Essential plans:

- Essential plan 1750
- Essential plan 3000
- Essential plan 4500

Essential plans

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

These PPO plans for individuals are among our lowest-cost options, and make getting the coverage you need simple by combining medical, dental, and vision all in one plan.

Is an Essential plan right for you?

You know you need coverage for predictable – and unpredictable – events, but you don't want to spend a lot on monthly rates. Our Essential plans provide the affordable quality coverage you need and limit your possible out-of-pocket costs. The plans are available for individuals only and don't include maternity care and brand-name drug benefits.

Essential℠ plans limit the total annual amount you may have to spend on copayments and deductibles, and include dental and vision coverage at no added cost.

Essential plan advantages

- Comprehensive coverage – includes medical, dental, and vision care.
- Affordable monthly rates.
- Manageable out-of-pocket medical costs.
  - Your copayment maximum equals the deductible.
  - You're covered at 100% after the deductible is met.
- Affordable copayments for preventive care office visits ($40) and generic prescription drugs at network pharmacies ($10).
- One of the largest PPO provider networks in California, so it's easy to find the doctor you want.
- LASIK discount program.*
- Choice of 3 annual deductibles ($1750, $3000, and $4500).
- Knowledgeable customer service representatives who can assist you and quickly answer your questions.

* This discount program is not a benefit of the plan, and is offered in addition to the benefits covered under the plan. Members who are not satisfied with services received under the discount program may use the Blue Shield Life grievance process. Blue Shield reserves the right to terminate this program without notice.

Essential plans

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

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

	Essential Plan 1750	Essential Plan 3000	Essential Plan 4500
Deductible	$1,750	$3,000	$4,500
Copayments	$40 with preferred providers Not applicable with non-preferred providers	$40 with preferred providers Not applicable with non-preferred providers	$40 with preferred providers Not applicable with non-preferred providers
Calendar-year copayment/coinsurance maximum (includes the plan deductible – some services do not apply)	Services with preferred providers: $1,750 Individual only	Services with preferred providers: $3,000 Individual only	Services with preferred providers: $4,500 Individual only
	Services with all providers: $8,000	Services with all providers: $8,000	Services with all providers: $8,000
Lifetime maximum	$6,000,000	$6,000,000	$6,000,000

- Plan benefits provided before you need to meet any medical 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 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**
Professional services		
Office visits (first 3 visits/calendar year – subsequent visits are subject to the deductible)	$40 (no charge after deductible) ●	50%
Preventive care		
Annual routine physical exam, well-baby care office visits, and gynecological exam office visit (includes 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[2] ●	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	No charge after deductible	50%[2,3]
Outpatient surgery in hospital	No charge after deductible	50%[2,3]
Outpatient surgery performed in an ambulatory surgery center (ASC)[4]	No charge after deductible	50%[2]
Outpatient or out-of-hospital X-ray and laboratory	No charge after deductible	50%
Hospitalization services		
Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists	No charge after deductible	50%
Inpatient semiprivate room and board, services and supplies, and subacute care	No charge after deductible	50%[2,3]
Bariatric surgery inpatient services (pre-authorization required: medically necessary surgery for weight loss, only for morbid obesity)[5]	No charge after deductible	50%[2,3]

Essential plans

Covered services	Member copayments	
Subject to the plan deductible unless noted	**With preferred providers,[1] you pay**	**With non-preferred providers,[1] you pay**
Emergency health coverage		
Emergency room services ($100 copayment/visit waived if the member is admitted directly to the hospital as an inpatient)	$100/visit[2] ●	$100/visit[2] ●
ER physician visits	No charge after deductible	No charge after deductible
Ambulance services (surface or air)	No charge after deductible	No charge after deductible
Prescription drug coverage (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[6]	No charge after deductible	50%
	With MHSA participating providers,[1,7] you pay	**With MHSA non-participating providers,[1,7] you pay**
Mental health services		
Inpatient hospital facility services	No charge after deductible	50%[2,3]
Inpatient physician services	No charge after deductible	50%
Outpatient visits for severe mental health conditions (first 3 visits/calendar year – subsequent visits subject to the deductible)	$40 (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)	No charge after deductible[8]	Not covered[8]
Chemical dependency services (substance abuse)		
Inpatient hospital facility services for medical acute detoxification	No charge after deductible	50%[2,3]
Inpatient physician services for medical acute detoxification	No charge after deductible	50%
Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits)	No charge after deductible[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)	No charge after deductible	Not covered

Essential plans

Covered services	Member copayments	
Subject to the plan deductible unless noted	**With preferred providers,[1] you pay**	**With non-preferred providers,[1] you pay**
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	No charge after deductible	Not covered
Rehabilitation services (up to 20 visits per calendar year combined with speech therapy visits)		
Provided in the office of a physician or physical therapist	No charge after deductible	50%
Chiropractic services	Not covered	Not covered
Out-of-state services (full plan benefits covered nationwide with the BlueCard Program)	No charge after deductible with BlueCard participating providers	50% with all other providers
Vision services[9]		
Vision exam	$5[2] ●	$5[2] ●

Dental services are NOT subject to the plan medical deductible, but there is a $50 dental deductible for some minor restorative services

Dental services[10]		
Preventive and diagnostic (including routine oral exams, X-rays, and cleaning)	No charge	All charges above the allowable amount
Minor restorative[2] (subject to $50 dental deductible, including amalgam and resin based fillings)	$35 – $100 (depending on procedure)	Member reimbursed per procedure reimbursement schedule

Please note: Benefits are subject to modification for subsequently enacted state or federal legislation. Essential Plan 1750 is subject to regulatory approval.

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

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 copayment/coinsurance maximum.

2 These copayments do not count toward the copayment/coinsurance maximum, and will continue to be charged once the copayment/coinsurance maximum is reached.

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; 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 Policy for further benefit details.

6 All covered orthoses have a benefit maximum of $500 per member per calendar year, except those services covered under the Diabetes Care benefit. All covered prosthetics have a benefit maximum of $2,000 per member per calendar year. See Policy for details.

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 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.

9 Vision exams are provided through MESVision network.

10 Dental services provided through Dental Benefit Providers (DBP). Benefits limited to $500 per calendar year combined. 3-month waiting period following the effective date of coverage for minor restorative services. Calendar-year medical deductible does not apply to preventive dental services.

Blue Shield Rating Regions

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

Blue Shield Rate Guarantee[1]
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 YouthCare℠ 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 applicant. The rates that apply for the plan are in this row.

Essential Plan 1750†, 3000† and 4500† 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.

† Underwritten by Blue Shield of California Life & Health Insurance Company. The rates for Essential Plan 1750 have been filed with the Department of Insurance and are currently pending regulatory approval.

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.

Essential Plan 4500

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	$ 119	$ 123	$ 123	$ 121	$ 136	$ 134	$ 120	$ 129	$ 136
1 to 18	83	86	86	85	95	93	88	94	97
Single - Monthly due for Blue Shield									
19 to 29	91	94	94	94	105	102	96	101	106
30 to 34	100	104	104	104	116	112	106	114	117
35 to 39	112	116	116	116	130	127	118	126	131
40 to 44	126	130	131	130	146	143	132	141	147
45 to 49	170	175	176	174	196	192	173	188	198
50 to 54	214	221	221	217	245	241	216	235	249
55 to 59	298	307	309	305	344	337	299	328	350
60 to 64	391	403	405	400	451	442	392	430	459

Essential Plan 3000

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	$ 132	$ 136	$ 136	$ 135	$ 152	$ 149	$ 137	$ 144	$ 153
1 to 18	90	92	93	92	103	99	94	99	103
Single - Monthly due for Blue Shield									
19 to 29	98	101	102	102	113	111	104	110	115
30 to 34	113	117	117	116	129	127	118	125	131
35 to 39	127	131	132	132	147	143	134	140	148
40 to 44	148	152	153	152	170	166	151	164	173
45 to 49	188	193	194	193	217	212	192	208	220
50 to 54	239	246	247	244	275	269	243	261	279
55 to 59	336	346	347	345	388	380	338	368	394
60 to 64	444	457	459	455	510	502	444	483	520

Essential Plan 1750

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	$ 140	$ 147	$ 148	$ 144	$ 165	$ 162	$ 149	$ 158	$ 166
1 to 18	96	100	101	98	111	108	102	108	112
Single - Monthly due for Blue Shield									
19 to 29	105	110	110	108	123	119	113	121	125
30 to 34	121	127	128	124	140	137	128	137	142
35 to 39	136	142	143	140	160	156	145	153	161
40 to 44	158	165	166	163	184	180	164	180	187
45 to 49	200	210	211	206	236	230	208	228	239
50 to 54	254	267	268	261	299	291	264	287	302
55 to 59	357	375	377	367	421	411	367	404	426
60 to 64	473	495	499	484	554	544	483	530	563