

Vital Shield 2900

Underwritten by Blue Shield of California Life & Health Insurance Company. Pending regulatory approval. Plan benefits are effective June 1, 2007.

New! Protect yourself with our lowest-priced PPO plan for individuals.

Is Vital Shield 2900 right for you?

Our lowest-priced PPO plan offers you affordable coverage and protects you in case of major medical events, such as hospitalization. The plan is available for individuals only and is limited to basic benefits, so that you don't pay for services you don't expect to use. Vital Shield 2900 doesn't include maternity care or brand-name drug benefits.

Our Vital ShieldSM 2900 covers you in case of hospitalization, surgery, or other major medical events, and offers basic benefits with a moderate deductible. It includes coverage for 2 office visits and generic drugs, before having to meet a deductible.

Vital Shield 2900 advantages

- Monthly rates starting at \$42*
- Moderate annual deductible (\$2,900)
- You're covered at 100% after you meet the copayment maximum (\$5,900)
- Low copayments for generic prescription drugs at network pharmacies (\$10)
- 2 calendar-year office visits, which can be used for preventive care, before you have to meet the deductible
- One of California's largest PPO provider networks, so it's easy to find a doctor you want
- Knowledgeable customer service representatives ready to help you and answer your questions

* Individual Age 28, Tier 1- Living in Santa Clara, CA–June 2007. Rates may vary and are for people in good health.

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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 *Policy for Individuals and Families* should be consulted for a detailed description of coverage benefits and limitations.

Deductible	\$2,900
Coinsurance	40% with preferred providers 50% with non-preferred providers
Calendar-year copayment/coinsurance maximum (includes the plan deductible – some services do not apply)	Services with preferred providers: \$5,900 Services with all providers: \$8,900
Lifetime maximum	\$3,000,000

- Plan benefits that are available before you need to meet the medical plan deductible are shown below with a red 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 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
Professional services		
Office visits (first 2 visits/calendar year for any combination of preventive care and physician office visits. Subsequent visits are subject to the copayment maximum)	\$40 ^{2*} •	100% ² • (until copay maximum reached)
Preventive care		
Annual routine physical exam, well-baby care office visits, and gynecological exam office visit (first 2 visits/calendar year for any combination of preventive care and physician office visits. Subsequent visits are subject to the copayment maximum)	\$40 ^{2*} •	Not covered
Annual 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	40% •	Not covered
Outpatient services (the maximum allowed charges for non-emergency surgery and services performed in a non-participating ambulatory surgery center is \$300 per day—members are responsible for 50% of this \$300 per day, plus all charges in excess of \$300)		
Non-emergency services and procedures, outpatient surgery in hospital	40%	50% ^{2,3}
Outpatient surgery performed in an ambulatory surgery center (ASC) ⁴	40%	50% ²
Outpatient or out-of-hospital X-ray and laboratory	100% ² (until copay maximum reached) •	100% ² (until copay maximum reached) •
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	40%	50% ^{2,3}
Bariatric surgery inpatient services (pre-authorization required: medically necessary surgery for weight loss, only for morbid obesity) ⁵	40%	50% ^{2,3}
Emergency health coverage		
Emergency room services (\$100 copayment/visit waived if member is admitted directly to the hospital as an inpatient)	\$100/visit + 40%	\$100/visit + 40%
ER physician visits	40%	40%
Ambulance services (surface or air)	40%	40%
Prescription drug coverage⁶ (outpatient)		
	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	Not covered	Not covered
Non-formulary brand-name drugs	Not covered	Not covered
	With preferred providers,¹ you pay	With non-preferred providers,¹ you pay
Durable medical equipment	Not covered	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
Mental health services		
Inpatient hospital facility services	40%	50% ^{2,3}
Inpatient physician services	40%	50%
Outpatient visits for severe mental health conditions	40%	50% ^{2,3}
Outpatient visits for non-severe mental health conditions	Not covered ⁸	Not covered ⁸
Chemical dependency services (substance abuse)		
Inpatient hospital facility services for medical acute detoxification	40%	50% ^{2,3}
Inpatient physician services for medical acute detoxification	40%	50%
Outpatient visits	Not covered ⁸	Not covered ⁸
	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)	100% ² (until copay maximum reached) ●	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	100% ² (until copay maximum reached) ●	Not covered
Rehabilitation services		
Provided in the office of a physician or physical therapist	Not covered	Not covered
Out-of-state services (full plan benefits covered nationwide with the BlueCard Program)	40% with BlueCard participating providers	50% with all other providers

Please note: Benefits are subject to modification for subsequently enacted state or federal legislation. Vital Shield 2900 is subject to regulatory approval.

- * Member has two visits per calendar year before the calendar year copayment/coinsurance maximum is met. After the 2 visits are used for any one purpose, the member pays 100% of the allowable amount for all of these services until the calendar year copayment/coinsurance maximum is met, with no accrual to deductible or copay max.
- 1 Member is responsible for copayment or coinsurance in addition to any charges above allowable amounts. The coinsurance indicated is a percentage of the allowable 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 or coinsurance plus any charges that exceed Blue Shield's allowable amount. Charges above the allowable amount do not count toward the plan deductible or copayment/coinsurance maximum.
- 2 These copayments do not count toward the copayment/coinsurance maximum. They will continue to be charged once it is reached (except for X-ray and laboratory, home health services and family planning). See Policy for details.
- 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 Participating ambulatory surgery centers (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.
- 5 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; if coverage is not available for bariatric surgery facility will be eligible for limited reimbursement for specified travel expenses for the member and one companion. Refer to the Policy for further benefit details.
- 6 Prescription coverage differs for home self injectables. Please review the Policy before you purchase the plan.
- 7 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.
- 8 For MHSA participating providers initial visit treated as if the condition was a severe mental illness or Serious Emotional Disturbance of a Child. For MHSA non-participating providers initial visit treated as a MHSA participating provider.

Blue Shield Rating Regions

These rates are Blue Shield's "Tier 1" rates, and are offered to individuals and families in good health. Other rates may apply depending on underwriting determination. The rates are effective June 1, 2007. Rates are subject to change.

Blue Shield Rate Guarantee¹

Our rate guarantee program now offers new IFP members a rate guarantee for the first consecutive six (6) months of coverage from the member's original effective date (OED).

To find the rates that apply to you:

- 1 Locate your county of residence in one of the Blue Shield Rating Regions, then find the column for your region.
- 2 On the chart you'll see that rates are listed separately for single and YouthCareSM coverage. Locate the category that applies to you.
- 3 Under the type of coverage you've selected (*Individual or YouthCare*), find the age range of the person who will be the primary applicant. The rates that apply to you for each Blue Shield plan are in this row.

Vital Shield 2900[†] Rating Regions

Region 1: Alpine, Butte, Del Norte, Imperial, Inyo, Kern, Plumas, San Luis Obispo, Sonoma, Stanislaus, Trinity, Yolo and the following Santa Barbara ZIP codes: 93254, 93427, 93429, 93434, 93436-38, 93440-41, 93454-58, 93460, 93463-64

Region 2: Colusa, Kings, Madera, Mendocino, Merced, San Benito, San Joaquin, Siskiyou, Tulare

Region 3: Amador, Calaveras, Glenn, Modoc, Nevada, Placer, Sacramento, Shasta, Sierra, Tuolumne

Region 4: Alameda, Contra Costa, Santa Clara

Region 5: Marin, San Francisco, San Mateo

Region 6: El Dorado, Fresno, Humboldt, Lake, Lassen, Mariposa, Mono, Monterey, Napa, Santa Cruz, Solano, Sutter, Tehama, Yuba

Region 7: San Bernardino, San Diego, Santa Barbara except the ZIP codes listed in Rating Region 1

Region 8: Orange, Riverside, Ventura and the following Los Angeles ZIP codes: 91023, 91301, 91310, 91321-22, 91350-51, 91354-55, 91376-77, 91380-87, 91390, 91711, 91750, 91765-69, 91773, 91788-89, 91795, 91797, 91799, 93510, 93532, 93534-36, 93539, 93543-44, 93550-53, 93563, 93584, 93586, 93590-91, 93599

Region 9: Los Angeles except the ZIP codes listed in Rating Region 8

To learn about current rates for Guaranteed Issue plans, call **(800) 431-2809**.

Please Note: The rating regions are subject to change. Call Blue Shield to verify which rating region you are in.

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¹ Does not apply to Guaranteed Issue Plans, rate actions based on age-band changes, rate actions based on a change in location to another rating region, or on plan transfers within the first six months of enrollment.

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Age range	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
Youth Care - Monthly dues for Blue Shield									
Under 1	\$ 80	\$ 80	\$ 80	\$ 76	\$ 88	\$ 87	\$ 70	\$ 77	\$ 82
1 to 18	37	40	40	39	45	45	40	43	44
Single - Monthly due for Blue Shield									
19 to 29	45	44	43	42	49	47	44	47	48
30 to 34	52	54	52	51	58	57	52	55	59
35 to 39	63	65	65	62	71	71	64	68	74
40 to 44	89	90	91	85	100	99	90	96	102
45 to 49	115	118	118	114	131	130	119	131	137
50 to 54	154	154	156	157	175	168	154	171	176
55 to 59	203	205	206	197	227	222	203	223	230
60 to 64	268	268	270	259	302	295	266	283	303