Full PPO Combined Deductible 10-250 90/70

Coverage Period: Beginning On or After 1/1/2024 Coverage for: Individual + Family | Plan Type: PPO

Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket</u> <u>limit</u> for this <u>plan</u> ?	\$1,750 per individual / \$3,500 per family for <u>participating providers</u> ; \$3,250 per individual / \$6,500 per family for <u>non-participating providers</u> .	The out-offybood/RXIRXSDWHVHH\$HQHVWHGRIDFRXQVWRDUGWH
Will you pay less if you use a <u>network provider</u> ?	Yes. See <u>blueshieldca.com/fad</u> or call 1-888-256-1915 for a list of <u>network</u> <u>providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's</u> network. You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the specialist you choose without a referral.

All <u>copayment</u> and <u>coinsurance</u> costs shown in this chart are after your <u>deductible</u> has been met, if a <u>deductible</u> applies. What You Will Pay Common Medical Limitations, Exceptions, & Other Services You May Need Participating Provider Non-Participating Provider Event Important Information (You will pay the most) (You will pay the least) Primary care visit to treat an \$10/visit; deductible does not 30% coinsurance injury or illness apply -----None-----\$15/visit; deductible does not If you visit a health Specialist visit 30% coinsurance apply care <u>provider's</u> office or clinic

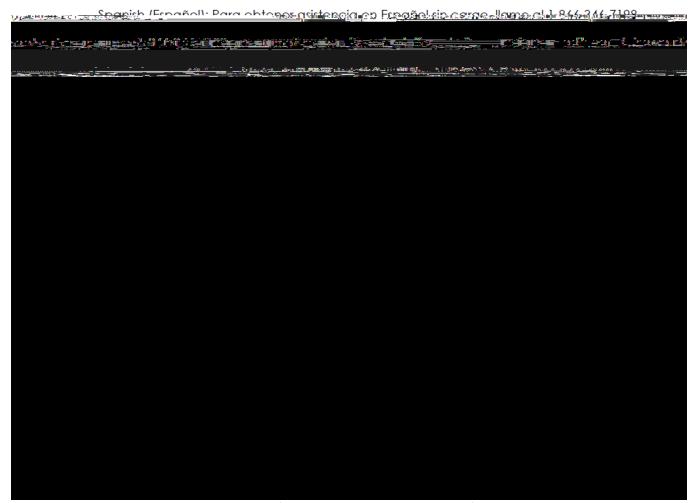
<sup>\*</sup> For more information about limitations and exceptions, see the plan or policy document at <a href="https://www.bscabook.com/M0034158\_EOC.pdf">www.bscabook.com/M0034158\_EOC.pdf</a>.

Common Medical Event	Services You May Need	What You Participating Provider (You will pay the least)	Will Pay  Non-Participating Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit 10/visit; deductible does not apply Other Outpatient Servibles Charge Partial Hospitalization Charge Psychological Testing Charge	OfficeVisit 30% coinsurance Other Outpatient Service:	Preauthorization is required except for office visits and office-based opioid treatment. Failure to obtain preauthorization may result in nonpayment of benefits.
	Inpatient services	Physician Inpatient Servic 10% coinsurance Hospital Services% coinsurance Residential Cafe% coinsurance	ı	

<sup>\*</sup> For more information about limitations and exceptions, see the plan or policy document at <a href="https://www.bscabook.com/M0034158">www.bscabook.com/M0034158</a> <a href="https://www.bscabook.com/M0034158">EOC.pdf</a>.

### Language Access Services:

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# PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1146. The time required to complete this information collection is estimated to average 0.08 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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<sup>\*</sup> For more information about limitations and exceptions, see the plan or policy document at <a href="https://www.bscabook.com/M0034158">www.bscabook.com/M0034158</a> <a href="https://www.bscabook.com/M0034158">EOC.pdf</a>.



## NOTICES AVAILABLE ONLINE

### Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: blueshieldca.com/notices.

You can also call for language assistance services: (866) 346-7198 (TTY: 711).

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Care at (888) 256-3650 (TTY: 711).

### Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en blueshieldca.com/notices. Para obtener servicios de asistencia en idiomas, también puede llamar al (866) 346-7198 (TTY: 711).

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Atención al Cliente al (888) 256-3650 (TTY: 711).

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