

Blue Shield Health Plan Options at a Glance

	GOLD HMO (CA) 1 HMO 500/35 TRIO Network or Access+ Network	PLATINUM HMO (CA) 2 HMO 0/25 TRIO Network or Access+ Network	BRONZE PPO HDHP 3 PPO Savings 5700 Tandem or Full CA Network	GOLD PPO 4 PPO 750/30 Tandem or Full CA Network	PLATINUM PPO 5 PPO Blue Shield Platinum 0/10 Tandem or Full CA Network
1 Calendar Year Plan Deductible	\$500	No Deductible	\$5,700	\$750	\$0
2 Calendar Year Maximum Out of Pocket (M-OOP) / Including Deductible	\$7,500 co-pay limit per member / 2 max per family	\$2,350 co-pay limit per member / 2 max per family	\$7,500 co-pay limit per member / 2 max per family	\$7,900 co-pay limit per member / 2 max per family	\$4,700 co-pay limit per member / 2 max per family
3 Routine Office Visits	\$35 Co-Pay \$60 for Specialist	\$25 Co-Pay \$55 for Specialist	40% after deductible until M-OOP	\$30 Co-Pay \$60 for Specialist	\$10 Co-Pay \$35 for Specialist Ded Waived
4 Preventative Services (see full benefit summaries for list of preventative services)	No charge	No charge	No charge	No charge	No charge
5 Hospital In-Patient Charges	20% after deductible	\$250 Co-Pay per day up to first 3 days then you pay \$0	40% after deductible until M-OOP	20% after deductible until M-OOP	10% after deductible until M-OOP
6 Out-Patient Surgeries	\$150 to \$300 co-pay See plan document.	\$100 to \$150 co-pay See plan document.	40% after deductible until M-OOP	20% after deductible until M-OOP	10% after deductible until M-OOP
7 Most laboratory tests and X-Rays	\$30/\$55 Co-Pay	\$25 / \$50 Co-Pay	40% after deductible until M-OOP	L\$30/X20%/ \$50/\$100 after ded. Co-Pay Hosp/FS	L\$20/X15%/ \$30/\$100 Co-Pay Hosp/FS
8 MRI, Most CT, and PET scans	\$50 to \$250 co-pay See plan document.	\$50 to \$200 co-pay See plan document.	40% after deductible until M-OOP	20% after deductible until M-OOP	10% after deductible until M-OOP
9 RX Prescription Drugs Rx Deductible (for non-generic)	\$0	\$0	\$0	\$250 annual Rx deductible for Tier 2 and 3*	\$100
Generic Rx	\$15/\$20 Co-Pay	\$5/\$10 Co-Pay	40% after Ded until M-OOP	\$15 Co-Pay	\$10/\$15 Co-Pay
Brand Name Rx	\$50/\$55 Co-Pay	\$25/\$30 Co-Pay	40% after Ded until M-OOP	\$50 Co-Pay*	\$35/\$50 Co-Pay
Non-Formulary Rx	\$70/\$85 Co-Pay	\$30/\$45 Co-Pay	40% after Ded until M-OOP	\$80 Co-Pay*	\$55/\$75 Co-Pay
Specialty	20% up to max \$250	20% up to max \$250	40% after Ded until M-OOP	30% up to max \$250	30% up to max \$250
10 Comments					
11 ----->	Important Notes: The above amounts show what YOU pay for services when using an <u>in-network provider</u> . *The above are highlights and you should be sure to review the plan summaries from the carriers that are online at our eBenefits Site.				