EXHIBIT F

Balance plans

Underwritten by Blue Shield of California Life & Health Insurance Company.

Uniform Health Plan Benefits and Coverage Matrix

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE *POLICY FOR INDIVIDUALS AND FAMILIES* SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

	Balance Plan 1000	Balance Plan 1700	Balance Plan 2500
Deductible*	$1,000 ($2,000 family)	$1,700 ($3,400 family)	$2,500 ($5,000 family)
Copayments	$30 with preferred providers Not applicable with non-preferred providers	$30 with preferred providers Not applicable with non-preferred providers	$30 with preferred providers Not applicable with non-preferred providers
Coinsurance	30% with preferred providers, 50% with non-preferred providers	30% with preferred providers, 50% with non-preferred providers	30% with preferred providers, 50% with non-preferred providers
Calendar-year copayment/coinsurance maximum (includes the plan deductible – some services do not apply)	Services with preferred providers: $5,500 ($11,000 family) Services with all providers: $8,500 ($17,000 family)	Services with preferred providers: $6,500 ($13,000 family) Services with all providers: $9,500 ($19,000 family)	Services with preferred providers: $7,500 ($15,000 family) Services with all providers: $10,500 ($21,000 family)
Lifetime maximum	$6,000,000	$6,000,000	$6,000,000

* Benefits for covered brand-name drugs are subject to a separate brand-name drug deductible per person per calendar year. Balance plans have a $500 brand-name drug deductible. Blue Shield Life's payments for brand-name prescriptions are limited to $2,500 per calendar year.

The benefits below apply to all Balance plans.

• Plan benefits provided before you need to meet any medical deductible are shown below with a dot. For all benefits without a dot, you are responsible for all charges up to the allowable amount or billed charges with preferred and non-preferred providers until the deductible is met. At that point, you will be responsible for the copayment or coinsurance noted in the chart below when accessing preferred and non-preferred providers.

Covered services Subject to the plan deductible, unless noted.	Member copayments **With preferred providers,[1] you pay**	**With non-preferred providers,[1] you pay**
Professional services		
Office visits	$30[2] •	50%
Preventive care		
Annual routine physical exam, well-baby care office visits, and gynecological exam office visit (includes Pap test or other approved cervical cancer screening tests, routine mammography and immunizations when received as part of the annual exam or preventive care visit)	$30[2] •	Not covered
Outpatient services		
Non-emergency services and procedures	30%	50%[2,3]
Outpatient surgery in hospital	$250/visit + 30%	50%[2,3]
Outpatient surgery performed in an ambulatory surgery center (ASC)[4]	30%	50%[2]
Outpatient or out-of-hospital X-ray and laboratory	30%	50%

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Covered services Subject to the plan deductible unless noted.	Member copayments **With preferred providers,[1] you pay**	**With non-preferred providers,[1] you pay**
Other		
Pregnancy and maternity care		
Outpatient prenatal and postnatal care	Not covered	Not covered
Delivery and all necessary inpatient hospital services	Not covered	Not covered
Family planning		
Consultations, tubal ligation, vasectomy, elective abortion	30%	Not covered
Rehabilitation services (up to 20 visits per calendar year combined with speech therapy visits)		
Provided in the office of a physician or physical therapist	30%	50%
Chiropractic services (up to 15 visits per calendar year combined with acupuncture – Blue Shield's payment is limited to $25)	50%	Not covered
Acupuncture (up to 15 visits per calendar year combined with acupressure and chiropractic – Blue Shield's payment is limited to $25)	50%	50%
Out-of-state services (Full range of benefits as listed in this table with the BlueCard Program)	30% with BlueCard participating providers	50% with all other providers

Please note: Benefits are subject to modification for subsequently enacted state or federal legislation. Balance Plans 1000, 1700, and 2500 are subject to regulatory approval.

- Plan benefits provided before you need to meet the medical deductible.

1 Member is responsible for copayment or coinsurance in addition to any charges above allowable amounts. The coinsurance indicated is a percentage of the allowable amounts. Preferred providers accept Blue Shield allowable amounts as payment in full for covered services. Non-preferred providers can charge more than these amounts. When members use non-preferred providers, they must pay the applicable copayment or coinsurance plus any charges that exceed Blue Shield's allowable amount. Charges above the allowable amount do not count toward the copayment/coinsurance maximum.

2 These copayments/coinsurance do not count toward the copayment/coinsurance maximum, and will continue to be charged once the copayment/coinsurance maximum is reached.

3 For non-emergency hospital services and supplies received from a non-preferred hospital, Blue Shield's payment is limited to $250 per day. Member is responsible for all charges that exceed $250 per day.

4 Participating ASCs may not be available in all areas. Regardless of their availability, you can obtain outpatient surgery services from a hospital, or an ASC affiliated with a hospital with payment according to your health plan's hospital services benefits. The maximum allowed charge for non-emergency surgery and services performed in a non-participating ASC is $300 per day. Members are responsible for 50% of this $300 per day, plus all charges in excess of $300.

5 Bariatric surgery is covered when pre-authorized by Blue Shield. However, for members residing in Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara, and Ventura counties ("designated counties"), bariatric surgery services are covered only when performed at designated contracting bariatric surgery facilities and by designated contracting surgeons; coverage is not available for bariatric services from any other preferred provider, and there is no coverage for bariatric services from non-preferred providers. In addition, if prior authorized by Blue Shield, a member in a designated county who is required to travel more than 50 miles to a designated bariatric surgery facility will be eligible for limited reimbursement for specified travel expenses for the member and one companion. See Policy for details.

6 If a member requests a brand-name drug or the physician indicates "dispense as written" (DAW) for a prescription when an equivalent generic drug is available, and the brand-name drug deductible has been satisfied, the member pays the generic copayment plus the cost difference between the brand and generic drug. Prescription coverage differs for home self-injectables. See Policy for details. Blue Shield Life's payments for brand-name prescriptions are limited to $2,500 per calendar year.

7 All covered durable medical equipment, orthoses, and prostheses have a combined benefit maximum of $5,000 per member per calendar year, except those services covered under the diabetes care benefit. See Policy for details.

8 Blue Shield has contracted with a specialized healthcare service plan to act as our mental health services administrator (MHSA). The MHSA provides mental health and chemical dependency services, other than inpatient services for medical acute detoxification, through a separate network of MHSA participating providers. Inpatient medical acute detoxification is a medical benefit provided by Blue Shield preferred or non-preferred (not MHSA) providers.

9 For MHSA participating providers, initial visit treated as if the condition were a severe mental illness or serious emotional disturbance of a child. For MHSA non-participating providers, initial visit treated as an MHSA participating provider.

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Covered services Subject to the plan deductible unless noted.	Member copayments **With preferred providers,[1] you pay**	**With non-preferred providers,[1] you pay**
Hospitalization services		
Inpatient physician visits and consultations, surgeons and assistants, and anesthesiologists	30%	50%
Inpatient semiprivate room and board, services and supplies, and subacute care	30%	50%[2,3]
Bariatric surgery inpatient services (pre-authorization required; medically necessary surgery for weight loss only for morbid obesity)	30%	50%[2,3]
Emergency health coverage		
Emergency room services ($100 copayment/visit waived if the member is admitted directly to the hospital as an inpatient)	$100/visit + 30% ●	$100/visit + 30% ●
ER physician visits	30%	30%
Ambulance services (surface or air)	30%	30%
Prescription drug coverage[4] (outpatient)	**At participating pharmacies** (up to a 30-day supply)	**Mail service prescriptions** (up to a 60-day supply)
Generic formulary drugs	$10/prescription[2] ●	$20/prescription[2] ●
Formulary brand-name drugs	$35/prescription[2]	$70/prescription[2]
Non-formulary brand-name drugs	$50 or 50%, whichever is greater/prescription[2]	$100 or 50%, whichever is greater/prescription[2]
Brand-name drug deductible (brand-name drugs are subject to a brand-name drug deductible per person, per calendar year)	$500	
Blue Shield Life's payments for brand-name prescriptions are limited to $2,500 per calendar year.		
	With preferred providers,[1] you pay	**With non-preferred providers,[1] you pay**
Durable medical equipment[7]	30%	50%
	With MHSA participating providers,[1,5] you pay	**With MHSA non-participating providers,[1,5] you pay**
Mental health services		
Inpatient hospital facility services	30%	50%[2,3]
Inpatient physician services	30%	50%
Outpatient visits for severe mental health conditions	$30[2] ●	50%
Outpatient visits for non-severe mental health conditions (up to 20 visits per calendar year combined with chemical dependency visits)[7]	30%	Not covered
Chemical dependency services (outpatient)		
Inpatient hospital facility services for medical acute detoxification	30%	50%[2,3]
Inpatient physician services for medical acute detoxification	30%	50%
Outpatient visits (up to 20 visits per calendar year combined with non-severe mental health visits)[7]	30%	Not covered
	With preferred providers,[1] you pay	**With non-preferred providers,[1] you pay**
Home health services (up to 90 pre-authorized visits per calendar year)	30%	Not covered