

Extra Value from HealthyExtensionsSM and Healthy Living Programs

As a Blue Cross member, you have access to the following programs:

- ▶ HealthyExtensions tells Blue Cross members about discounts of 10-50 percent on various wellness products and services offered by independent vendors and professionals
- ▶ MedCall[®] provides toll-free 24-hour medical advice by phone from registered nurses
- ▶ Baby ConnectionSM answers questions concerning prenatal and newborn care
- ▶ Health management programs help members with chronic conditions such as asthma, diabetes and congestive heart failure

HealthyExtensions is provided by Blue Cross as a service to our members. This service does not constitute benefits under Blue Cross plans and is subject to change or cancellation without notice. Goods and services available through discount programs are not benefits of coverage. Blue Cross does not endorse or recommend any goods or services provided at a discount by these vendors or practitioners. These programs may be changed or withdrawn at any time without notice by the offering vendor or practitioner.



Keeping Californians Covered

With Blue Cross —

- ▶ You can afford health coverage.
- ▶ You can choose a health plan to suit your needs.
- ▶ You can have a reliable health care partner that has served Californians for three generations.

Choosing PPO or HMO Coverage

With a PPO plan from Blue Cross —

- ▶ You choose your health care providers from more than 42,000 doctors and 440 hospitals statewide.
- ▶ You save money with discounted negotiated fee rates for in-network services.
- ▶ You can keep your premium low by sharing costs through coinsurance and deductibles.
- ▶ You receive \$5,000,000 of lifetime coverage.

With Blue Cross HMO coverage —

- ▶ You receive comprehensive health care coverage.
- ▶ You choose a local primary care physician that will coordinate all of your health care.
- ▶ You have low out-of-pocket costs.
- ▶ You receive unlimited lifetime coverage.

The Power of BlueSM

The following plans are offered by Blue Cross of California: PPO Share 2500/1500/1000/500, HMO Saver, Individual HMO and DentalSelect HMO. The following plans are offered by BC Life & Health Insurance Company (BCL&H): Basic PPO 1000/2500, PPO Saver, PPO Share 5000/1000/500, RightPlan PPO 40 plans, 3500 Deductible PPO, PPO Dental and Term Life products.

Blue Cross of California and BCL&H are Independent Licensees of the Blue Cross Association (BCA). The Blue Cross name and symbol are registered service marks and The Power of Blue is a service mark of the BCA.

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Benefits effective 3/1/04

3952 4/04



Presented by:

Individual and Family
Health Programs



You Choose



PPO and HMO Benefit Comparisons

Showing your share of costs (unless otherwise noted)

These charts are intended to help you compare plan benefits for **participating providers**, and reflect your share of the costs for covered expenses after you have met any applicable deductibles or copays.

When you use **participating providers**, your costs are based upon our negotiated fee rate. Use of out-of-network providers will result in significantly higher out-of-pocket costs.

Don't apply until you have reviewed the complete plan brochure describing limitations, exclusions, and conditions of coverage.

Your Plan Features for Participating Providers	Basic PPO 2500[†]/1000[†] (R418/7900) BC Life & Health [‡]	PPO Saver[†] (NM31) BC Life & Health [‡]	3500 Deductible PPO (R420) BC Life & Health [‡]	RightPlan PPO 40 (P958, PE48, PE49) Three plans designed for Single Policyholders BC Life & Health [‡]	PPO Share 5000 (H062) BC Life & Health [‡]	PPO Share 2500 (7891) Blue Cross of California [‡]	PPO Share 1500/1000/500 (7889,1393/1930*, 7895/1929*) Blue Cross of California [‡] and BC Life & Health [‡]	HMO Saver (7896) Blue Cross of California [‡]	Individual HMO (7898) Blue Cross of California [‡]
Annual Out-of-Pocket Maximum <i>(includes deductible)</i>	\$5,000/\$3,500/member, 2-member maximum; participating and non-participating provider covered services apply	\$5,000/member, 2-member maximum; participating and non-participating provider covered services apply	\$3,500/member, 2-member maximum; participating and non-participating provider covered services apply	\$7,500/subscriber participating and non-participating provider covered services apply	\$7,500/member, 2-member maximum; participating and non-participating provider covered services apply	\$7,500/member, 2-member maximum; participating and non-participating provider covered services apply	\$6,000/\$5,000/\$5,000/member, 2-member maximum; participating and non-participating provider covered services apply	\$3,000/member, 2-member maximum	
Annual Deductible(s)	\$2,500/\$1,000/member, 2-member maximum ¹	\$500 hospital, \$5,000 other covered services/member, ¹ 2-member maximum	\$3,500/member, 2-member maximum ¹	No deductible	\$5,000/member, 2-member maximum ¹	\$2,500/member, 2-member maximum ¹	\$1,500/\$1,000/\$500/member, 2-member maximum ¹	\$1,500/member: inpatient hospital services, outpatient ambulatory surgical centers	No deductible
Office Visits	No office visit benefits until out-of-pocket maximum is met, then plan pays 100% of negotiated fee	Children: 4 office visits per year at \$30 copay/visit; Adults: 2 office visits per year at \$30 copay/visit; <i>deductible waived</i>	\$0 after deductible	\$40 copay	30% of negotiated fee, <i>deductible waived</i>	30% of negotiated fee, <i>deductible waived</i>	30% of negotiated fee, <i>deductible waived</i>	Unlimited office visits: \$10 copay/visit	
Professional Services <i>(X-ray, lab, anesthesia, surgeon, etc.)</i>	20% of negotiated fee, inpatient or surgical procedures only; no office visits until out-of-pocket maximum is met, then plan pays 100% of negotiated fee	20% of negotiated fee, inpatient or surgical procedures only. You pay other covered services until out-of-pocket maximum is met, then plan pays 100% of negotiated fee	\$0 after deductible	40% of negotiated fee	30% of negotiated fee	30% of negotiated fee	30% of negotiated fee	Unlimited office visits: \$10 copay/visit; inpatient hospital: no charge	
Hospital Inpatient/Outpatient	20% of negotiated fee ⁵	20% of negotiated fee after \$500 deductible ⁵	\$0 after deductible ⁵	40% of negotiated fee plus \$400 copay ^{5,9}	30% of negotiated fee ⁵	30% of negotiated fee ⁵	30% of negotiated fee ⁵	\$1,500 deductible; inpatient: no charge; outpatient: 20% of negotiated fee (non-emergency services)	Inpatient: no charge; outpatient: 20% of negotiated fee (non-emergency services)
Emergency Services	20% of negotiated fee ⁶	20% of negotiated fee after \$500 deductible ⁶	\$0 after deductible ⁶	40% of negotiated fee ⁶	30% of negotiated fee ³	30% of negotiated fee ³	30% of negotiated fee ³	Inpatient and professional services: no charge when authorized by your medical group within 48 hours of emergency care; outpatient: \$100 emergency room copay, plus 20% of negotiated fee	
Maternity	Not covered	Not covered	Not covered	Not covered	30% of negotiated fee	30% of negotiated fee	30% of negotiated fee	Office visits, inpatient and outpatient paid as above (inpatient and outpatient subject to deductible)	Office visits, inpatient and outpatient paid as above
Preventive Care	HealthyCheck SM Centers: \$25 or \$75 copay for basic screenings, <i>deductible waived</i> Routine mammogram, Pap, and PSA ordered by physician: 20% of negotiated fee, <i>deductible waived</i>	HealthyCheck SM Centers: \$25 or \$75 copay for basic screenings, <i>deductible waived</i> Routine mammogram, Pap, and PSA ordered by physician: 20% of negotiated fee, <i>deductible waived</i> ; Well Child: 50% of negotiated fee, <i>deductible waived</i>	HealthyCheck SM Centers: \$25 and \$75 copay for basic screenings, <i>deductible waived</i> Routine mammogram, Pap, and PSA ordered by physician: \$0 after deductible Well Child: \$0 after deductible	HealthyCheck SM Centers: \$25 or \$75 copay for basic screenings, Routine mammogram, Pap, and PSA ordered by physician: \$40 office visit plus 40% of negotiated fee Well Child: \$40 office visit plus 40% of negotiated fee	HealthyCheck SM Centers: \$25 or \$75 copay for basic screenings, <i>deductible waived</i> Routine mammogram, Pap, and PSA ordered by physician: 30% of negotiated fee, <i>deductible waived</i> ; Well Child: 40% of negotiated fee, <i>deductible waived</i>	HealthyCheck SM Centers: \$25 or \$75 copay for basic screenings, <i>deductible waived</i> Routine mammogram, Pap, and PSA ordered by physician: 30% of negotiated fee, <i>deductible waived</i> ; Well Child: 40% of negotiated fee, <i>deductible waived</i>	HealthyCheck SM Centers: \$25 or \$75 copay for basic screenings, <i>deductible waived</i> Routine mammogram, Pap, and PSA ordered by physician: 30% of negotiated fee, <i>deductible waived</i> ; Well Child: 40% of negotiated fee, <i>deductible waived</i> PPO Share 500 and PPO Share 1000 only: Annual physical exam: 30% of negotiated fee, <i>deductible waived</i> ⁴	\$10 copay for specific health maintenance services	
Drug Benefits² <i>(Retail or Mail Order: 30-day supply)</i>	Not covered	Blue Cross Formulary Drugs: ⁷ \$10 generic; \$30 brand-name copay after \$500 brand-name deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin	Blue Cross Formulary Drugs: ⁷ \$10 generic; \$30 brand-name copay after \$500 brand-name deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin	<ul style="list-style-type: none"> No Prescription Drug Coverage (P958): Not covered Generic Prescription Drug Coverage (PE48): \$10 generic (<i>for drugs on RightPlan Generic Prescription Drug Formulary only</i>) Comprehensive Prescription Drug Coverage (PE49): \$10 generic; \$30 brand-name copay after \$500 brand-name deductible 	Blue Cross Formulary Drugs: ⁷ \$10 generic; \$35 brand-name copay after \$750 brand-name deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin	Blue Cross Formulary Drugs: ⁷ \$10 generic; \$30 brand-name copay after \$500 brand-name deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin	Blue Cross Formulary Drugs: ⁷ \$10 generic; \$30 brand-name copay after \$250 brand-name deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin	Blue Cross Formulary Drugs: ⁷ \$10 generic; \$30 brand-name copay after \$250 brand-name deductible; (2-member maximum) 30% for self-administered injectables, except insulin	
HealthyExtensionsSM	Discounts of 10% to 50% on health and wellness products for all health plan members							Discounts of 10% to 50% on health and wellness products for all health plan members	
MedCall[®]	24 hours/day, 7 days/week by telephone							24 hours/day, 7 days/week by telephone	
Individual Dental and Term Life Plans									
PPO or HMO Dental Plans	Take advantage of our discounted fees with dental plans that include a broad range of preventive, basic, major and specialty services. Offered with all health plans or separately.								
Term Life	Term Life coverage can be purchased with all health care plans or separately in the following amounts: \$15,000, \$30,000, and \$50,000 depending upon the age of the applicant.								

¹ Participating provider discounts apply to covered services before and after the deductible is met.

² If a member selects a brand-name drug when a generic equivalent is available, even if the physician writes a "dispense as written" or "do not substitute" prescription, the member will be responsible for the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. None of the amount paid applies to the member's brand-name drug deductible.

³ Additional \$100 copay for PPO plans applies for each emergency room visit (waived if admitted as inpatient).

⁴ Maximum annual physical exam benefit is \$200 for members covered more than six (6) months; \$100 for members covered six (6) months or less.

⁵ Additional \$500 admission charge at Participating Hospitals (no additional charge for Preferred Participating) is for inpatient stays or outpatient surgery or infusion therapy. The charge is not required for Ambulatory Surgical Centers or medical emergencies.

⁶ Additional \$30 copay applies; waived if admitted.

⁷ Non-Formulary Drugs: You pay 50% for generic; 100% for brand-name up to brand-name deductible amount. After that you pay 50% for brand if no generic is available or you pay the generic copay plus the cost difference between a brand name and available generic equivalent drug.

⁸ Additional \$100 copay until the annual out-of-pocket maximum is reached. Copay waived if admitted.

⁹ For Hospital Inpatient, the \$400 copay is per day/4-day max copay per admission; For Hospital Outpatient, the \$400 copay is per outpatient surgery admission.

[†]A \$1,000 Term Life policy for the subscriber is included with these medical plans.

* Plans offered through BC Life & Health Insurance Company (BCL&H).

‡ BCL&H is an insurance company regulated by the California Department of Insurance.

‡ BCC is a health care service plan regulated by The Department of Managed Health Care.