

Plan comparison chart

Use the following chart to identify which Blue Shield coverage options you should consider.

		Physician office visit copayments ¹ (you pay)	Annual medical deductible	Annual out-of-pocket maximum ²	Monthly rates starting at ³	Maternity coverage	Prescription drug coverage (formulary)	HSA-compatible
Vital Shield*	2900	\$40 for first visit ¹	\$2,900	\$5,900	\$73		Generic only	
	900	\$40 for first visit ¹	\$900	\$4,900	\$89		Generic only	
Vital Shield Plus*	2900 Generic Rx	\$30 for first 4 visits ¹	\$2,900	\$4,900	\$92		Generic only	
	2900	\$30 for first 4 visits ¹	\$2,900	\$4,900	\$111		Brand and generic	
	900 Generic Rx	\$30 for first 4 visits ¹	\$900	\$3,900	\$108		Generic only	
	900	\$30 for first 4 visits ¹	\$900	\$3,900	\$130		Brand and generic	
	400 Generic Rx	\$30 for first 4 visits ¹	\$400	\$2,900	\$136		Generic only	
	400	\$30 for first 4 visits ¹	\$400	\$2,900	\$156		Brand and generic	
Balance plans*	2500	\$30	\$2,500	\$7,500	\$127		Brand and generic	
	1700	\$30	\$1,700	\$6,500	\$162		Brand and generic	
	1000	\$30	\$1,000	\$5,500	\$180		Brand and generic	
Shield Savings*	5200	\$0 after deductible	\$5,200	\$5,200	\$82		Brand and generic	●
	3500	\$0 after deductible	\$3,500	\$5,000	\$86		Brand and generic	●
	4000/8000	\$0 after deductible	\$4,000	\$4,000	\$90		Brand and generic	●
	1800/3600	\$35 after deductible	\$1,800	\$5,950	\$108		Brand and generic	●
Active Start*	35 Generic Rx	\$35	\$0	\$7,500	\$166		Generic only	
	35	\$35	\$0	\$7,500	\$207		Brand and generic	
	25 Generic Rx	\$25	\$0	\$6,000	\$191		Generic only	
	25	\$25	\$0	\$6,000	\$224		Brand and generic	
Essential packages*	4500	\$40 for first 3 visits ¹	\$4,500	\$4,500	\$134		Generic only	
	3000	\$40 for first 3 visits ¹	\$3,000	\$3,000	\$167		Generic only	
	1750	\$40 for first 3 visits ¹	\$1,750	\$1,750	\$201		Generic only	
Shield Spectrum PPO	5500	35% after deductible	\$5,500	\$7,500	\$142	●	Brand and generic	
	5000*	\$35 after deductible	\$5,000	\$7,000	\$112	●	Brand and generic	
HMO plans	Access+ Value	\$35	\$2,000	\$4,000	\$413	●	Brand and generic	
	Access+	\$20	\$2,000	\$3,000	\$510	●	Brand and generic	

Please note: annual deductibles and out-of-pocket maximums listed in this chart are for individuals. Copayments and coinsurance amounts are for services received from participating providers. Office visits are not subject to deductible unless noted.

* Vital Shield plans, Vital Shield Plus plans, Active Start plans, Essential packages, Balance plans, Shield Savings plans, and Shield Spectrum PPO 5000 are underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life). Plans may be subject to regulatory approval.

- 1 Visit limits are per member per calendar year before deductible or out-of-pocket maximum. Subsequent visits may be subject to the deductible or out-of-pocket maximum. See each plan's EOC/Policy for details.
- 2 For certain plan, copayments for some services do not count toward the out-of-pocket maximum. The out-of-pocket maximums in this chart include the plan deductible.
- 3 Rates are effective January 2011 for individuals age 19 to 29. Rates apply to Santa Barbara County for: Vital Shield plans, Vital Shield Plus plans, Balance plans, Essential packages, Shield Savings plans; parts of Orange County for: Active Start plans and Shield Spectrum PPO plans; parts of Los Angeles County for: Access+ HMO package and Access+ Value HMO. Rates may vary and are for people in good health.