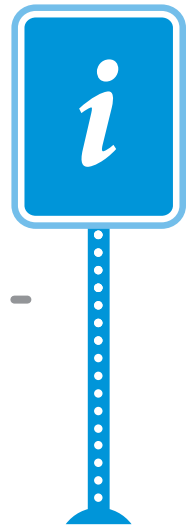


How to use your health plan



Buying health coverage is the first step to better health. To get the most out of your health plan, here are five tips on how to use it.

1 Choosing a primary care physician (PCP)

With your plan, you have access to a network of Blue Shield doctors and hospitals (providers). Different Blue Shield plans use different networks of doctors. So, to get the most value from your coverage, be sure to choose a doctor in your plan's network. When you access health services from providers in your network, you will pay less out of your pocket.

It's important for you to choose a PCP to oversee your medical care. A PCP could be a:

- Family doctor (cares for people of all ages)
- Pediatrician (cares for people under age 18)
- Gynecologist (cares for women)
- Doctor of internal medicine (cares for people age 18 and older)

These doctors can treat a range of health issues. If they are not able to treat a particular health condition, they will refer you to a doctor who specializes in your condition.

For help finding a pediatrician for your child, check out our "Good to Know" video at blueshieldca.com/pediatrician.

2 Visiting your PCP

Once you have selected a PCP, call the office to make an appointment. You'll want to visit your PCP for your annual checkup, immunizations for you or your child, skin rashes or to treat any other non-emergency medical needs. You will pay a small fee to them for each visit (unless it is for preventive care). This is called a "copayment."

3 Paying for services

Receiving care from network providers

Your PCP or hospital will bill Blue Shield for most services. We will decide what you can be charged based on our negotiated rates for each service. If you have a deductible, you will be responsible for paying the negotiated rate for these services up to the deductible limit. After you have met the deductible limit, we will share most costs with you. This means you will pay a certain percentage of costs for services received from Blue Shield providers, and Blue Shield will pay the rest.

There is a limit to how much you have to spend out of your pocket each year before Blue Shield begins paying 100% for most covered medical services. This is called your plan's "out-of-pocket maximum."

A deductible is the amount of money you are responsible for paying each year before Blue Shield starts paying for certain services.

Receiving care from non-network providers

If you have a PPO plan that uses our Exclusive PPO Network, and receive services from providers that are not in that network, your costs will be higher. To get the most value out of your health plan, make sure to choose doctors in your plan's network.

The following example compares your out-of-pocket costs when using a provider in your Blue Shield plan's network with costs when using a provider who is not in the network:

Example:* Knee arthroscopy			
Network PPO		Non-network PPO	
Ambulatory surgery center	Physicians	Ambulatory surgery center	Physicians
Billed charge \$39,602.64	Billed charge \$8,760.00	Billed charge \$39,602.64	Billed charge \$8,760.00
Blue Shield allowed amount \$3,495.10	Blue Shield allowed amount \$590.55	Blue Shield allowed amount per day \$300.00	Blue Shield allowed amount \$590.55
Blue Shield pays 80% of allowed amount \$2,796.08	Blue Shield pays 80% of allowed amount \$472.44	Blue Shield pays 50% of allowed amount \$150.00	Blue Shield pays 50% of allowed amount \$295.28
Member pays 20% of allowed amount \$699.02	Member pays 20% of allowed amount \$118.11	Member pays 50% of allowed amount \$150	Member pays 50% of allowed amount \$295.28
		AND member pays for all charges in excess of \$300 \$39,302.64	AND member pays difference between billed charge and Blue Shield's allowed amount \$8,169.45
Total member cost: \$817.13 (\$699.02 + \$118.11 = \$817.13)		Total member cost: \$47,917.37 (\$150 + \$39,302.64 + \$295.28 + \$8,169.45 = \$47,917.37)	
You save \$47,100.24 by using PPO network providers			

*Cost-sharing amounts are based on Blue Shield's standard Silver-level PPO plan. Example assumes the member has already met the \$2,000 medical deductible. Figures are based on the common experience of members. An individual's experience can be different from the example.

4 Care while traveling

If you have a PPO plan, you are covered for routine, urgent and emergency care when traveling throughout the country.

5 NurseHelp 24/7

When you need answers right away, call NurseHelp 24/7SM at (877) 304-0504. We will connect you with an experienced registered nurse who will help evaluate your symptoms, discuss treatment options, determine whether to see a doctor and provide additional information and services, as needed. NurseHelp 24/7 can help you save time and money by avoiding unnecessary trips to the doctor's office or emergency room for non-emergency care, at no extra cost.

Call (877) 304-0504 anytime to speak to a registered nurse, or use the online chat at blueshieldca.com/nursehelp.