



Blue Shield is for care, not profit. As a not-for-profit company we focus on quality care for our members. We demonstrate this in a number of ways. We are offering a Preferred Provider Organization (PPO) plan that gives Covered California customers a choice of high-quality doctors and hospitals at an affordable price. We have the top doctors in California. We're creating a new kind of network that rewards doctor performance. Our members give us 4.2 stars out of 5. We're making customer care more accessible with social media through Team Shield. We are the only health insurance company to have returned more than \$500 million to our members and the community as part of our pledge to limit our annual net income to 2 percent of revenue.

Bronze HSA Plan Details

Available Plan Benefits in blue are subject to medical deductible.

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits

Individual Deductible

Bronze 60 HSA PPO

\$4,500 deductible for medical & drugs

Family Deductible

\$9,000 deductible

Preventative Care Copay¹

no cost at least 1 yearly visit

Primary Care Visit Copay

40%

Specialty Care Visit Copay

40%

Urgent Care Visit Copay

40%

Generic Medication Copay

40%

Lab Testing Copay

40%

X-Ray Copay

40%

Emergency Room Copay

40%

High cost and infrequent services (e.g. Hospital Stay)

40% of your plan's negotiated rate

Preferred brand copay after Drug Deductible (if any)

40%

Maximum Out-of-Pocket For One

\$6,350

Maximum Out-of-Pocket For Family

\$12,700

¹ in-network only

Bronze Plan Details

Available Plan Benefits in blue are subject to medical deductible.

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits

	Bronze 60 PPO
Individual Deductible	\$5,000 deductible for medical & drugs
Family Deductible	\$10,000 deductible
Preventative Care Copay ¹	no cost at least 1 yearly visit
Primary Care Visit Copay	\$60 ₂
Specialty Care Visit Copay	\$70
Urgent Care Visit Copay	\$120 ₂
Generic Medication Copay	\$19
Lab Testing Copay	30%
X-Ray Copay	30%
Emergency Room Copay	\$300
High cost and infrequent services (e.g. Hospital Stay)	30% of your plan's negotiated rate
Preferred brand copay after Drug Deductible (if any)	\$50
Maximum Out-of-Pocket For One	\$6,350
Maximum Out-of-Pocket For Family	\$12,700

¹ in-network only

² First 3 visits each year are not subject to the deductible

Silver 70 Plan Details

Available Plan Benefits in blue are subject to medical deductible.

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits

Individual Deductible

Silver 70 PPO

\$2,000 medical deductible

\$250 brand drug deductible

Family Deductible

\$4,000 medical deductible

\$500 brand drug deductible

Preventative Care Copay¹

no cost at least 1 yearly visit

Primary Care Visit Copay

\$45

Specialty Care Visit Copay

\$65

Urgent Care Visit Copay

\$90

Generic Medication Copay

\$19

Lab Testing Copay

\$45

X-Ray Copay

\$65

Emergency Room Copay

\$250

High cost and infrequent services (e.g. Hospital Stay)

20% of your plan's negotiated rate

Preferred brand copay after Drug Deductible (if any)

\$50

Maximum Out-of-Pocket For One

\$6,350

Maximum Out-of-Pocket For Family

\$12,700

¹ in-network only

Gold Plan Details

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits

Individual Deductible

Family Deductible

Preventative Care Copay¹

Primary Care Visit Copay

Specialty Care Visit Copay

Urgent Care Visit Copay

Generic Medication Copay

Lab Testing Copay

X-Ray Copay

Emergency Room Copay

High cost and infrequent services (e.g. Hospital Stay)

Preferred brand copay after Drug Deductible (if any)

Maximum Out-of-Pocket For One

Maximum Out-of-Pocket For Family

¹ in-network only

Gold 80 PPO

no deductible

no deductible

no cost at least 1 yearly visit

\$30

\$50

\$60

\$19

\$30

\$50

\$250

HMO

Outpatient Surgery - \$600

Hospital - \$600/day up to 5 days

PPO - 20%

\$50

\$6,350

\$12,700

Platinum Plan Details

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits

Individual Deductible

Family Deductible

Preventative Care Copay¹

Primary Care Visit Copay

Specialty Care Visit Copay

Urgent Care Visit Copay

Generic Medication Copay

Lab Testing Copay

X-Ray Copay

Emergency Room Copay

High cost and infrequent services (e.g. Hospital Stay)

Preferred brand copay after Drug Deductible (if any)

Maximum Out-of-Pocket For One

Maximum Out-of-Pocket For Family

¹ in-network only

Platinum 90 PPO

no deductible

no deductible

no cost at least 1 yearly visit

\$20

\$40

\$40

\$5

\$20

\$40

\$150

HMO

Hospital - \$250/day up to 5 days

PPO - 10%

\$15

\$4,000

\$8,000