

The Silver 70 Off Exchange Trio HMO plan from Blue Shield of California, effective January 1, 2025, offers coverage for individuals and families, featuring an overall deductible of \$5,400 for individuals and \$10,800 for families, which must be satisfied before the plan covers most services, although certain preventive services are available without cost-sharing. There is a specific deductible of \$50 for prescription drugs per individual and \$100 per family. The out-of-pocket limit is set at \$8,700 for individuals and \$17,400 for families, excluding copayments for specific services, premiums, and non-covered healthcare. Utilizing network providers results in lower costs, while out-of-network services may incur balance billing, and referrals are necessary to see specialists.

The plan specifies costs for common medical events, such as primary care visits at \$50 and specialist visits at \$90, both of which do not apply toward the deductible. Preventive care is provided at no charge, while diagnostic tests and outpatient surgeries may require preauthorization to avoid non-payment. Emergency room visits incur a facility fee of \$400, and urgent care visits cost \$50. Mental health services have designated copayments, and inpatient services also require preauthorization. Home health care is limited to 100 visits per year, and durable medical equipment is subject to a 20% coinsurance.

Excluded services include chiropractic care, hearing aids, non-emergency care outside the U.S., and adult dental and routine eye care, while other covered services like acupuncture and bariatric surgery may have limitations. For continued coverage after the plan ends, individuals are advised to contact the Department of Health and Human Services or explore options through the Health Insurance Marketplace. The policy also provides rights to file grievances or appeals regarding claim denials, with additional information available in the plan documents.

The insurance policy outlines the medical claims process, including submission, appeals, or grievances, which can be directed to Blue Shield Customer Service at 1-844-250-2873. It confirms that the plan offers Minimum Essential Coverage, encompassing various health insurance types,

including those available through the Marketplace, Medicare, and Medicaid, but does not meet Minimum Value Standards, which may allow eligibility for a premium tax credit for Marketplace plans. The policy reiterates the overall deductible of \$5,400, with specific copayments for specialist visits (\$90), hospital coinsurance (30%), and other services (\$50).

Examples illustrate potential costs for various medical scenarios, such as childbirth, a simple fracture, and diabetes management, detailing total costs and the amounts the insured would pay after deductibles, copayments, and coinsurance. For instance, in the childbirth example, the total cost is \$12,700, with the insured responsible for \$7,900 after cost-sharing. The document emphasizes that these examples are not cost estimators, and actual costs may vary based on the care received and provider charges. Additionally, Blue Shield of California complies with civil rights laws and provides language assistance services at no extra cost, with resources available online or through customer service for those needing assistance.