

## Individual term life insurance<sup>1</sup>

Protect your family: contribute toward mortgage payments, your child's education, or provide financial support in uncertain times.

Apply for term life insurance. Simply complete the life insurance section on your health coverage application and choose your desired coverage amount. Life insurance can be continued beyond the termination of your health plan and we offer the convenience of a single point of contact for billing and customer support.

### Individual term life insurance

#### Monthly rates

Age	\$10,000	\$30,000	\$60,000 <sup>2</sup>	\$90,000 <sup>2</sup>
1-18 <sup>2</sup>	\$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 <sup>3</sup>
60-64	\$20.45	\$58.45	\$115.45	\$172.45 <sup>3</sup>

Rates effective July 1, 2009, and are subject to change.

- Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life).
- Those under age 19 are not eligible for \$60,000 and \$90,000 benefit amounts.
- \$90,000 is not available for new sales to those ages 50 and older. These members can purchase \$10,000, \$30,000, and \$60,000 in coverage. Existing members who reach age 50 are eligible to keep their original coverage until age 65.

blue  of california

# plans at a glance

for individuals and families

Effective July 1, 2009

At Blue Shield, we're committed to providing you access to quality health coverage, and we take that responsibility seriously. All our plans offer:

- A 12-month rate guarantee<sup>1</sup>
- Preventive care coverage right away
- Some of the state's largest provider networks
- Knowledgeable customer representatives

## Find the right plan

Use this brochure to learn about our wide range of affordable plans and choose the one that works best for you.

- LOOK at the chart to choose a plan that best fits your needs.
- INCLUDE dental and term life insurance for a total health solution.
- APPLY through your authorized Blue Shield broker, or call us at **(800) 431-2809**.

<sup>1</sup> Offers new IFP members a rate guarantee for the first consecutive 12 months of coverage from the member's original effective date.

## Dental coverage to smile about

Cover your family's dental health with an affordable Blue Shield dental plan. With Blue Shield's broad provider network, including nearly 20,000 dental PPO providers and more than 8,600 dental HMO providers in California,<sup>1</sup> it's easy to find a dentist.

Monthly rates	Dental plans offered with Blue Shield medical plans			Dental plans offered independent of Blue Shield medical plans	
	Dental HMO	Value Smile <sup>SM</sup> PPO <sup>2</sup>	Dental PPO	Smile <sup>SM</sup> PPO <sup>2</sup>	Value Smile PPO <sup>2</sup>
Adult/child	\$17.80	\$21.40	\$36.10	\$39.70	\$21.40
Adult and spouse/ domestic partner	\$35.50	\$45.30	\$76.30	\$83.90	\$45.30
Adult and child	\$31.40	\$32.40	\$54.60	\$60.10	\$32.40
Adult and children	\$36.60	\$48.40	\$81.40	\$89.50	\$48.40
Family	\$69.00	\$75.30	\$126.80	\$139.50	\$75.30

### Annual benefits and highlights (in-network)

HMO plan allows in-network only benefits. PPO plans allow the freedom to choose any dental provider in and out of network. Out-of-pocket costs for covered services are lowest when staying within our network.

Dental plans offered with Blue Shield medical plans			Dental plans offered independent of Blue Shield medical plans	
Dental HMO Extensive benefits	Value Smile PPO Limited benefits	Dental PPO Extensive benefits	Smile PPO Extensive benefits	Value Smile PPO Limited benefits
<ul style="list-style-type: none"> <li>• Two annual teeth cleanings, including X-rays, for \$0</li> <li>• Low copayments</li> <li>• No waiting periods except orthodontics<sup>3</sup></li> <li>• Orthodontic benefits for children and adults under age 65</li> <li>• No deductibles or annual maximums</li> </ul>	<ul style="list-style-type: none"> <li>• Two annual teeth cleanings, including X-rays, for \$0</li> <li>• Low copayments for basic services</li> <li>• Fixed copayments</li> <li>• No coverage for major services</li> <li>• No waiting periods</li> <li>• \$25 annual deductible</li> <li>• \$500 annual benefit maximum<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Two annual teeth cleanings, including X-rays, for \$0</li> <li>• Low copayments</li> <li>• Fixed copayments</li> <li>• 3-month waiting period for minor services; 12-month waiting period for major and orthodontic services</li> <li>• Orthodontic benefits for children and adults under age 65</li> <li>• \$50 annual deductible</li> <li>• \$1,000 annual benefit maximum<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Two annual teeth cleanings, including X-rays, for \$0</li> <li>• Low copayments</li> <li>• Fixed copayments</li> <li>• 6-month waiting period for minor services; 12-month waiting period for major and orthodontic services</li> <li>• Orthodontic benefits for children and adults under age 65</li> <li>• \$50 annual deductible</li> <li>• \$1,000 annual benefit maximum<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Two annual teeth cleanings, including X-rays, for \$0</li> <li>• Low copayments for basic services</li> <li>• Fixed copayments</li> <li>• No coverage for major services</li> <li>• No waiting periods</li> <li>• \$25 annual deductible</li> <li>• \$500 annual benefit maximum<sup>4</sup></li> </ul>

Rates effective July 1, 2009, and are subject to change.

- Dental providers in California are contracted through a dental plan administrator.
- Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life). Must be a California resident under the age of 65 to be eligible for enrollment in these plans.
- Dental HMO members have a 12-month waiting period for orthodontics.
- Each calendar year, the member is responsible for all charges incurred after the plan has paid these amounts for covered dental services.

Visit [blueshieldca.com](http://blueshieldca.com) today and click on *Find a Plan*.

# plan comparison chart

While we have increased the depth and breadth of our individual and family plan portfolio, below is an overview of only some of our more popular plans. Rest assured, we will continue to offer the following plans: Active Start 25, Active Start 25 Generic Rx, Shield Spectrum PPOs 1500, 750 and 500, and Access+ and Access+ Value HMOs.

## key

- Benefits are provided, before you have to meet any plan deductible.
- ▲ Member pays entire cost of service (such as X-ray and lab with some plans) until the plan's out-of-pocket maximum or deductible (as applicable) is met.

### PPO plans

	Annual medical deductible		Annual out-of-pocket maximum <sup>1</sup>		Professional services	Preventive care	Hospital services		Outpatient services	Prescription benefits	
	Individual	Family	Individual	Family	Physician office visits	Annual physical, well-baby care, gynecological exam	Inpatient	Maternity services	X-ray and laboratory	Generic	Brand-name drugs (formulary)
<b>Vital Shield<sup>SM</sup> (individual only)</b>											
2900 <sup>†</sup>	\$2,900	N/A	\$5,900	N/A	● \$40 <sup>3</sup>	● \$40 <sup>3</sup>	40%	Not covered	▲ \$0 after out-of-pocket maximum	● \$10/Rx	Not covered
900 <sup>†</sup>	\$900		\$4,900								
<b>Vital Shield<sup>SM</sup> Plus</b>											
2900 <sup>†</sup>	\$2,900 <sup>2</sup>	\$5,800 <sup>2</sup>	\$4,900	\$9,800	● \$30 <sup>4</sup>	● \$30 <sup>4</sup>	40%	Not covered	▲ \$0 after out-of-pocket maximum	● \$10/Rx	\$45/Rx (after \$500 brand-name deductible)
2900 Generic Rx <sup>†</sup>											Not covered
900 <sup>†</sup>	\$900 <sup>2</sup>	\$1,800 <sup>2</sup>	\$3,900	\$7,800	● \$30 <sup>4</sup>	● \$30 <sup>4</sup>	40%	Not covered	▲ \$0 after out-of-pocket maximum	● \$10/Rx	\$45/Rx (after \$500 brand-name deductible)
900 Generic Rx <sup>†</sup>											Not covered
400 <sup>†</sup>	\$400 <sup>2</sup>	\$800 <sup>2</sup>	\$2,900	\$5,800	● \$30 <sup>4</sup>	● \$30 <sup>4</sup>	40%	Not covered	▲ \$0 after out-of-pocket maximum	● \$10/Rx	\$45/Rx (after \$500 brand-name deductible)
400 Generic Rx <sup>†</sup>											Not covered
<b>Balance<sup>SM</sup> plans</b>											
2500 <sup>†</sup>	\$2,500	\$5,000	\$7,500	\$15,000	● \$30	● \$30	30%	Not covered	30%	● \$10/Rx	\$35/Rx (after \$500 brand-name deductible) <sup>7</sup>
1700 <sup>†</sup>	\$1,700	\$3,400	\$6,500	\$13,000							
1000 <sup>†</sup>	\$1,000	\$2,000	\$5,500	\$11,000							
<b>Essential<sup>SM</sup> plans (individual only – includes dental and vision care)</b>											
4500 <sup>†</sup>	\$4,500	N/A	\$4,500	N/A	● \$40 <sup>4</sup>	● \$40	▲ \$0 after deductible	Not covered	▲ \$0 after deductible	● \$10/Rx	Not covered
3000 <sup>†</sup>	\$3,000		\$3,000								
1750 <sup>†</sup>	\$1,750		\$1,750								
<b>Active Start<sup>SM</sup> plans (individual only)</b>											
35 <sup>†</sup>	\$0	N/A	\$7,500	N/A	● \$35	● \$35	● \$500/admit + 40%	Not covered	● 40%	● \$10/Rx	\$35/Rx (after \$750 brand-name deductible) <sup>7</sup>
35 Generic Rx <sup>†</sup>											Not covered
<b>Shield Savings<sup>SM</sup> plans (HSA-compatible)</b>											
5200 <sup>†</sup>	\$5,200	\$10,400	\$5,200	\$10,400	▲ \$0 after deductible	● \$0	▲ \$0 after deductible	Not covered	▲ \$0 after deductible	▲ \$0/Rx (after medical deductible)	▲ \$0/Rx (after medical deductible)
4000/8000 <sup>†</sup>	\$4,000	\$8,000 <sup>5</sup>	\$4,000	\$8,000							
3500 <sup>†</sup>	\$3,500	\$7,000	\$5,000	\$10,000	\$35	● \$35	30%	30%	30%	▲ \$10/Rx (after medical deductible)	▲ \$35/Rx (after medical deductible)
2400/4800	\$2,400	\$4,800 <sup>5</sup>	\$4,000	\$7,200				Not covered			
1800/3600 <sup>†</sup>	\$1,800	\$3,600 <sup>5</sup>	\$5,800	\$11,600							
<b>Shield Spectrum PPO<sup>SM</sup> plans</b>											
5000 <sup>†</sup>	\$5,000	\$10,000	\$7,000	\$14,000	\$35	● \$35	30%	30%	30%	● \$10/Rx	\$35/Rx (after \$500 brand-name deductible)
2000 <sup>†</sup>	\$2,000	\$4,000	\$7,000	\$14,000	● \$45	● \$45	\$250/admit + 30%	30%	30%	● \$10/Rx	

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

The plan comparison chart shows copayment/coinsurance amounts you will pay for covered services received from participating providers only. You are responsible for all charges up to the allowable amount until the deductible is met. At that point, you will be responsible for the copayment or coinsurance noted in the chart.

† Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life), Blue Shield of California and Blue Shield Life each offer a PPO 1500 and 2000 plan.

- For certain plans, copayments made for some services (such as lab and X-ray) may not count towards the out-of-pocket maximum. The out-of-pocket maximums include the plan deductible.
- If the annual plan deductible has not been met, any charges that accumulate towards the plan deductible in the last three months of the calendar year will be credited towards the plan deductible for the following calendar year.
- Limited to first 2 visits per calendar year for any combination of preventive care and physician office visits. Subsequent visits are subject to the copayment maximum. Preventive office visits are paid at 100%. Member pays 40% before deductible for Pap, prostate, HPV screenings and mammograms.

- Limited to first 5 visits per calendar year for any combination of preventive care and physician office visits. Subsequent visits are subject to the copayment maximum. Preventive office visits are paid at 100%. Member pays 40% before deductible for Pap, prostate, HPV screenings and mammograms.
- No individuals will be eligible for benefits until after the family deductible is met.
- Limited to first 3 visits per calendar year. Subsequent visits are subject to the deductible.
- Blue Shield Life's payments for brand-name Rx are limited to \$2,000 per calendar year for Active Start plans and \$2,500 per calendar year for Balance Plans.

**Vital Shield plans, Vital Shield Plus plans, Active Start Plan 25 Generic Rx, Active Start Plan 35 Generic Rx, Essential Plan 1750, Balance plans and Shield Savings plans 1800/3600, 3500, and 5200 are subject to regulatory approval.**

**This document is not a contract. You should request and review the Evidence of Coverage and Health Service Agreement/Policy for Individuals and Families for a more complete description of the benefits, terms, conditions and limitations of the health plans.**