

Shield Spectrum plans:

- PPO Plan 2000
- PPO Plan 1500
- PPO Plan 750
- PPO Plan 500

Shield Spectrum PPO plans

Choose from a wide range of monthly rates, calendar-year deductibles, and benefits.

Shield Spectrum PPOSM Plans

These plans make it easy to visit the doctors and specialists you want to see, and offer a wide variety of deductible options to meet your needs. When you receive care from Blue Shield PPO network providers, your out-of-pocket costs are less.

Shield Spectrum PPO Plan advantages

- One of California's largest PPO provider networks, so it's easy to find a doctor or hospital you want.
- Many services are covered before you meet the annual deductible.
- Wide range of annual deductibles, and when 2 or more family members are on 1 plan, each covered individual has his or her own individual deductible, in case only 1 person needs expensive medical care. The family deductible can be met by any family member or combination of family members.
- Copayment/coinsurance maximums help contain costs, because your family copayment maximums are only twice the individual amount, no matter how many people are covered.
- Knowledgeable customer service representatives who can assist you and quickly answer your questions.

Shield Spectrum PPO Plans 500, 750, 1500, and 2000

Blue Shield of California and Blue Shield of California Life & Health Insurance Company each offer PPO Plan 1500 and 2000.

Uniform Health Plan Benefits and Coverage Matrix

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The Evidence of Coverage and Plan Contract/Policy For Individuals and Families should be consulted for a detailed description of coverage benefits and limitations.

	PPO 500	PPO 750	PPO 1500	PPO 2000
Deductible*	\$500 (\$1,000 Family)	\$750 (\$1,500 family)	\$1,500 (\$3,000 family)	\$2,000 (\$4,000 family)
Copayments	\$30 with preferred providers Not applicable with non-preferred providers	\$35 with preferred providers; Not applicable with non-preferred providers	\$40 with preferred providers; Not applicable with non-preferred providers	\$45 with preferred providers; Not applicable with non-preferred providers
Percentage copayments	25% with preferred providers; 50% with non-preferred providers	30% with preferred providers; 50% with non-preferred providers	30% with preferred providers; 50% with non-preferred providers	30% with preferred providers; 50% with non-preferred providers
Calendar-year copayment/coinsurance maximum (Does not include the plan deductible. Some services do not apply)	Services with preferred providers: \$3,500 (\$7,000 family) Services with all providers: \$7,000 (\$14,000 family)	Services with preferred providers: \$4,000 (\$8,000 family) Services with all providers: \$8,000 (\$16,000 family)	Services with preferred providers: \$4,500 (\$9,000 family) Services with all providers: \$9,000 (\$18,000 family)	Services with preferred providers: \$5,000 (\$10,000 family) Services with all providers: \$10,000 (\$20,000 family)
Lifetime maximum	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000

* Benefits for covered brand-name drugs are subject to a separate brand-name drug deductible per person. PPOs 500 and 750 have a \$250 brand-name drug deductible, and PPOs 1500 and 2000 have a \$500 brand-name drug deductible.

- Plan benefits provided before you need to meet medical deductible are shown below with a red dot. For all benefits without a dot, you are responsible for all charges up to the allowable amount or billed charges with preferred and non-preferred providers until the deductible is met. At that point, you will be responsible for the copayment or coinsurance noted in the chart below when accessing preferred and non-preferred providers.

Covered services

Member copayments

Subject to the plan deductible, unless noted	With preferred providers, ¹ you pay				With non-preferred providers, ¹ you pay
	PPO 500	PPO 750	PPO 1500	PPO 2000	
Professional services					
Office visits	\$30 ² •	\$35 ² •	\$40 ² •	\$45 ² •	50%
Preventive care					
Annual routine physical exam, well-baby care office visits and gynecological exam (includes Pap test or other approved cervical cancer screening tests, routine mammography, and immunizations when received as part of the annual exam or preventive care visit)	\$30 ² •	\$35 ² •	\$40 ² •	\$45 ² •	Not covered
Outpatient services (the maximum allowed charges for non-emergency surgery and services performed in a non-participating ambulatory surgery center is \$300 per day—members are responsible for 50% of this \$300 per day, plus all charges in excess of \$300)					
Non-emergency services and procedures	25%		30%		50% ^{2,3}
Outpatient surgery in hospital	\$250/visit + 25%		\$250/visit + 30%		50% ^{2,3}
Outpatient surgery in performed in an Ambulatory Surgery Center (ASC) ⁴	25%		30%		50% ²
Outpatient or out-of-hospital X-ray and laboratory	25%		30%		50%

Shield Spectrum PPO Plans

Covered services

Member copayments

Subject to the plan deductible, unless noted	With preferred providers, ¹ you pay				With non-preferred providers, ¹ you pay
	PPO 500	PPO 750	PPO 1500	PPO 2000	
Hospitalization services					
Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists	25%		30%		50%
Inpatient semiprivate room and board, services and supplies, and subacute care	\$250/admit + 25%		\$250/admit + 30%		50% ^{2,3}
Bariatric surgery inpatient services (pre-authorization required: medically necessary surgery for weight loss, only for morbid obesity) ⁵	\$250/admit + 25%		\$250/admit + 30%		50% ^{2,3}
Emergency health coverage					
Emergency room services (\$100 copayment/visit waived if admitted as an inpatient)	\$100/visit + 25%		\$100/visit + 30%		Covered at same level as preferred providers
ER physician visits	25%		30%		Covered at same level as preferred providers
Ambulance services (surface or air)	25%		30%		Covered at same level as preferred providers
For PPO Plans 500–2000					
Prescription drug coverage⁶ (outpatient – brand-name drugs are subject to a \$250/\$500 brand-name drug deductible per person, per calendar year)	At participating pharmacies (up to a 30-day supply)			Mail service prescriptions (up to a 60-day supply)	
Generic formulary drugs	\$10/prescription ² ●			\$20/prescription ² ●	
Formulary brand-name drugs	\$35/prescription ²			\$70/prescription ²	
Non-formulary brand-name drugs	\$50 or 50%/prescription, whichever is greater (maximum copayment of \$150 per prescription) ²			\$100 or 50%/prescription, whichever is greater (maximum copayment of \$300 per prescription) ²	
With preferred providers,¹ you pay					
	PPO 500	PPO 750	PPO 1500	PPO 2000	With non-preferred providers, ¹ you pay
Durable medical equipment⁷	25%		30%		50% (not covered for PPO 500 and 1500)
With MHPA participating providers,^{1,8} you pay					
	PPO 500	PPO 750	PPO 1500	PPO 2000	With MHPA non-participating providers, ^{1,8} you pay
Mental health services					
Inpatient hospital facility services	\$250/admit + 25%		\$250/admit + 30%		50% ^{2,3}
Inpatient physician services	25%		30%		50%
Outpatient visits for severe mental health conditions	\$30 ² ●	\$35 ² ●	\$40 ² ●	\$45 ² ●	50%
Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits)	25% ²		30% ²		Not covered ²

Shield Spectrum PPO Plans

Covered services

Member copayments

Subject to the plan deductible, unless noted	With MHSA participating providers, ^{1,8} you pay				With MHSA non-participating providers, ^{1,8} you pay
	PPO 500	PPO 750	PPO 1500	PPO 2000	
Chemical dependency services (substance abuse)					
Inpatient hospital facility services for medical acute detoxification	\$250/admit + 25%		\$250/admit + 30%		50% ^{2,3}
Inpatient physician services for medical acute detoxification	25%		30%		50%
Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits)	25% ⁹		30% ⁹		Not covered ⁹
	With preferred providers, ¹ you pay			With non-preferred providers, ¹ you pay	
Home health Services (up to 90 pre-authorized visits per calendar year)	25%		30%		Not covered
Other					
Pregnancy and maternity care					
Outpatient prenatal and postnatal care	25%		30%		50%
Delivery and all necessary inpatient hospital services	\$250/admit + 25%		\$250/admit + 30%		50% ^{2,3}
Family planning					
Consultations, tubal ligation, vasectomy, elective abortion	25%		30%		Not covered
Rehabilitation services					
Provided in the office of a physician or physical, occupational, or respiratory therapist	25%		30%		50%
Chiropractic services (up to 12 visits per calendar year – Blue Shield's payment is limited to \$25)	50% ●		50% ●		Not covered
Out-of-state services (full plan benefits covered nationwide with the BlueCard Program)	25% with BlueCard participating providers		30% with BlueCard participating providers		50% with all other providers

Please note: Benefits are subject to modification for subsequently enacted state or federal legislation.

- Plan benefits provided before you need to meet the medical deductible.
- 1 Member is responsible for fixed dollar or percentage copayment or coinsurance in addition to any charges above allowable amounts. The coinsurance/copayment percentage indicated is a percentage of the allowable amounts. Preferred providers accept Blue Shield allowable amounts as payment in full for covered services. Non-preferred providers can charge more than these amounts. When members use non-preferred providers, they must pay the applicable copayment percentage of the allowable amount or coinsurance plus any charges that exceed Blue Shield's allowable amount. Charges above the allowable amount do not count toward the plan deductible or copayment/coinsurance maximum.
 - 2 These copayments do not count toward the copayment/coinsurance maximum, and will continue to be charged once it is reached.
 - 3 For non-emergency hospital services and supplies received from a non-preferred hospital, Blue Shield's payment is limited to \$250 per day. Members are responsible for all charges that exceed \$250 per day.
 - 4 Participating ambulatory surgery centers (ASCs) may not be available in all areas. Regardless of their availability, you can obtain outpatient surgery services from a hospital, or an ASC affiliated with a hospital with payment according to your health plan's hospital services benefits.
 - 5 Bariatric surgery is covered when pre-authorized by Blue Shield. However, for members residing in Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara, and Ventura counties ("designated counties"), bariatric surgery services are covered only when performed at designated contracting bariatric surgery facilities and by designated contracting surgeons; coverage is not available for bariatric services from any other preferred provider, and there is no coverage for bariatric services from non-preferred providers. In addition, if prior authorized by Blue Shield, a member in a designated county who is required to travel more than 50 miles to a designated bariatric surgery facility will be eligible for limited reimbursement for specified travel expenses for the member and one companion. Refer to the EOC/Policy for further benefit details.
 - 6 If a member requests a brand-name drug, or the physician indicates "dispense as written" (DAW) for a prescription when an equivalent generic drug is available, and the brand-name drug deductible has been satisfied, the member pays the generic copayment plus the cost difference between the brand and generic drug. The \$150/\$300 max/prescription for non-formulary brand-name drugs does not apply to Blue Shield Life Shield Spectrum PPO Plans 2000 or 1500. Prescription coverage differs for home self-injectables. Please review the EOC/Policy before you purchase the plan.
 - 7 All covered orthotic equipment and services have a benefit maximum of \$1,000 per member per calendar year, except those services covered under the diabetes care benefit. All covered prostheses and durable medical equipment have a benefit maximum of \$2,000 per member per calendar year.
 - 8 Blue Shield has contracted with a specialized healthcare service plan to act as our mental health services administrator (MHSA). The MHSA provides mental health and chemical dependency services, other than inpatient services for medical acute detoxification, through a separate network of MHSA participating providers. Inpatient medical acute detoxification is a medical benefit provided by Blue Shield preferred or non-preferred (not MHSA) providers.
 - 9 For MHSA participating providers, initial visit treated as if the condition were a severe mental illness or serious emotional disturbance of a child. For MHSA non-participating providers, initial visit treated as an MHSA participating provider.

Blue Shield Rating Regions

These rates are Blue Shield's "Tier 1" rates, and are offered to individuals and families in good health. Other rates may apply depending on underwriting determination. The rates are effective February 1, 2007. Rates are subject to change.

Blue Shield Rate Guarantee¹

Our rate guarantee program now offers new IFP members a rate guarantee for the first consecutive six (6) months of coverage from the member's original effective date (OED).

To find the rates that apply to you:

- 1 Locate your county of residence in one of the Blue Shield Rating Regions, then find the column for your region.
- 2 On the chart you'll see that rates are listed separately for single, party of two, family and YouthCareSM coverage. Locate the category that applies to you. *(If you have dependent children, you may want to consider covering them separately with YouthCare rates. This may cost less per month, especially if you are a single parent.)*
- 3 Under the type of coverage you've selected ("family," for example), find the age range of the person who will be the primary applicant. The rates that apply to you for each Blue Shield plan are in this row. *(If you're married, or applying with your domestic partner, use the younger spouse or partner as the primary applicant. It may lower your monthly dues!)*

Shield Spectrum PPOSM Plans Rating Regions

Region 1: Alpine, Butte, Del Norte, Imperial, Inyo, Kern, Plumas, San Luis Obispo, Sonoma, Stanislaus, Trinity, Yolo and the following Santa Barbara ZIP codes: 93254, 93427, 93429, 93434, 93436-38, 93440-41, 93454-58, 93460, 93463-64

Region 2: Colusa, Kings, Madera, Mendocino, Merced, San Benito, San Joaquin, Siskiyou, Tulare

Region 3: Amador, Calaveras, Glenn, Modoc, Nevada, Placer, Sacramento, Shasta, Sierra, Tuolumne

Region 4: Alameda, Contra Costa, Santa Clara

Region 5: Marin, San Francisco, San Mateo

Region 6: El Dorado, Fresno, Humboldt, Lake, Lassen, Mariposa, Mono, Monterey, Napa, Santa Cruz, Solano, Sutter, Tehama, Yuba

Region 7: San Bernardino, San Diego, Santa Barbara except the ZIP codes listed in Rating Region 1

Region 8: Orange, Riverside, Ventura, and the following Los Angeles ZIP codes: 91023, 91301, 91310, 91321-22, 91350-51, 91354-55, 91376-77, 91380-87, 91390, 91711, 91750, 91765-69, 91773, 91788-89, 91795, 91797, 91799, 93510, 93532, 93534-36, 93539, 93543-44, 93550-53, 93563, 93584, 93586, 93590-91, 93599

Region 9: Los Angeles except the ZIP codes listed in Rating Region 8

To learn about current rates for Guaranteed Issue plans, call **(800) 431-2809**.

Please Note: The rating regions are subject to change. Call Blue Shield to verify which rating region you are in.

¹ Does not apply to Guaranteed Issue Plans, rate actions based on age-band changes, rate actions based on a change in location to another rating region, or on plan transfers within the first six months of enrollment.

Shield Spectrum PPO Plan 2000*

Age range	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Youth Care - Monthly dues for Blue Shield									
Under 1	\$ 174	\$ 181	\$ 188	\$ 185	\$ 215	\$ 195	\$ 175	\$ 188	\$ 208
1 to 18	80	86	86	101	117	96	93	110	107
Single - Monthly due for Blue Shield									
19 to 29	95	103	102	102	120	113	85	99	106
30 to 34	141	150	150	142	166	164	135	143	157
35 to 39	164	174	174	156	185	191	190	199	198
40 to 44	240	255	256	233	285	282	230	248	272
45 to 49	268	286	285	262	323	314	298	325	324
50 to 54	360	385	384	363	426	421	387	407	453
55 to 59	440	470	470	444	521	516	474	512	552
60 to 64	481	504	522	511	585	540	538	610	580
Party of two - Monthly dues for Blue Shield									
Under 30	188	198	198	202	238	221	167	193	207
30 to 34	272	293	291	277	324	323	263	279	311
35 to 39	318	340	340	306	361	373	372	388	386
40 to 44	472	502	502	455	553	549	450	483	531
45 to 49	520	559	559	512	631	611	582	636	634
50 to 54	704	751	749	710	832	817	758	788	883
55 to 59	860	915	920	869	1016	1002	925	996	1076
60 to 64	941	987	1015	998	1140	1053	1048	1190	1133
Family - Monthly dues for Blue Shield									
Under 30	311	325	327	332	389	363	275	316	342
30 to 34	422	456	457	431	503	499	410	435	481
35 to 39	499	526	529	476	557	577	576	602	599
40 to 44	678	723	721	654	796	793	644	693	764
45 to 49	693	745	745	683	840	810	773	846	843
50 to 54	847	905	902	854	1000	985	913	952	1065
55 to 59	964	1026	1032	972	1137	1127	1038	1115	1204
60 to 64	1016	1065	1098	1078	1233	1136	1133	1286	1223

* Blue Shield of California and Blue Shield of California Life & Health Insurance Company each offer the Shield Spectrum PPO Plan 2000 and Plan 1500. Then plan rates are identical.

Shield Spectrum PPO Plan 1500*

Age range	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Youth Care - Monthly dues for Blue Shield									
Under 1	\$ 314	\$ 331	\$ 334	\$ 316	\$ 371	\$ 362	\$ 332	\$ 358	\$ 397
1 to 18	114	121	122	117	136	134	121	132	145
Single - Monthly due for Blue Shield									
19 to 29	175	186	186	176	208	203	186	203	221
30 to 34	237	251	254	239	282	273	251	272	300
35 to 39	260	277	279	266	311	303	275	300	329
40 to 44	329	351	351	336	392	382	349	378	418
45 to 49	396	425	426	405	476	464	422	461	505
50 to 54	521	552	556	529	619	604	551	598	660
55 to 59	667	712	714	679	796	780	708	771	849
60 to 64	886	922	927	880	1029	1008	918	998	1099
Party of two - Monthly dues for Blue Shield									
Under 30	341	364	364	347	406	397	359	394	433
30 to 34	461	491	492	469	550	537	488	529	586
35 to 39	508	538	542	514	603	589	535	584	643
40 to 44	641	686	687	653	762	748	681	739	816
45 to 49	778	827	833	789	924	904	824	894	987
50 to 54	1013	1079	1086	1031	1205	1181	1075	1165	1288
55 to 59	1304	1391	1395	1325	1551	1515	1382	1500	1656
60 to 64	1688	1799	1806	1716	2008	1969	1790	1946	2145
Family - Monthly dues for Blue Shield									
Under 30	558	599	597	569	667	653	593	645	712
30 to 34	716	762	763	728	850	833	756	824	908
35 to 39	786	839	843	800	936	914	832	907	1000
40 to 44	921	981	985	937	1096	1074	978	1061	1171
45 to 49	1035	1101	1105	1051	1229	1205	1096	1189	1313
50 to 54	1221	1299	1308	1242	1449	1423	1296	1407	1552
55 to 59	1462	1559	1564	1487	1739	1700	1551	1684	1857
60 to 64	1825	1946	1950	1854	2171	2125	1936	2102	2318

* Blue Shield of California and Blue Shield of California Life & Health Insurance Company each offer the Shield Spectrum PPO Plan 2000 and Plan 1500. Then plan rates are identical.

Shield Spectrum PPO Plan 750

Age range	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Youth Care - Monthly dues for Blue Shield									
Under 1	\$ 330	\$ 351	\$ 352	\$ 334	\$ 392	\$ 385	\$ 348	\$ 379	\$ 429
1 to 18	122	128	129	122	143	141	127	140	158
Single - Monthly due for Blue Shield									
19 to 29	184	196	197	188	221	214	195	213	240
30 to 34	248	266	266	255	296	290	265	287	325
35 to 39	274	292	295	278	325	320	293	316	356
40 to 44	346	371	372	352	412	405	369	400	454
45 to 49	421	447	451	428	500	488	447	483	549
50 to 54	547	582	585	556	653	637	582	632	716
55 to 59	707	752	754	718	841	820	747	814	921
60 to 64	912	974	977	928	1086	1063	969	1052	1193
Party of two - Monthly dues for Blue Shield									
Under 30	358	383	383	363	426	421	381	412	471
30 to 34	485	516	521	494	578	565	516	560	636
35 to 39	535	570	572	544	635	624	566	615	698
40 to 44	676	720	725	687	804	789	719	779	885
45 to 49	817	873	876	833	974	955	869	945	1071
50 to 54	1068	1139	1141	1086	1271	1245	1135	1232	1396
55 to 59	1376	1464	1469	1399	1637	1602	1459	1585	1799
60 to 64	1779	1896	1903	1811	2119	2076	1888	2054	2328
Family - Monthly dues for Blue Shield									
Under 30	592	629	633	601	701	690	629	682	772
30 to 34	753	804	807	766	899	880	801	871	989
35 to 39	828	883	886	843	985	967	878	956	1086
40 to 44	973	1036	1038	988	1158	1133	1032	1121	1272
45 to 49	1090	1162	1166	1107	1297	1271	1157	1256	1426
50 to 54	1287	1373	1377	1311	1532	1501	1364	1484	1685
55 to 59	1542	1643	1650	1568	1833	1797	1636	1778	2017
60 to 64	1924	2052	2058	1957	2290	2243	2042	2218	2516

Shield Spectrum PPO Plan 500

Age range	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Youth Care - Monthly dues for Blue Shield									
Under 1	\$ 488	\$ 518	\$ 536	\$ 494	\$ 549	\$ 567	\$ 540	\$ 567	\$ 588
1 to 18	178	191	197	181	203	209	198	210	216
Single - Monthly due for Blue Shield									
19 to 29	275	290	300	277	309	319	302	319	329
30 to 34	371	393	408	376	418	429	408	429	445
35 to 39	406	433	446	412	459	474	449	472	490
40 to 44	517	546	568	523	581	597	570	598	619
45 to 49	626	661	685	631	703	725	689	727	749
50 to 54	816	863	892	825	918	942	900	947	979
55 to 59	1047	1110	1149	1059	1179	1212	1156	1217	1260
60 to 64	1357	1440	1491	1373	1528	1573	1497	1578	1631
Party of two - Monthly dues for Blue Shield									
Under 30	534	566	584	540	601	618	590	620	641
30 to 34	722	767	794	730	814	837	797	840	866
35 to 39	794	841	874	803	894	919	877	922	955
40 to 44	1005	1067	1104	1019	1134	1165	1110	1169	1208
45 to 49	1219	1290	1336	1233	1371	1409	1344	1414	1465
50 to 54	1589	1684	1743	1606	1790	1840	1754	1846	1909
55 to 59	1946	2167	2244	2067	2300	2367	2255	2376	2455
60 to 64	2495	2808	2905	2679	2979	3067	2921	3076	3181
Family - Monthly dues for Blue Shield									
Under 30	878	934	966	889	990	1018	970	1022	1054
30 to 34	1120	1190	1230	1135	1263	1300	1238	1302	1349
35 to 39	1234	1308	1354	1247	1389	1427	1361	1432	1482
40 to 44	1444	1535	1587	1463	1626	1672	1593	1678	1739
45 to 49	1618	1719	1778	1641	1823	1877	1787	1882	1947
50 to 54	1916	2029	2101	1938	2154	2216	2110	2223	2300
55 to 59	2293	2430	2516	2321	2580	2653	2530	2663	2755
60 to 64	2824	3034	3138	2896	3221	3314	3156	3324	3437