

for individuals and families
Effective January 2011

plan comparison chart

Look at the chart to choose a plan that best fits your needs.

At Blue Shield, we're committed to providing you with a wide range of plans, so you can choose the plan that fits your unique needs.

All our plans offer:

- Preventive care coverage right away at no additional cost
- Generix Rx coverage for a \$10 copayment
- Some of the state's largest provider networks

Find the right plan

Use this brochure to learn about our wide range of affordable plans and choose the one that works best for you.

PPO Plans

	Vital Shield SM (individual only) [†]		Vital Shield SM Plus [†]			Balance SM Plan [†]			Shield Savings SM (HSA-compatible) [†]		
	900	2900	400	900	2900	1000	1700	2500	3500 (HSA)	4000/8000 (HSA)	5200 (HSA)
Office visits	\$40 for first visit ³		\$30 each for first 4 visits ⁴			\$30			\$0 after deductible		
Preventive care exam	\$0		\$0			\$0			\$0		
Mammogram and GYN screening	\$0		\$0			\$0			\$0		
Inpatient hospitalization	40% after deductible		40% after deductible			30% after deductible			\$0 after deductible		
Lab & X-ray	\$0 after out-of-pocket maximum		\$0 after out-of-pocket maximum			30% after deductible			\$0 after deductible		
Emergency room	\$100 (waived if admitted) + 40% after deductible		\$100 (waived if admitted) + 40% after deductible			\$100 (waived if admitted) + 30% ⁶			\$100 (waived if admitted) + \$0 after deductible		\$0 after deductible
Maternity	Not covered		Not covered			Not covered			Not covered		
Generic Rx	\$10		\$10			\$10			\$10 after medical deductible	\$0 after medical deductible	
Brand formulary Rx	Not covered		\$45 after \$500 brand Rx deductible Not covered on Generic Rx plans			\$35 after \$500 brand Rx deductible			\$35 after medical deductible	\$0 after medical deductible	
Annual medical deductible	\$900 per member	\$2,900 per member	\$400 ² per member \$800 ² per family	\$900 ² per member \$1,800 ² per family	\$2,900 ² per member \$5,800 ² per family	\$1,000 per member \$2,000 per family	\$1,700 per member \$3,400 per family	\$2,500 per member \$5,000 per family	\$3,500 per member \$7,000 per family	\$4,000 for individuals or \$8,000 for families	\$5,200 per member \$10,400 per family
Annual out-of-pocket maximum (includes deductible)¹	\$4,900 per member	\$5,900 per member	\$2,900 per member \$5,800 per family	\$3,900 per member \$7,800 per family	\$4,900 per member \$9,800 per family	\$5,500 per member \$11,000 per family	\$6,500 per member \$13,000 per family	\$7,500 per member \$15,000 per family	\$5,000 per member \$10,000 per family	\$4,000 for individuals or \$8,000 for families	\$5,200 per member \$10,400 per family

This is only a brief overview of benefits and is not a contract. For a detailed description of plan benefits and exclusions, please request a copy of the Policy. The chart shows copayment/coinsurance amounts you will pay for covered services received from network providers only. Some benefits are subject to a deductible. You are responsible for all charges up to the allowable amount until the deductible is met. At that point, you will be responsible for the copayment or coinsurance noted in the chart.

Dental

Dental coverage to smile about

Cover your family's dental health with an affordable Blue Shield dental plan. With Blue Shield's broad provider network, including over 20,000 dental PPO providers and more than 8,000 dental HMO providers in California,* it's easy to find a dentist.

Monthly rates	Dental plans offered with Blue Shield medical plans ¹			Dental plans offered independent of Blue Shield medical plans ¹	
	Dental HMO	Value Smile SM PPO [†]	Dental PPO	Smile SM PPO [†]	Value Smile SM PPO [†]
Adult/child	\$18.40	\$23.50	\$38.50	\$41.40	\$23.50
Adult and spouse/domestic partner	36.60	46.30	78.00	85.80	46.30
Adult and child	32.40	35.50	58.30	62.70	35.50
Adult and children	37.80	53.10	86.90	93.20	53.10
Family	71.20	82.60	135.40	145.40	82.60

Annual benefits and highlights (network)

Dental HMO plan allows in-network only benefits.	Dental PPO plans allow the freedom to choose any dental provider in and out of network. Out-of-pocket costs for covered services are lowest when staying within our network.			
Dental plans offered with Blue Shield medical plans			Dental plans offered independent of Blue Shield medical plans	
Dental HMO	Value Smile PPO	Dental PPO	Smile PPO	Value Smile PPO
Extensive benefits	Limited benefits	Extensive benefits	Extensive benefits	Limited benefits
Two annual teeth cleanings plus annual X-rays for \$0 copayment	Two annual teeth cleanings plus annual X-rays and oral cancer screening for \$0 copayment			
Low copayments	Low copayments for minor services	Low copayments	Low copayments	Low copayments for minor services
No waiting periods except orthodontics ²	Fixed copayments			
Orthodontic benefits for children and adults	No coverage for major services	3-month waiting period for minor services; 12-month waiting period for major and orthodontic services	6-month waiting period for minor services; 12-month waiting period for major and orthodontic services	No coverage for major services
No deductibles or annual maximums	No waiting periods	Orthodontic benefits for children and adults	Orthodontic benefits for children and adults	No waiting periods
	\$25 annual deductible	\$50 annual deductible	\$50 annual deductible	\$25 annual deductible
	\$500 annual benefit maximum ³	\$1,000 annual benefit maximum ³	\$1,000 annual benefit maximum ³	\$500 annual benefit maximum ³

Term Life

Individual term life insurance

Life insurance coverage is about caring for your loved ones in case of the unexpected. It can contribute toward funeral expenses, mortgage payments, or a child's education in uncertain times.

Apply for term life insurance:[†] Simply complete the life insurance section on your health coverage application and choose your desired coverage amount. Life insurance can be continued beyond the termination of your health plan when the life insurance policy has been in effect for six or more months.

Individual term life insurance

Age	Monthly rates				
	\$10,000	\$30,000	\$60,000	\$90,000	\$100,000
1-18 ¹	\$1.95	\$2.95	N/A	N/A	N/A
19-29	2.75	5.35	\$9.25	\$13.15	\$14.45
30-39	3.05	6.25	11.05	15.85	17.45
40-49	5.85	14.65	27.85	41.05	45.45
50-59	13.85	38.65	75.85	113.05 ²	125.45 ²
60-64	20.45	58.45	115.45	172.45 ²	191.45 ²



Visit blueshieldca.com today and click on *Find a Plan*.

While Blue Shield has increased the depth and breadth of the individual and family plan portfolio, this document only provides an overview of some of the more popular plans. Blue Shield also offers the following plans: Active StartSM 25[†] and 35[†]; Active Start 25 Generic Rx[†] and 35 Generic Rx[†]; Shield Savings 1800/3600[†] (HSA), EssentialSM packages 1750[†], 3000[†] and 4500[†]; Shield Spectrum PPOSM 5000[†] and 5500, and Access+ HMO[®] package and Access+ ValueSM HMO.

† Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life). Plans may be pending regulatory approval.

Plan Comparison Footnotes

- 1 Amounts you pay for some services may not count toward the deductible or out-of-pocket maximum. After you meet the out-of-pocket maximum, copays for certain services will continue.
- 2 As an added benefit, if the annual plan deductible has not been met, any charges that accumulate toward the plan deductible in the last three months of the calendar year will be credited toward the plan deductible for the following calendar year.
- 3 After the first office visit per year, subsequent visits are \$0 after out-of-pocket maximum.
- 4 After the first 4 office visits per member per year, subsequent visits are \$0 after out-of-pocket maximum.
- 5 No individuals will be eligible for benefits until after the family deductible is met.
- 6 Emergency room physician coinsurance is 30% after deductible.

Dental Footnotes

Dental rates and benefits are effective January 1, 2011. Rates are subject to change.

- * Dental providers in California are available through a contracted dental plan administrator.
- 1 To be eligible for a dental plan, you must be a California resident and under age 65 at the time of enrollment. If you had a Blue Shield individual and family dental plan cancelled, you must wait 12 months from the date of cancellation before you can reapply.
 - 2 Dental HMO members have a 12-month waiting period for orthodontics.
 - 3 Each calendar year, the member is responsible for all charges incurred after the plan has paid these amounts for covered dental benefits.

Term Life Footnotes

Rates effective October 1, 2010, and are subject to change.

- 1 Those under age 19 are not eligible for \$60,000, \$90,000 and \$100,000 benefit amounts.
 - 2 \$90,000 and \$100,000 benefit amounts are not available for new sales to those ages 50 and older. These members can purchase \$10,000, \$30,000, and \$60,000 in coverage. Existing members who reach age 50 are eligible to keep their original coverage until age 65.
- Please note: Individual term life insurance is available to primary subscribers (ages 1 to 64) of any Blue Shield health plan except those members of Blue Shield guaranteed-issue plans for individuals and families, including child subscriber plans. All plans terminate at age 65.