



Individual and Family

PPO

HEALTH PLANS



To get a quote and apply, call us at **(855) 225-1716** or visit **blueshieldca.com/directsales**.

PPO HEALTH PLANS

Get care on your own terms with a Blue Shield of California PPO plan. These plans are designed for members who value their choice of doctors, specialists, and hospitals without the need for a referral. With more than 60,000 doctors and 330 hospitals in our Exclusive PPO Network, Blue Shield of California PPO plans can provide the choice and flexibility you are looking for. To find Exclusive PPO Network doctors and hospitals in your area, visit **blueshieldca.com/networkifppo**.

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

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 to give you access to emergency and urgent care throughout the U.S. as well as when traveling abroad.

TALK TO A DOCTOR ANYWHERE, ANYTIME

Teladoc provides 24/7/365 access to a national network of U.S. board-certified doctors, pediatricians, and mental health professionals who can be consulted on a variety of medical and mental health issues, and may prescribe certain medications via phone or online video consultations. There is no copay for this service, and it is available prior to meeting the medical deductible on most plans (except HDHP plans).

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).* Visit **blueshieldca.com/assistance** to check your eligibility, or contact your Blue Shield sales representative to guide you through the qualification process.

LOOKING FOR AN HMO PLAN INSTEAD?

If you prefer an HMO plan with access to a quality 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, call us at **(855) 225-1716** and ask for the HMO version of this brochure or visit **blueshieldca.com/directsales**.



See page 7 for helpful definitions of important medical terms.

* Blue Shield does not determine whether you qualify for a subsidy. If you decide to apply for a plan through Covered California, Covered California will determine your eligibility and actual subsidy amount based on the information you enter in your application.

HOW TO CHOOSE YOUR PLAN

We have a variety of health plans for you to choose from. To choose the right plan for you, consider the right mix of monthly premiums and the cost of care. Generally, the higher your monthly premium, the less you'll pay out of pocket when you get care. If you choose a lower monthly premium, you'll pay more out of pocket when you get care.



PLATINUM

90

GOLD

80

PLATINUM AND GOLD PLANS

Platinum and Gold plans have the highest monthly premiums, but with no deductibles and lower copays than most Blue Shield plans, these plans are a great choice if you think you'll need care more often.

SILVER

70

SILVER PLANS

The Blue Shield Silver 70 PPO plans are a great choice if you see the doctor occasionally and are looking for a good balance between your monthly plan premiums and the cost when you get care.

SILVER

1750

If you are looking for a high-value, lower-cost plan offering predictable copays, our Silver 1750 PPO plan could be for you.

SILVER

2600

If you're looking for a high-deductible health plan (HDHP) that allows you to contribute toward a health savings account* (HSA), the Blue Shield Silver 2600 HDHP PPO plan may be for you. You can prepare for future medical costs by contributing tax-advantaged money to your own HSA.

SILVER

94

SILVER

87

We also offer three Silver cost-sharing reduction plans through Covered California that feature lower copays, deductibles, and out-of-pocket maximums for those who meet certain income requirements and other criteria:

SILVER

73

- Blue Shield Silver 94 PPO
- Blue Shield Silver 87 PPO
- Blue Shield Silver 73 PPO

BRONZE

60

BRONZE PLANS

These plans typically have lower monthly premiums, but higher out of pocket costs when you get care. They are a great choice if you rarely visit the doctor and want to be protected in case something goes wrong.

BRONZE HDHP

60

The Bronze 60 HDHP PPO plan is an HSA-compatible plan option. You'll pay less on your plan premiums compared with the Silver 2600 HDHP PPO plan in exchange for a higher share of the cost when using services.

MINIMUM COVERAGE

60

MINIMUM COVERAGE PPO PLAN

To be eligible for this plan, you must be under age 30 or qualify for a hardship exemption through Covered California. This plan is a great choice if you rarely see the doctor and are looking to pay the lowest monthly premium.

* Although most individuals who enroll in an HSA-compatible high-deductible health plan (HDHP) are eligible to open an HSA, you should consult with a financial adviser to determine if an HSA/HDHP is a good financial fit for you. Blue Shield does not offer tax advice for HSAs. HSAs are offered through financial institutions. For more information about HSAs, eligibility, and the law's current provisions, you should ask your financial or tax adviser.

This chart provides details on plan deductibles, copayments, and coinsurance amounts for common services when using network providers. For complete plan details, visit [blueshieldca.com/policies](https://www.blueshieldca.com/policies). You are responsible for all charges up to the allowed charges 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.

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

	BLUE SHIELD PLATINUM 90 PPO	BLUE SHIELD GOLD 80 PPO	BLUE SHIELD SILVER 70 OFF EXCHANGE PPO*	BLUE SHIELD SILVER 70 PPO†
PLAN AVAILABLE THROUGH	BLUE SHIELD AND COVERED CALIFORNIA	BLUE SHIELD AND COVERED CALIFORNIA	BLUE SHIELD ONLY	COVERED CALIFORNIA ONLY
BENEFIT	WITH PARTICIPATING PROVIDERS, MEMBERS PAY:†			
Preventive health benefits	\$0	\$0	\$0	\$0
Office visit – primary care physician	\$15	\$35	\$45	\$45
Office visit – specialist doctor	\$30	\$65	\$85	\$85
Urgent care visit	\$15	\$35	\$45	\$45
Tier 1 drugs (up to 30-day supply)	\$5	\$15	\$16 ^a	\$16 ^a
Tier 2 drugs (up to 30-day supply)	\$15	\$60	\$60 ^a	\$60 ^a
Tier 3 drugs (up to 30-day supply)	\$25	\$85	\$90 ^a	\$90 ^a
Tier 4 drugs (up to 30-day supply)	10% (up to \$250 per prescription)	20% (up to \$250 per prescription)	20% (up to \$250 per prescription) ^a	20% (up to \$250 per prescription) ^a
Lab	\$15	\$40	\$50	\$50
X-ray	\$30	\$75	\$95	\$95
Inpatient hospitalization	10%	30%	30%	30%
Outpatient surgery	10%	20%	20%	20%
Emergency room services not resulting in hospital admission	\$150	\$350	\$400	\$400
Ambulance	\$150	\$250	\$255	\$250
Maternity – delivery (hospital)	10%	30%	30%	30%
Pediatric dental exam	\$0	\$0	\$0	\$0
Pediatric eye exam	\$0	\$0	\$0	\$0
Pediatric eyeglasses	1 pair per year	1 pair per year	1 pair per year	1 pair per year
Chiropractic (from an American Specialty Health Plans network chiropractor)	Not covered	Not covered	Not covered	Not covered
Acupuncture (from an American Specialty Health Plans network acupuncturist)	\$15	\$35	\$45	\$45
In-network calendar-year medical deductible ^b	\$0	\$0	\$4,750 per individual/ \$9,500 per family	\$4,750 per individual/ \$9,500 per family
In-network calendar-year out-of-pocket maximum (includes deductible)	\$4,500 per individual/ \$9,000 per family	\$8,550 per individual/ \$17,100 per family	\$8,750 per individual/ \$17,500 per family	\$8,750 per individual/ \$17,500 per family
In-network calendar-year pharmacy deductible	\$0	\$0	\$85 per individual/ \$170 per family ^b	\$85 per individual/ \$170 per family ^b

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

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This chart provides details on plan deductibles, copayments, and coinsurance amounts for common services when using network providers. For complete plan details, visit blueshieldca.com/policies. You are responsible for all charges up to the allowed charges 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.

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

	BLUE SHIELD SILVER 94 PPO [†]	BLUE SHIELD SILVER 87 PPO [†]	BLUE SHIELD SILVER 73 PPO [†]	BLUE SHIELD SILVER 1750 PPO [*]
PLAN AVAILABLE THROUGH	COVERED CALIFORNIA ONLY	COVERED CALIFORNIA ONLY	COVERED CALIFORNIA ONLY	BLUE SHIELD ONLY
BENEFIT	WITH PARTICIPATING PROVIDERS, MEMBERS PAY: ¹			
Preventive health benefits	\$0	\$0	\$0	\$0
Office visit – primary care physician	\$5	\$15	\$45	\$55
Office visit – specialist doctor	\$8	\$25	\$85	\$85
Urgent care visit	\$5	\$15	\$45	\$55
Tier 1 drugs (up to 30-day supply)	\$3	\$5 ⁴	\$16 ⁴	\$20 ⁴
Tier 2 drugs (up to 30-day supply)	\$10	\$25 ⁴	\$55 ⁴	\$75 ⁴
Tier 3 drugs (up to 30-day supply)	\$15	\$45 ⁴	\$85 ⁴	\$90 ⁴
Tier 4 drugs (up to 30-day supply)	10% (up to \$150 per prescription)	15% (up to \$150 per prescription) ⁴	20% (up to \$250 per prescription) ⁴	35% (up to \$250 per prescription) ⁴
Lab	\$8	\$20	\$50	\$50
X-ray	\$8	\$40	\$90	35%
Inpatient hospitalization	10%	25%	30%	35%
Outpatient surgery	10%	15%	20%	35%
Emergency room services not resulting in hospital admission	\$50	\$150	\$400	35%
Ambulance	\$30	\$75	\$250	35%
Maternity – delivery (hospital)	10%	25%	30%	35%
Pediatric dental exam	\$0	\$0	\$0	\$0
Pediatric eye exam	\$0	\$0	\$0	\$0
Pediatric eyeglasses	1 pair per year	1 pair per year	1 pair per year	1 pair per year
Chiropractic (from an American Specialty Health Plans network chiropractor)	Not covered	Not covered	Not covered	\$15 (up to 15 visits per year)
Acupuncture (from an American Specialty Health Plans network acupuncturist)	\$5	\$15	\$45	\$55
In-network calendar-year medical deductible ⁶	\$75 per individual/ \$150 per family	\$800 per individual/ \$1,600 per family	\$4,750 per individual/ \$9,500 per family	\$1,750 per individual/ \$3,500 per family
In-network calendar-year out-of-pocket maximum (includes deductible)	\$900 per individual/ \$1,800 per family	\$3,000 per individual/ \$6,000 per family	\$7,250 per individual/ \$14,500 per family	\$8,750 per individual/ \$17,500 per family
In-network calendar-year pharmacy deductible	\$0	\$25 per individual/ \$50 per family ⁶	\$30 per individual/ \$60 per family ⁶	\$300 per individual/ \$600 per family ⁶

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This chart provides details on plan deductibles, copayments, and coinsurance amounts for common services when using network providers. For complete plan details, visit [blueshieldca.com/policies](https://www.blueshieldca.com/policies). You are responsible for all charges up to the allowed charges 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.

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

	BLUE SHIELD SILVER 2600 HDHP PPO*	BLUE SHIELD BRONZE 60 PPO	BLUE SHIELD BRONZE 60 HDHP PPO	BLUE SHIELD MINIMUM COVERAGE PPO
PLAN AVAILABLE THROUGH	BLUE SHIELD ONLY	BLUE SHIELD AND COVERED CALIFORNIA	BLUE SHIELD AND COVERED CALIFORNIA	BLUE SHIELD AND COVERED CALIFORNIA
BENEFIT	WITH PARTICIPATING PROVIDERS, MEMBERS PAY: ¹			
Preventive health benefits	\$0	\$0	\$0	\$0
Office visit – primary care physician	35%	\$65 for first 3 visits per calendar year prior to deductible, then \$65 after deductible ²	\$0	\$0 for first 3 visits per calendar year prior to deductible, then \$0 after deductible ³
Office visit – specialist doctor	35%	\$95 for first 3 visits per calendar year prior to deductible, then \$95 after deductible ²	\$0	\$0
Urgent care visit	35%	\$65 for first 3 visits per calendar year prior to deductible, then \$65 after deductible ²	\$0	\$0 for first 3 visits per calendar year prior to deductible, then \$0 after deductible ³
Tier 1 drugs (up to 30-day supply)	35% (up to \$250 per prescription) ⁵	\$18 ⁴	\$0 ⁵	\$0 ⁵
Tier 2 drugs (up to 30-day supply)	35% (up to \$250 per prescription) ⁵	40% (up to \$500 per prescription) ⁴	\$0 ⁵	\$0 ⁵
Tier 3 drugs (up to 30-day supply)	35% (up to \$250 per prescription) ⁵	40% (up to \$500 per prescription) ⁴	\$0 ⁵	\$0 ⁵
Tier 4 drugs (up to 30-day supply)	35% (up to \$250 per prescription) ⁵	40% (up to \$500 per prescription) ⁴	\$0 ⁵	\$0 ⁵
Lab	35%	\$40	\$0	\$0
X-ray	35%	40%	\$0	\$0
Inpatient hospitalization	35%	40%	\$0	\$0
Outpatient surgery	35%	40%	\$0	\$0
Emergency room services not resulting in hospital admission	35%	40%	\$0	\$0
Ambulance	35%	40%	\$0	\$0
Maternity – delivery (hospital)	35%	40%	\$0	\$0
Pediatric dental exam	\$0	\$0	\$0	\$0
Pediatric eye exam	\$0	\$0	\$0	\$0
Pediatric eyeglasses	1 pair per year	1 pair per year	1 pair per year	1 pair per year
Chiropractic (from an American Specialty Health Plans network chiropractor)	35% (up to 15 visits per year)	Not covered	Not covered	Not covered
Acupuncture (from an American Specialty Health Plans network acupuncturist)	35%	\$65 for first 3 visits per calendar year prior to deductible, then \$65 after deductible ²	\$0	\$0 for first 3 visits per calendar year prior to deductible, then \$0 after deductible ³
In-network calendar-year medical deductible ⁶	\$2,600 per individual/ \$5,200 per family	\$6,300 per individual/ \$12,600 per family	\$7,000 per individual/ \$14,000 per family	\$9,100 per individual/ \$18,200 per family
In-network calendar-year out-of-pocket maximum (includes deductible)	\$6,850 per individual/ \$13,700 per family	\$8,200 per individual/ \$16,400 per family	\$7,000 per individual/ \$14,000 per family	\$9,100 per individual/ \$18,200 per family
In-network calendar-year pharmacy deductible	Included in the medical deductible	\$500 per individual/ \$1,000 per family ⁶	Included in the medical deductible	Included in the medical deductible















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This is not a contract. All benefit descriptions are an overview of plan benefits. For a detailed description of plan benefits and exclusions, refer to the *Evidence of Coverage* (EOC). You can also view our Summary of Benefits and Coverage (SBC) forms for easy-to-understand overviews of plan benefits and your financial responsibility when accessing services. Plan EOCs and SBCs are available at blueshieldca.com/policies or by calling us at **(888) 256-3650**.

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


- 1 The amounts indicated are a percentage of the allowed charges. Network providers accept Blue Shield's allowed charges 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, physician home visit, specialist doctor, podiatric service, Teladoc consultation, urgent care, acupuncture, outpatient mental health, outpatient substance use disorder, and other practitioner visits. Subsequent visits are subject to the calendar-year medical deductible.
- 3 The first three visits are available prior to meeting the calendar-year medical deductible and include a combination of primary care physician, physician home visit, podiatric service, Teladoc consultation, 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.

DEFINITIONS

-  **Allowed charges** – The dollar amount Blue Shield uses to determine payment for covered services.
-  **Benefits (covered services)** – The medically necessary services and supplies covered by the health plan.
-  **Coinsurance** – The percentage amount a member pays for benefits after meeting any calendar-year deductible.
-  **Copayment (copay)** – The fixed dollar amount a member pays for benefits after meeting any applicable calendar-year deductible.
-  **Cost sharing** – Costs for healthcare services that are shared between Blue Shield and the member.
-  **Deductible** – The amount a member pays each calendar year for most covered services before Blue Shield begins to pay. Specific covered services, such as preventive care, are covered before a member reaches the calendar-year deductible.
-  **Formulary** – The list of medications that are approved by the Food and Drug Administration and are selected based on safety, effectiveness, and cost.
-  **HDHP** – High-deductible health plan.
-  **Participating providers/network providers** – A provider (includes doctors and hospitals) that has agreed to contract with Blue Shield to provide covered services to members of a given health plan. A network provider has agreed to accept Blue Shield's contracted rate for covered services.
-  **Premium** – The amount you pay to Blue Shield each month for your health coverage.
-  **Tier 1** – Most generic and low-cost, preferred brand drugs in the *Blue Shield Standard Drug Formulary*.
-  **Tier 2** – Non-preferred generic drugs, preferred brand drugs, or drugs recommended by the Pharmacy & Therapeutics Committee based on drug safety, efficacy, and cost in the *Blue Shield Standard Drug Formulary*.
-  **Tier 3** – Non-preferred brand drugs; drugs recommended by the Pharmacy & Therapeutics Committee based on safety, efficacy, and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier in the *Blue Shield Standard Drug Formulary*.
-  **Tier 4** – Drugs that are biologics; drugs that the Food and Drug Administration or drug manufacturer requires to be distributed by specialty pharmacies; drugs that require training or clinical monitoring for self-administration; or drugs with a plan cost (net of rebates) greater than \$600 for a one-month supply.

HAVE QUESTIONS OR WANT TO APPLY?

 Visit blueshieldca.com/directsales.

 Call us at **(855) 225-1716**.

Your Blue Shield sales representative can help you apply for a Blue Shield plan through Blue Shield or through Covered California, California's health plan marketplace.

We also offer dental plans, vision plans,* and life insurance* plans that are available for purchase with or without a health plan. Call us at **(855) 225-1716** for more information or visit blueshieldca.com/directsales.

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