

The Silver 2600 HDHP PPO plan from Blue Shield of California, effective January 1, 2025, offers coverage for individuals and families, featuring an overall deductible of \$2,600 for individuals and \$5,200 for families when using participating providers, while non-participating providers have higher deductibles of \$5,200 per individual and \$10,400 per family. Preventive care services are covered before the deductible is met, typically without cost-sharing. The out-of-pocket limit is set at \$6,850 for individuals and \$13,700 for families with participating providers, with significantly higher limits for non-participating providers. Certain expenses, including copayments, premiums, and non-covered healthcare, do not contribute to this 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 a 35% coinsurance for primary care visits with participating providers and 50% with non-participating providers. Preventive services are free with participating providers but not covered with non-participating providers. Diagnostic tests and outpatient surgeries have varying coinsurance rates, with preauthorization required for certain services to avoid non-payment. Emergency care incurs a 35% coinsurance for facility fees, while physician fees are covered at no charge. Mental health services, maternity care, and rehabilitation services are included with specific coinsurance rates and preauthorization requirements.

Excluded services encompass cosmetic surgery, infertility treatment, adult dental care, and routine eye care for adults, while other covered services like acupuncture and chiropractic care may have limitations. The policy grants rights to continue coverage after termination and outlines grievance and appeals rights for denied claims, providing contact information for assistance. Policyholders can reach Blue Shield Customer Service at 1-888-256-3650 or the California Department of Managed Health Care Help at 1-888-466-2219 for further details.

The plan offers Minimum Essential Coverage, which includes various health insurance options such as those available through the Marketplace, Medicare, and Medicaid, but does not meet Minimum

Value Standards, potentially making policyholders eligible for a premium tax credit when purchasing a plan through the Marketplace. The overall deductible remains at \$2,600, with a specialist coinsurance of 35% and similar rates for hospital and other services. Examples illustrate potential costs for different medical situations, such as childbirth, a simple fracture, and managing diabetes, 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 paying \$6,200 after cost-sharing. It is emphasized that these examples are not cost estimators, and actual costs may vary based on the care received and provider charges.

Additionally, Blue Shield complies with civil rights laws and provides language assistance services at no extra cost, with notices available online regarding nondiscrimination and language assistance. Customers can contact Customer Care for further inquiries or to obtain copies of these notices.