Shield Spectrum plans:

- PPO Plan 2000
- PPO Plan 1500
- PPO Plan 750
- PPO Plan 500

Shield Spectrum PPO plans

Choose from a wide range of monthly rates, calendar-year deductibles, and benefits.

Shield Spectrum PPO℠ Plans

These plans make it easy to visit the doctors and specialists you want to see, and offer a wide variety of deductible options to meet your needs. When you receive care from Blue Shield PPO network providers, your out-of-pocket costs are less.

Shield Spectrum PPO Plan advantages

- One of California's largest PPO provider networks, so it's easy to find a doctor or hospital you want.
- Many services are covered before you meet the annual deductible.
- Wide range of annual deductibles, and when 2 or more family members are on 1 plan, each covered individual has his or her own individual deductible, in case only 1 person needs expensive medical care. The family deductible can be met by any family member or combination of family members.
- Copayment/coinsurance maximums help contain costs, because your family copayment maximums are only twice the individual amount, no matter how many people are covered.
- Knowledgeable customer service representatives who can assist you and quickly answer your questions.

Shield Spectrum PPO Plans 500, 750, 1500, and 2000

Blue Shield of California and Blue Shield of California Life & Health Insurance Company each offer PPO Plan 1500 and 2000.

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 *Evidence of Coverage* and *Plan Contract/Policy For Individuals and Families* should be consulted for a detailed description of coverage benefits and limitations.

	PPO 500	PPO 750	PPO 1500	PPO 2000
Deductible*	$500 ($1,000 Family)	$750 ($1,500 family)	$1,500 ($3,000 family)	$2,000 ($4,000 family)
Copayments	$30 with preferred providers Not applicable with non-preferred providers	$35 with preferred providers; Not applicable with non-preferred providers	$40 with preferred providers; Not applicable with non-preferred providers	$45 with preferred providers; Not applicable with non-preferred providers
Percentage copayments	25% with preferred providers; 50% with non-preferred providers	30% with preferred providers; 50% with non-preferred providers	30% with preferred providers; 50% with non-preferred providers	30% with preferred providers; 50% with non-preferred providers
Calendar-year copayment/ coinsurance maximum (Does not include the plan deductible. Some services do not apply)	Services with preferred providers: $3,500 ($7,000 family) Services with all providers: $7,000 ($14,000 family)	Services with preferred providers: $4,000 ($8,000 family) Services with all providers: $8,000 ($16,000 family)	Services with preferred providers: $4,500 ($9,000 family) Services with all providers: $9,000 ($18,000 family)	Services with preferred providers: $5,000 ($10,000 family) Services with all providers: $10,000 ($20,000 family)
Lifetime maximum	$6,000,000	$6,000,000	$6,000,000	$6,000,000

* Benefits for covered brand-name drugs are subject to a separate brand-name drug deductible per person. PPOs 500 and 750 have a $250 brand-name drug deductible, and PPOs 1500 and 2000 have a $500 brand-name drug deductible.

● Plan benefits provided before you need to meet medical deductible are shown below with a red 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
	PPO 500	PPO 750	PPO 1500	PPO 2000	
Professional services					
Office visits	$30[2] ●	$35[2] ●	$40[2] ●	$45[2] ●	50%
Preventive care					
Annual routine physical exam, well-baby care office visits and gynecological exam (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)	$30[2] ●	$35[2] ●	$40[2] ●	$45[2] ●	Not covered
Outpatient services (the maximum allowed charges for non-emergency surgery and services performed in a non-participating ambulatory surgery center is $300 per day–members are responsible for 50% of this $300 per day, plus all charges in excess of $300)					
Non-emergency services and procedures	25%	30%			50%[2,3]
Outpatient surgery in hospital	$250/visit + 25%	$250/visit + 30%			50%[2,3]
Outpatient surgery in performed in an Ambulatory Surgery Center (ASC)[4]	25%	30%			50%[2]
Outpatient or out-of-hospital X-ray and laboratory	25%	30%			50%

Shield Spectrum PPO 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**
	PPO 500	**PPO 750**	**PPO 1500**	**PPO 2000**	
Hospitalization services					
Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists	25%	30%			50%
Inpatient semiprivate room and board, services and supplies, and subacute care	$250/admit + 25%	$250/admit + 30%			50%[2,3]
Bariatric surgery inpatient services (pre-authorization required: medically necessary surgery for weight loss, only for morbid obesity)[5]	$250/admit + 25%	$250/admit + 30%			50%[2,3]
Emergency health coverage					
Emergency room services ($100 copayment/visit waived if admitted as an inpatient)	$100/visit + 25%	$100/visit + 30%			Covered at same level as preferred providers
ER physician visits	25%	30%			Covered at same level as preferred providers
Ambulance services (surface or air)	25%	30%			Covered at same level as preferred providers
	For PPO Plans 500–2000				
Prescription drug coverage[6] (outpatient – brand-name drugs are subject to a $250/$500 brand-name drug deductible per person, per calendar year)	**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 (maximum copayment of $150 per prescription)[2]			$100 or 50%/prescription, whichever is greater (maximum copayment of $300 per prescription)[2]	
	With preferred providers,[1] you pay				**With non-preferred providers,[1] you pay**
	PPO 500	**PPO 750**	**PPO 1500**	**PPO 2000**	
Durable medical equipment[7]	25%	30%			50% (not covered for PPO 500 and 1500)
	With MHSA participating providers,[1,8] you pay				**With MHSA non-participating providers,[1,8] you pay**
	PPO 500	**PPO 750**	**PPO 1500**	**PPO 2000**	
Mental health services					
Inpatient hospital facility services	$250/admit + 25%	$250/admit + 30%			50%[2,3]
Inpatient physician services	25%	30%			50%
Outpatient visits for severe mental health conditions	$30[2] ●	$35[2] ●	$40[2] ●	$45[2] ●	50%
Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits)	25%[9]	30%[9]			Not covered[9]

Shield Spectrum PPO Plans

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**
	PPO 500	**PPO 750**	**PPO 1500**	**PPO 2000**	
Chemical dependency services (substance abuse)					
Inpatient hospital facility services for medical acute detoxification	$250/admit + 25%	$250/admit + 30%			50%[2,3]
Inpatient physician services for medical acute detoxification	25%	30%			50%
Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits)	25%[9]	30%[9]			Not covered[9]
	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)	25%	30%			Not covered
Other					
Pregnancy and maternity care					
Outpatient prenatal and postnatal care	25%	30%			50%
Delivery and all necessary inpatient hospital services	$250/admit + 25%	$250/admit + 30%			50%[2,3]
Family planning					
Consultations, tubal ligation, vasectomy, elective abortion	25%	30%			Not covered
Rehabilitation services					
Provided in the office of a physician or physical, occupational, or respiratory therapist	25%	30%			50%
Chiropractic services (up to 12 visits per calendar year – Blue Shield's payment is limited to $25)	50% ●	50% ●			Not covered
Out-of-state services (full plan benefits covered nationwide with the BlueCard Program)	25% with BlueCard participating providers	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.

1 Member is responsible for fixed dollar or percentage copayment or coinsurance in addition to any charges above allowable amounts. The coinsurance/copayment percentage 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 percentage of the allowable amount 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, and will continue to be charged once it is reached.

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 ambulatory surgery centers (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.

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. Refer to the EOC/Policy for further benefit details.

6 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. The $150/$300 max/prescription for non-formulary brand-name drugs does not apply to Blue Shield Life Shield Spectrum PPO Plans 2000 or 1500. Prescription coverage differs for home self-injectables. Please review the EOC/Policy before you purchase the plan.

7 All covered orthotic equipment and services have a benefit maximum of $1,000 per member per calendar year, except those services covered under the diabetes care benefit. All covered prostheses and durable medical equipment have a benefit maximum of $2,000 per member per calendar year.

8 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.

9 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.