



BLUE SHIELD OF CALIFORNIA NON-MEDICARE HEALTH PLANS

For County of San Bernardino Retirees



About Blue Shield

- Not-for-profit health plan
- Founded by a group of physicians in 1939
- 3.3 million members (June 2012)
- Some of the largest provider networks in California
- Contribute \$30 million to the Blue Shield of California Foundation, to fund nonprofit organizations that improve access to quality health care.

Source: Blue Shield of California website

<https://www.blueshieldca.com/bsca/about-blue-shield/corporate/fast-facts.sp>

Blue Shield plans for retirees

Non-Medicare HMO Plans (California only)

- Shield Signature HMO plan – High
- Shield Signature HMO plan – Low

Non-Medicare PPO Plans

- Shield Spectrum PPO plan – High
- Shield Spectrum PPO plan – Low

Health plans include:

Pharmacy benefits

NurseHelp 24/7

Health programs

Shield Signature HMO plans

High and Low (California residents only)

	Shield Signature HMO - High		Shield Signature HMO - Low	
	Level I (HMO)	Level II (PPO)	Level I (HMO)	Level II (PPO)
Annual Deductible	None	None	None	None
Annual out of pocket maximum	\$1,500/member \$3,000/family	None	\$3,000/member \$6,000/2-persons \$9,000/family	None
Physician office visits	\$10 per visit	\$30 per visit	\$50 per visit	\$80 per visit
Specialist office visits	\$10 per visit	\$30 per visit	\$70 per visit	\$80 per visit
Preventive care	No charge	\$30 per visit	No charge	\$30 per visit
Outpatient surgery in a hospital	No charge	Not covered	\$750 per surgery	Not covered
Inpatient non-emergency Facility Services	No charge	Not covered	\$1,000 per admission	Not covered
Ambulance services	No charge	No charge	\$300 per transport	\$300 per transport
Emergency room	\$50 per visit	\$50 per visit	\$250 per visit	\$250 per visit

Shield Signature HMO plans

High and Low - pharmacy

	Shield Signature HMO - High		Shield Signature HMO - Low	
	Network	Non-network	Network	Non-network
Retail: 30 day supply				
Generic	\$5 per prescription	Not covered	\$10 per prescription	Not covered
Brand Formulary	\$10 per prescription	Not covered	\$30 per prescription	Not covered
Non-formulary	\$25 per prescription	Not covered	\$50 per prescription	Not covered
Optional Mail Service: 90 day supply				
Generic	\$10 per prescription	Not covered	\$20 per prescription	Not covered
Brand Formulary	\$20 per prescription	Not covered	\$60 per prescription	Not covered
Non-formulary	\$50 per prescription	Not covered	\$100 per prescription	Not covered

Shield Spectrum PPO plans

High and Low

	PPO plan - High		PPO plan - Low	
	Network	Non-network	Network	Non-Network
Annual Deductible	\$500 per member \$1,000 per family		\$1,500 per individual	
Annual out of pocket maximum	\$2,500 per individual / \$5,000 per family	\$5,000 per individual / \$10,000 per family	\$6,000 per individual	\$10,000 per individual
Physician office visits	20%	40%	30%	50%
Specialist office visits	20%	40%	30%	50%
Preventive care	No charge	40%	No charge	50%
Outpatient surgery in a hospital	\$250 per surgery + 20%	40%	\$250 per admission + 20%	50%
Inpatient non-emergency Facility Services	\$250 per admission + 20%	40%	\$500 per admission + 20%	50%
Ambulance services	20%	20%	30%	30%
Emergency room	\$100 per visit + 20%		\$100 per visit + 30%	

Shield Spectrum PPO plans

High and Low - pharmacy

	PPO plan - High		PPO plan - Low	
	Network	Non-network	Network	Non-Network
Retail				
Generic	\$10 per prescription	\$10 + 25% per prescription	\$10 per prescription	\$10 + 25% per prescription
Brand Formulary	\$25 per prescription	\$25 + 25% per prescription	\$25 per prescription	\$25 + 25% per prescription
Non-formulary	\$35 per prescription	\$35 + 25% per prescription	\$35 per prescription	\$35 + 25% per prescription
Optional Mail Service: 90 day supply				
Generic	\$20 per prescription	Not covered	\$20 per prescription	Not covered
Brand Formulary	\$50 per prescription	Not covered	\$50 per prescription	Not covered
Non-formulary	\$70 per prescription	Not covered	\$70 per prescription	Not covered

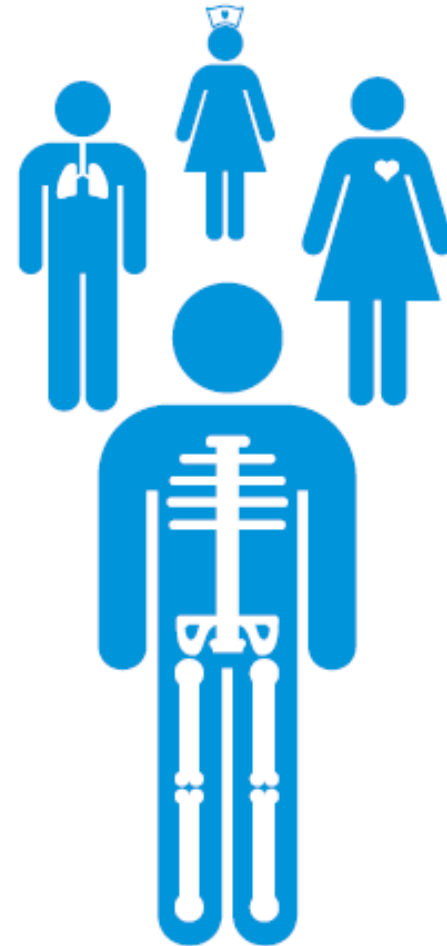
Programs to help manage your health (available to all plan members)

Condition Management programs

- Asthma Self Management
- Diabetes Management
- Cardiovascular Risk Reduction
- Chronic Obstructive Pulmonary Disease Management
- Congestive Heart Failure

Other programs

- Transplant program
- Pre-Surgical Guided Imagery
- Transitions of Care



NurseHelp 24/7



Speak with registered nurses anytime, day or night, and get answers to your health-related questions, Just call (877) 304-0504.

- minor injuries
- common illnesses
- recent diagnoses and chronic conditions
- choosing appropriate medical care
- self-care tips and treatment options

Health and wellness discounts

(available to all plan members)



- **Weight Watchers** – Save registration fees and members while you lose those extra pounds
- **24 Hour Fitness, ClubSport and Renaissance ClubSport** – Waived and discounted fees make it easier to get in shape and stay fit
- **Chiropractic, acupuncture and massage therapy** – 20% discounts on services.
- **Vision services** – Discounts on exams, lenses, frame discounts and LASIK.

We're here to help

Member Services

- **Shield Signature HMO & PPO plans**

(800) 642-6155

7:00 a.m. to 7:00 p.m., Monday through Friday

www.blueshieldca.com

- Find a doctor or hospital
- Access medial and pharmacy benefits
- Learn about health programs and services



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