Essential packages

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

Essential 1750
Essential 3000
Essential 4500

Essential plans simplify getting the coverage you need by combining medical, dental, and vision benefits all in one package.

Is an Essential package right for you?

You're an individual who only wants coverage to protect you in case of major medical events, and also provides essential benefits for doctor visits. Our Essential℠ packages allow you to control the total annual amount you spend on copayments and deductibles, and include dental and vision coverage at no added cost. They are available for individuals only and offer essential benefits, so you don't pay for services you don't expect to use, like maternity care or brand-name prescription drug benefits. By providing you with affordable coverage, including dental and vision, these plans offer you the essential coverage you need.

Essential advantages
Comprehensive coverage – includes medical, dental, and vision care.
Affordable monthly rates.
After you meet your deductible, you pay $0 for most covered services (see Policy for details).
Affordable copayments for generic prescription drugs at network pharmacies ($10).
Preventive care at no additional cost.
Choice of 3 annual deductibles ($1,750, $3,000 and $4,500).

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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* SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

	Essential 1750	Essential 3000	Essential 4500
Deductible	$1,750	$3,000	$4,500
Calendar-year copayment/ coinsurance maximum (includes the plan deductible – some services do not apply)	Services with preferred providers: $1,750 Services with all providers: $8,000	Services with preferred providers: $3,000 Services with all providers: $8,000	Services with preferred providers: $4,500 Services with all providers: $8,000
Lifetime maximum	No limit	No limit	No limit

The benefits below apply to all Essential packages.

- Plan benefits provided before you need to meet any medical 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 (first 3 visits per calendar year – subsequent visits are subject to the deductible)	$40 ($0 after deductible) ●	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)	$0 ●	Not covered
Outpatient services		
Non-emergency services and procedures	$0 after deductible	50%[2,3]
Outpatient surgery in hospital	$0 after deductible	50%[2,3]
Outpatient surgery performed in an ambulatory surgery center (ASC)	$0 after deductible	50%[2,4]
Outpatient or out-of-hospital X-ray and laboratory	$0 after deductible	50%
Hospitalization services		
Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists	$0 after deductible	50%
Inpatient semiprivate room and board, services and supplies, and subacute care	$0 after deductible	50%[2,3]
Bariatric surgery inpatient services (pre-authorization required: medically necessary surgery for weight loss, only for morbid obesity)[5]	$0 after deductible	50%[2,3]

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Covered services Subject to the plan deductible unless noted.	Member copayments **With preferred providers,[1] you pay**	**With non-preferred providers,[1] you pay**
Emergency health coverage		
Emergency room services ($100 copayment/visit waived if the member is admitted directly to the hospital as an inpatient)	$100/visit[2] ●	$100/visit[2] ●
ER physician visits	$0 after deductible	$0 after deductible
Ambulance services (surface or air)	$0 after deductible	$0 after deductible

Prescription drug coverage[11] (outpatient; brand-name drugs are not covered, with the exception of covered drugs and supplies for diabetes. Brand and generic diabetes medications/supplies are covered, and may be subject to prior authorization for medical necessity.)	**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	Not covered	Not covered
Non-formulary brand-name drugs	Not covered	Not covered

	With preferred providers,[1] you pay	**With non-preferred providers,[1] you pay**
Durable medical equipment	$0 after deductible	50%
Mental health services[6]		
Inpatient hospital facility services	$0 after deductible	50%[2,3]
Inpatient physician services	$0 after deductible	50%
Outpatient visits for severe mental health conditions (first 3 visits/ calendar year – subsequent visits subject to the deductible)	$40 ($0 after deductible) ●	50%
Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits)[7]	$0 after deductible	Not covered
Chemical dependency services[6] (substance abuse)		
Inpatient hospital facility services for medical acute detoxification	$0 after deductible	50%[2,3]
Inpatient physician services for medical acute detoxification	$0 after deductible	50%
Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits)[7]	$0 after deductible	Not covered
Home health services (up to 60 pre-authorized visits per calendar year)	$0 after deductible	Not covered
Other		
Pregnancy and maternity care		
Outpatient prenatal and postnatal care	Not covered	Not covered
Delivery and all necessary inpatient hospital services	Not covered	Not covered
Family planning		
Consultations	$0 after deductible	Not covered
Tubal ligation, vasectomy, elective abortion	Not covered	Not covered
Rehabilitation services (up to 15 visits per calendar year combined with speech therapy visits)		
Provided in the office of a physician or physical therapist	$0 after deductible	50%
Chiropractic services	Not covered	Not covered
Out-of-state services (full plan benefits covered nationwide with the BlueCard Program)	$0 after deductible with BlueCard participating providers	50% with all other providers

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Covered services	Member copayments	
	With preferred providers,[1] you pay	**With non-preferred providers,[1] you pay**
Essential Vision PPO Plan*		
Vision exam[8]	$5[2] ●	$5[2] ● (and charges above the allowable amount)
Essential Dental PPO Plan*		
Dental benefits[9]		
Preventive and diagnostic (including routine oral exams, X-rays, and teeth cleaning)	$0[10]	Member reimbursed per procedure reimbursement schedule
Minor restorative[2] (subject to $50 dental deductible, including amalgam and resin-based fillings)	$35 -$100[10] (depending on procedure)	Member reimbursed per procedure reimbursement schedule

Please note: Benefits are subject to modification for subsequently enacted state or federal legislation.

- ● Plan benefits provided before you need to meet the medical deductible.
- * Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life), and pending regulatory approval.
- 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 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. Members are responsible for all charges that exceed $250 per day.
- 4 Participating 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. Blue Shield's payment is limited to $150 per day. Members are responsible for all charges that exceed $150 per day.
- 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. See Policy for details.
- 6 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.
- 7 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.
- 8 Vision exams are provided through a vision plan administrator.
- 9 Dental benefits provided through the dental plan administrator. Benefits limited to $500 per calendar year combined. 3-month waiting period following the effective date of coverage for minor restorative services. Calendar-year medical deductible does not apply to preventive dental services.
- 10 Blue Shield's payment is limited to $500 per calendar year for preventive and diagnostic and minor restorative. Member is responsible for all charges that exceed $500 per calendar year.
- 11 Prescription coverage differs for home-self injectables. See Policy for details.