

## Vital Shield plans

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

Vital Shield 900

Vital Shield 2900

Protect yourself with our lowest priced PPO plans for individuals.

### Is a Vital Shield plan right for you?

Vital Shield<sup>SM</sup> plans cover you with basic benefits and a low or moderate deductible in case of hospitalization, surgery or other major medical events. The lower-priced PPO options cover two office visits and generic drugs, before you have to meet a deductible. They are available for individuals only and offer many popular benefits, so you don't pay for services you don't expect to use, such as maternity care or brand-name drug benefits.

### Vital Shield advantages

Monthly rates as low as \$52.\*

Choice of low or moderate annual deductible (\$900 or \$2,900).

You're covered at 100% after you meet the copayment maximum.

Low copayments for generic prescription drugs at network pharmacies (\$10).

Two calendar-year office visits, which can be used for preventive care, before you have to meet the deductible.

Outpatient X-ray and laboratory services are \$0 with preferred providers, once you meet the plan's out-of-pocket maximum.

\* Male individual, Age 19-29, Tier 1, Living in Colusa, California, July 2009. Rates may vary and are for people in good health.

## Vital Shield plans

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

	Vital Shield 900	Vital Shield 2900
<b>Deductible</b>	\$900	\$2,900
<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> (includes the plan deductible – some services do not apply)	Services with preferred providers: \$4,900 Services with all providers: \$7,900	Services with preferred providers: \$5,900 Services with all providers: \$8,900
<b>Lifetime maximum</b>	\$3,000,000	\$3,000,000

The benefits below apply to both the Vital Shield 900 and Vital Shield 2900 plans.

- Plan benefits that are available before you need to meet the medical plan 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 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, <sup>1</sup> you pay	With non-preferred providers, <sup>1</sup> you pay
<b>Professional services</b>		
Office visits (first 2 visits/calendar year for any combination of preventive care and physician office visits – subsequent visits are subject to the copayment maximum)	\$40 <sup>2,*</sup> ●	No charge after copay maximum <sup>2</sup>
<b>Preventive care</b>		
Annual routine physical exam, well-baby care office visits, and gynecological exam office visit (first 2 visits/calendar year for any combination of preventive care and physician office visits – subsequent visits are subject to the copayment maximum)	\$40 <sup>2,*</sup> ●	Not covered
Annual 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	40% ●	Not covered
<b>Outpatient services</b>		
Non-emergency services and procedures, outpatient surgery in hospital	40%	50% <sup>2,3</sup>
Outpatient surgery performed in an ambulatory surgery center (ASC) <sup>4</sup>	40%	50% <sup>2</sup>
Outpatient or out-of-hospital X-ray and laboratory	No charge after copay maximum <sup>2</sup>	No charge after copay maximum <sup>2</sup>
<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	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>	40%	50% <sup>2,3</sup>
<b>Emergency health coverage</b>		
Emergency room services (\$100 copayment/visit waived if member is admitted directly to the hospital as an inpatient)	\$100/visit + 40%	\$100/visit + 40%
ER physician visits	40%	40%
<b>Ambulance services</b> (surface or air)	40%	40%
<b>Prescription drug coverage<sup>6</sup></b> (outpatient)		
	<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	Not covered	Not covered
Non-formulary brand-name drugs	Not covered	Not covered

## Vital Shield plans

### Covered services

### Member copayments

Subject to the plan deductible unless noted.	With preferred providers, <sup>1</sup> you pay	With non-preferred providers, <sup>1</sup> you pay
<b>Durable medical equipment</b>	Not covered	Not covered
	<b>With MHSA participating providers,<sup>1,7</sup> you pay</b>	<b>With MHSA non-participating providers,<sup>1,7</sup> you pay</b>
<b>Mental health services</b>		
Inpatient hospital facility services	40%	50% <sup>2,3</sup>
Inpatient physician services	40%	50%
Outpatient visits for severe mental health conditions	40%	50% <sup>2,3</sup>
Outpatient visits for non-severe mental health conditions <sup>8</sup>	Not covered	Not covered
<b>Chemical dependency services</b> (substance abuse)		
Inpatient hospital facility services for medical acute detoxification	40%	50% <sup>2,3</sup>
Inpatient physician services for medical acute detoxification	40%	50%
Outpatient visits <sup>8</sup>	Not covered	Not covered
	<b>With preferred providers,<sup>1</sup> you pay</b>	<b>With non-preferred providers,<sup>1</sup> you pay</b>
<b>Home health services</b> (up to 90 pre-authorized visits per calendar year)	No charge after copay maximum <sup>2</sup>	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	No charge after copay maximum <sup>2</sup>	Not covered
<b>Rehabilitation services</b>		
Provided in the office of a physician or physical therapist	Not covered	Not covered
<b>Out-of-state services</b> (full plan benefits covered nationwide with the BlueCard <sup>®</sup> 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. Vital Shield 900 and 2900 are subject to regulatory approval.

- Plan benefits provided before you need to meet the medical deductible.
  - \* Member has 2 visits per calendar year before the calendar-year copayment/coinsurance maximum is met. After the 2 visits are used for any one purpose, the member pays 100% of the allowable amount for all of these services until the calendar-year copayment/coinsurance maximum is met, with no accrual to deductible or copayment/coinsurance maximum.
- 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. They will continue to be charged once it is reached (except for office visits, X-ray and laboratory, home health services, and family planning). See Policy for details.
  - 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 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. The maximum allowed charge for non-emergency surgery and services performed in a non-participating ASC is \$300 per day. Members are responsible for 50% of this \$300 per day, plus all charges in excess of \$300.
  - 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. See Policy for details.
  - 6 Prescription coverage differs for home self injectables. See Policy for details.
  - 7 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.
  - 8 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 a MHSA participating provider.