Shield Savings plans

Formerly Shield Spectrum PPO Savings plans.

- Shield Savings Plan 1800/3600*
- Shield Savings Plan 2400/4800
- **NEW!** Shield Savings Plan 3500*
- Shield Savings Plan 4000/8000*
- **NEW!** Shield Savings Plan 5200*

* Underwritten by Blue Shield of California Life & Health Insurance Company.
Shield Savings plans 1800/3600, 3500, and 5200 are subject to regulatory approval.

These high-deductible health plans offer preventive care before having to meet the deductible, are compatible with a Health Savings Account (HSA), and offer you protection against major healthcare expenses.

Shield Savings℠ advantages

To help you stay healthy, preventive care benefits are provided right away for a fixed copayment, before meeting any deductible.

Your out-of-pocket maximum includes your plan deductible, so you'll pay only up to your plan's out-of-pocket maximum in a calendar year.

No copayment for covered prescription drugs once you meet the out-of-pocket maximum, and convenient access to a mail service pharmacy benefit.

For Shield Savings plans 1800/3600, 2400/4800 and 4000/8000:

- Once the family deductible is met, all remaining covered family members will have met their deductible. The family deductible can be met by any family member or combination of family members.

For Shield Savings plans 3500 and 5200:

- When two or more family members are on one plan, each covered individual has his or her own individual deductible, in case only one person needs expensive medical care.

Compatible with Health Savings Accounts.

A variety of deductible options.

Shield Savings plans 3500, 4000/8000 and 5200, provide critical services, like office visits and hospitalizations, for $0 with preferred providers, after you meet the plan's deductible.

With Shield Savings plans 3500, 4000/8000 and 5200, outpatient X-ray and laboratory services are $0 with preferred providers, once you meet the plan's deductible.

NOTICE: Blue Shield does not provide tax advice. HSAs are offered through financial institutions. If you intend to purchase this plan to use with an HSA for tax purposes, you should consult with your tax advisor about whether you are eligible and whether your HSA meets all legal requirements. Although we believe that these plans meet these legal requirements, the Internal Revenue Service has not ruled on whether the plans are qualified as high-deductible health plans. If you purchase one of these plans to obtain the income tax benefits associated with an HSA and the Internal Revenue Service rules that these plans do not qualify as high-deductible health plans, you may not be eligible for the income tax benefits associated with an HSA. In this instance, you may have adverse income tax consequences with respect to your HSA for all years in which you were not eligible. However, if there were such a ruling, or if government requirements for an HSA eligible high-deductible health plan change, we intend to amend the Shield Savings plans, if necessary, to meet the requirements of a qualified plan. The plan's monthly rates may also change as a result of a change in the plan(s).

A Health Savings Account (HSA) adds value to your plan

What is an HSA?

An HSA is a personal savings or investment account that you can combine with a high-deductible health plan. It allows you to contribute pre-tax dollars to a special savings account which you can use to pay for qualified medical expenses.

If you enroll in a Shield Savings plan and are qualified to open an HSA, you can use your tax-free HSA funds to pay for qualified medical expenses, even those not covered by your health plan. These include dentist visits, eye exams, acupuncture, and more. You can also accumulate tax-free funds for future healthcare funding needs such as long-term care.

If I don't want an HSA, can I still choose a Shield Savings plan?

Absolutely! These plans are PPO health plans and HSA participation is optional. Regardless of your eligibility – now or later – for an HSA, you can choose a Shield Savings plan for affordable rates, extensive coverage and nationwide access to providers.

Bridge Plan (hospital insurance indemnity rider option)†

If you're excited about the cost savings that an HSA-compatible high-deductible health plan offers, but are concerned about saving up enough money to pay for your medical deductible should you be hospitalized in the first year, no need to worry. With the Bridge Plan – offered exclusively with Shield Savings Plans 3500, 4000/8000 and 5200 – you get the security and peace of mind of helping to supplement your health coverage, during your first year of funding an HSA, should you become hospitalized.

Here's how it works: In the first 12 months of coverage, if you have a hospital stay of 72 hours or more, the benefit pays $1,500 per member. If more than one family member is covered, the benefit pays $1,500 per member, up to $3,000.*

Bridge Plan gives you the security of knowing that if something happens before you've built up funds in an HSA, you have a backup. The affordable annual premium for the 12-month term of coverage is $60 for an individual and $120 for a family, and will be billed on a monthly basis.

Bridge Plan benefits

	Indemnity Value	Premium	Eligibility for Claim	Term of coverage
Individual	$1,500 per member per lifetime	$60/year per individual contract	72 consecutive hours of inpatient hospitalization	12 consecutive months starting from the 1st day the medical plan is effective
Family	$1,500 per member per lifetime up to $3,000 per family	$120/year per family contract		

Bridge Plan is available with the following eligible Blue Shield health plans: Shield Savings plans 3500, 4000/8000, or 5200.

Bridge Plan:

- Can be purchased at the time of application for an eligible Blue Shield health plan.
- Provides coverage during the first 12 months of coverage in the eligible Blue Shield health plan and is not renewable.
- Pays $1,500 per member per lifetime (up to $3,000 per family) for a hospitalization lasting a minimum of 72 hours.

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

* The benefit is limited to $1500 per member per lifetime and up to $3000 per family. The rider is available only at time of enrollment in a qualifying Blue Shield health plan and provides coverage only during the first year of enrollment in the health plan. The annual premium due for the 12-month term of coverage will be billed to the member on a monthly basis.

Shield Savings plans

HSA-compatible

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.

	1800/3600†	2400/4800	3500†	4000/8000†	5200†
Deductible*	$1,800 ($3,600 family)	$2,400 ($4,800 family)	Services with preferred providers: $3,500 ($7,000 family) Services with non-preferred providers: $5,000 ($10,000 family)	Services with preferred providers: $4,000 ($8,000 family) Services with non-preferred providers: $5,000 ($10,000 family)	Services with preferred providers: $5,200 ($10,400 family) Services with non-preferred providers: $5,200 ($10,400 family)
Coinsurance	30% with preferred providers 50% with non-preferred providers	30% with preferred providers 50% with non-preferred providers	No charge after deductible with preferred providers; 50% with non-preferred providers	No charge after deductible with preferred providers 50% with non-preferred providers	No charge after deductible with preferred providers; 50% with non-preferred providers
Calendar-year out-of-pocket maximum (includes the plan deductible)	Service with preferred providers: $5,800 ($11,600 family) Services with all providers: $10,000 ($20,000 family)	Service with preferred providers: $4,000 ($7,200 family) Services with all providers: $6,000 ($10,000 family)	Service with preferred providers: $5,000 ($10,000 family) Services with non-preferred providers: $15,000 ($30,000 family)	Services with preferred providers: $4,000 ($8,000 family) Services with non-preferred providers: $15,000 ($30,000 family)	Service with preferred providers: $5,200 ($10,400 family) Services with non-preferred providers: $15,000 ($30,000 family)
Lifetime maximum	$6,000,000	$6,000,000	$6,000,000	$6,000,000	$6,000,000

Please note: The deductibles and out-of-pocket maximum amounts may increase annually to reflect federal cost-of-living adjustment.

* For two-party/family coverage on Shield Savings 1800/3600, 2400/4800, and 4000/8000, individuals become eligible for benefits after the total of applicable expenses accrued by all covered family members meets the family deductible amount.

For two-party/family coverage on Shield Savings 3500 and 5200, individuals become eligible for benefits after the total of an individual's applicable expenses equals half the family deductible amount or the family deductible is met.

† Underwritten by Blue Shield of California Life & Health Insurance Company. Shield Savings 1800/3600, 3500, and 5200 are pending regulatory approval.

● Plan benefits provided before you need to meet the deductible are shown below with a 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
	1800/3600 and 2400/4800	**3500**	**4000/8000 and 5200**	
Professional services				
Office visits	$35	No charge after deductible		50%
Preventive care				
Annual routine physical exam, gynecological exam, well-baby care office visits (includes Pap test or other approved cervical cancer screening tests, and routine mammography when received as part of the annual exam or preventive care visit)	$35 ●	$0 ●		Not covered
Outpatient services				
Non-emergency services and procedures, outpatient surgery in a hospital	30%	No charge after deductible		50%[2]
Outpatient surgery performed in an ambulatory surgery center (ASC)[3]	30%	No charge after deductible		50%
Outpatient X-ray and laboratory	30%	No charge after deductible		50%

Shield Savings plans

Covered services Subject to the plan deductible, unless noted.	Member copayments With preferred providers,[1] you pay			With non-preferred providers,[1] you pay
	1800/3600 and 2400/4800	3500	4000/8000 and 5200	
Hospitalization services				
Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists	30%	No charge after deductible		50%
Inpatient semiprivate room and board, services and supplies, and subacute care	30%	No charge after deductible		50%[2]
Bariatric surgery inpatient services (pre-authorization required: medically necessary surgery for weight loss, only for morbid obesity)[4]	30%	No charge after deductible		50%[2]
Emergency health coverage				
Emergency room services ($75 or $100 copayment/visit is waived if the member is admitted directly to the hospital as an inpatient)	$75/visit + 30%	$100/visit	No charge after deductible	Covered at same level as preferred provider
ER physician visits	30%	No charge after deductible		Covered at same level as preferred provider
Ambulance services (surface or air)	30%	No charge after deductible		Covered at same level as preferred provider
	At participating pharmacies (up to a 30-day supply)		Mail service prescriptions (up to a 60-day supply)	
Prescription drug coverage[5] (outpatient; subject to the plan medical deductible)	1800/3600, 2400/4800 and 3500	4000/8000 and 5200	1800/3600, 2400/4800 and 3500	4000/8000 and 5200
Generic formulary drugs	$10/prescription	No charge	$20/prescription	Covered at same level as participating pharmacies
Formulary brand-name drugs	$35/prescription	No charge	$70/prescription	
Non-formulary brand-name drugs	$50 or 50%/ prescription, whichever is greater (maximum of $150/Rx)	No charge	$100 or 50%/ prescription, whichever is greater (maximum of $300/Rx)	
	With preferred providers,[1] you pay			With non-preferred providers,[1] you pay
	1800/3600 and 2400/4800	3500	4000/8000 and 5200	
Durable medical equipment[6]	30%	No charge after deductible		50%
	With MHSA participating providers,[1,7] you pay			With MHSA non-participating providers,[1,7] you pay
	1800/3600 and 2400/4800	3500	4000/8000 and 5200	
Mental health services				
Inpatient hospital facility services	30%	No charge after deductible		50%[2]
Inpatient physician services	30%	No charge after deductible		50%
Outpatient visits for severe mental health conditions	$35	No charge after deductible		50%
Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits)[9]	30%	No charge after deductible		Not covered

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Covered services	Member copayments			
Subject to the plan deductible, unless noted.	**With MHSA participating providers,[1,7] you pay**			**With MHSA non-participating providers,[1,7] you pay**
	1800/3600 and 2400/4800	**3500**	**4000/8000 and 5200**	
Chemical dependency services (substance abuse)				
Inpatient hospital facility services for medical acute detoxification	30%	No charge after deductible		50%[2]
Inpatient physician services for medical acute detoxification	30%	No charge after deductible		50%
Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits)[9]	30%	No charge after deductible		Not covered
	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)	30%	No charge after deductible		Not covered
Other				
Pregnancy and maternity care				
Outpatient prenatal and postnatal care	30% (not covered for 1800/3600)	Not covered		50% for 2400/4800 (not covered for all other Shield Spectrum plans)
Delivery and all necessary inpatient hospital services	30% (not covered for 1800/3600)	Not covered		50%[2] for 2400/4800 (not covered for all other Shield Spectrum plans)
Family planning				
Consultations, tubal ligation, vasectomy, elective abortion	30%	No charge after deductible		Not covered
Rehabilitation services				
Provided in the office of a physician or physical therapist (up to 20 visits per calendar year)	30%[8]	30% (visit limit per calendar year combined with chiropractic visits)	No charge after deductible	50%
Chiropractic services (Blue Shield's payment is limited to $25/visit)	50% (up to 12 visits per calendar year)	30% (up to 20 visits per calendar year combined with physical therapy visits)	No charge after deductible (up to 12 visits per calendar year)	Not covered
Out-of-state services (full plan benefits covered nationwide with the BlueCard Program)	30% with BlueCard participating providers	No charge after deductible with BlueCard participating providers		50% with all other providers

Please note: Benefits are subject to modification for subsequently enacted state or federal legislation. Shield Savings Plans 1800/3600, 3500, and 5200 are subject to regulatory approval.

- Plan benefits provided before you need to meet the medical deductible.

1 Member is responsible for fixed dollar or percentage copayment, in addition to any charges above allowable amounts. The copayment percentage indicated is a percentage of the allowed amounts. Preferred providers accept Blue Shield's allowable amount as payment in full for covered services. Non-preferred providers can charge more than the allowable amounts. When members use non-preferred providers, they must pay the applicable copayment plus any charges that exceed Blue Shield's allowable amount. Charges above the allowable amount do not count toward the plan deductible or the calendar year out-of-pocket maximum.

2 For non-emergency hospital services and supplies received from a non-preferred (non-network) hospital, Blue Shield's maximum payment is $300 per day. After the deductible is met, members are responsible for all charges that exceed $300 per day.

3 Participating 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. The maximum allowed charge for non-emergency surgery and services performed in a non-participating ASC is $300 per day. Members are responsible for 50% of this $300 per day, plus all charges in excess of $300.

4 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.

5 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, the member pays the generic copayment plus the cost difference between the brand and generic drug, and it will not accrue to the copayment maximum. Prescription coverage differs for home self-injectables. Some prescriptions will require prior authorization to obtain coverage (see formulary). Use of ID card is required to obtain prescriptions from pharmacy or claim(s) will be denied. Refer to the EOC/Policy for further benefit details.

6 For Shield Savings Plans 1800/3600 and 2400/4800, all covered orthotic equipment and services have a benefit maximum of $2,000 per member per calendar year, except those services covered under the prosthetic appliances, durable medical equipment, or the diabetes care benefit. For Shield Savings Plans 3500, 4000/8000, and 5200, all covered durable medical equipment, prosthetic, and orthotic 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.

7 Blue Shield of California 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.

8 Limit applies to visits to participating and non-participating providers combined for Shield Savings Plans 1800/3600 and 2400/4800. Additional visits will be authorized if Blue Shield determines that additional treatment is medically necessary.

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.

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