

The Platinum 90 PPO plan from Blue Shield of California, effective January 1, 2025, provides coverage for individuals and families with an overall deductible of \$0 for participating providers and \$5,500 for non-participating providers. Certain services do not have specific deductibles, and preventive care is covered before the deductible is met. The out-of-pocket limit is set at \$4,500 per individual and \$9,000 per family for in-network services, with significantly higher limits for out-of-network services. It is important to note that copayments, premiums, and non-covered healthcare do not contribute to the out-of-pocket limit. Utilizing network providers results in lower costs, and no referrals are necessary to see specialists. For common medical events, costs for participating providers include a \$15 copayment for primary care visits and a \$30 copayment for specialist visits, while non-participating providers incur 50% coinsurance. Preventive services are provided at no charge for in-network providers but are not covered out-of-network. Certain services, such as diagnostic tests and outpatient surgeries, may require preauthorization to avoid non-payment. Prescription drug coverage features tiered copayments, with preauthorization needed for select medications.

The plan excludes services like chiropractic care, hearing aids, and adult dental care, while offering limited coverage for acupuncture and bariatric surgery. Members retain rights to continue coverage after termination and can seek assistance for grievances or appeals through designated agencies. For further information, members are encouraged to refer to the complete terms of coverage or contact customer service. The plan qualifies as Minimum Essential Coverage, encompassing various health insurance options, including those available through the Marketplace, Medicare, Medicaid, CHIP, and TRICARE. However, eligibility for a premium tax credit may be affected if members qualify for certain types of Minimum Essential Coverage. The plan does not meet Minimum Value Standards, which could otherwise allow qualification for a premium tax credit when purchasing a plan through the Marketplace.

Examples of covered services include prenatal care, childbirth, emergency room visits, and routine

care for chronic conditions such as diabetes. For instance, childbirth costs total \$12,700, with the insured responsible for \$1,500 after deductibles, copayments, and coinsurance. Managing diabetes would incur a total cost of \$5,600, with the insured paying \$700, while an emergency room visit would total \$2,800, resulting in a \$500 payment by the insured. These examples illustrate potential costs but are not definitive cost estimators, as actual expenses may vary based on specific care received and provider charges. Additionally, the plan emphasizes compliance with civil rights laws and offers language assistance services at no extra cost, with notices regarding nondiscrimination and language assistance available online. Customers can contact support for further assistance.