

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 through a single toll-free phone number that connects you to a registered nurse or master's level counselor. Through our innovative web site, members have access to resources such as Nurse Chat for online help regarding health matters, Pharmacy 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.

Visit mylifepath.com today to learn about these and other valuable services available to Blue Shield members!

Our Web site offers valuable resources to help enhance your well being.

Visit mylifepath.com today.

Short Term Health Insurance†

Blue Shield Life short-term health plan Option One (special student rates available)

Often chosen by people who need temporary coverage for a specific amount of time. Option One is a perfect solution for a student just graduated from college or on a break, a person with a new job waiting for group health insurance to begin or a person who has just lost their group coverage. Available from 30-185 days with a single payment.

Blue Shield Life short-term health plan Option Twelve

Often chosen by people who need temporary coverage for a longer period of time (up to 12 months). Option Twelve offers the flexibility of immediate health care coverage paid month-to-month up to one year. Consider Option Twelve when you are in transition between long-term health plans and aren't sure how long you'll need coverage.

Both Plans Offer:

- Annual deductible options of \$250, \$500, \$1,000, \$1,500 or \$2,000
- Coverage the day after your application is approved or on selected future effective date
- Valuable prescription drug coverage after your deductible has been met
- A choice of physicians in the Blue Shield Life Network
- Worldwide coverage when you travel outside California
- 80 percent coverage of the allowable amount of the first \$5,000 of covered services, and 100 percent of the allowable amount for covered services in excess of \$5,000, after you've met your deductible
- The security of a \$2 million maximum benefit per policy term
- Automatic \$50,000 accidental death and dismemberment insurance

Dental Coverage



Cover your family's dental health with an affordable Blue Shield dental plan.

Blue Shield Dental PPO		Blue Shield Dental HMO	
You have the freedom to choose any dental provider; however, your out-of-pocket costs for covered services are lowest when you receive care from participating dentists.		You have the freedom to choose a dental care location from our list of Blue Shield Dental HMO Dental Centers, and all of your family's dental care will be provided or coordinated through that center.	
Individual monthly rate	\$34	Individual monthly rate	\$16
Two-party monthly rate	\$65	Two-party monthly rate	\$30
Family monthly rate	\$101	Family monthly rate	\$50
Plan features: <ul style="list-style-type: none"> • An extensive network of general care and specialty dentists • Fixed copayments in network, maximum reimbursement payments out-of-network • A calendar-year deductible of \$50 per member • A wide range of dental benefits • Coverage when using out-of-network dentists • Calendar-year benefit maximum of \$1,000 per member • No waiting period for diagnostic or preventive services 		Plan features: <ul style="list-style-type: none"> • An extensive network of general care and specialty dentists • No calendar-year maximums • Fixed copayments and no deductibles • A wide range of dental benefits • Specialty care available with referral from your dental center • No waiting period for any type of service, other than orthodontics • No claims forms 	

Rates effective 7/1/2004, and are subject to change.

Term Life Insurance†

Protect your family when they need it most. Whether it's to contribute towards mortgage payments or a child's education, or to provide financial support in uncertain times, Blue Shield Life can help. Simply complete the life insurance section on your health coverage application, and you'll be considered for coverage based on the information you're already submitting. We'll even combine your life insurance and health coverage bill on one simple statement.

Blue Shield Life Individual Term Life

Available in conjunction with any Blue Shield Individual or Family Health Plans

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

* Those under age 19 are not eligible for \$60,000 and \$90,000.

** \$90,000 is not available for new sales to those 50+ in age, but in-force customers who turn 50 are eligible to keep coverage until age 65.

Rates effective 1/1/2004, and are subject to change.

protect your family

† **Please Note:** Individual short term health insurance, term life insurance, Shield Spectrum PPO Plan 5000 and Active Choice Plan 600 are underwritten by Blue Shield of California Life & Health Insurance Company.



Blue Shield Health Plans at a Glance

Explore Your Options

Plan Comparison Chart

Take the first step towards protecting yourself and your family with healthcare coverage. Use this chart to compare our different health plans and find the one that works best for you.

YOUR HEALTH PLAN OPTIONS	PPO PLANS							HMO PLAN	
	NEW! Active Choice SM Plan 600*†	NEW! Shield Spectrum PPO SM Plan 5000†	Shield Spectrum PPO SM Savings Plan 2400 (4800 Family)	Shield Spectrum PPO SM Plan 2000	Shield Spectrum PPO SM Plan 1500	Shield Spectrum PPO SM Plan 750	Shield Spectrum PPO SM Plan 500	Access+ HMO SM Plan	
This plan may be right for you if you want:	Economical coverage with wide choice of providers; annual \$600 credit (\$1,200 family) up front to use for covered services including acupuncture and chiropractic care.	Low-cost coverage for high-cost event with added security of Critical Condition ProtectionSM (CCP) – a \$10,000 payout if, as a member, you are diagnosed with a critical condition as defined by plan.	Affordable coverage for high-cost event; annual deductible applies to your out of pocket maximum payment; possible tax-savings with HSA option.	Choice of annual deductible: the higher the deductible, the lower the plan's monthly dues. Freedom to choose your own providers each time you seek care.				Many covered services right away for a fixed copayment; virtually no claim forms to file; predictable out-of-pocket costs throughout the year.	
Annual Medical Deductible	No Individual Deductible No Family Deductible	\$5,000 Individual \$10,000 Family	\$2,400 Individual \$4,800 Family#	\$2,000 Individual \$4,000 Family	\$1,500 Individual \$3,000 Family	\$750 Individual \$1,500 Family	\$500 Individual \$1,000 Family	\$1,500 Individual ² \$3,000 Family ²	
Total calendar year out-of-pocket costs with preferred providers (includes plan deductible)³	\$3,500 (\$7,000 family) Copayment Maximum	\$7,000 (\$14,000 family) Copayment Maximum Note: Annual deductible applies to the Copayment Maximum	\$3,200 (\$5,800 family) out-of-pocket costs	\$5,000 (\$10,000 family) Copayment Max + \$2,000 (\$4,000 family) Deductible = \$7,000 (\$14,000 family) out-of-pocket costs	\$4,500 (\$9,000 family) Copayment Max + \$1,500 (\$3,000 family) Deductible = \$6,000 (\$12,000 family) out-of-pocket costs	\$4,000 (\$8,000 family) Copayment Max + \$750 (\$1,500 family) Deductible = \$4,750(\$9,500 family) out-of-pocket costs	\$3,500 (\$7,000 family) Copayment Max + \$500 (\$1,000 family) Deductible = \$4,000 (\$8,000 family) out-of-pocket costs	\$3,000 (\$6,000 family) out-of-pocket costs	
ALL COPAYMENTS/COINSURANCES LISTED BELOW ARE THE MEMBER'S RESPONSIBILITY									
Preventive care									
Annual physical exam, well-baby care, gynecological exam (includes Pap test or other approved cervical cancer screening, routine mammography, and immunizations)	\$20 ¹	\$35	\$35	\$45	\$40	\$35	\$30	No charge	
Professional Services									
Physician office visits	100% (after \$600 credit exhausted) Applies to Professional, Outpatient and ER Services	100% (until you reach the deductible, then \$35 copay)	30%	\$45	\$40	\$35	\$30	\$10	
Hospital inpatient (non-emergency)		30%	30%	30%	30%	30%	25%	No charge	
Maternity services (resulting in delivery)		30%	30%	30%	30%	30%	25%	No charge	
Outpatient Services (non-emergency)									
Surgery		30%	30%	30%	30%	30%	25%	\$150/visit	
Treatment/procedure		30%	30%	30%	30%	30%	25%	\$25/visit	
X-ray and laboratory		30%	30%	30%	30%	30%	25%	No charge	
ER services									
Emergency Room visits	30%	\$75 then 30% ⁴	30%	30%	30%	25%	\$50/visit ⁴		
Ambulance	30%	30%	30%	30%	30%	25%	\$50/trip		
ER physician visits/consultations	30%	30%	30%	30%	30%	25%	No charge		
Prescription benefits	Active Choice Plan 600, PPO Plans 2000-500: Brand-name drugs subject to a calendar-year \$250 brand-name drug deductible. PPO Plan 5000: Brand-name drugs subject to a calendar-year \$500 brand-name drug deductible. Access+ HMO: Brand-name drugs subject to a calendar-year \$150 brand-name drug deductible.								
Generic	\$12/Rx	\$10/Rx	30% at any pharmacy after meeting the deductible	\$10/Rx	\$7/Rx	\$10/Rx	\$7/Rx	\$10	
Formulary brand-name drugs	\$30/Rx	\$30+10% (\$60 max/Rx)		\$30 + 10% (\$60 max/Rx)	\$25 + 10% (\$60max/Rx)	\$30/Rx	\$25/Rx	\$30	
Non-Formulary brand-name drugs	\$45 or 50%(whichever is greater)/Rx	\$45 or 50% (whichever is greater)/Rx		\$45 + 10% (\$100 max/Rx)	\$45 + 10% (\$100 max/Rx)	\$45 + 10% (\$100 max/Rx)	\$45 + 10% (\$100 max/Rx)	Not covered (except w/prior authorization)	
Home self-administered injectables	30%	30%		30%	30%	30%	30%	20% (\$100 max/Rx)	

This chart shows copay/coinsurance amounts you will pay for services received from preferred providers and Choice Hospitals only.

Please Note: Benefits in the gray boxes are provided right away, before you have to meet any plan deductible. All other copayments/coinsurance apply after you've met your deductible.

No individuals will be eligible for benefits until after the family deductible is met.

* After the \$600 credit is used, member is responsible for 100 percent of allowable amount for covered services received from preferred providers or 100 percent of billed charges for covered services received from non-preferred providers up to the copayment maximum. Once the \$3,500 copayment maximum has been reached, Blue Shield will then begin to cover 100 percent of allowable amount for covered services. There are restrictions on which services deduct from the \$600 credit and accrue toward the \$3,500 copayment maximum. If the \$600 is not used during the first calendar year, the remaining dollars will be added on to the next year's \$600 credit (\$600/1,200 max carryover).

¹ For preventive care services you will pay a \$20 copayment per visit with preferred providers, before or after you've met the copayment maximum. If you use a non-preferred provider, these services will not be covered by Blue Shield. Copayments for these services do not count towards the calendar-year copayment max or the \$600 (\$1,200 family) credit.

² For Access+ HMO plan only, the deductible only applies to facility charges for inpatient hospital services, outpatient hospital surgery services and ambulatory surgery center services.

³ Access+ HMO, Shield Spectrum PPO Savings Plans 2400/4800 and Shield Spectrum PPO Plan 5000: the out-of-pocket/copayment maximums include the plan deductible. PPO Plans 2000-500: The copayment maximum does not include the plan deductible. For certain plans, copayments made for some services may not count towards the out-of-pocket or copayment maximum.

⁴ The initial flat dollar emergency room copayment is waived if you are admitted directly to the hospital.

This information is intended only as a brief comparison of some of the benefits of the various Blue Shield plans.

This document is not a contract. You should request and review the *Combined Summary of Benefits and /or the Evidence of Coverage/ Certificate of Insurance* for a more complete description of the benefits, terms and conditions and limitations of the health plans.