

Active Start plans:

- Active Start plan 25
Generic Rx
- Active Start plan 35
Generic Rx

Is an Active Start plan right for you?

These plans feature no medical deductible, low generic drug copayments, and low copayments for office visits and preventive care. The economical Active Start plans offer individual coverage only and do not provide maternity benefits.

Active Start plans

Underwritten by Blue Shield of California Life & Health Insurance Company

Get value right away with our no-deductible Active Start PPO plans.

Our Active StartSM plans for individuals keep you covered in case of a serious medical event while also taking care of your day-to-day healthcare needs, with no annual medical deductible.

Active Start plan advantages

- Two plans with generic-only prescription drug coverage options.
- \$10 copayments for generic prescription drugs at participating pharmacies with all plans.
- Affordable coverage for individuals.
- One of California's largest PPO provider networks, so it's easy to find the doctor you want.
- You choose the low copayment that best fits your budget (\$25 or \$35).
- No medical deductible to meet, so your coverage starts immediately.
- Low copayments for preventive care office visits (\$25/\$35).
- Benefits for alternative care such as chiropractic and acupuncture.
- Knowledgeable customer service representatives who can assist you and quickly answer your questions.

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

	Active Start plan 25, Active Start plan 25 Generic Rx	Active Start plan 35, Active Start plan 35 Generic Rx
Deductible*	\$0	\$0
Copayments	\$25 with preferred providers Not applicable with non-preferred providers	\$35 with preferred providers Not applicable with non-preferred providers
Coinsurance	40% with preferred providers 50% with non-preferred providers	40% with preferred providers 50% with non-preferred providers
Calendar-year copayment/ coinsurance maximum (some services do not apply)	Services with preferred providers: \$6,000 Services with all providers: \$8,000	Services with preferred providers: \$7,500 Services with all providers: \$10,000
Lifetime maximum	\$6,000,000	\$6,000,000

* Benefits for covered brand-name drugs are subject to a brand-name drug deductible per person. The Active Start Plan 25 has a \$500 brand-name drug deductible, and the Active Start Plan 35 has a \$750 brand-name drug deductible. Active Start Plan 25 Generic Rx and Active Start Plan 35 Generic Rx do not offer brand-name drug coverage and are not subject to a brand-name drug deductible. Blue Shield Life's payments for brand-name prescriptions are limited to \$2,000 per calendar year.

Covered services

Member copayments

	With preferred providers, ¹ you pay		With non-preferred providers, ¹ you pay
	Active Start plan 25, Active Start plan 25 Generic Rx	Active Start plan 35, Active Start plan 35 Generic Rx	
Professional services			
Office visits	\$25	\$35	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)	\$25	\$35	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	40%		50% ^{2,3}
Outpatient surgery in hospital	\$500/visit + 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	40%		50%
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	\$500/admit + 40%		50% ^{2,3}
Bariatric surgery inpatient services (pre-authorization required: medically necessary surgery for weight loss, only for morbid obesity) ⁵	\$500/admit + 40%		50% ^{2,3}

Active Start plans

Covered services

Member copayments

	With preferred providers, ¹ you pay		With non-preferred providers, ¹ you pay
	Active Start plan 25, Active Start plan 25 Generic Rx	Active Start plan 35, Active Start plan 35 Generic Rx	
Emergency health coverage			
Emergency room services (\$100 copayment/visit waived if the member is admitted directly to the hospital as an inpatient)	\$100/visit + 40%		Covered at same level as preferred provider
ER physician visits	\$25	\$35	Covered at same level as preferred provider
Ambulance services (surface or air)	40%		40%
Active Start Plan 25 and Active Start Plan 35			
Prescription drug coverage⁶ (outpatient – brand-name drugs are subject to a \$500/\$750 brand-name drug deductible per person, per calendar year)	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	\$35/prescription ²		\$70/prescription ²
Non-formulary brand-name drugs	\$50 or 50%/prescription (whichever is greater) ²		\$100 or 50%/prescription (whichever is greater) ²
Active Start Plan 25 Generic Rx and Active Start Plan 35 Generic Rx are also available. These plans do not cover brand-name drugs. All other plan benefits are the same.			
	With preferred providers, ¹ you pay		With non-preferred providers, ¹ you pay
	Active Start plan 25, Active Start plan 25 Generic Rx	Active Start plan 35, Active Start plan 35 Generic Rx	
Durable medical equipment⁷	40%		50%
	With MHA participating providers,^{1,8} you pay		With MHA non-participating providers,^{1,8} you pay
Mental health services			
Inpatient hospital facility services	\$500/admit + 40%		50% ^{2,3}
Inpatient physician services	40%		50%
Outpatient visits for severe mental health conditions	\$25	\$35	50%
Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits)	40% ^{2,9}		Not covered ⁹
Chemical dependency services (substance abuse)			
Inpatient hospital facility services for medical acute detoxification	\$500/admit + 40%		50% ^{2,3}
Inpatient physician services for medical acute detoxification	40%		50%
Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits)	40% ^{2,9}		Not covered ⁹

Active Start plans

Covered services

Member copayments

	With preferred providers, ¹ you pay		With non-preferred providers, ¹ you pay
	Active Start plan 25, Active Start plan 25 Generic Rx	Active Start plan 35, Active Start plan 35 Generic Rx	
Home health services (up to 90 pre-authorized visits per calendar year)	40%		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	40%		Not covered
Rehabilitation services (up to 12 visits per calendar year combined with chiropractic and speech therapy visits—Blue Shield's payment is limited to \$25/visit with non-preferred providers)			
Provided in the office of a physician or physical therapist	40%		50%
Chiropractic services (up to 12 visits per calendar year combined with rehabilitation services and speech therapy visits.)	40%		Not covered
Acupuncture (up to 12 visits per calendar year combined with acupressure, Blue Shield's payment is limited to \$25/visit)	50%		50%
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. Active Start Plan 25 Generic Rx and Active Start Plan 35 Generic Rx are subject to regulatory approval.

- 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.
- These copayments do not count toward the copayment/coinsurance maximum and will continue to be charged once the copayment/coinsurance maximum is reached.
- For non-emergency hospital services and supplies received from a non-preferred hospital, Blue Shield's payment is limited to \$250 per day. Member is responsible for all charges that exceed \$250 per day.
- 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.
- 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.
- 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, and the brand-name drug deductible has been satisfied, the member pays the generic copayment plus the difference between the brand and generic drug cost. Prescription coverage differs for home self-injectables. Blue Shield Life's payments for brand-name prescriptions are limited to \$2,000 per calendar year. Please review the policy before you purchase the plan.
- All covered durable medical, orthoses, and prostheses 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 and medically necessary oxygen.
- 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.
- 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.

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 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.

Active StartSM plan[†] 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. Rates for Active Start Plans 25 Generic Rx and 35 Generic Rx and are 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.

Active Start Plan 35 Generic Rx

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	\$ 160	\$ 166	\$ 165	\$ 148	\$ 159	\$ 186	\$ 116	\$ 122	\$ 150
1 to 18	90	93	94	86	93	104	82	83	99
Single - Monthly due for Blue Shield									
19 to 29	97	100	100	93	100	111	87	90	105
30 to 34	120	124	123	116	124	140	108	113	132
35 to 39	136	140	140	131	140	159	122	127	150
40 to 44	188	196	197	183	196	219	171	179	211
45 to 49	241	248	248	233	250	278	214	227	269
50 to 54	307	319	319	298	319	358	276	292	348
55 to 59	461	479	479	446	478	536	415	439	525
60 to 64	589	610	612	567	608	684	527	558	658

Active Start Plan 35

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	\$ 174	\$ 181	\$ 180	\$ 161	\$ 173	\$ 203	\$ 126	\$ 133	\$ 164
1 to 18	98	101	103	94	101	113	89	91	108
Single - Monthly due for Blue Shield									
19 to 29	106	109	109	101	109	121	95	98	114
30 to 34	131	135	134	126	135	153	118	123	144
35 to 39	148	153	153	143	153	173	133	139	164
40 to 44	205	214	215	200	214	239	186	195	230
45 to 49	263	270	271	254	273	303	233	248	293
50 to 54	335	348	348	325	348	390	301	318	380
55 to 59	503	523	523	486	521	585	453	479	573
60 to 64	643	665	668	619	663	746	575	609	718

Active Start Plan 25 Generic Rx

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	\$ 180	\$ 188	\$ 187	\$ 168	\$ 179	\$ 210	\$ 131	\$ 138	\$ 170
1 to 18	101	106	107	97	106	118	92	95	111
Single - Monthly due for Blue Shield									
19 to 29	110	113	113	106	113	127	99	101	118
30 to 34	137	141	139	131	141	159	122	128	150
35 to 39	152	159	159	148	159	179	138	143	170
40 to 44	212	221	223	208	221	248	193	202	239
45 to 49	272	280	281	263	283	313	242	257	303
50 to 54	348	361	361	338	361	405	312	330	395
55 to 59	522	542	542	505	541	607	469	497	595
60 to 64	667	690	693	642	688	775	597	632	745

Active Start Plan 25

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	\$ 196	\$ 205	\$ 204	\$ 183	\$ 195	\$ 229	\$ 143	\$ 150	\$ 185
1 to 18	110	115	116	106	115	128	100	103	121
Single - Monthly due for Blue Shield									
19 to 29	120	123	123	115	123	138	108	110	129
30 to 34	149	153	151	143	153	173	133	139	163
35 to 39	166	173	173	161	173	195	150	156	185
40 to 44	231	241	243	226	241	270	210	220	260
45 to 49	296	305	306	286	308	341	263	280	330
50 to 54	379	393	393	368	393	441	340	359	430
55 to 59	568	590	590	550	589	661	511	541	648
60 to 64	726	751	754	699	749	844	650	688	811