



Needs Assessment Progress

- ✓ 1. Tell Us Your Needs
- ✓ 2. Express Your Preferences
- 3. Get Plan Recommendations**
- 4. Apply for coverage

General Tasks

- [Create a Profile](#)
- [Access Your Saved Profile](#)

PlanFinder -- Plan Selection Wizard

Prior to applying, please review the [Traditional](#) or [Short Term](#) plan exclusions and limitations.

Plan Details

Plan Name:	BCL&H 3500 Deductible
Plan Type:	PPO
Physician Choice:	You choose specialist(s)
Monthly Premium:	\$61.00
Annual Out-of-Pocket Maximum (includes deductible):	\$3500/member, 2 member maximum
Annual Deductible:	\$3500/member, 2 member maximum
Office Visits:	No charge after deductible
Professional Services:	No charge after deductible
Hospital Inpatient/Outpatient:	No charge after deductible
Emergency Services:	\$100 copay, waived if admitted and after annual out-of-pocket maximum is reached
Maternity:	Not covered
Preventive Care - General:	\$25 or \$75 copay for basic HealthyCheck screenings. No charge after deductible.
Drug Benefits:	Generic: \$10 copay. Brand: 100% of negotiated fee until the \$500 brand-name deductible has been met. After deductible, \$30 copay if a generic equivalent is not available. Injectable Drugs: 30% of negotiated fee.
HSA Compatible:	No
Note: Please note that premium rates may be subject to change based on responses to application questions, age of applicant(s) and/or scheduled rate adjustments. Overview of coverage and member's share of costs (after deductible, if any).	<input type="button" value="Apply!"/>

[Security Information](#) [Legal/Privacy](#)

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