

# Stanford University

## Your Blue Shield High Deductible PPO Plan

One of your Blue Shield health plan options for 2014 is the Blue Shield High Deductible PPO plan.

This plan is compatible with Health Savings Accounts\* (HSAs) with specific tax benefits for qualified members.

### Key Plan Features:

- There is a **\$1,500 individual and \$3,000 family deductible to meet before the plan pays benefits, except for preventive care**
- Once the annual out-of-pocket maximum is met (\$3,500 individual and \$7,000 family), benefits are covered at 100% **when you use network providers**
- Preventive care benefits covered at 100% **when you use network providers**
- Compatible with an HSA for tax-savings opportunities on qualified medical expenses
- Get prescription drugs at our contracted rate at participating pharmacies
- Access to a mail service pharmacy
- No lifetime benefit maximum

### Allowed amounts versus billed amounts

- **When you use network providers**, your out-of-pocket expenses are calculated using Blue Shield's allowed amounts (our contracted rates), not the provider billed amount (billed charges). You are responsible only up to Blue Shield's allowed amount – you do not have to pay the difference between Blue Shield's allowed amount and the provider billed amount.
- **If you use non-network providers**, only the Blue Shield allowed amount will apply to your deductible, if applicable. However, you are responsible for paying the total billed amount (billed charges). Once your deductible is met, Blue Shield will pay a percentage of the charges up to the allowed amount and you are responsible for the remainder of the charges, including the difference between Blue Shield's allowed amount and the provider billed amount.

The following are examples of how the plan allowed and billed amounts work for an individual member when receiving services from a network provider. These examples are based on the **average billed and allowed amounts for Santa Clara County.\*\***

\* Although most consumers who enroll in a High-Deductible Health Plan (HDHP) are eligible to open an HSA, members should consult with a financial adviser to determine if an HSA/HDHP is a good financial fit for them. Blue Shield does not offer tax advice or HSAs. HSAs are offered through financial institutions. For more information about HSAs, eligibility and the law's current provisions, consumers should ask their financial or tax adviser. HSA plan features may vary by institution and may be subject to change by those institutions.

\*\* These examples are to be used as reference only to show the difference between billed and allowed amounts. These billed and allowed amounts are only an average as of September 2011 and are not the actual charges a member is responsible for.

### Example 1 Family deductible has not been satisfied

Service	Average billed amount	Average allowed amount <sup>1</sup>	Amount applied to deductible	Member responsibility
Emergency room visit	\$214.63	\$155.67	\$155.67	\$155.67
Office visit	\$139.45	\$110.08	\$110.08	\$110.08
General lab health panel	\$223.29	\$55.32	\$55.32	\$55.32
X-rays	\$150.88	\$95.05	\$95.05	\$95.05

1 Contracted provider cannot receive more than the allowed amount

### Example 2 Family deductible has been satisfied

Service	Average billed amount	Average allowed amount <sup>1</sup>	Amount applied to deductible <sup>2</sup>	Amount Blue Shield pays is 80% of allowed amount	Members responsibility is 20% of allowed amount	Member savings <sup>3</sup>
Emergency room visit	\$214.63	\$155.67	\$0.00	\$124.54	\$31.13	\$58.96
Office visit	\$139.45	\$110.08	\$0.00	\$88.06	\$22.02	\$29.37
General lab health panel	\$223.29	\$55.32	\$0.00	\$44.26	\$11.06	\$167.97
X-rays	\$150.88	\$95.05	\$0.00	\$76.04	\$19.01	\$55.83

1 Contracted provider cannot receive more than the allowed amount

2 \$0 applied to deductible since \$1,500 individual deductible had been satisfied

3 This amount is also the participating provider's difference between allowed amount and billed amount.

### Example 3 Individual member preventive care services

Service	Average billed amount	Average allowed amount <sup>1</sup>	Applied to deductible <sup>2</sup>	Blue Shield pays 100% since this is a preventive service	Member savings <sup>3</sup>
Office visit	\$139.45	\$110.08	\$0.00	\$110.08	\$29.37
General lab health panel	\$223.29	\$55.32	\$0.00	\$55.32	\$167.97
X-rays	\$150.88	\$95.05	\$0.00	\$95.05	\$55.83

1 Contracted provider cannot receive more than the allowed amount

2 \$0 applied to deductible since there is no deductible for preventive services

3 This amount is also the participating provider's difference between allowed amount and billed amount.

Example 4

Prescription drugs individual deductible has **not** been satisfied.

Drug brand name	Drug generic name	Average cost for Blue Shield members <sup>1,2,3</sup>	Usual cost at retail pharmacies <sup>3</sup>	Savings by using your Blue Shield pharmacy benefit per prescription <sup>3</sup>
Levoxyl	Levothyroxine	\$6.84	\$14.80	\$7.96
Zocor	Simvastatin	\$5.68	\$60.58	\$54.90
Various	Lisinopril	\$5.61	\$23.60	\$17.99
Lipitor	Atorvastatin	\$136.32	\$163.94	\$27.63
Ambien	Zolpidem	\$16.26	\$70.98	\$54.72
Zithromax	Azithromycin	\$14.24	\$46.84	\$32.60
Zoloft	Sertraline	\$7.21	\$47.77	\$40.56
Vicodin	Hydrocodone Bit/Acetaminophen	\$9.71	\$39.58	\$29.88
Prozac	Fluoxetine	\$8.57	\$49.77	\$41.20
Various	Amoxicillin	\$7.61	\$17.70	\$10.09
Flonase	Fluticasone	\$25.45	\$73.59	\$48.15
Synthroid	Levothyroxine	\$21.98	\$33.11	\$11.13
Cipro	Ciprofloxacin	\$6.32	\$38.88	\$32.56
Lexapro	Escitalopram	\$112.74	\$138.59	\$25.84
Hydrochlorothiazide	Hydrochlorothiazide	\$4.46	\$12.73	\$8.27
Ativan	Lorazepam	\$6.97	\$32.94	\$25.97
Tenormin	Atenolol	\$4.53	\$16.49	\$11.96
Celexa	Citalopram	\$5.79	\$40.65	\$34.87
Wellbutrin SR	Bupropion	\$37.15	\$87.64	\$50.49
Glucophage	Metformin	\$8.70	\$43.02	\$34.32

- 1 The "Average cost for Blue Shield members" is based on the average cost of the generic drug where the generic form is available. This average cost is the difference between the usual cost at retail pharmacies and the Blue Shield pharmacy benefit savings. The "Average cost for Blue Shield members" applies to deductible, there is no copayment.
- 2 Once deductible is met, the member owes 20% of the average cost.
- 3 The costs and savings shown here are to be used as reference only. Actual costs and savings may vary.

**Annual deductible and out-of-pocket expenses**

The annual deductible is the amount you pay each calendar year for covered services before the plan begins paying benefits. Pharmaceuticals apply to your deductible but preventive care benefits do not. Your deductible applies to the annual out-of-pocket maximum.

Annual out-of-pocket expenses are the deductible and coinsurance amounts. They are expenses you pay for covered network and non-network services and supplies. After you meet the annual deductible, your deductible and coinsurance payments apply toward meeting the annual out-of-pocket maximum. After the out-of-pocket maximum is reached, then the plan pays benefits at 100% for covered services for the remainder of the year.

**Additional plan information**

When you get care from a Blue Shield network doctor or facility, the provider will submit your claim to Blue Shield.

You get access to Blue Shield's extensive provider network, 100% covered preventive care benefits when you use a network doctor, and a calendar-year deductible that accumulates toward the calendar-year out-of-pocket maximum. This plan offers affordable coverage for a high-cost medical event while helping you meet your essential healthcare needs. This plan is often selected by people who go to the doctor only occasionally.

If you need a claim form or have questions about your coverage, call Member Services at **(800) 873-3605** or visit [blueshieldca.com/stanford](https://blueshieldca.com/stanford).