PPO health plans

PPO (preferred provider organization) plans are designed for members who value their choice of doctors, specialists, and hospitals. With more than 50,000 doctors and 350 hospitals in our Exclusive PPO Network, Blue Shield PPO plans can provide you with the flexibility and choice you are looking for. To find Exclusive PPO Network doctors and hospitals in your area, visit blueshieldca.com/networkifpppo2019.

Costs for covered services are always lowest when using network providers; however, PPO plans will often cover some of the cost from providers that don’t participate in our Exclusive PPO Network.

How to choose your plan

We have a variety of health plans for you to choose from. How do you choose the plan that’s right for you? Don’t worry. We’re here to help simplify it for you.

To pick a plan, you need to consider the right mix of monthly premiums and the cost of care. 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.

You pay more for monthly premiums

Platinum plan

Gold plan

Silver plans

Bronze plans

Minimum Coverage plan

You pay less for monthly premiums

You pay less when you get care

Stay covered when you travel

Whether you’re traveling for work or pleasure, every Blue Shield PPO plan comes with BlueCard® and Blue Shield Global Core, giving you access to urgent and emergency services in all 50 states as well as when traveling abroad.

Talk to a doctor from anywhere, anytime

Teladoc provides 24/7/365 on-demand access to a national network of U.S. board-certified doctors for telehealth services with a low copay. These doctors are available to resolve many of your non-emergency medical issues and can prescribe medications through phone or video consults. When you need care, a Teladoc doctor is just a call or click away.

To get a quote and apply, contact your broker or visit blueshieldca.com/GetBlue.
Get home visits with Heal
Did you know doctors still make house calls? Heal is a service that lets you see a licensed doctor at a time and place that’s best for you. Scheduling when and where you want to see a doctor gives you freedom from the time, cost, and stress of traveling to an appointment. This service is available in Los Angeles, Orange County, San Diego, San Francisco, Oakland, Berkeley, and the Peninsula to San Jose.

Looking for an HMO plan instead?
If you prefer an HMO plan with access to a great network of doctors and hospitals, and perhaps even lower premiums, we may offer our Trio HMO plans in your area. For more information on our HMO plans, ask your broker for the HMO version of this brochure or visit blueshieldca.com/GetBlue.

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

Heal is a trademark of Get Heal, Inc.
Blue Shield and the Shield symbol are registered trademarks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.
This chart provides details on plan deductibles, copayments, and coinsurance amounts for common services when using network providers. You are responsible for all charges up to the allowable amount until the deductible is met (if applicable). Then, you will be responsible for the copayment or coinsurance noted in the chart. Once you reach the plan’s out-of-pocket maximum, Blue Shield will pay 100% for most covered services received from Exclusive PPO Network providers.

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 Evidence of Coverage (EOC) by calling us at (888) 256-3650. We also have Summary of Benefits and Coverage (SBC) forms that can help you decide by giving you an easy-to-understand overview of what these plans cover. Visit blueshieldca.com/policies or call (888) 256-3650 to get the forms.

We also offer special plans for American Indians and Alaska Natives. Visit www.coveredca.com for more information.

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<table>
<thead>
<tr>
<th>Benefit available through</th>
<th>Plan available through</th>
<th>Preventive health benefits</th>
<th>Office visit – primary care physician</th>
<th>Office visit – specialist doctor</th>
<th>Urgent care visit</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Blue Shield and Covered California</td>
<td>$0</td>
<td>$15</td>
<td>$30</td>
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<td>Blue Shield and Covered California</td>
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<td>$55</td>
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<td>Blue Shield only</td>
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<td>$80</td>
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<td></td>
<td>Covered California only</td>
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<td>$80</td>
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<tr>
<td></td>
<td>Covered California only</td>
<td>$0</td>
<td>$5</td>
<td>$25</td>
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</tr>
</tbody>
</table>

### Deductibles and Coinsurance

- **Tier 1 drugs**: (up to 30-day supply)
  - Off Exchange PPO
    - $15
  - Covered California
    - $25
- **Tier 2 drugs**: (up to 30-day supply)
  - Off Exchange PPO
    - $15
  - Covered California
    - $25
- **Tier 3 drugs**: (up to 30-day supply)
  - Off Exchange PPO
    - $25
  - Covered California
    - $75
- **Tier 4 drugs**: (up to 30-day supply)
  - Off Exchange PPO
    - $15
  - Covered California
    - $75

### Hospital Services

- **Emergency room services not resulting in hospital admission**: $150
- **Ambulance**: $150
- **Maternity – delivery (hospital)**: $150
- **Pediatric dental exam**: $0
- **Pediatric eye exam**: $0
- **Pediatric eyeglasses**: 1 pair per year
- **Inpatient hospitalization**: 10%
- **Outpatient surgery**: 10%
- **X-ray**: $30
- **In-network calendar-year medical deductible**: $0

### Benefits

- **In-network calendar-year pharmacy deductible**: $3,350 per individual/
  $7,200 per family
- **In-network calendar-year out-of-pocket maximum (includes deductible)**: $6,300 per individual/
  $14,400 per family
- **In-network calendar-year pharmacy deductible**: $0

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*This Blue Shield plan must be purchased through Blue Shield, and your broker can help you with the process. You can enroll in all other Blue Shield medical plans displayed on this chart through Blue Shield or Covered California, unless indicated otherwise.*

†*This Blue Shield plan must be purchased through Covered California, and your broker can help you with the process. You can enroll in all other Blue Shield medical plans displayed on this chart through Blue Shield or Covered California, unless indicated otherwise. Qualified individuals may be eligible for financial assistance when applying for a Blue Shield plan through 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 The first three visits are available prior to meeting the calendar-year medical deductible and include a combination of primary care physician, specialist doctor, urgent care, acupuncture, outpatient mental health, outpatient substance use disorder, and other practitioner visits. Subsequent visits are subject to the calendar-year medical deductible.
This chart provides details on plan deductibles, copayments, and coinsurance amounts for common services when using network providers. You are responsible for all charges up to the allowable amount until the deductible is met (if applicable). Then, you will be responsible for the copayment or coinsurance noted in the chart. Once you reach the plan’s out-of-pocket maximum, Blue Shield will pay 100% for most covered services received from Exclusive PPO Network providers.

<table>
<thead>
<tr>
<th>Benefit available through</th>
<th>Blue Shield only</th>
<th>Blue Shield and Covered California</th>
<th>Blue Shield and Covered California</th>
<th>Blue Shield and Covered California</th>
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</thead>
<tbody>
<tr>
<td>Preventive health benefits</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Office visit – primary care physician</td>
<td>$45</td>
<td>$75 for first 3 visits per calendar year prior to deductible, then $75 after deductible</td>
<td>40%</td>
<td>$0 for first 3 visits per calendar year prior to deductible, then $0 after deductible</td>
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<tr>
<td>Office visit – specialist doctor</td>
<td>$75</td>
<td>$105 for first 3 visits per calendar year prior to deductible, then $105 after deductible</td>
<td>40%</td>
<td>0%</td>
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<tr>
<td>Urgent care visit</td>
<td>$45</td>
<td>$75 for first 3 visits per calendar year prior to deductible, then $75 after deductible</td>
<td>40%</td>
<td>$0 for first 3 visits per calendar year prior to deductible, then $0 after deductible</td>
</tr>
<tr>
<td>Tier 1 drugs (up to 30-day supply)</td>
<td>$15*</td>
<td>100% (up to $500 per prescription)</td>
<td>40% (up to $500 per prescription)</td>
<td>0%</td>
</tr>
<tr>
<td>Tier 2 drugs (up to 30-day supply)</td>
<td>$55*</td>
<td>100% (up to $500 per prescription)</td>
<td>40% (up to $500 per prescription)</td>
<td>0%</td>
</tr>
<tr>
<td>Tier 3 drugs (up to 30-day supply)</td>
<td>$75*</td>
<td>100% (up to $500 per prescription)</td>
<td>40% (up to $500 per prescription)</td>
<td>0%</td>
</tr>
<tr>
<td>Tier 4 drugs (up to 30-day supply)</td>
<td>$150*</td>
<td>100% (up to $500 per prescription)</td>
<td>40% (up to $500 per prescription)</td>
<td>0%</td>
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<tr>
<td>Lab</td>
<td>30%</td>
<td>100%</td>
<td>40%</td>
<td>0%</td>
</tr>
<tr>
<td>X-ray</td>
<td>30%</td>
<td>100%</td>
<td>40%</td>
<td>0%</td>
</tr>
<tr>
<td>Inpatient hospitalization</td>
<td>30%</td>
<td>100%</td>
<td>40%</td>
<td>0%</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>30%</td>
<td>100%</td>
<td>40%</td>
<td>0%</td>
</tr>
<tr>
<td>Emergency room services not resulting in hospital admission</td>
<td>30%</td>
<td>100%</td>
<td>40%</td>
<td>0%</td>
</tr>
<tr>
<td>Ambulance</td>
<td>30%</td>
<td>100%</td>
<td>40%</td>
<td>0%</td>
</tr>
<tr>
<td>Maternity – delivery (hospital)</td>
<td>30%</td>
<td>100%</td>
<td>40%</td>
<td>0%</td>
</tr>
<tr>
<td>Pediatric dental exam</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Pediatric eye exam</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Pediatric eyeglasses</td>
<td>1 pair per year</td>
<td>1 pair per year</td>
<td>1 pair per year</td>
<td>1 pair per year</td>
</tr>
<tr>
<td>Acupuncture (from a licensed acupuncturist)</td>
<td>$45</td>
<td>$75 for first 3 visits per calendar year prior to deductible, then $75 after deductible</td>
<td>40%</td>
<td>$0 for first 3 visits per calendar year prior to deductible, then $0 after deductible</td>
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<tr>
<td>In-network calendar-year medical deductible</td>
<td>$1,850 per individual/ $3,700 per family</td>
<td>$6,500 per individual/ $12,600 per family</td>
<td>$6,000 per individual/ $12,000 per family</td>
<td>$7,900 per individual/ $18,800 per family</td>
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<tr>
<td>In-network calendar-year out-of-pocket maximum (includes deductible)</td>
<td>$7,550 per individual/ $15,100 per family</td>
<td>$7,550 per individual/ $15,100 per family</td>
<td>$6,650 per individual/ $13,800 per family</td>
<td>$7,900 per individual/ $18,800 per family</td>
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<tr>
<td>In-network calendar-year pharmacy deductible</td>
<td>$250 per individual/ $500 per family</td>
<td>$500 per individual/ $1,000 per family</td>
<td>N/A</td>
<td>N/A</td>
</tr>
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</table>

3 The first three visits are available prior to meeting the calendar-year medical deductible, and include a combination of primary care physician, urgent care, acupuncture, outpatient mental health, outpatient substance use disorder, and other practitioner visits. Subsequent visits are subject to the calendar-year medical deductible.

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

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

6 Family coverage has an individual deductible within the family deductible. Blue Shield will pay benefits for an individual member on the family plan once the member meets the individual deductible amount. Blue Shield will pay benefits for all covered family members once the family deductible is satisfied. The family deductible can be satisfied when two family members meet their individual deductibles, or when the combined deductible contributions of three or more members reaches the family deductible limit.

7 Prescription drugs not in Tier 1 are subject to the calendar-year pharmacy deductible.

= Benefit is available prior to meeting any deductible
= Benefit is subject to a deductible

Have questions or want to apply?
Visit our enrollment center at blueshieldca.com/GetBlue.
Call your broker.

Your broker can help you apply for a Blue Shield plan through Blue Shield or through Covered California (www.coveredca.com), California's health plan marketplace.

We also offer dental, vision,* and life insurance* plans that are available for purchase with or without a medical plan. Ask your broker for more information or visit bsc.ca/ifpspecialty2019.

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