

The Blue Shield of California Silver 70 Off Exchange PPO plan, effective January 1, 2025, offers coverage for individuals and families with an overall deductible of \$5,400 for individuals and \$10,800 for families when using participating providers, and \$7,000 for individuals and \$14,000 for families for non-participating providers. Certain preventive services are covered before the deductible is met, while a specific deductible of \$50 per individual and \$100 per family applies to prescription drugs. The out-of-pocket limit is set at \$8,700 per individual and \$17,400 per family for participating providers, with significantly higher limits for non-participating providers. It is important to note that copayments, premiums, and balance-billing charges do not count towards the out-of-pocket limit. Utilizing network providers results in lower costs, and no referrals are necessary to see specialists.

The plan specifies costs for common medical events, such as primary care visits at \$50 per visit with no deductible, specialist visits at \$90, and preventive care at no charge. Non-preventive services may incur costs, with diagnostic tests varying in price—lab tests costing \$50 and imaging services costing \$325. Emergency room visits incur a facility fee of \$400, while urgent care visits cost \$50. Mental health services include outpatient visits at \$50 and inpatient services at 30% coinsurance. Maternity care has no charge for office visits, but childbirth services incur a 30% coinsurance. Certain services require preauthorization, and failure to obtain it may result in non-payment. Excluded services encompass chiropractic care, hearing aids, non-emergency care outside the U.S., cosmetic surgery, and adult dental care. For children, the plan covers eye exams and dental check-ups at no charge, with limitations on glasses and dental services.

For those wishing to continue coverage after it ends, assistance can be sought from the Department of Health and Human Services or through the Health Insurance Marketplace. In the event of a claim denial, policyholders have the right to file a grievance or appeal, with detailed procedures available in the plan documents or through Blue Shield Customer Service. The plan provides Minimum Essential Coverage, which includes various health insurance options, but if it does not meet Minimum Value Standards, individuals may qualify for a premium tax credit for Marketplace plans.

Coverage examples illustrate potential costs for services such as prenatal care, emergency room visits, and diabetes management, detailing total costs and the amounts the insured would pay after deductibles, copayments, and coinsurance. The policy also emphasizes compliance with civil rights laws and offers language assistance services at no additional cost, with further details accessible online or through customer service.