

Shield Spectrum PPO plan

PPO Plan 5000*

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

Shield Spectrum PPOSM 5000 Plan advantages

- 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. The family deductible can be met by any family member or combination of family members.
- Many services are covered before you meet the annual deductible.
- Copayment/coinsurance maximums help contain costs, because your family copayment maximums are only twice the individual amount, no matter how many people are covered.
- Added protection of \$10,000 in *Critical Condition ProtectionSM* (CCP) with the PPO Plan 5000.*
- One of California's largest PPO provider networks, so it's easy to find a doctor or hospital you want.
- Knowledgeable customer service representatives who can assist you and quickly answer your questions.

Is Shield Spectrum PPO Plan 5000 right for you?

This plan makes it easy to visit the doctors and specialists you want. When you receive care from Blue Shield PPO network providers, your out-of-pocket costs are always less.

* *Critical Condition Protection* (CCP) is part of the Shield Spectrum PPO Plan 5000 (underwritten by Blue Shield of California Life & Health Insurance Company). Members who have a first incident of severe heart attack, severe stroke, or certain life-threatening cancers become eligible for this benefit. There are restrictions that apply. Payment related to the CCP benefit is not restricted to medical care expenses. Therefore, a portion of your monthly premium payment allocated to the CCP maximum may not be tax-deductible. Blue Shield does not provide tax advice, and this cannot be considered tax advice. If you have any questions, you should contact your tax adviser.

Shield Spectrum PPO Plan 5000

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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.

	PPO 5000
Deductible*	\$5,000 (\$10,000 family)
Copayments	\$35 with preferred providers Not applicable with non-preferred providers
Coinsurance	30% with preferred providers 50% with non-preferred providers
Calendar-year copayment/coinsurance maximum (includes the plan deductible – some services do not apply)	Services with preferred providers: \$7,000 (\$14,000 family) Services with all providers: \$10,000 (\$20,000 family)
Lifetime maximum	\$6,000,000
Critical Condition Protection	\$10,000 per member, per lifetime

* Benefits for covered brand-name drugs are subject to a separate \$500 brand-name drug deductible per person per calendar year.

- Plan benefits provided before you need to meet any medical 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
Professional services		
Office visits	\$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)	\$35 ●	Not covered
Outpatient services		
Non-emergency services and procedures, outpatient surgery in hospital	30%	50% ^{2,3}
Outpatient surgery performed in an ambulatory surgery center (ASC) ⁴	30%	50% ²
Outpatient or out-of-hospital X-ray and laboratory	30%	50%
Hospitalization services		
Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists	30%	50%
Inpatient semiprivate room and board, services and supplies, and subacute care	30%	50% ^{2,3}
Bariatric surgery inpatient services (pre-authorization required; medically necessary surgery for weight loss, only for morbid obesity) ⁵	30%	50% ^{2,3}
Emergency health coverage		
Emergency room services	30%	30%
ER physician visits	30%	30%
Ambulance services (surface or air)	30%	30%
Prescription drug coverage⁶ outpatient		
	At participating pharmacies (up to a 30-day supply)	Mail service prescriptions (up to a 60-day supply)
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
Brand-name drugs are subject to a \$500 brand-name drug deductible per person, per calendar year	\$500	
	With preferred providers,¹ you pay	With non-preferred providers,¹ you pay
Durable medical equipment⁷	30%	50%

Shield Spectrum PPO Plan 5000

Covered services

Member copayments

Subject to the plan deductible, unless noted.	With MHSA participating providers, ^{1,8} you pay	With MHSA non-participating providers, ^{1,8} you pay
Mental health services		
Inpatient hospital facility services	30%	50% ^{2,3}
Inpatient physician services	30%	50%
Outpatient visits for severe mental health conditions	\$35	50%
Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits) ⁹	30%	Not covered
Chemical dependency services (substance abuse)		
Inpatient hospital facility services for medical acute detoxification	30%	50% ^{2,3}
Inpatient physician services for medical acute detoxification	30%	50%
Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits) ⁹	30%	Not covered
	With preferred providers,¹ you pay	With non-preferred providers,¹ you pay
Home health services (up to 90 pre-authorized visits per calendar year)	30%	Not covered
Other		
Pregnancy and maternity care		
Outpatient prenatal and postnatal care	30%	50%
Delivery and all necessary inpatient hospital services	30%	50% ^{2,3}
Family planning		
Consultations, tubal ligation, vasectomy, elective abortion	30%	Not covered
Rehabilitation services (up to 12 visits per calendar year combined with speech therapy visits)		
Provided in the office of a physician or physical therapist	30%	50%
Out-of-state services (full plan benefits covered nationwide with the BlueCard Program)	30% with BlueCard participating providers	50% with all other providers

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.

- 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.
- These copayments do not count toward the copayment/coinsurance maximum, and will continue to be charged once it is reached.
- 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.
- 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.
- 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.
- 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 cost difference between the brand and generic drug. Prescription coverage differs for home self-injectables. Please review the Policy before you purchase the plan.
- All covered orthotic equipment and services have a benefit maximum of \$2,000 per member per calendar year, except those services covered under the diabetes care benefit.
- 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.
- 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 an MHSA participating provider.