blue CALIFORNIA

Individual and Family Plans: PPO Health Plans

Effective 1/2027

PPO health plans

With a Blue Shield of California PPO plan, you can get care your way. These plans let you choose your own doctors, specialists, and hospitals without the need for a referral. With access to over 71,000 doctors and 325 hospitals in our Exclusive PPO Network, our PPO plans can provide the choice and flexibility you are looking for.

In addition to traditional in-person doctors, members can also get care from a doctor by video or phone from the comfort of their home. To find in-person and virtual Exclusive PPO Network doctors, visit blueshieldca.com/networkifpppo. For a list of medical groups and hospitals in your area, visit blueshieldca.com/ppo-providers.

How to choose your plan
We have a variety of PPO plans to choose from. To find the right plan for you, think about how much you are willing to pay for your monthly premium and when you get 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 will likely pay more out of pocket when you get care. Choose the plan that feels like the right balance for you.

Financial assistance
You may be eligible for government financial assistance to help pay your monthly premiums for any Blue Shield plan offered through Covered California (except the Minimum Coverage PPO plan). For example, a family of four living in Orange County and earning $125,000 per year could qualify for $737 in monthly subsidies.* Or a single individual age 30 living in Los Angeles County and earning $40,000 per year could qualify for $171 in monthly subsidies. Visit blueshieldca.com/getblue to check your eligibility, or contact your broker or Blue Shield to guide you through the next steps.

* Family of four subsidy is based on two adults age 40 and two kids ages 10 and 13. For illustrative purposes only. Covered California determines subsidy eligibility and amount.

		Blue Shield Minimum Coverage PPO	Bronze 7250 PPO	Blue Shield Bronze 60 HDHP PPO
Plan can be purchased through		Blue Shield and Covered California	Blue Shield only	Blue Shield and Covered California
Benefit amounts reflect member costs when receiving care from in-network providers				
Deductibles and maximum out-of-pocket				
Calendar year medical deductible		$12,000 per individual / $24,000 per family[1]	$7,250 per individual / $14,500 per family[1]	$7,800 per individual / $15,600 per family[1]
Calendar year pharmacy deductible		Included in the medical deductible	Included in the medical deductible	Included in the medical deductible
Calendar year out-of-pocket maximum[3]		$12,000 per individual / $24,000 per family	$11,650 per individual / $23,300 per family	$7,800 per individual / $15,600 per family
Care from your providers (physician services)				
Primary care	Preventive care	$0	$0	$0
	Office visit (in-person or telehealth)	$0 for first 3 visits per calendar year prior to deductible, then $0 after deductible[4]	$65 for first 3 in-person visits per calendar year prior to deductible, then $0 after deductible[4]	$0 (subject to deductible)
	Virtual Blue℠ program	Not covered	$0	Not covered
Specialist	Office visit (in-person or telehealth)	$0 (subject to deductible)	$95 for first 3 in-person visits per calendar year prior to deductible, then $0 after deductible[4]	$0 (subject to deductible)
	Virtual Blue℠ program	Not covered	$0	Not covered
Mental health / substance use disorders	Office visit (in-person or telehealth)	$0 for first 3 visits per calendar year prior to deductible, then $0 after deductible[4]	$65 for first 3 in-person visits per calendar year prior to deductible, then $0 after deductible[4]	$0 (subject to deductible)
	Virtual Blue℠ program	Not covered	$0	Not covered
Labs and tests (diagnostic X-ray, imaging, pathology, and laboratory services)				
Laboratory and pathology services at a laboratory center		$0 (subject to deductible)	$70	$0 (subject to deductible)
Basic imaging services (including X-rays and ultrasounds) at an outpatient radiology center		$0 (subject to deductible)	50% (subject to deductible)	$0 (subject to deductible)

		Blue Shield Minimum Coverage PPO	Bronze 7250 PPO	Blue Shield Bronze 60 HDHP PPO
Emergency and urgent care services				
Emergency room	Physician services	$0	50% (subject to deductible)	$0 (subject to deductible)
	Facility services (waived if admitted to the hospital)	$0 (subject to deductible)	50% (subject to deductible)	$0 (subject to deductible)
Urgent care center services	(in-person or telehealth)	$0 for first 3 visits per calendar year prior to deductible, then $0 after deductible[4]	$65 for first 3 in-person visits per calendar year prior to deductible, then $0 after deductible[4] $0 for Virtual Blue℠ visits	$0 (subject to deductible)
Care at the hospital (inpatient and outpatient services in a hospital setting)				
Inpatient	Physician services	$0 (subject to deductible)	50% (subject to deductible)	$0 (subject to deductible)
	Facility services	$0 (subject to deductible)	50% (subject to deductible)	$0 (subject to deductible)
Outpatient	Physician services	$0 (subject to deductible)	50% (subject to deductible)	$0 (subject to deductible)
	Facility services	$0 (subject to deductible)	50% (subject to deductible)	$0 (subject to deductible)
Dental and vision care for kids (pediatric dental and vision for children up to age 19)				
Dental	Oral exam	$0	$0	$0
	Preventive cleaning	$0	$0	$0
	Topical fluoride	$0	$0	$0
Vision	Comprehensive eye exam	$0	$0	$0
	Glasses (collection frames)[6]	$0 (subject to deductible)	$0	$0
	Contacts (hard or soft, elective or non-elective)	$0 (subject to deductible)	$0	$0
Prescription drugs from your local network pharmacy or Amazon Pharmacy home delivery				
Contraceptive drugs and devices	30 day supply	$0	$0	$0
	90 day supply home delivery	$0	$0	$0

		Blue Shield Minimum Coverage PPO	Bronze 7250 PPO	Blue Shield Bronze 60 HDHP PPO
Tier 1	30 day supply	$0 (subject to deductible)	$10 per prescription	$0 (subject to deductible)
	90 day supply home delivery	$0 (subject to deductible)	$30 per prescription	$0 (subject to deductible)
Tier 2	30 day supply	$0 (subject to deductible)	50% (up to $500 per prescription and subject to deductible)	$0 (subject to deductible)
	90 day supply home delivery	$0 (subject to deductible)	50% (up to $1,500 per prescription and subject to deductible)	$0 (subject to deductible)
Tier 3	30 day supply	$0 (subject to deductible)	50% (up to $500 per prescription and subject to deductible)	$0 (subject to deductible)
	90 day supply home delivery	$0 (subject to deductible)	50% (up to $1,500 per prescription and subject to deductible)	$0 (subject to deductible)
Tier 4	30 day supply	$0 (subject to deductible)	50% (up to $500 per prescription and subject to deductible)	$0 (subject to deductible)
	90 day supply home delivery	$0 (subject to deductible)	50% (up to $1,500 per prescription and subject to deductible)	$0 (subject to deductible)
Additional features				
Health savings account (HSA) eligible	Consult with your financial or tax advisor if you have questions about HSAs	Yes	Yes	Yes
Out-of-state care coverage	BlueCard® service area	Limited coverage – refer to the *Evidence of Coverage*	All covered services – refer to the *Evidence of Coverage*	Limited coverage – refer to the *Evidence of Coverage*
Other professional services	Teladoc Health consultation	$0	$0	$0
	Chiropractic services	Not covered	50% (subject to deductible, 15 visits per member per calendar year)	Not covered

		Blue Shield Bronze 60 PPO	Silver 2800 HDHP PPO	Silver 1850 PPO
Plan can be purchased through		Blue Shield and Covered California	Blue Shield only	Blue Shield only
Benefit amounts reflect member costs when receiving care from in-network providers				
Deductibles and maximum out-of-pocket				
Calendar year medical deductible		$5,800 per individual / $11,600 per family[1]	Individual plan: $2,800 Family plan: $3,500 for an individual / $5,600 for the family[2]	$1,850 per individual / $3,700 per family[1]
Calendar year pharmacy deductible		$450 per individual / $900 per family[1]	Included in the medical deductible	$350 per individual / $700 per family[1]
Calendar year out-of-pocket maximum[3]		$11,650 per individual / $23,300 per family	$8,700 per individual / $17,400 per family	$11,500 per individual / $23,000 per family
Care from your providers (physician services)				
Primary care	Preventive care	$0	$0	$0
	Office visit (in-person or telehealth)	$60	35% (subject to deductible)	$55
	Virtual Blue℠ program	Not covered	$0	$0
Specialist	Office visit (in-person or telehealth)	$100 for first 3 visits per calendar year prior to deductible, then $100 after deductible[5]	35% (subject to deductible)	$85
	Virtual Blue℠ program	Not covered	$0	$0
Mental health / substance use disorders	Office visit (in-person or telehealth)	$60	35% (subject to deductible)	$55
	Virtual Blue℠ program	Not covered	$0	$0
Labs and tests (diagnostic X-ray, imaging, pathology, and laboratory services)				
Laboratory and pathology services at a laboratory center		$50	35% (subject to deductible)	$50
Basic imaging services (including X-rays and ultrasounds) at an outpatient radiology center		40% (subject to deductible)	35% (subject to deductible)	35% (subject to deductible)

		Blue Shield Bronze 60 PPO	Silver 2800 HDHP PPO	Silver 1850 PPO
Emergency and urgent care services				
Emergency room	Physician services	$0	$0 (subject to deductible)	35% (subject to deductible)
	Facility services (waived if admitted to the hospital)	40% (subject to deductible)	$150 per visit + 40% (subject to deductible)	$300 per visit + 40% (subject to deductible)
Urgent care center services	(in-person or telehealth)	$60 per visit	35% (subject to deductible)	$55 per visit
Care at the hospital (inpatient and outpatient services in a hospital setting)				
Inpatient	Physician services	40% (subject to deductible)	35% (subject to deductible)	35% (subject to deductible)
	Facility services	40% (subject to deductible)	40% (subject to deductible)	40% (subject to deductible)
Outpatient	Physician services	40% (subject to deductible)	35% (subject to deductible)	35% (subject to deductible)
	Facility services	40% (subject to deductible)	35% (subject to deductible)	35% (subject to deductible)
Dental and vision care for kids (pediatric dental and vision for children up to age 19)				
Dental	Oral exam	$0	$0	$0
	Preventive cleaning	$0	$0	$0
	Topical fluoride	$0	$0	$0
Vision	Comprehensive eye exam	$0	$0	$0
	Glasses (collection frames)[6]	$0	$0	$0
	Contacts (hard or soft, elective or non-elective)	$0	$0	$0
Prescription drugs from your local network pharmacy or Amazon Pharmacy home delivery				
Contraceptive drugs and devices	30 day supply	$0	$0	$0
	90 day supply home delivery	$0	$0	$0
Tier 1	30 day supply	$20 per prescription	$20 per prescription (subject to deductible)	$20 per prescription
	90 day supply home delivery	$60 per prescription	$60 per prescription (subject to deductible)	$60 per prescription

		Blue Shield Bronze 60 PPO	Silver 2800 HDHP PPO	Silver 1850 PPO
Tier 2	30 day supply	40% (up to $500 per prescription and subject to pharmacy deductible)	40% (up to $250 per prescription and subject to deductible)	$75 per prescription (subject to pharmacy deductible)
	90 day supply home delivery	40% (up to $1,500 per prescription and subject to pharmacy deductible)	40% (up to $750 per prescription and subject to deductible)	$225 per prescription (subject to pharmacy deductible)
Tier 3	30 day supply	40% (up to $500 per prescription and subject to pharmacy deductible)	40% (up to $250 per prescription and subject to deductible)	$150 per prescription (subject to pharmacy deductible)
	90 day supply home delivery	40% (up to $1,500 per prescription and subject to deductible)	40% (up to $750 per prescription and subject to deductible)	$450 per prescription (subject to pharmacy deductible)
Tier 4	30 day supply	40% (up to $500 per prescription and subject to pharmacy deductible)	40% (up to $250 per prescription and subject to deductible)	35% (up to $250 per prescription and subject to pharmacy deductible)
	90 day supply home delivery	40% (up to $1,500 per prescription and subject to pharmacy deductible)	40% (up to $750 per prescription and subject to deductible)	35% (up to $750 per prescription and subject to pharmacy deductible)
Additional features				
Health savings account (HSA) eligible	Consult with your financial or tax advisor if you have questions about HSAs	Yes	Yes	No
Out-of-state care coverage	BlueCard® service area	Limited coverage – refer to the *Evidence of Coverage*	All covered services – refer to the *Evidence of Coverage*	All covered services – refer to the *Evidence of Coverage*
Other professional services	Teladoc Health consultation	$0	$0	$0
	Chiropractic services	Not covered	35% (subject to deductible, 15 visits per member per calendar year)	$15 per visit (15 visits per member per calendar year)

		Blue Shield Silver 70 PPO	Silver 70 Off Exchange PPO	Blue Shield Silver 73 PPO
Plan can be purchased through		Blue Shield and Covered California	Blue Shield only	Covered California only
Benefit amounts reflect member costs when receiving care from in-network providers				
Deductibles and maximum out-of-pocket				
Calendar year medical deductible		$4,700 per individual / $9,400 per family[1]	$4,700 per individual / $9,400 per family[1]	$4,700 per individual / $9,400 per family[1]
Calendar year pharmacy deductible		$50 per individual / $100 per family[1]	$50 per individual / $100 per family[1]	$50 per individual / $100 per family[1]
Calendar year out-of-pocket maximum[3]		$11,650 per individual / $23,300 per family	$11,650 per individual / $23,300 per family	$9,600 per individual / $19,200 per family
Care from your providers (physician services)				
Primary care	Preventive care	$0	$0	$0
	Office visit (in-person or telehealth)	$50	$50	$50
	Virtual Blue℠ program	Not covered	Not covered	Not covered
Specialist	Office visit (in-person or telehealth)	$100	$100	$100
	Virtual Blue℠ program	Not covered	Not covered	Not covered
Mental health / substance use disorders	Office visit (in-person or telehealth)	$50	$50	$50
	Virtual Blue℠ program	Not covered	Not covered	Not covered
Labs and tests (diagnostic X-ray, imaging, pathology, and laboratory services)				
Laboratory and pathology services at a laboratory center		$50	$50	$50
Basic imaging services (including X-rays and ultrasounds) at an outpatient radiology center		$95	$95	$95
Emergency and urgent care services				
Emergency room	Physician services	$0	$0	$0
	Facility services (waived if admitted to the hospital)	$400 per visit	$400 per visit	$400 per visit
Urgent care center services	(in-person or telehealth)	$50 per visit	$50 per visit	$50 per visit

		Blue Shield Silver 70 PPO	Silver 70 Off Exchange PPO	Blue Shield Silver 73 PPO
Care at the hospital (inpatient and outpatient services in a hospital setting)				
Inpatient	Physician services	30%	30%	30%
	Facility services	30% (subject to deductible)	30% (subject to deductible)	30% (subject to deductible)
Outpatient	Physician services	30%	30%	30%
	Facility services	30%	30%	30%
Dental and vision care for kids (pediatric dental and vision for children up to age 19)				
Dental	Oral exam	$0	$0	$0
	Preventive cleaning	$0	$0	$0
	Topical fluoride	$0	$0	$0
Vision	Comprehensive eye exam	$0	$0	$0
	Glasses (collection frames)[6]	$0	$0	$0
	Contacts (hard or soft, elective or non-elective)	$0	$0	$0
Prescription drugs from your local network pharmacy or Amazon Pharmacy home delivery				
Contraceptive drugs and devices	30 day supply	$0	$0	$0
	90 day supply home delivery	$0	$0	$0
Tier 1	30 day supply	$20 per prescription	$20 per prescription	$20 per prescription
	90 day supply home delivery	$60 per prescription	$60 per prescription	$60 per prescription
Tier 2	30 day supply	$65 per prescription (subject to pharmacy deductible)	$65 per prescription (subject to pharmacy deductible)	$55 per prescription (subject to pharmacy deductible)
	90 day supply home delivery	$195 per prescription (subject to pharmacy deductible)	$195 per prescription (subject to pharmacy deductible)	$165 per prescription (subject to pharmacy deductible)
Tier 3	30 day supply	$95 per prescription (subject to pharmacy deductible)	$95 per prescription (subject to pharmacy deductible)	$95 per prescription (subject to pharmacy deductible)
	90 day supply home delivery	$285 per prescription (subject to pharmacy deductible)	$285 per prescription (subject to pharmacy deductible)	$285 per prescription (subject to pharmacy deductible)

		Blue Shield Silver 70 PPO	Silver 70 Off Exchange PPO	Blue Shield Silver 73 PPO
Tier 4	30 day supply	20% (up to $250 per prescription and subject to pharmacy deductible)	20% (up to $250 per prescription and subject to pharmacy deductible)	20% (up to $250 per prescription and subject to pharmacy deductible)
	90 day supply home delivery	20% (up to $750 per prescription and subject to pharmacy deductible)	20% (up to $750 per prescription and subject to pharmacy deductible)	20% (up to $750 per prescription and subject to pharmacy deductible)
Additional features				
Health savings account (HSA) eligible	Consult with your financial or tax advisor if you have questions about HSAs	No	No	No
Out-of-state care coverage	BlueCard® service area	Limited coverage – refer to the *Evidence of Coverage*	Limited coverage – refer to the *Evidence of Coverage*	Limited coverage – refer to the *Evidence of Coverage*
Other professional services	Teladoc Health consultation	$0	$0	$0
	Chiropractic services	Not covered	Not covered	Not covered

		Blue Shield Silver 87 PPO	Blue Shield Silver 94 PPO	Blue Shield Gold 80 PPO	Blue Shield Platinum 90 PPO
Plan can be purchased through		Covered California only	Covered California only	Blue Shield and Covered California	Blue Shield and Covered California
Benefit amounts reflect member costs when receiving care from in-network providers					
Deductibles and maximum out-of-pocket					
Calendar year medical deductible		$1,100 per individual / $2,200 per family[1]	$200 per individual / $400 per family[1]	$0	$0
Calendar year pharmacy deductible		$50 per individual / $100 per family[1]	$0	$0	$0
Calendar year out-of-pocket maximum[3]		$4,000 per individual / $8,000 per family	$3,000 per individual / $6,000 per family	$9,600 per individual / $19,200 per family	$5,500 per individual / $11,000 per family
Care from your providers (physician services)					
Primary care	Preventive care	$0	$0	$0	$0
	Office visit (in-person or telehealth)	$15	$5	$40	$20
	Virtual Blue℠ program	Not covered	Not covered	Not covered	Not covered
Specialist	Office visit (in-person or telehealth)	$30	$8	$80	$45
	Virtual Blue℠ program	Not covered	Not covered	Not covered	Not covered
Mental health / substance use disorders	Office visit (in-person or telehealth)	$15	$5	$40	$20
	Virtual Blue℠ program	Not covered	Not covered	Not covered	Not covered
Labs and tests (diagnostic X-ray, imaging, pathology, and laboratory services)					
Laboratory and pathology services at a laboratory center		$35	$10	$40	$25
Basic imaging services (including X-rays and ultrasounds) at an outpatient radiology center		$50	$10	$85	$35
Emergency and urgent care services					
Emergency room	Physician services	$0	$0	$0	$0
	Facility services (waived if admitted to the hospital)	$200 per visit	$50 per visit	$350 per visit	$225 per visit
Urgent care center services	(in-person or telehealth)	$15 per visit	$5 per visit	$40 per visit	$20 per visit

		Blue Shield Silver 87 PPO	Blue Shield Silver 94 PPO	Blue Shield Gold 80 PPO	Blue Shield Platinum 90 PPO
Care at the hospital (inpatient and outpatient services in a hospital setting)					
Inpatient	Physician services	20%	10%	30%	10%
	Facility services	20% (subject to deductible)	10% (subject to deductible)	30%	10%
Outpatient	Physician services	20%	10%	30%	10%
	Facility services	20%	10%	20%	10%
Dental and vision care for kids (pediatric dental and vision for children up to age 19)					
Dental	Oral exam	$0	$0	$0	$0
	Preventive cleaning	$0	$0	$0	$0
	Topical fluoride	$0	$0	$0	$0
Vision	Comprehensive eye exam	$0	$0	$0	$0
	Glasses (collection frames)[6]	$0	$0	$0	$0
	Contacts (hard or soft, elective or non-elective)	$0	$0	$0	$0
Prescription drugs from your local network pharmacy or Amazon Pharmacy home delivery					
Contraceptive drugs and devices	30 day supply	$0	$0	$0	$0
	90 day supply home delivery	$0	$0	$0	$0
Tier 1	30 day supply	$10 per prescription	$3 per prescription	$19 per prescription	$10 per prescription
	90 day supply home delivery	$30 per prescription	$9 per prescription	$57 per prescription	$30 per prescription
Tier 2	30 day supply	$30 per prescription (subject to pharmacy deductible)	$10 per prescription	$60 per prescription	$25 per prescription
	90 day supply home delivery	$90 per prescription (subject to pharmacy deductible)	$30 per prescription	$180 per prescription	$75 per prescription
Tier 3	30 day supply	$50 per prescription (subject to pharmacy deductible)	$15 per prescription	$90 per prescription	$45 per prescription
	90 day supply home delivery	$150 per prescription (subject to pharmacy deductible)	$45 per prescription	$270 per prescription	$135 per prescription

		Blue Shield Silver 87 PPO	Blue Shield Silver 94 PPO	Blue Shield Gold 80 PPO	Blue Shield Platinum 90 PPO
Tier 4	30 day supply	15% (up to $150 per prescription and subject to pharmacy deductible)	10% (up to $150 per prescription)	20% (up to $250 per prescription)	10% (up to $250 per prescription)
	90 day supply home delivery	15% (up to $450 per prescription and subject to pharmacy deductible)	10% (up to $450 per prescription)	20% (up to $750 per prescription)	10% (up to $750 per prescription)
Additional features					
Health savings account (HSA) eligible	Consult with your financial or tax advisor if you have questions about HSAs	No	No	No	No
Out-of-state care coverage	BlueCard® service area	Limited coverage – refer to the *Evidence of Coverage*	Limited coverage – refer to the *Evidence of Coverage*	Limited coverage – refer to the *Evidence of Coverage*	Limited coverage – refer to the *Evidence of Coverage*
Other professional services	Teladoc Health consultation	$0	$0	$0	$0
	Chiropractic services	Not covered	Not covered	Not covered	Not covered

This chart provides details on plan deductibles, copayments, and coinsurance amounts for common services when using in-network providers. It is not a contract. For complete plan details, including non-network benefits, refer to the *Evidence of Coverage* available at blueshieldca.com/policies or call us at **(888) 256-3650**.

1 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.

2 For individual plans, you pay the full contracted rate (or "allowable amount") for services subject to the deductible until you reach the $2,800 individual deductible, after which Blue Shield shares costs. For family plans, each person has a $3,500 embedded individual deductible. Blue Shield begins sharing costs for that person once they meet it. Blue Shield begins sharing costs for all family members once the $5,600 family deductible is met, whether by one person or combined family spending.

3 Family coverage includes an individual out-of-pocket maximum (OOPM) within the overall family OOPM. Blue Shield pays 100% for covered services for a family member once that person meets their individual OOPM. Blue Shield pays 100% for all covered family members once the family OOPM is met. The family OOPM can be reached when two members meet their individual OOPM or when the combined OOPM amounts of three or more members reach the family limit.

4 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.

5 The first three visits are available for a $100 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 satisfied. Then, once again, members will pay a $100 copay for specialist office visits.

6 Collection frames are pre-selected frames by the Benefit Administrator, which are fully covered with no out-of-pocket costs. Non-collection frames are other standard retail or designer frames with a fixed allowance.

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

Visit blueshieldca.com/getblue or contact your broker.

Amazon Pharmacy is independent of Blue Shield of California and is contracted to provide prescription home delivery services to members with Blue Shield pharmacy benefits. Members are responsible for their share of costs, as stated in their benefit plan details.

Language Assistance Notice

For assistance in English at no cost, call (866) 346-7198. Para obtener asistencia en español sin cargo, llame al (866) 346-7198. 如果需要中文的免费帮助，请拨打这个号码 (866) 346-7198.

Nondiscrimination Notice

The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。

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