

The Platinum 90 Trio HMO plan from Blue Shield of California, effective on or after January 1, 2025, provides coverage for individuals and families with an overall deductible of \$0. Preventive services are covered without cost-sharing prior to meeting the deductible. The out-of-pocket limit is set at \$4,500 per individual and \$9,000 per family for services rendered by participating providers, although certain exclusions such as copayments, premiums, and non-covered healthcare expenses do not count towards this limit. Utilizing network providers results in lower costs, while out-of-network services may incur higher charges and potential balance billing. Referrals are necessary to consult specialists.

For common medical events, costs for participating providers include a \$15 copayment for primary care visits, \$30 for specialist visits, and no charge for preventive care. Preauthorization is required for diagnostic tests, outpatient surgeries, and hospital stays, with failure to obtain it potentially leading to non-payment. Emergency room visits incur a facility fee of \$150, while urgent care visits cost \$15. Mental health services follow a similar copayment structure, with preauthorization needed for most outpatient services. Excluded services encompass chiropractic care, hearing aids, non-emergency care outside the U.S., and adult dental and eye care, while other covered services like acupuncture and bariatric surgery may have limitations.

The plan offers Minimum Essential Coverage but does not meet Minimum Value Standards. Policyholders retain rights to continue coverage and appeal claims denials, with resources available for assistance. Cost-sharing examples illustrate the financial responsibilities of insured individuals, such as a total estimated cost of \$12,700 for prenatal care and hospital delivery, with the insured responsible for \$900 after copayments and exclusions. Similarly, managing Type 2 diabetes may total \$5,600, with a \$700 responsibility, and a simple fracture could total \$2,800, with a \$500 responsibility. These examples highlight the cost-sharing amounts, including deductibles, copayments, and coinsurance, but actual costs may vary based on care received and provider charges. The policy also includes notices regarding nondiscrimination and language assistance

services, affirming compliance with civil rights laws and offering support at no additional cost. For further details, policyholders can access additional information online or contact customer care for assistance.