

## Balance plans:

- Balance plan 1000
- Balance plan 1700
- Balance plan 2500

# Balance plans

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

**New!** These PPO plans balance coverage and cost, and offer a sensible blend of comprehensive benefits with relatively low deductibles.

Balance<sup>SM</sup> plans provide coverage for preventive care, doctor's office visits, generic prescription coverage, and ER care right away, *before* you meet your deductible. They offer easy access to a wide range of quality care, including benefits for chiropractic care and acupuncture.

### Balance plan advantages

- A variety of deductibles.
- The plan's copayment/coinsurance maximum includes your medical deductible, so you'll pay only up to the copayment/coinsurance maximum in a calendar year.
- Doctor's office visits and preventive care are provided for a fixed copay (\$30) before you need to meet the deductible.
- Generic drugs for \$10.
- One of the state's largest PPO networks, so it's easy to find doctors and hospitals.
- Includes benefits for chiropractic care 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 and Families* should be consulted for a detailed description of coverage benefits and limitations.**

	Balance Plan 1000	Balance Plan 1700	Balance Plan 2500
<b>Deductible*</b>	\$1,000 (\$2,000 family)	\$1,700 (\$3,400 family)	\$2,500 (\$5,000 family)
<b>Copayments</b>	\$30 with preferred providers, not applicable with non-preferred providers	\$30 with preferred providers, not applicable with non-preferred providers	\$30 with preferred providers, not applicable with non-preferred providers
<b>Coinsurance</b>	30% with preferred providers, 50% with non-preferred providers	30% with preferred providers, 50% with non-preferred providers	30% with preferred providers, 50% with non-preferred providers
<b>Calendar-year copayment/coinsurance</b> (includes the plan deductible – some services do not apply)	Services with preferred providers: \$5,500 (\$11,000 family), Services with all providers: \$8,500 (\$17,000 family)	Services with preferred providers: \$6,500 (\$13,000 family), Services with all providers: \$9,500 (\$19,000 family)	Services with preferred providers: \$7,500 (\$15,000 family), Services with all providers: \$10,500 (\$21,000 family)
<b>Lifetime maximum</b>	\$6,000,000	\$6,000,000	\$6,000,000

\* Benefits for covered brand-name drugs are subject to a separate brand-name drug deductible per person per calendar year. Balance plans have a \$500 brand-name drug deductible. Blue Shield Life's payments for brand-name prescriptions are limited to \$2,500 per calendar year.

- 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, <sup>1</sup> you pay	With non-preferred providers, <sup>1</sup> you pay
<b>Professional services</b>		
Office visits	\$30 <sup>2</sup> •	50%
<b>Preventive care</b>		
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)	\$30 <sup>2</sup> •	Not covered
<b>Outpatient services</b> (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	30%	50% <sup>2,3</sup>
Outpatient surgery in hospital	\$250/visit + 30%	50% <sup>2,3</sup>
Outpatient surgery performed in an ambulatory surgery center (ASC) <sup>4</sup>	30%	50% <sup>2</sup>
Outpatient or out-of-hospital X-ray and laboratory	30%	50%

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## Covered services

## Member copayments

Subject to the plan deductible, unless noted	With preferred providers, <sup>1</sup> you pay	With non-preferred providers, <sup>1</sup> you pay
<b>Hospitalization services</b>		
Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists	30%	50%
Inpatient semiprivate room and board, services and supplies, and subacute care	30%	50% <sup>2,3</sup>
Bariatric surgery inpatient services (pre-authorization required: medically necessary surgery for weight loss, only for morbid obesity) <sup>5</sup>	30%	50% <sup>2,3</sup>
<b>Emergency health coverage</b>		
Emergency room services (\$100 copayment/visit waived if the member is admitted directly to the hospital as an inpatient)	\$100/visit + 30% ●	\$100/visit + 30% ●
ER physician visits	30%	30%
<b>Ambulance services</b> (surface or air)	30%	30%
<b>Prescription drug coverage</b> <sup>6</sup> (outpatient – brand-name drugs are subject to a \$500 brand-name drug deductible per person, per calendar year)	<b>At participating pharmacies</b> (up to a 30-day supply)	<b>Mail service prescriptions</b> (up to a 60-day supply)
Generic formulary drugs	\$10/prescription <sup>2</sup> ●	\$20/prescription <sup>2</sup> ●
Formulary brand-name drugs	\$35/prescription <sup>2</sup>	\$70/prescription <sup>2</sup>
Non-formulary brand-name drugs	\$50 or 50%, whichever is greater/prescription <sup>2</sup>	\$100 or 50%, whichever is greater/prescription <sup>2</sup>
	<b>With preferred providers,<sup>1</sup> you pay</b>	<b>With non-preferred providers,<sup>1</sup> you pay</b>
<b>Durable medical equipment</b> <sup>7</sup>	30%	50%
	<b>With MHSA participating providers,<sup>1,8</sup> you pay</b>	<b>With MHSA non-participating providers,<sup>1,8</sup> you pay</b>
<b>Mental health services</b>		
Inpatient hospital facility services	30%	50% <sup>2,3</sup>
Inpatient physician services	30%	50%
Outpatient visits for severe mental health conditions	\$30 <sup>2</sup> ●	50%
Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits)	30% <sup>9</sup>	Not covered <sup>9</sup>
<b>Chemical dependency services</b> (substance abuse)		
Inpatient hospital facility services for medical acute detoxification	30%	50% <sup>2,3</sup>
Inpatient physician services for medical acute detoxification	30%	50%
Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits)	30% <sup>9</sup>	Not covered <sup>9</sup>

# Balance plans

## Covered services

## Member copayments

Subject to the plan deductible, unless noted	With preferred providers, <sup>1</sup> you pay	With non-preferred providers, <sup>1</sup> you pay
<b>Home health services</b> (up to 90 pre-authorized visits per calendar year)	30%	Not covered
<b>Other</b>		
<b>Pregnancy and maternity care</b>		
Outpatient prenatal and postnatal care	Not covered	Not covered
Delivery and all necessary inpatient hospital services	Not covered	Not covered
<b>Family planning</b>		
Consultations, tubal ligation, vasectomy, elective abortion	30%	Not covered
<b>Rehabilitation services</b> (up to 20 visits per calendar year combined with speech therapy visits)		
Provided in the office of a physician or physical therapist	30%	50%
<b>Chiropractic services</b> (up to 15 visits per calendar year combined with acupuncture – Blue Shield's payment is limited to \$25)	50%	Not covered
<b>Acupuncture</b> (up to 15 visits per calendar year combined with acupressure and chiropractic – Blue Shield's payment is limited to \$25)	50%	50%
<b>Out-of-state services</b> (full plan benefits covered nationwide with the BlueCard Program)	30% with BlueCard participating providers	50% with all other providers

**Please note:** Benefits are subject to modification for subsequently enacted state or federal legislation. Balance Plans 1000, 1700, and 2500 are 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/coinsurance 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. Member is 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 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 cost difference between the brand and generic drug. Prescription coverage differs for home self-injectables. Please review the policy before you purchase the plan. Blue Shield Life's payments for brand-name prescriptions are limited to \$2,500 per calendar year.
- 7 All covered durable medical equipment, orthoses, and prostheses have a combined benefit maximum of \$5,000 per member per calendar year, except those services covered under the Diabetes Care benefit. See Policy for details.
- 8 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.
- 9 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 and families in good health. Other rates may apply depending on underwriting determination. The rates are effective February 1, 2007. Rates are pending regulatory approval and are subject to change.

## Blue Shield Rate Guarantee<sup>1</sup>

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, party of two, family and YouthCare<sup>SM</sup> coverage. Locate the category that applies to you.
- 3 Under the type of coverage you've selected ("*family*," for example), find the age range of the person who will be the applicant. The rates that apply for the plan are in this row.

## Balance Plan 1000<sup>†</sup>, 1700<sup>†</sup> and 2500<sup>†</sup> 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.

<sup>†</sup> Underwritten by Blue Shield of California Life & Health Insurance Company. The rates for all Balance Plans have been filed with the Department of Insurance and are currently pending regulatory approval.

<sup>1</sup> 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.

## Balance Plan 2500

Age range	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
<b>Youth Care - Monthly dues for Blue Shield</b>									
Under 1	\$ 177	\$ 188	\$ 189	\$ 179	\$ 210	\$ 206	\$ 187	\$ 204	\$ 213
1 to 18	70	74	75	72	83	81	74	81	84
<b>Single - Monthly due for Blue Shield</b>									
19 to 29	81	86	86	82	96	94	85	93	97
30 to 34	99	106	106	102	118	116	105	115	120
35 to 39	117	125	126	119	140	137	125	135	142
40 to 44	149	158	159	151	177	173	158	171	179
45 to 49	180	192	192	183	214	210	191	208	217
50 to 54	235	250	251	238	279	273	249	271	283
55 to 59	302	322	323	306	359	352	320	348	365
60 to 64	391	417	418	397	465	455	415	451	472
<b>Party of two - Monthly dues for Blue Shield</b>									
Under 30	158	168	169	160	188	184	168	182	191
30 to 34	195	207	208	197	232	227	206	224	235
35 to 39	229	244	245	233	273	267	243	265	277
40 to 44	290	309	310	294	345	337	307	334	350
45 to 49	352	375	376	357	419	410	373	406	425
50 to 54	457	487	489	464	545	533	485	527	552
55 to 59	589	627	630	597	701	686	624	679	711
60 to 64	763	813	816	774	908	888	809	879	921
<b>Family - Monthly dues for Blue Shield</b>									
Under 30	260	277	278	263	309	302	275	299	314
30 to 34	303	322	324	307	360	352	321	349	365
35 to 39	356	379	381	361	424	415	378	411	430
40 to 44	416	444	445	422	496	485	442	480	503
45 to 49	468	499	501	475	557	545	496	540	565
50 to 54	551	587	589	559	656	642	585	635	666
55 to 59	659	703	705	669	785	768	699	760	796
60 to 64	824	878	881	836	981	960	874	950	995

## Balance Plan 1700

Age range	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
<b>Youth Care - Monthly dues for Blue Shield</b>									
Under 1	\$ 186	\$ 198	\$ 199	\$ 188	\$ 222	\$ 217	\$ 198	\$ 215	\$ 225
1 to 18	74	79	79	76	88	86	78	85	89
<b>Single - Monthly due for Blue Shield</b>									
19 to 29	86	92	92	88	102	100	91	99	104
30 to 34	108	116	116	110	129	126	115	125	131
35 to 39	127	135	136	129	151	148	135	146	153
40 to 44	161	171	172	163	191	187	170	185	194
45 to 49	194	207	208	197	232	226	206	224	235
50 to 54	254	270	271	257	302	295	269	292	306
55 to 59	326	347	349	331	388	380	346	376	394
60 to 64	422	450	452	428	503	492	448	487	510
<b>Party of two - Monthly dues for Blue Shield</b>									
Under 30	168	179	179	170	200	195	178	193	202
30 to 34	212	225	226	214	252	246	224	244	256
35 to 39	247	263	264	250	294	288	262	285	298
40 to 44	313	334	335	318	373	365	332	361	378
45 to 49	379	404	405	384	451	442	402	437	458
50 to 54	495	527	529	501	589	576	525	570	597
55 to 59	636	678	680	645	757	741	675	733	768
60 to 64	824	878	881	835	981	960	874	950	995
<b>Family - Monthly dues for Blue Shield</b>									
Under 30	275	293	294	279	328	321	292	317	333
30 to 34	328	350	351	333	391	383	348	379	397
35 to 39	384	409	411	389	457	447	407	443	464
40 to 44	450	479	481	456	535	524	477	518	543
45 to 49	504	537	539	511	600	587	535	582	609
50 to 54	596	635	637	604	710	694	632	687	720
55 to 59	713	760	763	723	849	831	757	822	862
60 to 64	890	949	952	902	1060	1037	944	1027	1075

## Balance Plan 1000

Age range	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9
<b>Youth Care - Monthly dues for Blue Shield</b>									
Under 1	\$ 198	\$ 211	\$ 212	\$ 200	\$ 236	\$ 231	\$ 210	\$ 229	\$ 240
1 to 18	80	85	85	81	95	93	84	92	96
<b>Single - Monthly due for Blue Shield</b>									
19 to 29	93	99	99	95	111	108	99	107	112
30 to 34	119	126	127	120	141	138	126	137	143
35 to 39	139	148	149	141	166	162	147	160	168
40 to 44	176	188	188	178	210	205	187	203	213
45 to 49	213	227	228	216	254	248	226	246	257
50 to 54	278	296	297	281	331	324	295	320	336
55 to 59	358	381	383	362	426	417	380	413	432
60 to 64	463	494	495	469	551	539	491	534	559
<b>Party of two - Monthly dues for Blue Shield</b>									
Under 30	181	193	194	183	216	211	192	209	219
30 to 34	232	247	248	234	276	270	246	267	280
35 to 39	271	289	290	274	323	316	287	312	327
40 to 44	343	366	367	348	409	400	364	396	415
45 to 49	416	443	445	421	495	484	441	479	502
50 to 54	542	578	580	549	646	632	575	625	655
55 to 59	698	744	747	707	831	813	740	805	843
60 to 64	904	963	967	915	1076	1052	958	1042	1091
<b>Family - Monthly dues for Blue Shield</b>									
Under 30	298	318	319	302	355	347	316	344	360
30 to 34	360	383	385	364	428	419	382	415	435
35 to 39	421	448	450	426	501	490	446	485	508
40 to 44	494	526	528	500	588	575	523	569	596
45 to 49	553	589	592	560	659	644	587	638	668
50 to 54	654	696	699	662	778	761	693	754	789
55 to 59	783	834	837	792	932	912	830	902	945
60 to 64	977	1040	1045	989	1163	1137	1036	1126	1180