



Individual and Family PPO health plans



Effective
1/25

To get a quote and apply, call us at **(855) 225-1716** or visit **blueshieldca.com/directsales**.

PPO health plans

Get care on your own terms with a Blue Shield of California PPO plan. These plans are designed for members who value their choice of doctors, specialists, and hospitals without the need for a referral. With more than 64,000 doctors and 330 hospitals in our Exclusive PPO Network, Blue Shield of California PPO plans can provide the choice and flexibility you are looking for.

In addition to traditional in-person doctors, members also have the option of speaking with a virtual doctor by video or phone from the comfort of their home. Virtual doctors can provide a wide range of care similar to that provided by in-person doctors, like preventive care, diagnosis of illnesses, prescribe most medications, and more. You'll have access to an entire virtual team of doctors, specialists, and health coaches that you can connect with anytime, making it easier than ever to receive prompt attention. To find Exclusive PPO Network doctors and hospitals in your area, visit **blueshieldca.com/networkifpppo**.

Costs for covered services are always lowest when using network providers. However, PPO plans will often cover some of the cost from providers who don't participate in our Exclusive PPO Network.

Stay covered when you travel

Whether you're traveling for work or pleasure, every Blue Shield PPO plan comes with BlueCard® and Blue Shield Global Core to give you access to emergency and urgent care

throughout the U.S. as well as when traveling abroad.

Talk to a doctor anywhere, anytime

Teladoc Health provides 24/7/365 access to a national network of U.S. board-certified doctors, pediatricians, and mental health professionals who can be consulted on a variety of medical and mental health issues, and even prescribe certain medications via phone or online video consultations. And best of all, there is no copay for this service. It's also available prior to meeting the medical deductible on most plans (except HDHP plans). That means Teladoc Health can be a fast and cost-effective alternative to a visit to the emergency room or urgent care center.

Financial assistance

You may be eligible for financial assistance to help pay your monthly premiums for any Blue Shield plan offered through Covered California (except the Minimum Coverage PPO plan).^{*} Visit **blueshieldca.com/assistance** to check your eligibility, or contact your Blue Shield sales representative to guide you through the qualification process.

Looking for an HMO plan instead?

If you prefer an HMO plan with access to a quality network of doctors and hospitals – and typically for a lower monthly premium – we may offer our Trio HMO plans in your area. For more information on our HMO plans, call us at **(855) 225-1716** and ask for the HMO version of this brochure or visit **blueshieldca.com/directsales**.

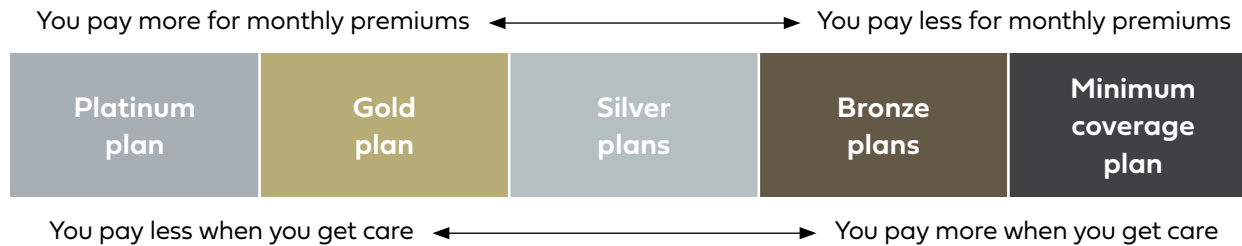


See page 6 for helpful definitions of important medical terms.

^{*} Blue Shield does not determine whether you qualify for a subsidy. If you decide to apply for a plan through Covered California, Covered California will determine your eligibility and actual subsidy amount based on the information you enter in your application.

How to choose your plan

We have a variety of health plans for you to choose from. To choose the right plan for you, consider the right mix of monthly premiums and the cost of care. Generally, the higher your monthly premium, the less you'll pay out of pocket when you get care. If you choose a lower monthly premium, you'll pay more out of pocket when you get care.



Platinum

90

Gold

80

Platinum and Gold plans

Platinum and Gold plans have the highest monthly premiums, but with no deductibles and lower copays than most Blue Shield plans, these plans are a great choice if you think you'll need care more often.

Silver

70

Silver plans

The Blue Shield Silver 70 PPO plans are a great choice if you see the doctor occasionally and are looking for a good balance between your monthly plan premiums and the cost when you get care.

Silver

1750

If you are looking for a high-value, lower-cost plan offering predictable copays, our Silver 1750 PPO plan could be for you.

Silver

2600

If you're looking for a high-deductible health plan (HDHP) that allows you to contribute toward a health savings account* (HSA), the Blue Shield Silver 2600 HDHP PPO plan may be for you. You can prepare for future medical costs by contributing tax-advantaged money to your own HSA.

Silver

94

Silver

87

We also offer three Silver cost-sharing reduction plans through Covered California that feature lower copays, deductibles, and out-of-pocket maximums for those who meet certain income requirements and other criteria:

Silver

73

- Blue Shield Silver 94 PPO
- Blue Shield Silver 87 PPO
- Blue Shield Silver 73 PPO

Bronze

60

Bronze HDHP

60

Bronze plans

These plans typically have lower monthly premiums, but higher out-of-pocket costs when you get care. They are a great choice if you rarely visit the doctor and want to be protected in case something goes wrong.

The Bronze 60 HDHP PPO plan is an HSA-compatible plan option. You'll pay less on your plan premiums compared with the Silver 2600 HDHP PPO plan in exchange for a higher share of the cost when using services. With the exception of preventive care, all benefits for both plans are subject to the medical deductible.

Minimum Coverage

60

Minimum Coverage PPO plan

To be eligible for this plan, you must be under age 30 or qualify for a hardship exemption through Covered California. This plan is a great choice if you rarely see the doctor and are looking to pay the lowest monthly premium.

* Although most individuals who enroll in an HSA-compatible high-deductible health plan (HDHP) are eligible to open an HSA, you should consult with a financial adviser to determine if an HSA/HDHP is a good financial fit for you. Blue Shield does not offer tax advice for HSAs. HSAs are offered through financial institutions. For more information about HSAs, eligibility, and the law's current provisions, you should ask your financial or tax adviser.

This chart provides details on plan deductibles, copayments, and coinsurance amounts for common services when using network providers. For complete plan details, including non-network benefits, visit blueshieldca.com/policies.

You are responsible for all charges up to the allowed charges amount until the deductible is met (if applicable). Then, you will be responsible for the copayment or coinsurance noted below. Once you reach the plan's out-of-pocket maximum, Blue Shield will pay 100% for most covered services received from Exclusive PPO Network providers.

 = Benefit is available prior to meeting any deductible  = Benefit is subject to a deductible

	Blue Shield Platinum 90 PPO	Blue Shield Gold 80 PPO	Blue Shield Silver 70 Off Exchange PPO	Blue Shield Silver 70 PPO
Plan available through	Blue Shield and Covered California	Blue Shield and Covered California	Blue Shield only	Covered California only
Benefit	With participating providers, members pay: ¹			
Preventive health benefits	\$0	\$0	\$0	\$0
Office visit – primary care physician	\$15	\$35	\$50	\$50
Office visit – specialist doctor	\$30	\$65	\$90	\$90
Teladoc Health visit	\$0	\$0	\$0	\$0
Urgent care visit	\$15	\$35	\$50	\$50
Tier 1 drugs (up to 30-day supply)	\$7	\$15	\$18	\$18
Tier 2 drugs (up to 30-day supply)	\$16	\$60	\$60 ^a	\$60 ^a
Tier 3 drugs (up to 30-day supply)	\$25	\$85	\$90 ^a	\$90 ^a
Tier 4 drugs (up to 30-day supply)	10% (up to \$250 per prescription)	20% (up to \$250 per prescription)	20% (up to \$250 per prescription) ^a	20% (up to \$250 per prescription) ^a
Lab	\$15	\$40	\$50	\$50
X-ray	\$30	\$75	\$95	\$95
Inpatient hospitalization	10%	30%	30%	30%
Outpatient surgery	10%	30%	30%	30%
Emergency room services not resulting in hospital admission	\$150	\$330	\$400	\$400
Ambulance	\$150	\$250	\$255	\$250
Maternity – delivery (hospital)	10%	30%	30%	30%
Pediatric dental exam	\$0	\$0	\$0	\$0
Pediatric eye exam	\$0	\$0	\$0	\$0
Pediatric eyeglasses	1 pair per year	1 pair per year	1 pair per year	1 pair per year
Chiropractic (from an American Specialty Health Plans network chiropractor)	Not covered	Not covered	Not covered	Not covered
Acupuncture (from an American Specialty Health Plans network acupuncturist)	\$15	\$35	\$50	\$50
In-network calendar-year medical deductible ⁶	\$0	\$0	\$5,400 per individual/ \$10,800 per family	\$5,400 per individual/ \$10,800 per family
In-network calendar-year out-of-pocket maximum (includes deductible)	\$4,500 per individual/ \$9,000 per family	\$8,700 per individual/ \$17,400 per family	\$8,700 per individual/ \$17,400 per family	\$8,700 per individual/ \$17,400 per family
In-network calendar-year pharmacy deductible	\$0	\$0	\$50 per individual/ \$100 per family ⁶	\$50 per individual/ \$100 per family ⁶

This chart provides details on plan deductibles, copayments, and coinsurance amounts for common services when using network providers. For complete plan details, including non-network benefits, visit blueshieldca.com/policies.

You are responsible for all charges up to the allowed charges amount until the deductible is met (if applicable). Then, you will be responsible for the copayment or coinsurance noted below. Once you reach the plan's out-of-pocket maximum, Blue Shield will pay 100% for most covered services received from Exclusive PPO Network providers.

 = Benefit is available prior to meeting any deductible  = Benefit is subject to a deductible

	Blue Shield Silver 94 PPO	Blue Shield Silver 87 PPO	Blue Shield Silver 73 PPO	Blue Shield Silver 1750 PPO
Plan available through	Covered California only – Income limits apply	Covered California only – Income limits apply	Covered California only – Income limits apply	Blue Shield only
Benefit	With participating providers, members pay: ¹			
Preventive health benefits	\$0	\$0	\$0	\$0
Office visit – primary care physician	\$5	\$15	\$35	\$55
Office visit – specialist doctor	\$8	\$25	\$85	\$85
Teladoc Health visit	\$0	\$0	\$0	\$0
Urgent care visit	\$5	\$15	\$35	\$55
Tier 1 drugs (up to 30-day supply)	\$3	\$5	\$15	\$20 ⁴
Tier 2 drugs (up to 30-day supply)	\$10	\$25	\$55	\$75 ⁴
Tier 3 drugs (up to 30-day supply)	\$15	\$45	\$85	\$90 ⁴
Tier 4 drugs (up to 30-day supply)	10% (up to \$150 per prescription)	15% (up to \$150 per prescription)	20% (up to \$250 per prescription)	35% (up to \$250 per prescription) ⁴
Lab	\$8	\$20	\$50	\$50
X-ray	\$8	\$40	\$95	35%
Inpatient hospitalization	10%	20%	30%	35%
Outpatient surgery	10%	20%	30%	35%
Emergency room services not resulting in hospital admission	\$50	\$150	\$350	35%
Ambulance	\$30	\$75	\$250	35%
Maternity – delivery (hospital)	10%	20%	30%	35%
Pediatric dental exam	\$0	\$0	\$0	\$0
Pediatric eye exam	\$0	\$0	\$0	\$0
Pediatric eyeglasses	1 pair per year	1 pair per year	1 pair per year	1 pair per year
Chiropractic (from an American Specialty Health Plans network chiropractor)	Not covered	Not covered	Not covered	\$15 (up to 15 visits per year)
Acupuncture (from an American Specialty Health Plans network acupuncturist)	\$5	\$15	\$35	\$55
In-network calendar-year medical deductible ⁶	\$0	\$0	\$0	\$1,750 per individual/ \$3,500 per family
In-network calendar-year out-of-pocket maximum (includes deductible)	\$1,150 per individual/ \$2,300 per family	\$3,000 per individual/ \$6,000 per family	\$6,100 per individual/ \$12,200 per family	\$8,750 per individual/ \$17,500 per family
In-network calendar-year pharmacy deductible	\$0	\$0	\$0	\$300 per individual/ \$600 per family ⁶
















This chart provides details on plan deductibles, copayments, and coinsurance amounts for common services when using network providers. For complete plan details, including non-network benefits, visit blueshieldca.com/policies.

You are responsible for all charges up to the allowed charges amount until the deductible is met (if applicable). Then, you will be responsible for the copayment or coinsurance noted below. Once you reach the plan's out-of-pocket maximum, Blue Shield will pay 100% for most covered services received from Exclusive PPO Network providers.

 = Benefit is available prior to meeting any deductible  = Benefit is subject to a deductible


	Blue Shield Silver 2600 HDHP PPO	Blue Shield Bronze 60 PPO	Blue Shield Bronze 60 HDHP PPO	Blue Shield Minimum Coverage PPO
Plan available through	Blue Shield only	Blue Shield and Covered California	Blue Shield and Covered California	Blue Shield and Covered California
Benefit	With participating providers, members pay: ¹			
Preventive health benefits	\$0	\$0	\$0	\$0
Office visit – primary care physician	35%	\$60	\$0	\$0 for first 3 visits per calendar year prior to deductible, then \$0 after deductible ³
Office visit – specialist doctor	35%	\$95 for first 3 visits per calendar year prior to deductible, then \$95 after deductible ²	\$0	\$0
Teladoc Health visit	\$0	\$0	\$0	\$0
Urgent care visit	35%	\$60	\$0	\$0 for first 3 visits per calendar year prior to deductible, then \$0 after deductible ³
Tier 1 drugs (up to 30-day supply)	35% (up to \$250 per prescription) ⁵	\$19	\$0 ⁵	\$0 ⁵
Tier 2 drugs (up to 30-day supply)	35% (up to \$250 per prescription) ⁵	40% (up to \$500 per prescription) ⁶	\$0 ⁵	\$0 ⁵
Tier 3 drugs (up to 30-day supply)	35% (up to \$250 per prescription) ⁵	40% (up to \$500 per prescription) ⁶	\$0 ⁵	\$0 ⁵
Tier 4 drugs (up to 30-day supply)	35% (up to \$250 per prescription) ⁵	40% (up to \$500 per prescription) ⁶	\$0 ⁵	\$0 ⁵
Lab	35%	\$40	\$0	\$0
X-ray	35%	40%	\$0	\$0
Inpatient hospitalization	35%	40%	\$0	\$0
Outpatient surgery	35%	40%	\$0	\$0
Emergency room services not resulting in hospital admission	35%	40%	\$0	\$0
Ambulance	35%	40%	\$0	\$0
Maternity – delivery (hospital)	35%	40%	\$0	\$0
Pediatric dental exam	\$0	\$0	\$0	\$0
Pediatric eye exam	\$0	\$0	\$0	\$0
Pediatric eyeglasses	1 pair per year	1 pair per year	1 pair per year	1 pair per year
Chiropractic (from an American Specialty Health Plans network chiropractor)	35% (up to 15 visits per year)	Not covered	Not covered	Not covered
Acupuncture (from an American Specialty Health Plans network acupuncturist)	35%	\$60	\$0	\$0 for first 3 visits per calendar year prior to deductible, then \$0 after deductible ³
In-network calendar-year medical deductible ⁶	\$2,600 per individual/ \$5,200 per family	\$5,800 per individual/ \$11,600 per family	\$6,650 per individual/ \$13,300 per family	\$9,200 per individual/ \$18,400 per family
In-network calendar-year out-of-pocket maximum (includes deductible)	\$6,850 per individual/ \$13,700 per family	\$8,850 per individual/ \$17,700 per family	\$6,650 per individual/ \$13,300 per family	\$9,200 per individual/ \$18,400 per family
In-network calendar-year pharmacy deductible	Included in the medical deductible	\$450 per individual/ \$900 per family ⁶	Included in the medical deductible	Included in the medical deductible

Definitions

-  **Allowed charges** – The dollar amount Blue Shield uses to determine payment for covered services.
-  **Benefits (covered services)** – The medically necessary services and supplies covered by the health plan.
-  **Coinsurance** – The percentage amount a member pays for benefits after meeting any calendar-year deductible.
-  **Copayment (copay)** – The fixed dollar amount a member pays for benefits after meeting any applicable calendar-year deductible.
-  **Cost sharing** – Costs for healthcare services that are shared between Blue Shield and the member.
-  **Deductible** – The amount a member pays each calendar year for most covered services before Blue Shield begins to pay. Specific covered services, such as preventive care, are covered before a member reaches the calendar-year deductible.
-  **Formulary** – The list of medications that are approved by the Food and Drug Administration and are selected based on safety, effectiveness, and cost.
-  **HDHP** – High-deductible health plan.
-  **Out-of-pocket maximum** – The combined maximum of the deductible, copayment, and coinsurance amounts for all covered services an individual or family is required to pay each year.
-  **Participating providers/network providers** – A provider (includes doctors and hospitals) that has agreed to contract with Blue Shield to provide covered services to members of a given health plan. A network provider has agreed to accept Blue Shield's contracted rate for covered services.
-  **Premium** – The amount you pay to Blue Shield each month for your health coverage.
-  **Tier 1** – Most generic and low-cost, preferred brand drugs in the *Blue Shield Standard Drug Formulary*.
-  **Tier 2** – Non-preferred generic drugs, preferred brand drugs, or drugs recommended by the Pharmacy & Therapeutics Committee based on drug safety, efficacy, and cost in the *Blue Shield Standard Drug Formulary*.
-  **Tier 3** – Non-preferred brand drugs; drugs recommended by the Pharmacy & Therapeutics Committee based on safety, efficacy, and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier in the *Blue Shield Standard Drug Formulary*.
-  **Tier 4** – Drugs that the Food and Drug Administration or drug manufacturer requires to be distributed by specialty pharmacies; drugs that require training or clinical monitoring for self-administration; or drugs with a plan cost (net of rebates) greater than \$600 for a one-month supply.

Have questions, need a quote, or want to apply?

 Visit blueshieldca.com/directsales

 Call us at **(855) 225-1716**

Your Blue Shield sales representative can help you apply for a Blue Shield plan through Blue Shield or Covered California, California's health plan marketplace.

We also offer dental plans, vision plans,* and life insurance plans* that are available for purchase with or without a health plan. Call us at **(855) 225-1716** for more information or visit blueshieldca.com/directsales.



This is not a contract. All benefit descriptions are an overview of plan benefits. For a detailed description of plan benefits and exclusions, refer to the Evidence of Coverage (EOC). You can also view our Summary of Benefits and Coverage (SBC) forms for easy-to-understand overviews of plan benefits and your financial responsibility when accessing services. Plan EOCs and SBCs are available at blueshieldca.com/policies or by calling us at (888) 256-3650.

We also offer special plans for American Indians and Alaska Natives. Visit coveredca.com for more information.

- ¹ The amounts indicated are a percentage of the allowed charges. Network providers accept Blue Shield's allowed charges as payment in full for covered services.
- ² The first three visits are available for a \$95 copay prior to meeting the calendar-year medical deductible. Members will pay the full contracted rate for subsequent visits until their calendar-year medical deductible has been met. Once the calendar-year medical deductible has been met, members will pay a \$95 copay for specialist office visits.
- ³ The first three visits are available prior to meeting the calendar-year medical deductible and include a combination of primary care physician, physician home visit, urgent care, acupuncture, outpatient mental health, outpatient substance use disorder, and other practitioner visits. Subsequent visits are subject to the calendar-year medical deductible.
- ⁴ Prescription drugs are subject to the calendar-year pharmacy deductible.
- ⁵ Prescription drugs are subject to the calendar-year medical deductible.
- ⁶ Family coverage has an individual deductible within the family deductible. Blue Shield will pay benefits for an individual member on the family plan once the member meets the individual deductible amount. Blue Shield will pay benefits for all covered family members once the family deductible is satisfied. The family deductible can be satisfied when two family members meet their individual deductibles, or when the combined deductible contributions of three or more members reaches the family deductible limit.

* Underwritten by Blue Shield of California Life & Health Insurance Company.

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

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