



- 1) To access the Blue Shield link, click <https://www.blueshieldca.com/memberwebapp/welcome/documents/sg>. This will bring up this screen below, where you can choose between 2024 and 2025 SBC's.
(This example uses the 2025 SBC's)

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 "EOC/SOB" link for the plan listed to view and download the Combined Evidence of Coverage and Summary of Benefits document 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.

2025 PLAN DOCUMENTS **2024 PLAN DOCUMENTS**

2025 Benefit and Plan documents

Medical Plans

Search for Medical plan documents

Search for Medical 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 are offered to you. Please note: EOC is Evidence of Coverage. (This example uses Blue Shield Access+ Gold 80 HMO 250/35 PCP + Child Dental).

2025 Benefit and Plan documents

Medical Plans

Search for Medical plan documents

Search for Medical plan documents

▼ **Blue Shield Access+ Gold 80 HMO 250/35 PCP + Child Dental** ▼

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



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

hild_Dental_M0037415_01-25_SBC (1).pdf

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100%

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

blue shield of california

Blue Shield Access+ Gold 80 HMO+ 250/35 PCP + Child Dental

Coverage Period: Beginning On or After 1/1/2025

Coverage for: Individual + Family | Plan Type: HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit [bsca.com/policies/M0037415_EOC.pdf](#) or call 1-888-319-5999. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [healthcare.gov/coverage/preventive-care-benefits](#) or call 1-866-444-3272 to request a copy.

Important Questions	Answers	Why This Matters
What is the overall deductible?	\$250 per individual / \$500 per family for 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?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$7,800 per individual / \$15,600 per family for 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 limit 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, 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 1-888-319-5999 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?	Yes.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.

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