

Blue Shield Plans 2024

	Blue Shield Platinum PPO	Blue Shield Platinum PPO Savings (with HSA)	Blue Shield Silver PPO Savings (with HSA)
Summary of Benefits and Coverage Documents (SBC)			
Note: These SBCs are from 2023. Updated 2024 files are coming soon.	(Platinum PPO SBC)	(Platinum PPO Savings SBC)	(Silver PPO Savings SBC)
In / Out of Network			
Calendar year deductible	Individual: \$250 / \$500 Family: \$500 / \$1,000	Individual: \$1,600 / \$3,200 Family: \$3,200 / \$6,400	Individual: \$4,000 / \$4,000 Family: \$8,000 / \$8,000
Annual out-of-pocket maximum	Individual: \$1,000 / \$2,000 Family: \$3,000 / \$6,000	Individual: \$3,200 / \$6,400 Family: \$6,400 / \$12,800	Individual: \$7,000 / \$7,000 Family: \$14,000 / \$14,000
Preventive Care Services			
Preventive Exams & Screenings	100% covered for in-network services	100% covered for in-network services	100% covered for in-network services
Well Baby & Immunizations	100% covered for in-network services	100% covered for in-network services	100% covered for in-network services
Physician Services			
Office Visit & Urgent Care	\$20 copay / You pay 30%	10% / 30% (after the deductible)	30% (after the deductible)
Online Visit (Teladoc)	\$10 copay / Not covered	10% (after the deductible) / Not covered	30% (after the deductible) / Not covered
Chiropractic Services	10% / 30% (after the deductible)	10% / 30% (after the deductible)	30% (after the deductible)
	Up to 30 visits	Up to 30 visits	Up to 30 visits
Hospital Medical Services			
Inpatient	10% / 30% (after the deductible)	10% / 30% (after the deductible)	30% (after the deductible)
Outpatient	10% / 30% (after the deductible)	10% / 30% (after the deductible)	30% (after the deductible)
Lab & X-Ray	10% / 30% (after the deductible)	10% / 30% (after the deductible)	30% (after the deductible)
Emergency	\$100 copay, plus 10%	10% (after the deductible)	30% (after the deductible)
Prescriptions (30-Day Retail / 90-Day Mail Order)			
Tier 1 - Generic	\$10 / \$10	Deductible, then \$10 retail / \$10 mail order	Deductible, then \$10 retail / \$10 mail order
Tier 2 - Brand Name	\$25 / \$50	Deductible, then \$30 retail / \$60 mail order	Deductible, then \$30 retail / \$60 mail order
Tier 3 - Non-Formulary	\$40 / \$80	Deductible, then \$50 retail / \$100 mail order	Deductible, then \$50 retail / \$100 mail order
Tier 4 - Specialty	20% of Rx up to \$150 / \$300 max for mail-order	Deductible, then 30% of Rx up to \$150 / \$300 max for mail-order	Deductible, then 30% of Rx up to \$150 / \$300 max for mail-order
Out-of-Network All tiers	Deductible, then 50% of the cost up to \$250 per script (retail only)	Deductible, then 50% of the cost up to \$250 per script (retail only)	Deductible, then 50% of the cost up to \$250 per script (retail only)

Let’s take a look at the numbers.

	Blue Shield Platinum PPO	Blue Shield Platinum PPO Savings	Blue Shield Silver PPO Savings
Employee Only	\$26.50	\$15.00	\$0.00
Employee + Spouse (or Domestic Partner*)	\$178.00	\$136.50	\$74.50
Employee + Child(ren)*	\$143.50	\$109.00	\$60.50
Employee + Family*	\$267.50	\$208.00	\$120.00

*All values above are pre-tax with the exception of coverage of domestic partners and their children. The premium cost that PANW covers for your domestic partner and/or their children is subject to imputed income tax. Imputed income is the cash value of your benefits. We are required to add imputed income to your gross wages to accurately withhold taxes, in certain situations relating to group health benefits and certain categories of dependents, life insurance benefits and long-term disability plans.