

The Summary of Benefits and Coverage (SBC) for the Blue Shield of California Minimum Coverage PPO plan, effective January 1, 2025, details the cost-sharing structure for covered health care services for individuals and families. The overall deductible is \$9,200 per individual and \$18,400 per family when using participating providers, while for non-participating providers, the deductible is \$18,400 per individual and \$36,800 per family. Certain preventive services are covered without requiring the deductible to be met, although copayments or coinsurance may apply. The out-of-pocket limit is \$9,200 per individual and \$18,400 per family for participating providers, and \$25,000 per individual and \$50,000 per family for non-participating providers; however, copayments, premiums, balance-billing charges, and non-covered health care do not count towards this limit. Utilizing network providers results in lower costs, and no referrals are necessary to see specialists. The plan covers various medical events, with specific costs outlined for services from both participating and non-participating providers. For example, primary care visits and specialist visits are free with participating providers but incur 50% coinsurance with non-participating providers. Emergency room care and urgent care visits are covered at no charge for facility and physician fees, although preauthorization is required for certain services, including outpatient surgeries and some prescription drugs, with non-compliance potentially leading to non-payment of benefits.

Excluded services include chiropractic care, hearing aids, non-emergency care outside the U.S., cosmetic surgery, and adult dental care, among others. Other covered services, such as acupuncture and bariatric surgery, may have limitations. The SBC also outlines members' rights to continue coverage and grievance and appeals rights, directing them to contact Blue Shield Customer Service or relevant state agencies for assistance. The plan provides Minimum Essential Coverage, which encompasses various health insurance options available through the Marketplace, Medicare, and Medicaid. Members are advised that if they are eligible for certain types of Minimum Essential Coverage, they may not qualify for the premium tax credit. The plan does not meet Minimum Value Standards; however, if it did, eligibility for a premium tax credit to assist with purchasing a plan through the Marketplace would be possible. Coverage examples illustrate

potential costs for various medical situations, such as prenatal care, emergency room visits, and managing chronic conditions like diabetes. For instance, in a prenatal care scenario with a total cost of \$12,700, the insured would pay \$9,300 after deductibles and exclusions, while for diabetes management costing \$5,600, the total out-of-pocket would be \$5,200. It is emphasized that these examples are not cost estimators, and actual costs may vary based on specific care received and provider charges. 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.