



Blue Shield
of California

Shield Spectrum PPO Savings Plans

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Four Health Savings Account-eligible high deductible health plans offering affordable protection



The Shield Spectrum PPO Savings Plans 2400/4800 and 4000/8000* are designed to protect you from major healthcare expenses while giving you the freedom to choose from one of the state's largest provider networks.

Advantages of these plans include:

- Blue Shield offers four High-Deductible Health Plans (HDHPs) designed to be compatible with a Health Savings Account (HSA)
- Choose a plan with the coverage levels you need – your out-of-pocket maximum includes your plan deductible, so you'll only pay up to your plan's out-of-pocket maximum amount in a calendar-year
- Preventive care on a fixed copayment basis before meeting any deductible
- Get prescription drugs at our contracted rate at any participating pharmacy
- Access to a mail service pharmacy benefit
- 100% coverage for prescription drugs once the out-of-pocket maximum for the plan has been satisfied
- Like all Blue Shield PPO plans, you can select the provider of your choice each time you seek care from our network of more than 45,000 physicians and over 350 hospitals

Possible tax savings add value to your health plan

We've designed four PPO Savings Plans to qualify as High-Deductible Health Plans (HDHPs) that are eligible for use with a Health Savings Account (HSA). An HSA is a tax-advantaged personal savings or investment account intended for payment of medical expenses, including plan deductibles and copayments, as well as some qualified health care expenses not covered by your health plan. You can deduct your contributions to your HSA from your federal income taxes and use the account to pay for qualified medical expenses. What you don't spend, you can save year to year for future medical expenses, while earning tax-free interest.

Preferred HSA administrator delivers convenience and cost savings

To provide you with a one-stop HSA experience, Blue Shield has carefully researched and selected Wells Fargo** as the preferred administrator to manage HSAs for our members with one of our Shield Spectrum PPO Savings Plans. Through this affiliation, you will benefit from no account set-up or transaction fees, low monthly administration fees and the comprehensive customer service offered by Wells Fargo. However, you can use any financial institution that offers an HSA.

To get more information about the Health Savings Account offered by Wells Fargo, please call (866) 890-8313.

Additional Services

Blue Shield offers a wide variety of value-added services to help our members make better-informed healthcare decisions and manage their health plan benefits more effectively. The *Lifepath Advisers*SM program offers assistance for professional and personal concerns 24 hours a day by connecting you with a registered nurse, master's level counselor or work-life balance resources. Through our innovative web site, mylifepath.com, members have 24-hour access to resources such as My Health Plan to find out about their specific plan benefits and services, a Pharmacy section to compare the costs of generic versus brand-name drugs, and *Lifepath Decision Guide*SM to find out about treatment options for a diagnosed condition.

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

** Blue Shield may receive a nominal referral fee from Wells Fargo Bank when a high deductible health plan member it has referred establishes a HSA with Wells Fargo.

Visit us at mylifepath.com

Individual and Family Plans

An Independent Member of the Blue Shield Association

Shield Spectrum PPO Savings Plan 2400 (Individual)/4800 (Family)

Uniform Health Plan Benefits & 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 SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

SHIELD SPECTRUM PPO SAVINGS PLAN 2400/4800	
DEDUCTIBLE*	\$2,400 Individual/\$4,800 Family
CALENDAR-YEAR OUT-OF-POCKET MAXIMUM (Includes the plan deductible.) Please Note: The deductibles and out-of-pocket maximum amounts may increase annually to reflect federal cost-of-living adjustment.	\$3,200 Individual/\$5,800 Family
LIFETIME MAXIMUM	\$6,000,000
* For two-party/family coverage: Only after the family deductible is met will any individual be eligible for benefits. Adds together applicable expenses accrued by all covered family members.	

PPO Savings Plan benefits provided before you need to meet the deductible are shown in a shaded box. For all benefits without shading, you are responsible for all charges up to the allowable amount or billed charges 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 (Subject to the plan deductible, unless noted)	MEMBER COPAYMENTS		
	With Preferred Providers, ¹ you pay		With Non-Preferred Providers, ¹ you pay
PROFESSIONAL SERVICES			
– Office visits	30%		50%
PREVENTIVE CARE			
– Annual Routine Physical Exam, Gynecological Exam, Well-Baby care office visits	\$35		Not Covered
– Annual Pap test or other approved cervical cancer screening tests and routine mammography, immunizations (with annual physical or in a separate office visit)	30%/service		Not Covered
OUTPATIENT SERVICES			
– Non-emergency services and procedures, Outpatient surgery in a hospital	30%		50% ²
– Outpatient 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
EMERGENCY HEALTH COVERAGE			
– Emergency room services (\$75 copayment waived if the member is admitted directly to the hospital as an inpatient.)	\$75/visit + 30%		\$75/visit + 30%
– ER Physician visits	30%		30%
AMBULANCE SERVICES (Surface or Air)	30%		30%
PRESCRIPTION DRUG COVERAGE (outpatient; subject to the plan deductible. Prescription coverage differs for Home Self-Injectables. Please review the EOC before you purchase the plan.)	At Participating Pharmacies (Up to a 30-day supply)	At Non-Participating Pharmacies (Up to a 30-day supply)	Mail Service Prescriptions (Up to a 60-day supply)
	30%	30%	100% of Blue Shield negotiated rate

COVERED SERVICES**MEMBER COPAYMENTS**

(Subject to the plan deductible, unless noted)

With Preferred Providers,¹ you pay**With Non-Preferred Providers,¹ you pay****DURABLE MEDICAL EQUIPMENT³**

30%

50%

With MHPA Participating Providers,¹ you pay**With MHPA Non-Participating Providers,¹ you pay****MENTAL HEALTH SERVICES⁴**

– Inpatient Hospital Facility Services	30%	50% ²
– Inpatient Physician Services, Outpatient visits for severe mental health conditions	30%	50%
– Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits)	30%	Not Covered

CHEMICAL DEPENDENCY SERVICES(Substance Abuse)⁴

– Inpatient Hospital Facility Services for medical acute detoxification	30%	50% ²
– 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)	30%	Not Covered

With Preferred Providers,¹ you pay**With Non-Preferred Providers,¹ you pay****HOME HEALTH SERVICES**

(up to 90 preauthorized 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

Family Planning

– Consultations, tubal ligation, vasectomy, elective abortion	30%	Not Covered
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Rehabilitation Services

– Physical, occupational, or respiratory therapy	30%	50%
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Chiropractic Services

(up to 12 visits per calendar year)

50% up to \$25
(member is responsible for all charges over \$25/visit)

Not Covered

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.

1 Member is responsible for fixed dollar or percentage copayment in addition to any charges above allowable amounts. The copayment percentage indicated is a percentage of the allowed amounts. Preferred providers accept Blue Shield's allowable amount as payment-in-full for covered services. Non-preferred providers can charge more than the allowable amounts. When members use non-preferred providers, they must pay the applicable copayment plus any charges that exceed Blue Shield's allowable amount. Charges above the allowable amount do not count toward the plan deductible or the calendar year out-of-pocket maximum.

2 For non-emergency hospital services and supplies received from a non-preferred (non-network) hospital, Blue Shield's maximum payment is \$300 per day. After the deductible is met, members are responsible for all charges that exceed \$300 per day.

3 All covered orthotic equipment and services have a benefit maximum of \$2,000 per member per calendar year, except those services covered under the Prosthetic Appliances, Home Medical Equipment and Diabetes Care benefit.

4 Blue Shield of California has contracted with a specialized health care service plan to act as our mental health services administrator (MHPA). The MHPA provides mental health and substance abuse services, other than inpatient services for medical acute detoxification, through a separate network of MHPA participating providers. Inpatient medical acute detoxification is a medical benefit provided by Blue Shield preferred or non-preferred providers.

Shield Spectrum PPO Savings Plan 4000 (Individual)/8000 (Family)

Uniform Health Plan Benefits & 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.

SHIELD SPECTRUM PPO SAVINGS PLAN 4000/8000	
This plan is underwritten by Blue Shield of California Life & Health Insurance Company.	
DEDUCTIBLE*	\$4,000 Individual/\$8,000 Family
CALENDAR-YEAR OUT-OF-POCKET MAXIMUM (Includes the plan deductible.) Please Note: The deductibles and out-of-pocket maximum amounts may increase annually to reflect federal cost-of-living adjustment.	Services with Preferred Providers: \$4,000 Individual/\$8,000 Family Services with All Providers: \$5,000 Individual/\$10,000 Family
LIFETIME MAXIMUM	\$6,000,000
* For two-party/family coverage: Only after the family deductible is met will any individual be eligible for benefits. Adds together applicable expenses accrued by all covered family members.	

PPO Savings Plan benefits provided before you need to meet the deductible are shown in a shaded box. For all benefits without shading, you are responsible for all charges up to the allowable amount or billed charges 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 (Subject to the plan deductible, unless noted)	MEMBER COPAYMENTS		
	With Preferred Providers, ¹ you pay	With Non-Preferred Providers, ¹ you pay	
PROFESSIONAL SERVICES			
– Office visits	No Charge	50%	
PREVENTIVE CARE			
– Annual Routine Physical Exam, Gynecological Exam, Well-baby care office visits	\$35 (until deductible is met then No Charge)	Not Covered	
– Annual Pap test or other approved cervical cancer screening tests and routine mammography, immunizations (with annual physical or in a separate office visit)	No Charge	Not Covered	
OUTPATIENT SERVICES			
– Non-emergency services and procedures, Outpatient surgery in a hospital	No Charge	50% ²	
– Outpatient X-ray and laboratory	No Charge	50%	
HOSPITALIZATION SERVICES			
– Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists	No Charge	50%	
– Inpatient semiprivate room and board, services and supplies, and subacute care	No Charge	50% ²	
EMERGENCY HEALTH COVERAGE			
– Emergency room services	No Charge	No Charge	
– ER Physician visits	No Charge	No Charge	
AMBULANCE SERVICES (Surface or air)			
	No Charge	No Charge	
PRESCRIPTION DRUG COVERAGE (Outpatient; subject to the plan deductible. Prescription coverage differs for Home Self-Injectables. Please review the Policy before you purchase the plan.)			
	At Participating Pharmacies (Up to a 30-day supply) No Charge (member will receive full reimbursement after claim submission)	At Non-Participating Pharmacies (Up to a 30-day supply) No Charge (member will receive full reimbursement after claim submission)	Mail Service Prescriptions (Up to a 60-day supply) 100% of Blue Shield negotiated rate
DURABLE MEDICAL EQUIPMENT³			
	No Charge	50%	

COVERED SERVICES**MEMBER COPAYMENTS**

(Subject to the plan deductible, unless noted)

**With MHSA Participating Providers,¹
you pay****With MHSA Non-Participating Providers,¹
you pay****MENTAL HEALTH SERVICES⁴**

– Inpatient Hospital Facility Services	No Charge	50% ²
– Inpatient Physician Services, Outpatient visits for severe mental health conditions	No Charge	50%
– Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits)	No Charge	Not Covered

CHEMICAL DEPENDENCY SERVICES(Substance Abuse)⁴

– Inpatient Hospital Facility Services for medical acute detoxification	No Charge	50% ²
– Inpatient Physician Services for medical acute detoxification	No Charge	50%
– Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits)	No Charge	Not Covered

With Preferred Providers,¹ you pay**With Non-Preferred Providers,¹ you pay****HOME HEALTH SERVICES**

(up to 90 preauthorized visits per calendar year)

No Charge

Not Covered

OTHER**Pregnancy and Maternity Care**

– Outpatient prenatal and postnatal care	Not Covered	Not Covered
– Delivery and all necessary inpatient hospital services	Not Covered	Not Covered

Family Planning

– Consultations, tubal ligation, vasectomy, elective abortion	No Charge	Not Covered
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Rehabilitation Services

– Physical, occupational, or respiratory therapy	No Charge	50%
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Chiropractic Services

(up to 12 visits per calendar year)

No Charge
(member responsible for all charges over \$25/visit)

Not Covered

Out-of-State Services

(full plan benefits covered nationwide with the BlueCard program)

No Charge
with BlueCard Participating Providers50%
with all other providers**Please Note:** Benefits are subject to modification for subsequently enacted state or federal legislation.

- 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's allowable amount as payment-in-full for covered services. Non-preferred providers can charge more than the allowable 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 the calendar year out-of-pocket maximum.
- 2 For non-emergency hospital services and supplies received from a non-preferred (non-network) hospital, Blue Shield's maximum payment is \$300 per day. After the deductible is met, members are responsible for all charges that exceed \$300 per day.
- 3 All covered orthosis, prosthetic appliances and home medical equipment and services have a benefit maximum of \$2,000 per member per calendar year, except those services covered under the Prosthetic Appliances, Home Medical Equipment and Diabetes Care benefit.
- 4 Blue Shield of California has contracted with a specialized health care service plan to act as our mental health services administrator (MHSA). The MHSA provides mental health and substance abuse 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 providers.

IMPORTANT INFORMATION REGARDING HEALTH SAVINGS ACCOUNTS

Blue Shield has designed the PPO Savings Plans (2400/4800 and 4000/8000) to meet government requirements for a high-deductible health plan, which would permit qualified individuals to open tax-advantaged Health Savings Accounts (HSAs). If you are eligible, it may allow you to take advantage of the income tax benefits available when you establish an HSA and use the money you put into the HSA to pay for qualified medical expenses subject to the deductibles under this plan.

NOTICE: Blue Shield currently has a relationship with an HSA Administrator but does not provide tax advice. If you intend to purchase this plan to use with an HSA for tax purposes, you should consult with your tax advisor about whether you are eligible and whether your HSA meets all legal requirements.

Although Blue Shield believes that the plans meet these requirements, the Internal Revenue Service has not ruled on whether the plans are qualified as HSA-eligible high-deductible health plans. Should you purchase a plan to obtain the income tax benefits associated with an HSA and the Internal Revenue Service were to rule that these plans do not qualify as HSA-eligible high-deductible health plans, you may not be eligible for the income tax benefits associated with an HSA. In this instance, you may have adverse income tax consequences with respect to your HSA for all years in which you were not eligible. However, if there were such a ruling, or if government requirements for an HSA-eligible high-deductible health plan change, Blue Shield intends to amend the Shield Spectrum PPO Savings Plans, if necessary, to meet the requirements of a qualified plan. A change in the plan's dues may also be required as a result of a change in the plan(s).

Please Note: This document is not a contract and should only be distributed with a presale disclosure document which explains general plan exclusions and limitations. Both documents should be read together. For actual complete benefit descriptions, terms and conditions and limitations of the health plan, please read the *Evidence of Coverage and Health Service Agreement (EOC)/Policy for Individuals and Families (Policy)*. For a complete description of the Shield Spectrum PPO Savings Plans, you can request a copy of EOC/Policy by calling (800) 431-2809.

