

The Gold 80 PPO plan from Blue Shield of California, effective January 1, 2025, provides coverage for individuals and families with an overall deductible of \$0 for participating providers and \$5,500 for non-participating providers, while certain services have no specific deductibles. Preventive care is covered without requiring the deductible to be met, and the out-of-pocket limit is set at \$8,700 per individual and \$17,400 per family for in-network services, with significantly higher limits for out-of-network services. It is important to note that copayments, premiums, and non-covered healthcare do not contribute to the out-of-pocket limit. Utilizing network providers results in lower costs, and no referrals are necessary to see specialists.

Cost-sharing for common medical events varies greatly between participating and non-participating providers; for example, a primary care visit costs \$35 with a network provider but incurs 50% coinsurance with a non-network provider. Preventive services are free with network providers but are not covered with non-network providers. Diagnostic tests and outpatient surgeries have different cost-sharing structures, and preauthorization is required for certain services to avoid non-payment. Prescription drug coverage includes multiple tiers with varying copayments and preauthorization requirements for select medications.

Excluded services under this plan include chiropractic care, hearing aids, non-emergency care outside the U.S., and adult dental and routine eye care, although acupuncture and bariatric surgery are covered with limitations. The plan also provides rights to continue coverage after termination and outlines grievance and appeals rights for denied claims, including contact information for assistance.

The insurance plan qualifies as Minimum Essential Coverage, encompassing various health insurance options such as those available through the Marketplace, Medicare, Medicaid, CHIP, and TRICARE, but it does not meet Minimum Value Standards, which may allow eligible individuals to receive a premium tax credit for purchasing a plan through the Marketplace. Specific copayments include \$65 for specialist visits and 30% coinsurance for hospital services, with other copayments at

\$40. Coverage examples illustrate potential costs for various medical situations, such as prenatal care, emergency room visits, and diabetes management, detailing total costs and the amounts the insured would pay in deductibles, copayments, and coinsurance. For instance, in a childbirth scenario, the total cost would be \$12,700, with the insured responsible for \$4,000 after cost-sharing. The document emphasizes that these examples are not cost estimators and that actual costs may vary based on the care received. Additionally, Blue Shield of California complies with civil rights laws and offers language assistance services at no extra cost, with resources available online or through customer care for those needing assistance.