

The Silver 1750 PPO plan from Blue Shield of California, effective on or after January 1, 2025, offers coverage for individuals and families with an overall deductible of \$1,750 per individual and \$3,500 per family for participating providers, while non-participating providers have a deductible of \$7,000 per individual and \$14,000 per family. Certain preventive services are covered before the deductible is met, and there is a specific deductible of \$300 per individual and \$600 per family for prescription drugs. The out-of-pocket limit is set at \$8,750 per individual and \$17,500 per family for participating providers, and \$25,000 per individual and \$50,000 per family for non-participating providers. It is important to note that copayments, premiums, balance-billing charges, and non-covered healthcare do not count towards the out-of-pocket limit. Utilizing network providers results in lower costs, while out-of-network services may incur balance billing. No referrals are required to see specialists, but costs for common medical events can vary significantly between participating and non-participating providers; for example, a primary care visit costs \$55 with a participating provider and incurs 50% coinsurance with a non-participating provider. Preventive care is free with participating providers but not covered with non-participating providers, and prescription drug costs vary by tier, with Tier 1 drugs costing \$20 at retail for participating providers, while non-participating providers do not cover these costs.

Inpatient and outpatient services require preauthorization, and failure to obtain it may result in non-payment of benefits. Excluded services include cosmetic surgery, infertility treatment, and adult dental care, while other covered services like acupuncture and chiropractic care may have limitations. The plan outlines rights to continue coverage and grievance and appeals rights, with resources available for assistance. Policyholders can file a grievance or appeal regarding claim denials, and detailed information about rights and the process for submitting claims, appeals, or grievances is available in the plan documents and the explanation of benefits for specific medical claims. For assistance, Blue Shield Customer Service can be reached at 1-888-256-3650, or individuals can contact the California Department of Managed Health Care Help at 1-888-466-2219 or visit their website. The plan provides Minimum Essential Coverage, which includes various health

insurance options such as those available through the Marketplace, Medicare, and Medicaid; however, qualifying for certain types of Minimum Essential Coverage may affect eligibility for premium tax credits. The plan does not meet Minimum Value Standards, which may make individuals eligible for premium tax credits for Marketplace plans. Coverage examples illustrate potential costs for various medical situations, such as prenatal care, emergency room visits, and diabetes management, showing total costs and amounts the insured would pay after deductibles, copayments, and coinsurance. These examples are not cost estimators but serve to help compare potential costs across different health plans. Blue Shield of California adheres to civil rights laws and offers language assistance services at no additional cost, with nondiscrimination and language assistance notices available online. For copies of these notices, individuals can contact Customer Care.