

# Helpful information: Continuous coverage

Your current plan offered to you, listed below, is being withdrawn and will no longer be available. To help you maintain continuous coverage, we will automatically enroll you into a new plan, effective January 1, 2025.

We have identified a new plan that we recommend as a replacement. To remain in the new plan, just pay your bill as you normally would, and you're all set.

You have other options, including the choice to select other plans from Blue Shield. To discuss your options and which might be a better choice, call your broker or contact Blue Shield's Customer Service team.

## New 2025 plan benefits

Benefit category	Current 2024 plan		New 2025 plan	
	Vital Shield <sup>SM</sup> 2900-G		Bronze 60 PPO	
	Participating providers <sup>1</sup>	Non-participating providers <sup>1</sup>	Participating providers <sup>1</sup>	Non-participating providers <sup>1</sup>
<b>Calendar-year medical deductible<sup>2</sup></b>	\$2,900 per individual		\$5,800 per individual / \$11,600 per family	\$14,100 per individual / \$28,200 per family
<b>Calendar-year out-of-pocket maximum (included in deductible)</b>	\$5,900 per individual	\$8,900 per individual	\$8,850 per individual / \$17,700 per family	\$20,000 per individual / \$40,000 per family
<b>Medical benefits</b>				
<b>Office visit – primary care doctor</b>	\$40 for first 2 visits per calendar year prior to deductible, then \$40 after deductible	50% after deductible	\$60	50% after deductible
<b>Office visit – specialist doctor</b>	0% after deductible	50% after deductible	\$95 (First 3 visits)	50% after deductible
<b>Urgent care visit</b>	0% after deductible	50% after deductible	\$60	50% after deductible
<b>Preventive health services</b>	\$40 per visit	Not covered	\$0	Not covered
<b>Lab – Laboratory center</b>	\$0 after OOPM is met	\$0 after OOPM is met	\$40	50% after deductible
<b>X-ray – Radiology center</b>	\$0 after OOPM is met	\$0 after OOPM is met	40% after deductible	50% after deductible
<b>Outpatient hospital surgery – Facility fee</b>	40% after deductible	50% of up to \$500 per day	40% after deductible	50% after deductible subject to a benefit maximum of \$500 per day plus all charges above \$500 per day

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	Vital Shield <sup>SM</sup> 2900-G		Bronze 60 PPO	
	Participating providers <sup>1</sup>	Non-participating providers <sup>1</sup>	Participating providers <sup>1</sup>	Non-participating providers <sup>1</sup>
Emergency room services not resulting in admission – Facility fee	\$100 per visit + 40%		40% after deductible	
Chiropractic	Not covered	Not covered	Not covered	Not covered
Acupuncture	Not covered	Not covered	\$60 after deductible	50% after deductible
Teladoc consultations	Not covered	Not covered	\$0	Not covered

Benefit category	Current 2024 plan		New 2025 plan	
	Vital Shield <sup>SM</sup> 2900-G		Bronze 60 PPO	
Prescription drug benefits	Participating providers <sup>1</sup>	Non-participating providers <sup>1</sup>	Participating providers <sup>1</sup>	Non-participating providers <sup>1</sup>
Calendar-year pharmacy deductible	Integrated with medical	Not covered	\$450 per individual / \$900 per family	Not covered
Tier 1 drugs (up to 30-day supply)	\$10 per prescription	Not covered	\$19	Not covered
Tier 2 drugs (up to 30-day supply)	\$10 per prescription	Not covered	40% after Rx deductible	Not covered
Tier 3 drugs (up to 30-day supply)	\$10 per prescription	Not covered	40% after Rx deductible	Not covered
Tier 4 drugs (up to 30-day supply) <sup>3</sup>	\$10 per prescription	Not covered	40% after Rx deductible	Not covered

<sup>1</sup> The coinsurance indicated is a percentage of allowable amounts. Participating providers accept Blue Shield's allowable amount as full payment for covered services. Non-participating providers can charge more than these amounts. When members use non-participating providers, they must pay the applicable deductibles, copayments, or coinsurance plus 100% of all charges that exceed Blue Shield's allowable amount.

<sup>2</sup> Family coverage has an individual deductible within the family deductible. This means that the deductible will be met for an individual who meets the individual deductible prior to the family meeting the family deductible within a Calendar Year.

<sup>3</sup> Specialty drugs are limited to a 30-day supply and covered at Tier 4. Specialty drugs are only dispensed by a network specialty pharmacy and are not covered from non-participating pharmacies except in emergency situations.

Important: The chart above is intended to be used to help you compare benefits and is only a high-level summary. Benefits in this table may only be partially described and does not include all pharmacy drug benefits, complete disclosures, limitations, and exclusions. Please review the Summary of Benefits in your Evidence of Coverage (EOC) for benefit details of your plan at [blueshieldca.com/policies](https://blueshieldca.com/policies).



# Helpful information:

## Life events that could impact your coverage

If you or a dependent on your plan have the following upcoming life events, there will be changes to your health coverage that you should consider.

### Having or had a baby recently? Continue newborn coverage within the first 30 days

For the first 30 days of your newborn's life, they will be covered under your coverage until day 31. At that point, your baby will need to have their own policy. We want to make this a smooth and stress-free process. To enroll your newborn and ensure that there is no gap in coverage, contact us as soon as possible at **(800) 660-3007 (TTY: 711)**.

### Dependent turning 19? Continue coverage on new dental and vision plans

The pediatric dental and vision benefits included in your medical plan are available only to members up to age 19. Make sure your whole family continues to have dental and vision coverage by purchasing one of our dental and vision plans. Go to [blueshieldca.com/myIFPplan](https://blueshieldca.com/myIFPplan) to learn more about our plans. To enroll, contact your broker. You can also visit [buyblueshieldca.com](https://buyblueshieldca.com) or call **(800) 660-3007 (TTY: 711)**.

### Dependent turning 26? Enroll in Individual & Family Plan

When your dependents turn 26, they will no longer be eligible for coverage on your medical plan unless they qualify for an extension of coverage past age 26 due to disability. They can get their own individual coverage from Blue Shield or Covered California up to 60 days after their plan ends. To learn about keeping your dependents covered, contact your broker or call **(800) 660-3007 (TTY: 711)**.

### Turning 65? Transition to Blue Shield Medicare

When you transition from an Individual and Family Plan to a Blue Shield Medicare plan, you may be able to save up to \$1,728 a month\* in plan premiums and keep the same doctors that you have with your current plan. A Blue Shield Medicare Adviser can help you understand the Medicare coverage options available to you and help you choose the right plan based on your specific healthcare needs. To learn more, call **(888) 783-4152 (TTY: 711)** or visit [bsca.com/renewal](https://bsca.com/renewal).

\* Actual savings may vary. Savings are based on a comparison of the statewide average monthly rate in 2024 for Blue Shield Individual and Family Plan (IFP) PPO members over the age of 65 and a \$0 plan premium Medicare Advantage Plan. Monthly plan rates can depend on your plan, age, and where you live.