

HMO Medical Plan Highlights

	Blue Shield High HMO	Blue Shield High HMO	Blue Shield Low HMO	Blue Shield Low HMO
	Access+ HMO	Trio HMO	Access+ HMO	Trio HMO
Plan Differences				
Network Size	★★★	★	★★★	★
Access to Providers	Managed by PCP	Managed by PCP	Managed by PCP	Managed by PCP
Calendar Year Deductible - Individual & Family	None	None	None	None
Out-of-Pocket Max - Individual - Family	\$500 \$1,500	\$500 \$1,500	\$2,500 \$5,000	\$2,500 \$5,000
Coinsurance (Plan Pays)	100%	100%	100%	100%
Lifetime Max Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Health Benefits	You Pay	You Pay	You Pay	You Pay
Office Visit Copay - Preventive Care - Primary Care Physician - Specialist - Urgent Care - Teladoc/Telehealth	No Charge \$10 Copay \$10 / \$20 Copay \$10 Copay \$5 Copay	No Charge \$10 Copay \$10 / \$20 Copay \$10 Copay No Charge	No Charge \$40 Copay \$40 / \$50 Copay \$40 Copay \$5 Copay	No Charge \$40 Copay \$40 / \$50 Copay \$40 Copay No Charge
Hospitalization - Inpatient - Outpatient Surgery	No Charge No Charge	No Charge No Charge	\$500 Copay \$250 Copay	\$500 Copay \$250 Copay
Lab and X-Ray - Diagnostic - Complex	No Charge No Charge	No Charge No Charge	No Charge \$100 Copay	No Charge \$100 Copay
Emergency Services	\$50 Copay	\$50 Copay	\$150 Copay	\$150 Copay
Chiropractic/Acupuncture <i>Network through American Specialty Health (ASH)</i>	\$10 Copay 30 Visits Combined	\$10 Copay 30 Visits Combined	\$10 Copay 30 Visits Combined	\$10 Copay 30 Visits Combined
Retail Pharmacy	You Pay	You Pay*	You Pay	You Pay*
Tier 1 / Generic	\$5	\$0 / \$5	\$10	\$0 / \$10
Tier 2 / Formulary	\$10	\$5 / \$10	\$30	\$20 / \$30
Tier 3 / Non-Form	\$25	Not Covered	\$60	Not Covered
Tier 4 / Specialty	\$25	\$10	\$60	\$30
Supply Limit	30-day supply	30-day supply	30-day supply	30-day supply
Mail Order Pharmacy	You Pay	You Pay*	You Pay	You Pay*
Tier 1 / Generic	\$10	\$10	\$20	\$20
Tier 2 / Formulary	\$20	\$20	\$60	\$60
Tier 3 / Non-Form	\$50	Not Covered	\$120	Not Covered
Tier 4 / Specialty	\$50	\$20	\$120	\$60
Supply Limit	90-day supply	90-day supply	90-day supply	90-day supply

* The Blue Shield Trio HMO features a value-based tier drug benefit for the following categories: Asthma, Diabetes, High Blood Pressure, and High Cholesterol. To learn more and to access the Blue Shield Plus Drug Formulary, visit blueshieldca.com/pharmacy.

HMO Medical Plan Highlights

	Kaiser Permanente Traditional High HMO	Kaiser Permanente Traditional Low HMO
	Kaiser Permanente	Kaiser Permanente
Plan Differences		
Network Size	★★	★★
Access to Providers	Managed by PCP	Managed by PCP
Calendar Year Deductible - Individual - Family	None	None
Out-of-Pocket Maximum - Individual - Family	\$1,500 \$3,000	\$4,000 \$8,000
Coinsurance (Plan Pays)	100%	100%
Lifetime Max Benefit	Unlimited	Unlimited
Health Benefits	You Pay	You Pay
Office Visit Copay - Preventive Care - Primary Care Physician - Specialist - Urgent Care - Teladoc/Telehealth	No Charge \$10 Copay \$10 Copay \$10 Copay No charge	No Charge \$30 Copay \$30 Copay \$30 Copay No charge
Hospitalization - Inpatient - Outpatient Surgery	No Charge \$10 Copay	\$250 Copay \$250 Copay
Lab and X-Ray - Diagnostic - Complex	No Charge No Charge	\$10 Copay \$50 Copay
Emergency Services	\$50 Copay	\$150 Copay
Chiropractic/Acupuncture <i>Network through American Specialty Health (ASH)</i>	\$10 Copay 30 Visits Combined	\$10 Copay 30 Visits Combined
Retail Pharmacy	You Pay	You Pay
Tier 1 / Generic	\$10	\$15
Tier 2 / Formulary	\$20	\$30
Tier 3 / Non-Form	n/a	n/a
Tier 4 / Specialty	\$20	\$30
Supply Limit	100-day supply	30-day supply
Mail Order Pharmacy	You Pay	You Pay
Tier 1 / Generic	\$10	\$30
Tier 2 / Formulary	\$20	\$60
Tier 3 / Non-Form	n/a	n/a
Tier 4 / Specialty	n/a	n/a
Supply Limit	100-day supply	100-day supply

PPO Medical Plan Highlights

	Blue Shield High PPO		Blue Shield Tandem High PPO	
	Full PPO	Non-Network	Tandem PPO	Non-Network
Plan Differences				
Network Size	★★★★		★★	
Access to Providers	Managed by You		Managed by You	
Calendar Year Deductible				
- Individual	\$200		\$200	
- Family	\$400		\$400	
Out-of-Pocket Maximum				
- Individual	\$2,000 / \$4,000		\$2,000 / \$4,000	
- Family	\$5,000 / \$10,000		\$5,000 / \$10,000	
Coinsurance (Plan Pays)	90% / 70%		90% / 70%	
Lifetime Max Benefit	Unlimited		Unlimited	
Health Benefits	You Pay	You Pay	You Pay	You Pay
Office Visit Copay	No Charge	Ded, 30%	No Charge	Ded, 30%
- Preventive Care	\$10 Copay	Ded, 30%	\$10 Copay	Ded, 30%
- Primary Care Physician	\$10 Copay	Ded, 30%	\$10 Copay	Ded, 30%
- Specialist	\$10 Copay	Ded, 30%	\$10 Copay	Ded, 30%
- Urgent Care	\$10 Copay	Ded, 30%	\$10 Copay	Ded, 30%
- Virtual Visits	\$5 Copay	Not covered	No Charge	Not covered
Hospitalization				
- Inpatient	Ded, 10%	Ded, 30%	Ded, 10%	Ded, 30%
- Outpatient Surgery	Ded, 10%	Ded, 30%	Ded, 10%	Ded, 30%
Lab and X-Ray				
- Diagnostic	Ded, 10%	Ded, 30%	Ded, 10%	Ded, 30%
- Complex	Ded, 10%	Ded, 30%	Ded, 10%	Ded, 30%
Emergency Services	Ded, 10%		Ded, 10%	
Chiropractic	Ded, \$10 Copay	Ded, 30%	Ded, \$10 Copay	Ded, 30%
	Max 24 Visits/Year		Max 24 Visits/Year	
Acupuncture	Ded, 10%	Ded, 30%	Ded, 10%	Ded, 30%
	Max 12 Visits/Year		Max 12 Visits/Year	
Retail Pharmacy	You Pay	You Pay	You Pay *	You Pay
Tier 1 / Generic	\$5	\$5+25%	\$0 / \$5	\$5+25%
Tier 2 / Formulary	\$10	\$10+25%	\$5 / \$10	\$10+25%
Tier 3 / Non-Form	\$25	\$25+25%	\$25 / \$25	\$25+25%
Tier 4 / Specialty	\$25	\$25 +25%	\$25 / \$25	\$25 +25%
Supply Limit	30-day supply		30-day supply	
Mail Order Pharmacy	You Pay	You Pay	You Pay*	You Pay
Tier 1 / Generic	\$10	Not covered	\$10	Not covered
Tier 2 / Formulary	\$20	Not covered	\$20	Not covered
Tier 3 / Non-Form	\$50	Not covered	\$50	Not covered
Tier 4 / Specialty	\$50	Not covered	\$50	Not covered
Supply Limit	90-day supply		90-day supply	

* The Blue Shield Tandem PPO features a value-based tier drug benefit for the following categories: Asthma, Diabetes, High Blood Pressure, and High Cholesterol. To learn more and to access the Blue Shield Plus Drug Formulary, visit blueshieldca.com/pharmacy.

HSA PPO Medical Plan Highlights

	Blue Shield Low PPO HSA		Blue Shield Tandem Low PPO	
	Full PPO	Non-Network	Tandem PPO	Non-Network
Plan Differences				
Network Size	★★★★		★★	
Access to Providers	Managed by You		Managed by You	
Calendar Year Deductible				
- Individual	\$1,500		\$1,500	
- Family	\$3,000		\$3,000	
Out-of-Pocket Maximum				
- Individual	\$3,400 / \$6,800		\$3,400 / \$6,800	
- Family	\$6,800 / \$13,600		\$6,800 / \$13,600	
Coinsurance (Plan Pays)	90% / 70%		90% / 70%	
Lifetime Max Benefit	Unlimited		Unlimited	
Health Benefits	You Pay	You Pay	You Pay	You Pay
Office Visit Copay				
- Preventive Care	No Charge	Ded, 30%	No Charge	Ded, 30%
- Primary Care Physician	Ded, 10%	Ded, 30%	Ded, 10%	Ded, 30%
- Specialist	Ded, 10%	Ded, 30%	Ded, 10%	Ded, 30%
- Urgent Care	Ded, 10%	Ded, 30%	Ded, 10%	Ded, 30%
- Virtual Visits	Ded, \$5	Not covered	Ded, \$0	Not covered
Hospitalization				
- Inpatient	Ded, 10%	Ded, 30%	Ded, 10%	Ded, 30%
- Outpatient Surgery	Ded, 10%	Ded, 30%	Ded, 10%	Ded, 30%
Lab and X-Ray				
- Diagnostic	Ded, 10%	Ded, 30%	Ded, 10%	Ded, 30%
- Complex	Ded, 10%	Ded, 30%	Ded, 10%	Ded, 30%
Emergency Services	Ded, 10%		Ded, 10%	
Retail Pharmacy	You Pay *	You Pay	You Pay *	You Pay
Tier 1 / Generic	Ded, \$10	Ded, \$10+25%	Ded, \$0 / \$10	Ded, \$10+25%
Tier 2 / Formulary	Ded, \$25	Ded, \$25+25%	Ded, \$15 / \$25	Ded, \$25+25%
Tier 3 / Non-Form	Ded, \$40	Ded, \$40+25%	Ded, \$40 / \$40	Ded, \$40+25%
Tier 4 / Specialty	Ded, \$40	Ded, \$40+25%	Ded, \$40 / \$40	Ded, \$40+25%
Supply Limit	30-day supply		30-day supply	
Mail Order Pharmacy	You Pay*	You Pay	You Pay*	You Pay
Tier 1 / Generic	Ded, \$20	Not covered	Ded, \$20	Not covered
Tier 2 / Formulary	Ded, \$50	Not covered	Ded, \$50	Not covered
Tier 3 / Non-Form	Ded, \$80	Not covered	Ded, \$80	Not covered
Tier 4 / Specialty	Ded, \$80	Not covered	Ded, \$80	Not covered
Supply Limit	90-day supply		90-day supply	

* The Blue Shield HDHP PPOs feature a HDHP Preventive tier drug benefit for certain drugs at no cost. To learn more and to access the Blue Shield Plus Drug Formulary, visit blueshieldca.com/pharmacy.