

Give yourself the healthy advantage

Individual and Family Plans

Blue Shield of California Life & Health Insurance Company
Effective March 2010

Get the security and peace of mind that comes with access to quality health coverage, for just dollars a day!

You know you've been thinking about it, and you know you'd feel better if you had it. And you really never know how much you need it – until you need it. We all know we should have healthcare coverage, but we still risk waiting and going without it. Well, with quality healthcare coverage from Blue Shield, you don't have to risk going without it or wait any longer.

Did you know if you gave up one little pleasure each day, like bottled water, fast food, or a magazine, you'd be able to afford access to quality health coverage?

Unexpected hospital bills can add up

Even a small injury like a broken arm can put a major strain on your finances. Especially when you consider that hospitals charge patients without coverage up to **four times** what an insurance company would pay for the same treatment.¹

If you're hospitalized, consider that an average day in the hospital can cost more than \$12,000.² But with the right health plan, you don't need to worry, because that day in the hospital can cost you much less. And when you have the right plan to fit your needs, your doctor visits and prescriptions are much more affordable.

Even if you are healthy, you should still have coverage

Did you know that people with health coverage live longer and enjoy a better quality of life than those who are uninsured?³

We help take the guesswork out of healthcare coverage

Blue Shield makes it easy to find a plan that suits your needs and budget. We offer a wide variety of coverage options, and have a plan that's perfect for you.

Healthcare coverage can cost you only dollars a day! Just take a look:

\$5 per day
(the average cost of a latte and muffin)
x 7 days = \$35/week

\$35/week = **\$150/month**,
more than the monthly cost of health insurance!

¹ "Hospitals: Is the Price Right? A Look At Hospital Pricing for the Uninsured," CBS, March 5, 2006.

² Based on an average day's billed charges for a Blue Shield of California individual and family plan in 2008. Costs may vary depending on the carrier, region, and provider.

³ "Care Without Coverage – Too Little, Too Late," Institute of Medicine, The National Academies Press, 2002.

The right choice: Blue Shield

For more than 50 years, Blue Shield of California Life & Health Insurance Company has been providing millions of Californians with access to quality healthcare coverage.

A healthy choice

With over 30 individual and family plans to choose from, at Blue Shield we have a plan to fit your unique needs: from high-deductible health plans (HDHPs) that are compatible with Health Savings Accounts (HSAs), to basic plans that offer the preventive care you need without maternity or brand-name drug coverage – letting you control your monthly rate by getting only the benefits you want and need.

And with Blue Shield, you can get the care you need from doctors you know and trust by using our large physician and hospital networks – among the largest networks in the state.

All Blue Shield plans offer (at a minimum):

- Preventive care exam – including gynecological exams, annual physical exams, or well-baby exams – for a small copayment, before you have to meet your deductible
- A variety of plan deductibles to choose from, allowing you to choose a monthly rate that works best for you
- Generic prescription drug coverage
- Physician office visits, with copayments starting as low as \$25!

Additional benefits:

- **A broad choice of providers** (over 60,000 PPO physicians) so you can find a doctor nearby
- **NurseHelp 24/7SM** which can help answer your health concerns, anytime day or night, at no additional charge
- **Dental[†] and term life insurance coverage** to complete your total health package
- **Online tools and wellness programs at no extra charge** to help you take control of your health
- **Knowledgeable customer service representatives** to answer all your questions

As a member, you will have support from our knowledgeable customer service representatives, who can answer your questions quickly and easily. Along with quality plans, we also offer a wide range of programs, services, and resources that complement your coverage, so you can stay on top of your health and achieve your health goals.

We also offer dental and term life insurance options.

Award-winning strength you can trust

"A-"

In addition, Blue Shield of California Life & Health Insurance Company received an "A-" rating from:

- A.M. Best²

This rating measures a company's financial strength, so you can feel secure that Blue Shield is strong and stable.

All with a 12-month rate guarantee

As a new member, your monthly rate is locked in for 12 months! That means, for one year, your rate won't change!³

† Underwritten by Blue Shield of California.

1 Rating as of August 2008.

2 Rating as of July 2009; a leading provider of ratings, news, and financial data for the insurance industry worldwide.

3 Begins from member's original effective date. The rate guarantee program is subject to change and does not apply to guaranteed-issue, individual conversion, and Post-MRMIP Graduate products. The rate guarantee will terminate if a member transfers to a different plan, or if there is a rate change due to a change in age band, or if the member moves to another rating region.

Ways to save even more!

Looking for ways to save money anywhere you can? Then take a look at HSA-compatible high-deductible health plans (HDHPs). If you select an HDHP, you can open an HSA* to pay for certain types of qualified medical expenses – such as annual deductibles, copayments, and even some medical services that are not covered by your health plan – with tax-advantaged dollars.

HSA-compatible health plans are lower-cost alternatives because of higher-deductible options. With a variety of plans and features, including preventive care and comprehensive drug benefits, the out-of-pocket costs are usually less than other Blue Shield PPO plans.

HSA-compatible health plans are right for you, if you:

- Are interested in reducing your monthly premiums/dues
- Want to gain greater control over your healthcare spending
- Want more affordable, comprehensive coverage

Shield SavingsSM plans are compatible with HSAs, and the perfect opportunity for you to:

- Save money with a lower-cost alternative than other types of PPO plans, so more money stays in your pocket
- Access preventive care benefits, before meeting the deductible, to help you stay healthy
- Save on taxes when combined with an HSA, because contributions to HSAs may be tax-deductible
- Have coverage for a wide range of prescription drugs with generic and brand-name benefits
- Have access to some of the largest provider networks in California
- Open a tax-advantaged HSA to pay for medically qualified expenses

* Although most consumers who enroll in an HSA-compatible health plan are eligible to open an HSA, members should consult with a financial adviser to determine if an HSA/HDHP is a good financial fit for them. Blue Shield does not offer tax advice or HSAs. HSAs are offered through financial institutions. For more information about HSAs, eligibility, and the law's current provisions, consumers should ask their financial or tax adviser. HSA plan features may vary by institution and may be subject to change by those institutions.

Bridge Plan

Hospital insurance indemnity rider

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 your medical deductible if you are hospitalized in the first year, 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 that comes with supplementing your health coverage, during your first year as a member.

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. Best yet, the cost is only \$60 per year for an individual or \$120 per year for a family, and to make it easy on your budget, the cost will be billed on a monthly basis. That means you only pay \$5 per month for an individual or \$10 per month for a family!

Bridge Plan:

- Can only be purchased at the time you apply 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.

Bridge Plan benefits

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

* 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 annual premium due for the 12-month term of coverage will be billed to the member on a monthly basis.

How a health plan works:

It can be confusing to understand how health plans work. To make it easier, here are some benefit descriptions using scenarios¹ of individuals and families to help explain how benefits work.

“\$0 after deductible”

Meet Jesse:



Jesse's **EssentialSM Plan 1750** has a medical deductible of \$1,750.

Jesse uses several of his plan's benefits throughout the year, the costs of which count toward his deductible. By June, he meets his plan's deductible of \$1,750.

Afterwards, he goes to the hospital for an inpatient stay, and since he has already met his deductible, the visit will cost him **\$0** (“\$0 after deductible”).

“\$0 after out-of-pocket maximum”

Meet Lucia:



Lucia's **Vital ShieldSM Plus 900** plan has an out-of-pocket maximum of \$3,900 (sometimes called “coinsurance” or “copayment” maximum).

Lucia uses several of her plan's benefits throughout the year, the costs of which count toward her out-of-pocket maximum. By October, she has met the plan's out-of-pocket maximum of \$3,900.

Later, she has an X-ray taken, and since she has already met the out-of-pocket maximum, the visit will cost her **\$0** (“\$0 after out-of-pocket maximum”).

“\$35 after \$500 brand Rx deductible”

Meet Frank:



Frank has the **Balance Plan 2500** with a brand Rx deductible of \$500.

When he gets his brand-name prescription filled he pays 100% of the charge, until he spends \$500 on brand-name drugs, therefore meeting the brand Rx deductible.

Since he has met the \$500 brand Rx deductible, the next time he gets it filled he pays only **\$35** for his brand-name prescription (“\$35 after \$500 brand Rx deductible”).

Tips for families

Families can save money by enrolling as a family (versus enrolling individually)

- Rates are often lower
- If you have three or more family members, your total family deductibles and out-of-pocket maximums are lower on a family plan versus individual plans
- Each family member only has to meet the member deductible, and that amount accumulates to the total family deductible (does not apply to Shield Savings plans).

¹ For illustrative purposes only. Situations may vary depending on the specifics of the health plan, health plan limits, and other factors. Amounts shown are for services from preferred providers.

Choosing the plan that's right for you

A Blue Shield health plan provides you with:

- Access to quality health coverage
- Choice of doctors within large provider networks
- A plan that fits your budget, including both your monthly rate and your out-of-pocket costs
- Excellent customer service

Your Blue Shield authorized broker can help you choose from among our many well-designed health plans.

Plan comparison

Use these charts to compare and review all the great benefits our wide range of plans offers you. To start, select the category that best fits the type of coverage you're looking for.

Throughout this booklet, you'll see the symbols below. We created them to make it easier to find the coverage you want and need.

Affordable: These are the more affordable PPO plans.



Richest benefits: These are some of the PPO plans with the most generous or "richest" benefits.



Benefits you'll use the most: These plans balance the most popular benefits and solid coverage with relatively low deductibles and monthly rates.



Putting you in control: These plans are HSA-compatible, which may allow you tax savings on a variety of healthcare expenses through a Health Savings Account¹.



For kids: These plans provide coverage for services that kids need most.



Charts show copayment/coinsurance and deductible amounts you will pay for covered services received from preferred providers only. 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. Vital Shield plans, Vital Shield Plus plans, Active Start Plan 35 Generic Rx, Essential Plan 1750, Balance plans, and Shield Savings Plans 3500 and 5200 are subject to regulatory approval. This is only a brief overview of benefits. For a detailed description of plan benefits and exclusions, please request a copy of the *Policy for Individuals and Families*.

¹ Although most consumers who enroll in an HSA-compatible health plan are eligible to open an HSA, members should consult with a financial adviser to determine if an HSA/HDHP is a good financial fit for them. Blue Shield does not offer tax advice or HSAs. HSAs are offered through financial institutions. For more information about HSAs, eligibility and the law's current provisions, consumers should ask their financial or tax adviser. HSA plan features may vary by institution and may be subject to change by those institutions.

Affordable: These are the more affordable plans.



Vital Shield and Vital Shield Plus advantages:

- Low monthly rates
- First two or five office visits and generic prescription benefits prior to meeting a deductible
- A range of deductible options to fit your specific needs
- 100% coverage for most services after meeting the out-of-pocket maximum

With Vital Shield Plus, you also get:

- 3 additional office visits at a lower copayment
- Optional brand name prescription coverage
- \$1,000 lower out-of-pocket maximum
- 4th quarter deductible carryover – if you don't meet your deductible, any charges applied to your deductible in October through December will carry over to the next year's deductible⁵

Benefit	Vital Shield SM (individual only)		Vital Shield SM Plus		
	900	2900	400	900	2900
Office visits	\$40 each for first 2 visits ¹		\$30 each for first 5 visits ²		
Preventive care exam	\$40 ¹		\$30 ²		
Mammogram and GYN screening	40% + preventive care exam copay		40% + preventive care exam copay		
Hospitalization	40% after deductible		40% after deductible		
Lab and X-ray	\$0 after out-of-pocket maximum		\$0 after out-of-pocket maximum		
Emergency room	\$100 (waived if admitted) + 40% after deductible		\$100 (waived if admitted) + 40% after deductible		
Maternity	Not Covered		Not covered		
Generic Rx	\$10		\$10		
Brand Rx (formulary)	Not covered ⁴		\$45 after \$500 brand Rx deductible ³ Not covered on Generic Rx plans ⁴		
Annual deductible ⁵	\$900 per member	\$2,900 per member	\$400 per member and \$800 per family	\$900 per member and \$1,800 per family	\$2,900 per member and \$5,800 per family
Annual out-of-pocket maximum (includes deductible)	\$4,900 per member	\$5,900 per member	\$2,900 per member and \$5,800 per family	\$3,900 per member and \$7,800 per family	\$4,900 per member and \$9,800 per family

Amounts you pay for office visits, preventive care exam, labs, X-rays and prescriptions do not count toward the deductible or out-of-pocket maximum. After you meet the out-of-pocket maximum, copays for prescriptions will continue.

1 After two visits per member per year for any combination of preventive exam and office visits, subsequent visits are \$0 after out-of-pocket maximum.

2 After five visits per member per year for any combination of preventive exam and office visits, subsequent visits are \$0 after out-of-pocket maximum.

3 Non-formulary prescriptions are not covered.

4 Vital Shield and Vital Shield Plus Generic Rx plans do not cover brand-name drugs with the exception of covered drugs and supplies for diabetes. Brand and generic diabetes medications/supplies are covered, and may be subject to Prior Authorization for medical necessity.

5 For Vital Shield Plus Plans, if the annual plan deductible has not been met, any charges that accumulate towards the plan deductible in the last three months of the calendar year will be credited towards the plan deductible for the following calendar year.

Richest benefits: These are some of the PPO plans with the most generous or "richest" benefits.



Four great reasons to choose a Balance plan today:

- Low copayment for doctor office visits and preventive care
- Unlimited number of doctor visits
- Comprehensive generic and brand-name prescription drug coverage
- Chiropractic and acupuncture benefits

Benefit	Balance SM plans		
	1000	1700	2500
Office visits		\$30	
Preventive care exam		\$30	
Mammogram and GYN screening		\$0 + preventive care exam copay	
Hospitalization		30% after deductible ¹	
Lab and X-ray		30% after deductible	
Emergency room ²		\$100 (waived if admitted) + 30%	
Maternity		Not covered	
Generic Rx		\$10	
Brand Rx (formulary)		\$35 after \$500 brand Rx deductible ³	
Annual deductible	\$1,000 per member and \$2,000 per family	\$1,700 per member and \$3,400 per family	\$2,500 per member and \$5,000 per family
Annual out-of-pocket maximum (includes deductible)	\$5,500 per member and \$11,000 per family	\$6,500 per member and \$13,000 per family	\$7,500 per member and \$15,000 per family

Amounts you pay for office visits, preventive care exam, and prescription drugs do not count toward the deductible or out-of-pocket maximum. After you meet the out-of-pocket maximum, copays for these services will continue.

1 Additional \$250 copay for outpatient surgery.

2 Emergency room physician is 30% after deductible.

3 Blue Shield Life pays up to \$2,500 per member per year. After the brand name Rx maximum has been met, covered brand name medications and supplies for diabetes will continue to be covered at the applicable prescription drug copayment.

Benefits you'll use the most: These plans balance the most popular benefits and solid coverage with relatively low deductibles and monthly rates.



Vital Shield Plus:

- Three additional office visits at a lower copayment (versus Vital Shield)
- Optional brand-name prescription coverage
- \$1,000 lower out-of-pocket maximum (versus Vital Shield)
- 4th quarter deductible carryover – if you don't meet your deductible, any charges applied to your deductible in October through December will carry over to the next year⁴

Benefit	Vital Shield SM Plus		
	400	900	2900
Office visits	\$30 each for first 5 visits ¹		
Preventive care exam	\$30 ¹		
Mammogram and GYN screening	40% + preventive care exam copay		
Hospitalization	40% after deductible		
Lab and X-ray	\$0 after out-of-pocket maximum		
Emergency room	\$100 (waived if admitted) + 40% after deductible		
Maternity	Not covered		
Generic Rx	\$10		
Brand Rx (formulary)	\$45 after \$500 brand Rx deductible ² Not covered on Generic Rx plans ³		
Annual deductible ⁴	\$400 per member and \$800 per family	\$900 per member and \$1,800 per family	\$2,900 per member and \$5,800 per family
Annual out-of-pocket maximum (includes deductible)	\$2,900 per member and \$5,800 per family	\$3,900 per member and \$7,800 per family	\$4,900 per member and \$9,800 per family

Amounts you pay for office visits, preventive care exam, labs, X-rays and prescriptions do not count toward the deductible or out-of-pocket maximum. After you meet the out-of-pocket maximum, copays for prescriptions will continue.

¹ After five visits per member per year for any combination of preventive care exam and office visits, subsequent visits are \$0 after out-of-pocket maximum.

² Non-formulary prescriptions are not covered.

³ Vital Shield Plus Generic Rx plans do not cover brand-name drugs with the exception of covered drugs and supplies for diabetes. Brand and generic diabetes medications/supplies are covered, and may be subject to Prior Authorization for medical necessity.

⁴ If the annual plan deductible has not been met, any charges that accumulate towards the plan deductible in the last three months of the calendar year will be credited towards the plan deductible for the following calendar year.

Benefits you'll use the most: These plans balance the most popular benefits and solid coverage with relatively low deductibles and monthly rates.



Essential plans:

- Three office visits and generic prescription drugs right away, prior to meeting the deductible
- Dental and vision coverage at no additional cost
- Simple and affordable with 100% coverage for most services after meeting the deductible

Benefit	Essential SM plans (individual only – includes dental and vision care)	
	1750	4500
Office visits	\$40 each for first 3 visits ¹	
Preventive care exam	\$40	
Mammogram and GYN screening	\$0 + preventive care exam copay	
Hospitalization	\$0 after deductible	
Lab and X-ray	\$0 after deductible	
Emergency room	\$100 (waived if admitted) ²	
Maternity	Not covered	
Generic Rx	\$10	
Brand Rx (formulary)	Not covered ³	
Annual deductible	\$1,750 per member	\$4,500 per member
Annual out-of-pocket maximum (includes deductible)	\$1,750 per member	\$4,500 per member

Amounts you pay for preventive care, prescriptions, emergency room, and vision services do not count toward the deductible or out-of-pocket maximum. After you meet the out-of-pocket maximum, copays for these services will continue.

1 After three visits per member per year, subsequent visits are \$0 after deductible.

2 Emergency room physician is 0% after deductible.

3 Brand-name drugs are not covered, with the exception of covered drugs and supplies for diabetes. Brand and generic diabetes medications/supplies are covered, and may be subject to Prior Authorization for medical necessity.

Putting you in control: These plans are Health Savings Account (HSA)-compatible, which may allow you tax savings on healthcare expenses through HSA.



Shield Savings:

- Low monthly rates
- Preventive exam at no charge before meeting the deductible (select plans)
- Optional Bridge Plan rider (select plans)
- Compatible with an HSA, so you can enjoy potential tax savings
- Comprehensive generic and brand-name prescription drug coverage
- 100% coverage for all covered services after meeting the out-of-pocket maximum

Benefit	Shield Savings SM (HSA)		
	3500	4000	5200
Office visits	\$0 after deductible		
Preventive care exam	\$0		
Mammogram and GYN screening	\$0 + preventive care exam copay		
Hospitalization	\$0 after deductible		
Lab and X-ray	\$0 after deductible		
Emergency room	\$100 (waived if admitted) after deductible	\$0 after deductible	
Maternity	Not covered		
Generic Rx	\$10 after deductible	\$0 after deductible	
Brand Rx (formulary)	\$35 after deductible	\$0 after deductible	
Bridge Plan (optional rider)	\$1,500 per member (\$3,000 maximum per family)		
Annual deductible	\$3,500 per member and \$7,000 per family	\$4,000 per member or \$8,000* per family	\$5,200 per member and \$10,400 per family
Annual out-of-pocket maximum (includes deductible)	\$5,000 per member and \$10,000 per family	\$4,000 per member or \$8,000 per family	\$5,200 per member and \$10,400 per family

* No individuals will be eligible for benefits until after the family deductible is met.

For kids: These plans provide coverage for services that kids need most.



Active Start:

- Services are available right away – there's no medical deductible to meet
- Low copayments for office visits and prescription drugs
- 100% coverage for most services after meeting the out-of-pocket maximum
- Chiropractic and acupuncture benefits

Benefit	Active Start SM Plan 35 (individual only)
Office visits	\$35
Preventive care exam	\$35
Mammogram and GYN screening	\$0 + preventive care exam copay
Hospitalization	\$500/admit + 40%
Lab and X-ray	40%
Emergency room	\$100 (waived if admitted) + 40%
Maternity	Not covered
Generic Rx	\$10
Brand Rx (formulary)	\$35 after \$750 Brand Rx deductible ¹ Not covered on Generic Rx plan ²
Annual deductible	None
Annual out-of-pocket maximum	\$7,500 per member

Amounts you pay for prescriptions do not count toward the out-of-pocket maximum. After you meet the out-of-pocket maximum, copays for prescriptions will continue.

1 Blue Shield pays up to \$2,000 per member per year for brand name drugs. After the brand name Rx maximum has been met covered brand name medications and supplies for diabetes will continue to be covered at the applicable prescription drug copayment. Amounts you pay for prescriptions do not count toward the out-of-pocket maximum. After you meet the out-of-pocket maximum, copays for prescriptions will continue.

2 Active Start Generic Rx plans do not cover brand-name drugs with the exception of covered drugs and supplies for diabetes. Brand and generic diabetes medications/supplies are covered, and may be subject to Prior Authorization for medical necessity.

Smile: You can have a total health package

Regular dentist visits can do more than keep your smile attractive – they can tell dentists a lot about your overall health. In fact, research has long suggested that the health of your mouth mirrors the health of your body.

Did you know more than 90% of all common diseases have oral symptoms?* It's true – your dentist may be the first healthcare provider to detect a health problem.

Because dental health is such an important part of your total wellness, we offer several dental plans to fit your dental needs.

When you buy a Blue Shield medical plan and dental plan together, we offer:

- Dental HMO†
- Dental PPO†
- Value SmileSM PPO**

Blue Shield also offers two dental plans that can be purchased without health coverage, including:

- Value Smile PPO**
- SmileSM PPO**

When your mouth is healthy, chances are your overall health is in good shape too! Check out Blue Shield's dental plans today.

† Underwritten by Blue Shield of California.

* "Prevent Oral Health Problems: Visit a Dentist Twice a Year." Academy of General Dentistry, January 2007.

** Plans are pending regulatory approval.

Dental

Dental plans offered with Blue Shield medical plans			
Monthly rates ¹	Dental HMO [†]	Value Smile PPO ²	Dental PPO [†]
Adult/child	\$17.80	\$21.40	\$36.10
Adult and spouse/domestic partner	\$35.50	\$45.30	\$76.30
Adult and child	\$31.40	\$32.40	\$54.60
Adult and children	\$36.60	\$48.40	\$81.40
Family	\$69.00	\$75.30	\$126.80
Annual benefits and highlights (network)			
	<ul style="list-style-type: none"> • Two annual teeth cleanings, including annual X-rays, for \$0 • Low copayments • No waiting periods except orthodontics³ • Orthodontic benefits for children and adults • No deductibles or annual maximums 	<ul style="list-style-type: none"> • Two annual teeth cleanings, including annual X-rays and oral cancer screening, for \$0 • Low copayments for basic services • Fixed copayments • No coverage for major services • No waiting periods • \$25 annual deductible • \$500 annual benefit maximum⁴ 	<ul style="list-style-type: none"> • Two annual teeth cleanings, including annual X-rays and oral cancer screening, for \$0 • Low copayments • Fixed copayments • 3-month waiting period for minor services; 12-month waiting period for major and orthodontic services • Orthodontic benefits for children and adults • \$50 annual deductible • \$1,000 annual benefit maximum⁴

Dental plans offered independent of Blue Shield medical plans*		
Monthly rates ¹	Smile SM PPO ²	Value Smile PPO ²
Adult/child	\$39.70	\$21.40
Adult and spouse/domestic partner	\$83.90	\$45.30
Adult and child	\$60.10	\$32.40
Adult and children	\$89.50	\$48.40
Family	\$139.50	\$75.30
Annual benefits and highlights (network)		
	<ul style="list-style-type: none"> • Two annual teeth cleanings, including annual X-rays and oral cancer screening, for \$0 • Low copayments • Fixed copayments • 6-month waiting period for minor services; 12-month waiting period for major and orthodontic services • Orthodontic benefits for children and adults • \$50 annual deductible • \$1,000 annual benefit maximum⁴ 	<ul style="list-style-type: none"> • Two annual teeth cleanings, including annual X-rays and oral cancer screening, for \$0 • Low copayments for basic services • Fixed copayments • No coverage for major services • No waiting periods • \$25 annual deductible • \$500 annual benefit maximum⁴

Plan benefits effective January 1, 2010.

[†] Underwritten by Blue Shield of California.

* To be eligible for a dental plan, you must be a California resident and under age 65 at the time of enrollment. If you had a Blue Shield Individual and Family dental plan cancelled, you must wait 12 months from the date of cancellation before you can reapply.

¹ Rates effective January 1, 2010, and are subject to change.

² Plans are pending regulatory approval.

³ Dental HMO members have a 12-month waiting period for orthodontics.

⁴ Each calendar year, the member is responsible for all charges incurred after the plan has paid these amounts for covered dental services.

Individual Term life insurance coverage

Life insurance coverage is about preparing for the unexpected and caring for those left behind. It can cover funeral expenses, mortgage payments, or a child's education.

Blue Shield of California Life & Health Insurance Company can help you prepare for the unexpected. We offer the financial protection and security of \$10,000, \$30,000, \$60,000 or \$90,000 in term life insurance. In addition, life insurance can be continued beyond the termination of your health plan.

Monthly rates

Age range	Annual benefits and highlights (network)			
	\$10,000	\$30,000	\$60,000 ¹	\$90,000 ¹
1-18	\$1.95	\$2.95	N/A	N/A
19-29	2.75	5.35	\$9.25	\$13.15
30-39	3.05	6.25	11.05	15.85
40-49	5.85	14.65	27.85	41.05
50-59	13.85	38.65	75.85	113.05 ²
60-64	20.45	58.45	115.45	172.45 ²

¹ Those under age 19 are not eligible for \$60,000 and \$90,000 benefit amounts.

² \$90,000 benefit amount is not available for new sales to those age 50 years or older. These members can purchase \$10,000, \$30,000, and \$60,000 in coverage. Existing members who reach age 50 are eligible to keep their original coverage until age 65.

Please note: Individual term life insurance is available to primary subscribers (ages 1-64) of any Blue Shield health plan except those members of Blue Shield guaranteed-issue plans for individuals and families including child subscriber plans. All plans terminate at age 65.

Wellness resources that take care of YOU

We believe that encouraging wellness goes beyond your basic health plan benefits. That's why, as a Blue Shield member, you will have access to a wide range of programs, tools, and services that can help you get and stay healthy – at no additional charge.



Just a phone call away

With one simple phone call, you are connected to a team of experienced professionals ready to help you with a wide range of issues you may be having personally or professionally.

Personalized counseling

Our Health Coach program can help you achieve your personal health goals by coaching you through quitting smoking, losing weight, and lowering your daily stress (subject to program qualification).

Support for personal, family, and work issues

You have a team of experienced professionals that can assist you with personal, legal and financial questions, child/elder care, and chronic condition management. Our LifeReferrals 24/7SM program can put you in touch with valuable resources to help manage your life when it becomes too much.

NurseHelp 24/7

With our NurseHelp 24/7SM program, you can talk to a nurse anytime, day or night, to learn about a condition, evaluate treatment options, develop a healthier lifestyle, and more. You can even chat online!



With a simple click of your mouse

When you register as a member at [blueshieldca.com](https://www.blueshieldca.com), you can:

- Locate network doctors, hospitals, pharmacies, dentists, optometrists, dermatologists, mental health providers, chiropractors, and acupuncturists.
- Search our online drug formulary (preferred Blue Shield drugs) to see if your prescription is covered and if a generic version is available.
- Use our Drug Interaction Checker to learn about interactions among prescription drugs, over-the-counter medications, dietary supplements, and herbal products.
- Sign up for health management programs that offer resources and support for conditions such as heart disease, asthma, diabetes, and depression.
- Compare hospitals and learn about treatment options.
- Participate in Healthy Lifestyle Rewards to get in shape, eat right, reduce stress, or quit smoking.
- Explore benefits, view claims, check your prescription coverage, and more!

How to apply

Applying for a Blue Shield health plan is as easy as 1, 2, 3!

Talk to your Blue Shield authorized broker about the number of ways to apply, including:

- Filling out an application on your own
- Filling out an application with the help of your broker
- Applying online through your broker's Web site

Health plan basics

To make sure you have the information you need to help understand healthcare plans, here are key explanations of terms. These explanations can help you better understand the terms found in this booklet.

Allowable amount

In PPO plans, the dollar amount considered payment in full for services rendered by a contracted provider.

Coinsurance

The percentage share of the cost of a covered healthcare service that the member must pay. For example, if the allowable amount is \$100 and the coinsurance is 20%, the patient pays \$20 (20% of \$100) and the health plan pays \$80 (80% of \$100). Note that some plans may not pay for covered services until the deductible is met.

Copayment

The fixed fee for utilizing network services such as doctor or emergency room visits or filling a prescription. If the office visit copayment is \$25, the member would pay that amount each time. Note that some plans may not pay for covered services until the deductible is met.

Covered services

Medical services and supplies that are covered by the member's health plan.

Deductible

The amount the member must pay each year for most covered services before the benefit plan begins to pay. For some covered services, such as preventive care, the benefit plan may pay for the treatment before the deductible is met.

Dues

The monthly cost of the benefit plan, also called monthly premiums or rates.

Family deductible

This applies if the member has family coverage and a benefit plan with a family deductible. The individual deductible amounts paid by covered family members count toward the family deductible, and once the family deductible is met, the individual deductibles are also met. Certain payments for services with preferred (network) and non-preferred (non-network) providers may not count toward the deductible.

Formulary

The preferred list of covered drugs which may include generic and brand-name drugs. In most plans, members pay less for formulary than for non-formulary drugs.

Non-preferred provider

A provider that is not in the Blue Shield PPO network, also called a non-network provider.

Out-of-pocket maximum

A dollar limit on the total amount that members have to pay for many covered services in a calendar year, including the deductible.

Preferred provider

A provider who is part of the Blue Shield of California or Blue Shield of California Life & Health Insurance Company PPO provider network, also called a network provider. PPO members pay less when they see preferred providers.

