Choosing the right health plan

Choosing a health plan can be confusing. Here is some important information that you should consider before choosing the right health plan for you and your family. And when you’re ready to choose, you can count on us for health plans that deliver dependable coverage with a range of programs and services to help you stay healthy and control costs.
Know the differences: HMO and PPO plans

Two types of coverage that are typically offered are HMO (health maintenance organization) plans and PPO (preferred provider organization) plans.

HMO
Choosing a Personal Physician is one of the keys to using an HMO plan. Except for emergencies and urgent care received outside of their Personal Physician’s service area, members of an HMO plan must access covered services through a network of physicians and facilities as directed by their Personal Physician. HMO plans may be good choice and offer a cost-efficient way to maintain your health care if you and your family go to the doctor often. Once the deductible has been met, you simply pay a fixed copayment each time you visit your Personal Physician.

PPO
With PPO plans, you may select any physicians and hospitals within the plan’s network, as well as outside of the network. If maintaining a relationship with your current doctor is important to you, selecting a PPO plan will give you the freedom to continue seeing your current doctor, even if your doctor isn’t part of the plan’s provider network.

Keep in mind that if your physician is not part of the plan’s PPO network, you will have to pay more for each visit. Submit a claim for reimbursement and/or pay for the entire visit (check your EOC or COI for details). When the deductible has been met, you pay a determined coinsurance or copayment before the plan begins to pay for covered services.
Quick health basics

Here are short explanations of some common terms. They can help you better understand the terms included in your enrollment materials. Once you have become a Blue Shield member, please refer to your EOC or COI for the official definitions of these terms.

Coinsurance (applies to plans underwritten by Blue Shield of California Life & Health Insurance Company): The percentage of the allowable amount or billed charges that the member must pay for covered services after meeting any applicable plan deductible.

Copayment: The fixed amount and/or percentage amount a member must pay for covered services after meeting any applicable plan deductible.

Copayment/coinsurance maximum: The limit on the amount a member must pay in copayments or coinsurance after any applicable deductible has been met for certain covered services during a calendar year. Once the maximum is reached, Blue Shield will pay 100% of the allowable amount for these covered services, up to specified maximums for the rest of the calendar year. Certain PPO plan covered services, such as office visits, generally do not count toward these maximums, and continue to be the member’s responsibility.

Covered services: The medical services and supplies that are covered by the member’s health plan.

Deductible: The initial amount the member must pay in a calendar year for particular covered services before Blue Shield pays.

Formulary: A preferred list of drugs which may include generic and brand-name drugs. In certain plans, members pay less for formulary than non-formulary drugs. We also have plans that cover only formulary drugs.

Non-preferred providers (PPO plans only): A provider who is not in the Blue Shield PPO network, also called a non-network provider.

Out-of-pocket maximum: A dollar limit on the total amount that a member has to pay for many covered services in a calendar year, including the copayments, coinsurance, and deductible.

Personal Physicians (HMO plans only): The network physician who serves as an HMO member’s designated primary healthcare provider and provides or coordinates all of the member’s care, usually within a medical group.

Preferred providers (PPO plans only): A provider, who is part of the Blue Shield PPO network, also called a network provider. PPO members pay less when they see preferred providers.
We're here to help

For information about Blue Shield health plans, visit blueshieldca.com or call us at (888) 568-3560, 8 a.m. to 7 p.m., Monday through Friday, or TTY (888) 595-0000, 8 a.m. to 5 p.m., Monday through Friday.

For a complete list of benefits, exclusions, and limitations please refer to the Evidence of Coverage (EOC) or Certificate of Insurance (COI).