

Active Start Plans

ppo

Individual healthcare coverage with low premiums
and no deductible



Our new Active Start Plans provide comprehensive protection in case of expensive medical events while also covering your day-to-day healthcare needs. These plans deliver all the benefits you would expect from a health plan at lower, more affordable rates – with no medical deductible.

Active StartSM Plan advantages:

- No medical deductible so you get value immediately
 - \$35 copayments for preventive care and office visits and \$10 copayments for generic prescription drugs at participating pharmacies for Active Start Plan 35
 - \$25 copayments for preventive care and office visits and \$10 copayments for generic prescriptions drugs at participating pharmacies for Active Start Plan 25
- Alternative care benefits for acupuncture and chiropractic care
- One of the largest provider networks in the state including more than 45,000 physicians and over 350 hospitals
- Affordable coverage for individuals

Affordable coverage with affordable access

If you are considering health coverage for the first time, you may be particularly interested in the value offered by Active Start Plans*. With no medical deductible, you can be confident when you access care because your benefits are available right away. That means that your healthcare coverage is working for you from the very start. Depending on the plan selected, the \$25 or \$35 copayment for office visits mean you don't have to be concerned when you need to seek medical care.

How are Active Start Plans different?

Active Start differs from our other plans in that it is individual-only coverage and does not provide maternity benefits. The plans do not include options for two-party and family coverage. Active Start plans also feature no medical deductible, low generic drug copayments and \$25 or \$35 (depending on the selected plan) copayments for office visits and preventive care in one affordable PPO plan. If high costs have prevented you from having healthcare coverage, consider the value offered by Active Start Plans.

Additional services

Blue Shield offers a wide variety of valuable services to help our members make better-informed healthcare decisions and manage their health plan benefits more effectively. The *Lifepath* AdvisersSM program offers assistance for professional and personal concerns 24 hours a day by connecting you with a registered nurse, master's level counselor or work-life balance resources. Through our innovative Web site, mylifepath.com, members have around-the-clock access to resources, such as My Health Plan to review their specific plan benefits and services. The site's Pharmacy section allows members to compare the costs of generic versus brand-name drugs and *Lifepath* Decision GuideSM lets you research treatment options for a diagnosed condition.

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

Active Start Plan 25

Uniform Health Plan Benefits & Coverage Matrix

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE POLICY FOR INDIVIDUALS SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Active Start Plan 25 This plan is underwritten by Blue Shield of California Life & Health Insurance Company.		
DEDUCTIBLE*	\$0	
COPAYMENTS	\$25 with Preferred Providers Not applicable with Non-Preferred Providers	
PERCENTAGE COPAYMENTS	40% with Preferred Hospitals 50% with Non-Preferred Providers	
CALENDAR-YEAR COPAYMENT MAXIMUM (Some services do not apply.)	Services with Preferred Providers: \$6,000 Individual only Services with All Providers: \$8,000	
LIFETIME MAXIMUM	\$6,000,000	
* Benefits for covered brand-name drugs are subject to a \$500 brand-name drug deductible per person.		
COVERED SERVICES	MEMBER COPAYMENTS	
	With Preferred Providers ¹ , you pay	With Non-Preferred Providers ¹ , you pay
PROFESSIONAL SERVICES		
– Office visits	\$25	50%
PREVENTIVE CARE		
– Annual Routine Physical Exam, Well-baby care office visits, and Gynecological exam office visit (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)	\$25	Not Covered
OUTPATIENT SERVICES		
– Non-Emergency services and procedures	40%	50% ^{2,3}
– Outpatient surgery in hospital	\$500/admit + 40%	50% ^{2,3}
– Outpatient or Out-of-Hospital X-ray and Laboratory	40%	50%
HOSPITALIZATION SERVICES		
– Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists	40%	50%
– Inpatient semiprivate room and board, services and supplies, and subacute care	\$500/admit + 40%	50% ^{2,3}
EMERGENCY HEALTH COVERAGE		
– Outpatient Emergency room facility services, semiprivate room and board, services and supplies, and subacute care not resulting in admission (\$25 copayment waived if the member is admitted directly to the hospital as an inpatient)	\$25/visit + 40%	\$25/visit + 40%
– ER Physician visits	\$25	\$25
AMBULANCE SERVICES (Surface or air)	40%	40%
PRESCRIPTION DRUG COVERAGE⁴ (outpatient; brand-name drugs are subject to a \$500 brand-name drug deductible per person, per calendar year. Prescription coverage differs for Home Self-Injectibles. Please review the Policy before you purchase the plan.)	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) ²	\$100 or 50%/prescription (whichever is greater) ²
DURABLE MEDICAL EQUIPMENT⁵	40%	50%

COVERED SERVICES

MEMBER COPAYMENTS

**With MHSA Participating Providers,¹
you pay**

**With MHSA Non-Participating Providers,¹
you pay**

MENTAL HEALTH SERVICES⁶

– Inpatient Hospital Facility Services	\$500/admit + 40%	50% ^{2,3}
– Inpatient Physician Services	40%	50%
– Outpatient visits for severe mental health conditions	\$25	50%
– Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits)	40% ²	Not Covered

CHEMICAL DEPENDENCY SERVICES

(Substance Abuse)⁶

– Inpatient Hospital Facility Services for medical acute detoxification	\$500/admit + 40%	50% ^{2,3}
– Inpatient Physician Services for medical acute detoxification	40%	50%
– Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits)	40% ²	Not Covered

With Preferred Providers,¹ you pay

With Non-Preferred Providers,¹ you pay

HOME HEALTH SERVICES

(up to 90 preauthorized visits per calendar year)

40%

Not Covered

OTHER

Pregnancy and Maternity Care

– Outpatient prenatal and postnatal care	Not Covered	Not Covered
– Delivery and all necessary inpatient hospital services	Not Covered	Not Covered

Family Planning

– Consultations, tubal ligation, vasectomy, elective abortion	40%	Not Covered
---	-----	-------------

Rehabilitation Services

(up to 12 visits per calendar year combined with Chiropractic and Speech Therapy visits)

– Physical, occupational, or respiratory therapy	40%	50% (up to a maximum payment of \$25/visit)
--	-----	---

Chiropractic Services

(up to 12 visits per calendar year combined with Rehabilitation Services and Speech Therapy visits)

40%

50% (up to a maximum payment of \$25/visit)

Acupuncture

(up to 12 visits per calendar year combined with Acupressure)

50% (up to a maximum payment of \$25/visit)

50% (up to a maximum payment of \$25/visit)

Out-of-State Services

(full plan benefits covered nationwide with the BlueCard program)

40% with BlueCard Participating Providers

50% with all other providers

Please refer to page 6 for list of footnotes

Active Start Plan 35

Uniform Health Plan Benefits & Coverage Matrix

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE POLICY FOR INDIVIDUALS SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Active Start Plan 35 This plan is underwritten by Blue Shield of California Life & Health Insurance Company.	
DEDUCTIBLE*	\$0
COPAYMENTS	\$35 with Preferred Providers Not applicable with Non-Preferred Providers
PERCENTAGE COPAYMENTS	40% with Preferred Hospitals 50% with Non-Preferred Providers
CALENDAR-YEAR COPAYMENT MAXIMUM (Some services do not apply.)	Services with Preferred Providers: \$7,500 Individual only Services with All Providers: \$10,000
LIFETIME MAXIMUM	\$6,000,000
* Benefits for covered brand-name drugs are subject to a \$750 brand-name drug deductible per person.	

COVERED SERVICES	MEMBER COPAYMENTS	
	With Preferred Providers ¹ ; you pay	With Non-Preferred Providers ¹ ; you pay
PROFESSIONAL SERVICES		
– Office visits	\$35	50%
PREVENTIVE CARE		
– Annual Routine Physical Exam, Well-baby care office visits, and Gynecological exam office visit (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)	\$35	Not Covered
OUTPATIENT SERVICES		
– Non-Emergency services and procedures	40%	50% ^{2,3}
– Outpatient surgery in hospital	\$500/admit + 40%	50% ^{2,3}
– Outpatient or Out-of-Hospital X-ray and Laboratory	40%	50%
HOSPITALIZATION SERVICES		
– Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists	40%	50%
– Inpatient semiprivate room and board, services and supplies and subacute care	\$500/admit + 40%	50% ^{2,3}
EMERGENCY HEALTH COVERAGE		
– Outpatient Emergency room facility services, semiprivate room and board, services and supplies, and subacute care not resulting in admission (\$35 copayment waived if the member is admitted directly to the hospital as an inpatient)	\$35/visit + 40%	\$35/visit + 40%
– ER Physician visits	\$35	\$35
AMBULANCE SERVICES (Surface or air)	40%	40%
PRESCRIPTION DRUG COVERAGE⁴ (outpatient; brand-name drugs are subject to a \$750 brand-name drug deductible per person, per calendar year. Prescription coverage differs for Home Self-Injectibles. Please review the Policy before you purchase the plan.)	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% (whichever is greater) ²	\$100 or 50% (whichever is greater) ²
DURABLE MEDICAL EQUIPMENT⁵	40%	50%

COVERED SERVICES

MEMBER COPAYMENTS

**With MHSA Participating Providers,¹
you pay**

**With MHSA Non-Participating Providers,¹
you pay**

MENTAL HEALTH SERVICES⁶

– Inpatient Hospital Facility Services	\$500/admit + 40%	50% ^{2,3}
– Inpatient Physician Services	40%	50%
– Outpatient visits for severe mental health conditions	\$35	50%
– Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits)	40% ²	Not Covered

CHEMICAL DEPENDENCY SERVICES

(Substance Abuse)⁶

– Inpatient Hospital Facility Services for medical acute detoxification	\$500/admit + 40%	50% ^{2,3}
– Inpatient Physician Services for medical acute detoxification	40%	50%
– Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits)	40% ²	Not Covered

With Preferred Providers,¹ you pay

With Non-Preferred Providers,¹ you pay

HOME HEALTH SERVICES

(up to 90 preauthorized visits per calendar year)

40%

Not Covered

OTHER

Pregnancy and Maternity Care

– Outpatient prenatal and postnatal care	Not Covered	Not Covered
– Delivery and all necessary inpatient hospital services	Not Covered	Not Covered

Family Planning

– Consultations, tubal ligation, vasectomy, elective abortion	40%	Not Covered
---	-----	-------------

Rehabilitation Services

(up to 12 visits per calendar year combined with Chiropractic and Speech Therapy visits)

– Physical, occupational, or respiratory therapy	40%	50% (up to a maximum payment of \$25/visit)
--	-----	---

Chiropractic Services

(up to 12 visits per calendar year combined with Rehabilitation Services and Speech Therapy visits)

40%

50% (up to a maximum payment of \$25/visit)

Acupuncture

(up to 12 visits per calendar year combined with Acupressure)

50% (up to a maximum payment of \$25/visit)

50% (up to a maximum payment of \$25/visit)

Out-of-State Services

(full plan benefits covered nationwide with the BlueCard program)

40% with BlueCard Participating Providers

50% with all other providers

Please refer to page 6 for list of footnotes

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

- 1 Member is responsible for copayment or coinsurance in addition to any charges above allowable amounts. The coinsurance indicated is a percentage of the allowed 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 plus any charges that exceed Blue Shield's allowable amount. Charges above the allowable amount do not count toward the copayment maximum.
- 2 These copayments do not count toward the copayment/coinsurance maximum and will continue to be charged once the copayment/coinsurance maximum 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 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 difference between the brand and generic drug cost.
- 5 All covered home medical, orthoses and prostheses equipment and services have a combined benefit maximum of \$2,000 per member per calendar year, except those services covered under the Diabetes Care benefit and medically necessary oxygen.
- 6 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.

Please Note: This document is not a contract and should only be distributed with a presale disclosure document which explains general plan exclusions and limitations. Both documents should be read together. For actual complete benefit descriptions, terms and conditions and limitations of the health plan, please read the *Policy for Individuals and Families (Policy)*. For a complete description of the Active Start Plan 25 or 35, you can request a copy of the Policy by calling (800) 431-2809.

