

plans at a glance

PPO plans

	Annual medical deductible		Annual out-of-pocket maximum ¹		Professional services	Preventive care	Hospital services	Outpatient services	Prescription drug benefits	
	Individual	Family	Individual	Family	Physician office visits	Annual physical, well-baby care, gynecological exam	Inpatient	X-ray and laboratory	Generic	Brand-name (formulary)
Vital ShieldSM (individual only)										
2900 ¹	\$2,900	N/A	\$5,900	N/A	• \$40*	• \$40*	40%	No charge after out of pocket	• \$10/Rx	Not covered
BalanceSM plans										
2500 ¹	\$2,500	\$5,000	\$7,500	\$15,000						
1700 ¹	\$1,700	\$3,400	\$6,500	\$13,000	• \$30	• \$30	30%	30%	• \$10/Rx	\$35/Rx (after \$500 brand-name deductible) ³
1000 ¹	\$1,000	\$2,000	\$5,500	\$11,000						
EssentialSM plans (individual only)										
4500 ¹	\$4,500		\$4,500							
3000 ¹	\$3,000	N/A	\$3,000	N/A	• \$40 ²	• \$40	No charge after deductible	No charge after deductible	• \$10/Rx	Not covered
1750 ¹	\$1,750		\$1,750							
Active StartSM plans (individual only)										
35 ¹	\$0		\$7,500		• \$35	• \$35				\$35/Rx (after \$750 brand-name deductible) ³
35 Generic Rx ¹	\$0		\$7,500				• \$500/admit + 40%		• \$10/Rx	Not covered
25 ¹	\$0	N/A	\$6,000	N/A	• \$25	• \$25		• 40%	• \$10/Rx	\$35/Rx (after \$500 brand-name deductible) ³
25 Generic Rx ¹	\$0		\$6,000							Not covered
Shield Spectrum PPOSM Savings plans (HSA compatible)										
4000/8000 ¹	\$4,000	\$8,000*	\$4,000	\$8,000	No charge after deductible	• \$35	No charge after deductible	No charge after deductible		No charge (after medical deductible)
2400/4800	\$2,400	\$4,800*	\$3,200	\$5,800	30%		30%	30%		30%
Shield Spectrum PPOSM plans										
5000 ¹	\$5,000	\$10,000	\$7,000	\$14,000	\$35	• \$35	30%	30%	• \$10/Rx	
2000 ¹	\$2,000	\$4,000	\$7,000	\$14,000	• \$45	• \$45	\$250/admit + 30%	30%	• \$10/Rx	\$35/Rx (after \$500 brand-name deductible)
1500 ¹	\$1,500	\$3,000	\$6,000	\$12,000	• \$40	• \$40	\$250/admit + 30%	30%	• \$10/Rx	
750	\$750	\$1,500	\$4,750	\$9,500	• \$35	• \$35	\$250/admit + 30%	30%	• \$10/Rx	
500	\$500	\$1,000	\$4,000	\$8,000	• \$30	• \$30	\$250/admit + 25%	25%	• \$10/Rx	\$35/Rx (after \$250 brand-name deductible)

HMO plans

Access+ plans

Value HMO	\$2,000	\$4,000	\$4,000	\$8,000	• \$35	• \$35	40%/admit	• \$35/visit	• \$10/Rx	\$35/Rx (after \$400 brand-name deductible)
HMO	\$2,000	\$4,000	\$3,000	\$6,000	• \$20	• \$20	\$250/admit	• \$20/visit		\$35/Rx (after \$200 brand-name deductible)

• Benefits are provided before you have to meet any plan deductible.

Footnotes for chart located on other side.



Dental coverage to smile about

Cover your family's dental health with an affordable Blue Shield dental plan. Our broad dental network makes it easy to find a dentist.

Blue Shield Dental

PPO

Choose any dental provider; however, your out-of-pocket costs for covered services are lowest when you receive care from network dentists.

Individual monthly rate	\$35
Two-party monthly rate	\$70
Family monthly rate	\$110

PPO Plan features:

- Extensive network of general and specialty dentists
- Coverage when using out-of-network dentists
- Fixed copayments in network
- Calendar-year deductible of \$50 per member
- Wide range of dental benefits, including orthodontics for both children and adults
- Calendar-year benefit maximum of \$1,000 per member
- No waiting period for diagnostic or preventive services
- Enhanced dental services for pregnant women

HMO

Choose a dental care provider from our dental HMO provider network, and all of your family's network dental care is provided or coordinated through that provider.

Individual monthly rate	\$17
Two-party monthly rate	\$34
Family monthly rate	\$55

HMO Plan features:

- Extensive network of general and specialty dentists
- No calendar-year maximums
- Fixed copayments and no deductibles
- Wide range of dental benefits, including orthodontics for both children and adults
- Specialty care available with referral from your dental provider
- No waiting period for any type of service, other than orthodontics
- Virtually no claims forms

Rates effective February 1, 2007 and are subject to change.

Term life insurance†

Protect your family when they need it most. Whether it's to contribute toward mortgage payments or a child's education, or to provide financial support in uncertain times, Blue Shield Life can help. Simply complete the life insurance section on your health coverage application, and you'll be considered for coverage based on the information you're already submitting. We'll even combine your life insurance and health coverage bill on one simple statement.

Individual term life insurance monthly rates

Blue Shield Life Individual Term Life

Available with any Blue Shield individual or family health plan

Age	\$10,000	\$30,000	\$60,000	\$90,000
1-18*	\$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**
60-64	\$20.45	\$58.45	\$115.45	\$172.45**

Rates effective February 1, 2007, and are subject to change.

* Those younger than age 19 are not eligible for \$60,000 and \$90,000 life insurance options.

** \$90,000 is not available for new sales to those ages 50 or older, but existing members who reach age 50 are eligible to keep coverage until age 65.

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

Plan comparison chart footnotes

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.

No individuals will be eligible for benefits until after the family deductible is met.

* 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.

1 For certain plans, copayments made for some services may not count toward the copayment/coinsurance/out-of-pocket maximum. The out-of-pocket maximums include the plan deductible.

2 Limited to first 3 visits per calendar year. Subsequent visits are subject to the deductible.

3 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 2900, Active Start Plan 25 Generic Rx, Active Start Plan 35 Generic Rx, Essential Plan 1750, and Balance plans are subject to regulatory approval.

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

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.