,950 ($11,900 family) Services with all providers: $10,000 ($20,000 family)	Service with preferred providers: $5,000 ($10,000 family) Services with non-preferred providers: $15,000 ($30,000 family)	Services with preferred providers: $4,000 ($8,000 family) Services with all providers: $5,000 ($10,000 family)	Service with preferred providers: $5,200 ($10,400 family) Services with non-preferred providers: $15,000 ($30,000 family)
Lifetime maximum	No limit	No limit	No limit	No limit

- Plan benefits provided before you need to meet the deductible are shown below with a 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 — Member copayments

Subject to the plan deductible, unless noted.	With preferred providers,[1] you pay			With non-preferred providers,[1] you pay
	1800/3600	3500	4000/8000 and 5200	
Professional services				
Office visits	$35	$0 after deductible		50%
Preventive care				
Annual routine physical exam, gynecological exam, well-baby care office visits (includes Pap test or other approved cervical cancer screening tests, and routine mammography when received as part of the preventive care exam)	$0 ●	$0 ●		Not covered
Outpatient services				
Non-emergency services and procedures, outpatient surgery in a hospital	30%	$0 after deductible		50%[2]
Outpatient surgery performed in an ambulatory surgery center (ASC)	30%	$0 after deductible		50%[3]
Outpatient X-ray and laboratory	30%	$0 after deductible		50%

* For two-party/family coverage on Shield Savings 1800/3600 and 4000/8000, individuals become eligible for benefits after the total of applicable expenses accrued by all covered family members meets the family deductible amount.

For two-party/family coverage on Shield Savings 3500 and 5200, individuals become eligible for benefits after the total of an individual's applicable expenses equals half the family deductible amount or the family deductible is met.

† The deductibles and out-of-pocket maximum amounts may increase annually to reflect federal cost-of-living adjustment.

Shield Savings plans

Covered services	Member copayments			
Subject to the plan deductible, unless noted.	**With preferred providers,[1] you pay**			**With non-preferred providers,[1] you pay**
	1800/3600	**3500**	**4000/8000 and 5200**	
Hospitalization services				
Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists	30%	$0 after deductible		50%
Inpatient semiprivate room and board, services and supplies, and subacute care	30%	$0 after deductible		50%[2]
Bariatric surgery inpatient services (pre-authorization required: medically necessary surgery for weight loss, only for morbid obesity)[4]	30%	$0 after deductible		50%[2]
Emergency health coverage				
Emergency room services ($75 or $100 copayment/visit is waived if the member is admitted directly to the hospital as an inpatient)	$75/visit + 30%	$100/visit	$0 after deductible	Covered at same level as preferred provider
ER physician visits	30%	$0 after deductible		Covered at same level as preferred provider
Ambulance services (surface or air)	30%	$0 after deductible		Covered at same level as preferred provider

	At participating pharmacies (up to a 30-day supply)		**Mail service prescriptions** (up to a 60-day supply)	
Prescription drug coverage[5] (outpatient; subject to the plan medical deductible)	**1800/3600 and 3500**	**4000/8000 and 5200**	**1800/3600 and 3500**	**4000/8000 and 5200**
Generic formulary drugs	$10/prescription	$0 after deductible	$20/prescription	No charge after deductible
Formulary brand-name drugs	$35/prescription		$70/prescription	
Non-formulary brand-name drugs	$50 or 50%/ prescription, whichever is greater (maximum of $150/Rx)		$100 or 50%/ prescription, whichever is greater (maximum of $300/Rx)	

	With preferred providers,[1] you pay			**With non-preferred providers,[1] you pay**
	1800/3600	**3500**	**4000/8000 and 5200**	
Durable medical equipment	30%	$0 after deductible		50%
Mental health services[6]				
Inpatient hospital facility services	30%	$0 after deductible		50%[2]
Inpatient physician services	30%	$0 after deductible		50%
Outpatient visits for severe mental health conditions	$35	$0 after deductible		50%
Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits)[7]	30%	$0 after deductible		Not covered

Shield Savings plans

Covered services Subject to the plan deductible, unless noted.	Member copayments With preferred providers,[1] you pay			With non-preferred providers,[1] you pay
	1800/3600	**3500**	**4000/8000 and 5200**	
Chemical dependency services[6] (substance abuse)				
Inpatient hospital facility services for medical acute detoxification	30%	$0 after deductible		50%[2]
Inpatient physician services for medical acute detoxification	30%	$0 after deductible		50%
Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits)[7]	30%	$0 after deductible		Not covered
Home health services (up to 90 pre-authorized visits per calendar year)	30%	$0 after deductible		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	30%	$0 after deductible		Not covered
Rehabilitation services				
Provided in the office of a physician or physical therapist (up to 20 visits per calendar year)	30%[8] (visit limit combined with physical, occupational, respiratory, and speech therapy visits)	30%[8] (visit limit combined with chiropractic visits)	$0 after deductible	50%
Chiropractic services (Blue Shield's payment is limited to $25/visit)	50% (up to 12 visits per calendar year)	30% (up to 20 visits per calendar year combined with physical therapy visits)	$0 after deductible (up to 12 visits per calendar year)	Not covered
Out-of-state services (full plan benefits covered nationwide with the BlueCard Program)	30% with BlueCard participating providers	$0 after deductible with BlueCard participating providers		50% with all other providers

Shield Savings plans

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 fixed dollar or percentage copayment, in addition to any charges above allowable amounts. The copayment percentage indicated is a percentage of the allowed amounts. Preferred providers accept Blue Shield's allowable amount as payment in full for covered services. Non-preferred providers can charge more than the allowable amounts. When members use non-preferred providers, they must pay the applicable copayment plus any charges that exceed Blue Shield's allowable amount. Charges above the allowable amount do not count toward the plan deductible or the calendar year out-of-pocket maximum.

2 For non-emergency hospital services and supplies received from a non-preferred (non-network) hospital, Blue Shield's maximum payment is $300 per day. After the deductible is met, members are responsible for all charges that exceed $300 per day.

3 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.

4 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.

5 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 cost difference between the brand and generic drug and it will not accrue to the copayment maximum. Prescription coverage differs for home self-injectables. Some prescriptions will require prior authorization to obtain coverage (see formulary). Use of ID card is required to obtain prescriptions from pharmacy or claim(s) will be denied. See the Policy for details.

6 Blue Shield of California has contracted with a specialized health care 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.

7 For MHSA participating providers initial visit treated as if the condition was a severe mental illness or serious emotional disturbance of a child. For MHSA non-participating providers, initial visit treated as a MHSA participating provider.

8 Additional visits will be authorized if Blue Shield determines that additional treatment is medically necessary.