



<p>Are there other <u>deductibles</u> for specific services?</p>	<p>No.</p>	<p>You don't have to meet <u>deductibles</u> for specific services.</p>
<p>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</p>	<p>\$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>.</p>	<p>The out-of-pocket limit is the maximum amount you will pay for covered services in a plan year. For this plan, the out-of-pocket limit is \$1,750 per individual / \$3,500 per family for participating providers; \$3,250 per individual / \$6,500 per family for non-participating providers.</p>
<p>Will you pay less if you use a <u>network provider</u>?</p>	<p>Yes. See blueshieldca.com/fad or call 1-888-256-1915 for a list of <u>network providers</u>.</p>	<p>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.</p>
<p>Do you need a <u>referral</u> to see a <u>specialist</u>?</p>	<p>No.</p>	<p>You can see the <u>specialist</u> you choose without a <u>referral</u>.</p>

For more information about the details of coverage, visit [blueshieldca.com/fad](#)

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Participating Provider</u> (You will pay the least)	<u>Non-Participating Provider</u> (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$10/visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	-----None-----
	<u>Specialist</u> visit	\$15/visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	

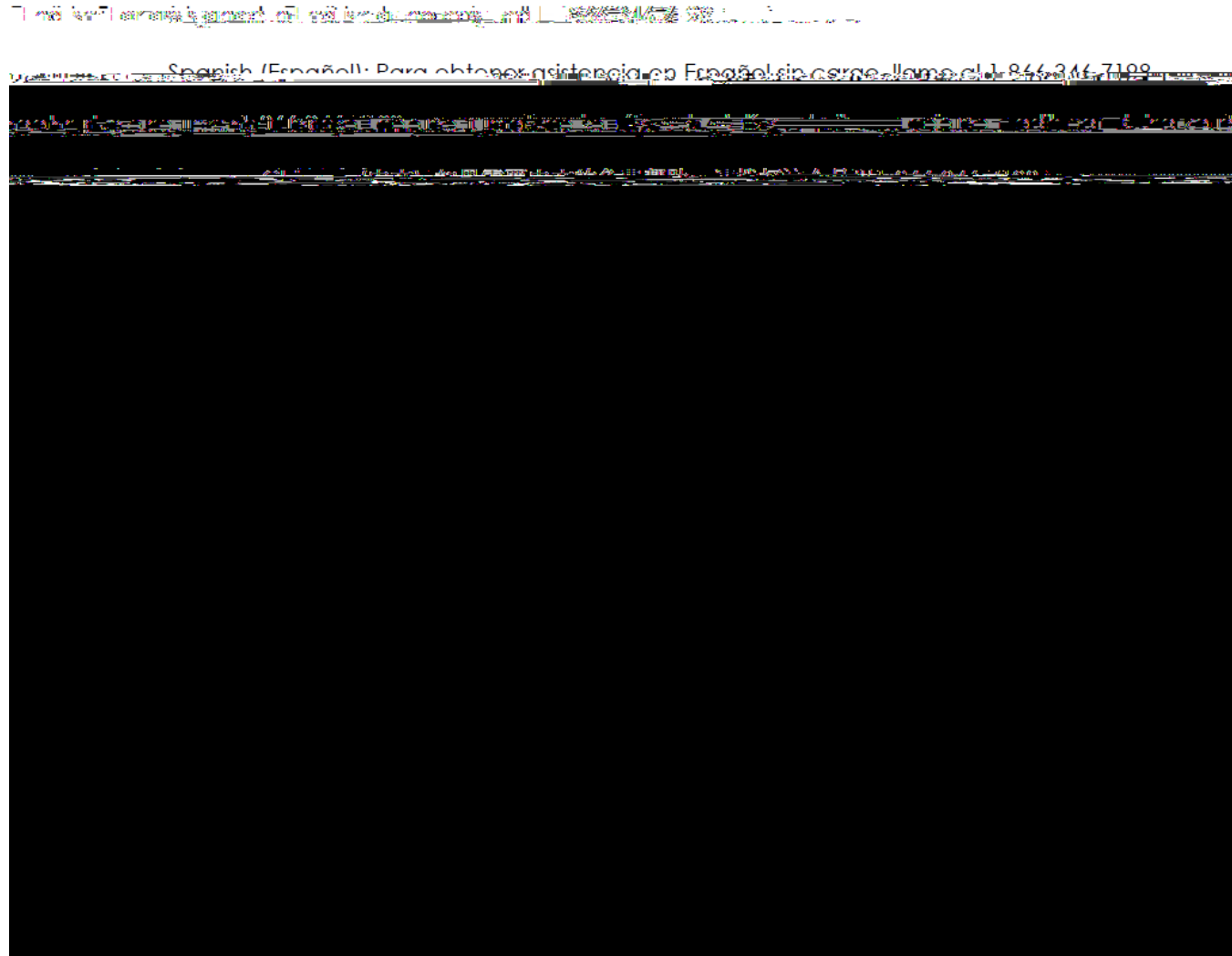
* For more information about limitations and exceptions, see the plan or policy document at www.bscabook.com/M0034158_EOC.pdf.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit \$10/visit; deductible does not apply Other Outpatient Services Charge Partial Hospitalization Charge Psychological Testing Charge	Office Visit 30% coinsurance Other Outpatient Services 30% coinsurance Partial Hospitalization 10% coinsurance subject to a benefit maximum of \$350/day Psychological Testing 10% coinsurance	<u>Preauthorization</u> is required except for office visits and office-based opioid treatment. Failure to obtain <u>preauthorization</u> may result in non-payment of benefits.
	Inpatient services	Physician Inpatient Services 10% coinsurance Hospital Services 15% coinsurance Residential Care 10% coinsurance		

* For more information about limitations and exceptions, see the plan or policy document at www.bscabook.com/M0034158_EOC.pdf.

Blue Shield of California is an independent member of the Blue Shield Association.

Language Access Services:



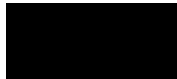
-----To see example of how this plan might cover costs for a sample medical situation, see the next section.-----

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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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