Shield Spectrum PPO 5000

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

PPO 5000

Is Shield Spectrum PPO 5000 right for you?

Shield Spectrum PPO℠ 5000 offers unlimited preventive care office visits to the doctors you want, along with maternity coverage.

Shield Spectrum PPO 5000 advantages

When 2 or more family members are on one plan, each covered individual has his or her own individual deductible, in case only one person needs expensive medical care.

Brand-name prescriptions are only $35 per prescription after you meet the brand-name drug deductible.

Copayment/coinsurance maximums help contain costs, because your family copayment maximums are only twice the individual amount, no matter how many people are covered.

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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.

	PPO 5000
Deductible*	$5,000 ($10,000 family)
Copayments	$35 with preferred providers Not applicable with non-preferred providers
Coinsurance	30% with preferred providers 50% with non-preferred providers
Calendar-year copayment/coinsurance maximum (includes the plan deductible – some services do not apply)	Services with preferred providers: $7,000 ($14,000 family) Services with all providers: $10,000 ($20,000 family)
Lifetime maximum	$6,000,000

* Benefits for covered brand-name drugs are subject to a separate $500 brand-name drug deductible per person per calendar year.

● Plan benefits that are available before you need to meet the medical plan deductible are shown below with a 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 Subject to the plan deductible, unless noted.	Member copayments **With preferred providers,[1] you pay**	**With non-preferred providers,[1] you pay**
Professional services		
Office visits	$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 preventive care exam)	$35 ●	Not covered
Outpatient services		
Non-emergency services and procedures, outpatient surgery in hospital	30%	50%[2,3]
Outpatient surgery performed in an ambulatory surgery center (ASC)	30%	50%[2,4]
Outpatient or out-of-hospital X-ray and laboratory	30%	50%
Hospitalization services		
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%[2,3]
Bariatric surgery inpatient services (pre-authorization required: medically necessary surgery for weight loss, only for morbid obesity)[5]	30%	50%[2,3]
Emergency health coverage		
Emergency room services	30%	30%
ER physician visits	30%	30%
Ambulance services (surface or air)	30%	30%

Prescription drug coverage[6] (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	$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]
Brand-name drug deductible (brand-name drugs are subject to a brand-name drug deductible per person, per calendar year)	$500	

Shield Spectrum PPO Plan 5000

Covered services Subject to the plan deductible, unless noted.	Member copayments With preferred providers,[1] you pay	With non-preferred providers,[1] you pay
Durable medical equipment[7]	30%	50%
Mental health services[8]		
Inpatient hospital facility services	30%	50%[2,3]
Inpatient physician services	30%	50%
Outpatient visits for severe mental health conditions	$35	50%
Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits)[9]	30%	Not covered
Chemical dependency services[8] (substance abuse)		
Inpatient hospital facility services for medical acute detoxification	30%	50%[2,3]
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)[9]	30%	Not covered
Home health services (up to 90 pre-authorized visits per calendar year)	30%	Not covered
Other		
Pregnancy and maternity care		
Outpatient prenatal and postnatal care	30%	50%
Delivery and all necessary inpatient hospital services	30%	50%[2,3]
Family planning		
Consultations, tubal ligation, vasectomy, elective abortion	30%	Not covered
Rehabilitation services (up to 12 visits per calendar year combined with speech therapy visits)		
Provided in the office of a physician or physical therapist	30%	50%
Out-of-state services (full plan benefits covered nationwide with the BlueCard Program)	30% with BlueCard participating providers	50% with all other providers