

Individual and Family Plans

find a plan that fits you

live by your own plan



a plan for your life

Everyone's needs are unique, and it's important to find a plan that best fits you and your family. When it comes to your health, you need a plan that's right for you. At Blue Shield of California, we want you to live by your own plan.

PPO and EPO health plans

We offer two types of individual and family health plans: preferred provider organization (PPO) and exclusive provider organization (EPO) plans. The type of plan we can offer you depends on where you live. Visit blueshieldca.com/GetBlue to see if PPO or EPO plans are available in your area.

Both our PPO and EPO plans are designed for members to receive care from Blue Shield doctors and hospitals ("providers") that participate in the plan's provider network. When members receive care from their plan's network providers, they will pay the least out of pocket. Only our PPO plans also provide coverage for care received from providers that do not participate in the

plan's network (although your share of the costs will be higher).

PPO plan members have access to providers in the Exclusive PPO Network. The Exclusive PPO Network includes fewer providers than Blue Shield's Full PPO Network.

EPO plan members have access to providers in the EPO Network. In 2015, Blue Shield will increase the number of providers (such as doctors and hospitals) in the EPO Network. Once this network is expanded, an EPO plan member will have more doctors and hospitals to choose from when using their coverage. This is important because an EPO plan only provides coverage when members use

network providers (this is the rule except for urgent and emergency care). If EPO plan members see a doctor or other healthcare provider that is not in the EPO Network, no services will be covered, and the member will be responsible for paying the entire bill.

Please note that the EPO Network will still include fewer providers than other Blue Shield provider networks, so it is important to make sure any provider a member sees is in the EPO Network.

How to choose your plan

We have a variety of health plans for you to choose from:

- **Platinum 90 plans**
- **Gold 80 plans**
- **Silver 70 plans**
- **Bronze 60 plans**
- **Bronze 60 HSA plans**
- **Minimum Coverage plans**

How do you choose the plan that's right for you? Don't worry. We're here to help simplify it for you. Choosing your plan depends on how much you're willing to pay when you go get care, versus how much you are willing to pay monthly for your plan premium. Generally speaking, the more you pay per month for your plan premium, the less you pay when you get care. And the less you pay per month for your plan premium, the more you pay when you get care.



See page 7 for helpful definitions of important medical terms.

PLATINUM

**Platinum 90 / Gold 80**

With **Platinum 90** and **Gold 80** plans, you'll pay more for your monthly premium, but pay less when you get care. This may be a good choice if you need to see the doctor often.

GOLD



SILVER

**Silver 70**

Silver 70 plans offer a balance of monthly cost and in-office cost. A good all-around choice that balances care and affordability.

Depending on your income and other factors, you may be able to enroll in one of our three Silver cost-sharing reduction plans, to help reduce your medical costs:

Silver 94 | Silver 87 | Silver 73

Cost-sharing reduction plans, which are purchased through Covered California, offer lower copayments, deductibles, and out-of-pocket costs, so you'll pay less when you get care from network providers.

BRONZE

**Bronze 60**

Bronze 60 plans cost less for your monthly premium and more when you use your benefits. One of these plans may be a good choice if you don't need health care often and want to spend less on your monthly premium. However, it's important to keep in mind that you'll pay more out of pocket if you have an unforeseen issue.

BRONZE



Our **Bronze 60 HSA** plans are eligible for a Health Savings Account* (HSA). You can prepare for future medical costs by contributing tax-advantaged money to your own HSA. And you'll have preventive care visits before meeting the deductible.*

MINIMUM
COVERAGE

Minimum Coverage plans are designed specifically for people under age 30, or those age 30 and above who can provide certification that they are without affordable coverage or are experiencing a hardship, and are looking for a low-cost option. These plans have a high deductible, and most services are subject to the medical deductible. But you do get important benefits like preventive care and, if necessary, three doctor visits a year for no additional cost before meeting the deductible.



See page 7 for helpful definitions of important medical terms.

*Although most individuals who enroll in an HSA-compatible, high-deductible health plan (HDHP) are eligible to open an HSA, you should consult with a financial adviser to determine if an HSA/HDHP is a good financial fit for you. Blue Shield does not offer tax advice for HSAs. HSAs are offered through financial institutions. For more information about HSAs, eligibility, and the law's current provisions, you should ask your financial or tax adviser.


**How to apply**


Your broker can assist you in applying for a Blue Shield plan through Blue Shield or through Covered California (www.CoveredCA.com), which is California's health plan marketplace.

You may be eligible for federal assistance to help pay your monthly premiums for any Blue Shield plan (except the Minimum Coverage plans) through Covered California. Contact your broker or Blue Shield to guide you through the qualification process.

choose the plan that suits your life

This chart provides details on plan deductibles, copayments, and coinsurance amounts for common services when using network providers. Please note that some benefits are subject to a deductible. You are responsible for all charges up to the allowable amount until the deductible is met. At that point, you will be responsible for the copayment or coinsurance noted in the chart.

 = Benefit is available prior to meeting any deductible

 = Benefit is subject to a deductible



See page 7 for helpful definitions of important medical terms.

Benefit	PLATINUM 90 PLANS	GOLD 80 PLANS	SILVER 70 PLANS	SILVER 94 PLANS ¹	SILVER 87 PLANS ¹	SILVER 73 PLANS ¹	BRONZE 60 PLANS	BRONZE 60 HSA PLANS	MINIMUM COVERAGE PLANS
With participating providers, members pay: ¹									
Office visit—primary care doctor	\$20	\$30	\$45	\$3	\$15	\$40	\$60 for first 3 visits per calendar year prior to deductible, then \$60 after deductible ³	40%	\$0 for first 3 visits per calendar year prior to deductible, then \$0 after deductible ³
Office visit—specialist doctor	\$40	\$50	\$65	\$5	\$20	\$50	\$70	40%	0%
Urgent care visit	\$40	\$60	\$90	\$6	\$30	\$80	\$120 for first 3 visits per calendar year prior to deductible, then \$120 after deductible ³	40%	\$0 for first 3 visits per calendar year prior to deductible, then \$0 after deductible ³
Preventive health benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient hospitalization	10%	20%	20%	10%	15%	20%	30%	40%	0%
Outpatient surgery	10%	20%	20%	10%	15%	20%	30%	40%	0%
Lab	\$20	\$30	\$45	\$3	\$15	\$40	30%	40%	0%
X-ray	\$40	\$50	\$65	\$5	\$20	\$50	30%	40%	0%
Emergency room services not resulting in admission	\$150	\$250	\$250	\$25	\$75	\$250	\$300	40%	0%
Maternity	10%	20%	20%	10%	15%	20%	30%	40%	0%
Generic drugs	\$5	\$15	\$15	\$3	\$5	\$15	\$15	40%	0%
Preferred brand drugs	\$15	\$50	\$50	\$5	\$15	\$35	\$50 ⁴	40% ⁴	0% ⁴
Non-preferred brand drugs	\$25	\$70	\$70	\$10	\$25	\$60	\$75 ⁴	40% ⁴	0% ⁴
Acupuncture (from a licensed acupuncturist)	\$20	\$30	\$45	\$3	\$15	\$40	\$60	40%	0%
Pediatric dental exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric eye exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric eyeglasses	1 pair per year	1 pair per year	1 pair per year	1 pair per year	1 pair per year	1 pair per year	1 pair per year	1 pair per year	1 pair per year
Calendar-year medical deductible	\$0	\$0	\$2,000/individual / \$4,000/family ²	\$0	\$500/individual / \$1,000/family ²	\$1,600/individual / \$3,200/family ²	\$5,000/individual / \$10,000/family ²	\$4,500 for individuals / \$9,000 for families	\$6,600/individual / \$13,200/family ²
Calendar-year out-of-pocket maximum (includes deductible)	\$4,000/individual / \$8,000/family	\$6,250/individual / \$12,500/family	\$6,250/individual / \$12,500/family	\$2,250/individual / \$4,500/family	\$2,250/individual / \$4,500/family	\$5,200/individual / \$10,400/family	\$6,250/individual / \$12,500/family	\$6,250 for individuals / \$12,500 for families	\$6,600/individual / \$13,200/family
Calendar-year brand drug deductible	\$0	\$0	\$250/individual / \$500/family	\$0	\$50/individual / \$100/family	\$250/individual / \$500/family	\$0 ⁴	\$0 ⁴	\$0 ⁴

This is not a contract. All benefit descriptions are an overview of plan benefits. For a detailed description of plan benefits and exclusions, please request a copy of the (EOC) by calling us at (888) 256-3650. We also have (SBC) forms that can help you make a decision by providing you with an easy-to-understand overview of what these plans cover. Visit blueshieldca.com/sbc or call (888) 256-3650 to obtain the forms.

* This Blue Shield plan must be purchased through Covered California, and your broker can help you with the process. All other Blue Shield medical plans displayed on this chart can be purchased through Blue Shield or Covered California.

¹ The amounts indicated are a percentage of the allowable amounts. Network providers accept Blue Shield's allowable amounts as payment-in-full for covered services.

² For family coverage, individuals must satisfy their own individual deductible, unless a combination of three or more covered family members satisfies the family deductible. This satisfies the deductible for all covered family members for the remainder of the year.

³ Visit limit is a combination of any physician office visits, urgent care, outpatient mental health, behavioral health, outpatient substance abuse, and postnatal visits.

⁴ All prescription drugs are subject to the calendar-year medical deductible.

We also offer the following plans for American Indians and Alaskan Natives:

- Platinum 90 AI-AN plans
- Gold 80 AI-AN plans
- Silver 70 AI-AN plans
- Bronze 60 AI-AN plans
- Bronze 60 HSA AI-AN plans
- \$0 Cost Share AI-AN plans

Visit blueshieldca.com for more information.

a complete plan is a better plan

Blue Shield offers more than just medical coverage. We also offer dental, vision, and life insurance* plans that are available for purchase with or without a medical plan. Our Specialty DuoSM* plan offers you a convenient package that includes both dental and vision coverage.

smile, we've got your dental plan

Protect your smile with one of our dental plans, and you'll enjoy a range of benefits with access to a large network of providers. If you have children under age 19, their basic dental and vision needs are covered by the pediatric dental and pediatric vision benefits we include in every medical plan.

Benefit	ENHANCED DENTAL PPO 50/1250	ENHANCED DENTAL PPO 25/500	DENTAL PPO	ENHANCED DENTAL HMO \$0	DENTAL HMO	SPECIALTY DUO DENTAL + VISION PACKAGE
With participating providers, members pay: ¹						
Diagnostic and preventive services (includes but is not limited to cleanings, X-rays, and initial and periodic oral examinations)	0%	0%	\$0	\$0	\$0	\$0
Restorative services – fillings (one surface resin composite)	20% ²	20% ²	\$37 ³	\$20	\$18	\$37 ³
Oral surgery (includes but is not limited to extraction of erupted tooth or exposed root)	20% ²	20% ²	\$40 ³	\$40	\$34	\$40 ³
Root canal (anterior root canal)	50% ⁴	50% ⁴	\$156 ³	\$175	\$155	\$156 ³
Crowns (porcelain/ceramic substrate)	50% ⁴	50% ⁴	\$265 ⁴	\$350 ⁵	\$300 ⁵	\$265 ⁴
Orthodontics	Not covered	Not covered	\$2,350 for child, fully banded, two years ⁴ \$2,650 for adult, fully banded, two years ⁴	\$2,350 for child, fully banded, two years \$2,650 for adult, fully banded, two years	\$2,350 for child, fully banded, two years \$2,650 for adult, fully banded, two years	\$2,350 for child, fully banded, two years ⁴ \$2,650 for adult, fully banded, two years ⁴
Calendar-year deductible	\$50 per individual / \$150 per family	\$25 per individual / \$75 per family	\$50 per individual	\$0	\$0	\$50 per individual
Calendar-year benefit maximum	\$1,250 per individual	\$500 per individual	\$1,000 per individual	None	None	\$1,000 per individual

This chart is an overview of benefits. For additional benefit information, cost for services, waiting periods, and exclusions and limitations, please see the *Benefit Summary Guide* and *Important Legal Information* booklets.

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

¹ The amounts indicated are a percentage of the allowable amounts. Network providers accept Blue Shield's allowable amounts as payment-in-full for covered services.

² There is a six-month waiting period for these services.

³ There is a three-month waiting period for these services.

⁴ There is a 12-month waiting period for these services.

⁵ If precious metals are used, member will be charged at the dentist's cost. For Dental HMO, porcelain on molar teeth is subject to an additional charge of \$75.00.

 = Benefit is available prior to meeting any deductible

 = Benefit is subject to a deductible




See page 7 for helpful definitions of important medical terms.

see the value of vision coverage

Protect your vision with a Blue Shield vision plan. Our Ultimate Vision 15/25/150* is a comprehensive vision plan that features a \$150 frame allowance, Specialty Duo^{SM*} offers the convenience of dental and vision coverage in a single package. Both plans can be purchased with or without a medical plan.

Benefit		ULTIMATE VISION 15/25/150	SPECIALTY DUO DENTAL + VISION PACKAGE
Allowance and copays with participating providers: ¹			
Eye Exam (every 12 months)		\$15 copay	\$0 copay
Materials Copay		\$25 copay	\$25 copay
Frame Allowance		Up to \$150 allowance (every 12 months)	Up to \$100 allowance (every 24 months)
Lenses (standard single vision, lined bifocal or lined trifocal with scratch coating)		Every 12 months	Every 24 months
Lens Options and Treatments	Polycarbonate Lenses (only for dependent children)	\$100 allowance	\$100 allowance
	Photochromic Lenses	\$115-\$200 allowance	Not covered
	Progressive Lenses	\$140 allowance	Not covered
	Anti-Reflective Lens Coating	\$50 allowance	Not covered
Contact Lenses ²	Medically Necessary	\$25 copay	\$25 copay
	Elective (Cosmetic or Convenience)	\$120 allowance (every 12 months)	\$120 allowance (every 24 months)
Diabetes Management Referral		\$0 copay	\$0 copay

 = Benefit is available prior to meeting any deductible

This chart is an overview of benefits. For additional benefit information, cost for services, waiting periods, and exclusions and limitations, please see the *Benefit Summary Guide* and *Important Legal Information* booklets.

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

¹ Network providers accept Blue Shield's allowable amounts as payment-in-full for covered services. There is a 90-day waiting period for all vision benefits.

² Contact lenses may be selected instead of eyeglasses.



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protect your family further with life insurance

Facing financial burdens after the loss of a loved one can be overwhelming, and having life insurance helps. Individual term life insurance plans from Blue Shield of California Life & Health Insurance Company (Blue Shield Life) can help safeguard the future of the significant people in your life – your spouse, partner, or children – by providing critical financial protection that can be used to help cover living expenses, college education costs, mortgage payments, and more.

We offer the financial protection and security of \$10,000, \$30,000, \$60,000, \$90,000, or \$100,000 in term life insurance, with low monthly rates based on your age.

Available coverage amounts					
Age range	\$10,000	\$30,000	\$60,000	\$90,000	\$100,000
1 to 18*	\$1.95	\$2.95	N/A	N/A	N/A
19 to 29	\$2.75	\$5.35	\$9.25	\$13.15	\$14.45
30 to 39	\$3.05	\$6.25	\$11.05	\$15.85	\$17.45
40 to 49	\$5.85	\$14.65	\$27.85	\$41.05	\$45.45
50 to 59	\$13.85	\$38.65	\$75.85	\$113.05	\$125.45
60 to 64	\$20.45	\$58.45	\$115.45	\$172.45	\$191.45

Coverage is available to all individuals, ages 1 to 64[†], with or without a Blue Shield health plan. Simply complete and submit the Application for Individual Term Life Insurance Coverage to apply.

Download the application at blueshieldca.com/bsca/find-a-plan/life-insurance-plans or call your broker today.

* Those under age 19 are not eligible for \$60,000, \$90,000, or \$100,000 coverage amounts.

† All plans terminate at age 65.



DEFINITIONS:



Allowable amount

The total dollar amount Blue Shield has established for the benefits the member has received.

Benefits (covered services)

The medically necessary services and supplies covered by the health plan.

Coinsurance

The percentage amount a member pays for benefits after meeting any calendar-year deductible.

Copayment (copay)

The dollar amount a member pays for benefits after meeting any applicable calendar-year deductible.

Deductible

The amount a member pays each calendar year for most covered services before Blue Shield begins to pay. Specific covered services, such as preventive care, are covered before a member reaches the calendar-year deductible.

Participating providers / provider network

A provider, which includes doctors and hospitals, that has agreed to contract with Blue Shield to provide covered services to members of a given health plan. A Participating Provider has agreed to accept Blue Shield's contracted rate as payment in full for covered services.

Premium

The amount you pay each month to Blue Shield for your health coverage plan.

Have questions or want to apply?



Call your broker



Visit us at [blueshieldca.com/GetBlue](https://www.blueshieldca.com/GetBlue)

