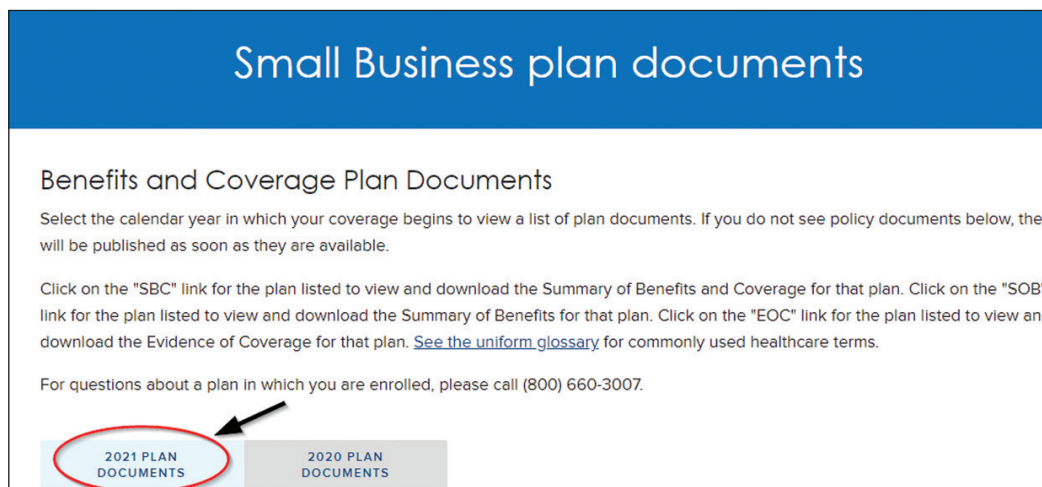


blue of california

- 1) To access the Blue Shield link, click https://www.blueshieldca.com/bsca/bsc/public/member/mp/welcome!/ut/p/z1/04_Sj9CPykssy0xPLMnMz0vMAfljo8zivfy9zQydTQz9LFydnQ0Cvb38HE19jQ0MvMz0w8EKjCw8LTwMDAy93EOcjQ0c3V0djd0sQo0tTEz0o4jRb4AD0BoQpx-Pgij8xofrR4GV4PMBITMKckNDIwwyHQHjLe_F/dz/d5/L2dBISEvZ0FBIS9nQSEh/p0/IZ7_JOK61C41N0SG00QKFLJ7FP0000=CZ6_JOK61C41N8ECC0QKJNA5M300J6=MEformView!SG==/#Z7_JOK61C41N0SG00QKFLJ7FP0000. This will bring up this screen below, where you can choose between 2020 and 2021 SBCs. (This example uses the 2021 SBCs)



Small Business plan documents

Benefits and Coverage Plan Documents

Select the calendar year in which your coverage begins to view a list of plan documents. If you do not see policy documents below, they will be published as soon as they are available.

Click on the "SBC" link for the plan listed to view and download the Summary of Benefits and Coverage for that plan. Click on the "SOB" link for the plan listed to view and download the Summary of Benefits for that plan. Click on the "EOC" link for the plan listed to view and download the Evidence of Coverage for that plan. [See the uniform glossary](#) for commonly used healthcare terms.

For questions about a plan in which you are enrolled, please call (800) 660-3007.

2021 PLAN DOCUMENTS **2020 PLAN DOCUMENTS**

- 2) Click on the plan for which you would like an SBC or you can use the search bar to find the plan. Select a document that you need among the three options that offered to you. Please note: EOC is Evidence of Coverage. (This example uses Blue Shield Bronze 60 PPO 6300/65 + Child Dental plan).




2021 Benefit and Plan documents

Medical Plans

Search for Medical plan documents

Search for Medical plan documents

▼ **Blue Shield Bronze 60 PPO 6300/65 + Child Dental** ▼

 [SBC \(English\) - PDF](#)  [SBC \(Español\) - PDF](#)  [EOC \(English\) - PDF](#)

► [Blue Shield Bronze 60 PPO 6300/65 + Child Dental \(for Covered California\)](#) ▼

► [Blue Shield Bronze 60 PPO 6300/65 + Child Dental - INF](#) ▼

► [Blue Shield Bronze 60 PPO 6300/65 + Child Dental - INF \(for Covered California\)](#) ▼

► [Blue Shield Gold 80 PPO 350/25 + Child Dental](#) ▼

► [Blue Shield Gold 80 PPO 350/25 + Child Dental \(for Covered California\)](#) ▼



- 3) The SBC for that plan will appear in a new window. Select “Save Page As” command or “Download” icon in browser (see below picture) and you can choose where to store PDF file on your computer. Note: commands may vary based on operating system and browser type.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

blue shield of california

Blue Shield Bronze 60 PPO 6300/65 + Child Dental

Coverage Period: Beginning On or After 1/1/2021
Coverage for: Individual + Family | Plan Type: PPO

Important Questions and Answers:

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$6,300 per individual / \$12,600 per family for participating providers. \$6,300 per individual / \$12,600 per family for non-participating providers.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care and services listed in your complete terms of coverage.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at healthcare.gov/coverage/preventive-care-benefits .
Are there other deductibles for specific services?	Yes. Prescription drugs -- \$500 per individual / \$1,000 per family. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	\$8,200 per individual / \$16,400 per family for participating providers. \$13,250 per individual / \$26,500 per family for non-participating providers.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Copayments for certain services, premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See blueshieldca.com/fad or call 1-855-258-3744 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.