

Changes to Small Business PPO Mirrored plans

Blue Shield of California

As of January 1, 2024

This notice describes the changes to your Blue Shield health coverage upon your group's renewal. This is only a summary. Updates will be made to the *Evidence of Coverage and Health Service Agreement (EOC)*. Please visit the blueshieldca.com/policies site on or after November 1, 2023 for updated terms and conditions of coverage. If you have any questions about the changes listed below, please contact your Blue Shield representative or call Group Employer Services at **(800) 325-5166**.

The following changes are being made to your health plan.

Product Name

Due to plan requirements from the U.S. Department of Health and Human Services (HHS), the following Product Names have been updated to reflect the correct values:

From: Blue Shield Bronze 60 PPO 6300/65 + Child Dental
To: Blue Shield Bronze 60 PPO 6300/60 + Child Dental

Calendar year medical deductible change

The calendar year medical deductible for participating providers will increase for the following plans:

Blue Shield Bronze 60 PPO 6300/60 + Child Dental
When using non-participating providers⁴
From: \$6,300 Individual / \$12,600 Family
To: 12,600 Individual / \$25,200 Family

Calendar-Year Out-of-Pocket Maximum

Consistent with new Federal regulations, the Calendar-year out-of-pocket maximums for participating providers will change for the following plans

Blue Shield Bronze 60 PPO 6300/60 + Child Dental

When using a participating provider³

From: \$8,200 Individual/\$16,400 Family

To: \$9,100 Individual/\$18,200 Family

Blue Shield Bronze 60 PPO 6300/60 + Child Dental

When using any combination of participating³ and non-participating providers⁴

From: \$13,250 Individual / \$26,500 Family

To: 18,200 Individual / \$36,400 Family

Physician Services: Primary care office visit | Physician home visit

In an effort to enhance your plan benefits, cost share for Physician services: Primary care office visit & Physician home visit will increase for the following plans:

Blue Shield Bronze 60 PPO 6300/60 + Child Dental

From: \$65

To: \$60

Other practitioner office visit

The cost share for Other practitioner office visit will change for the following plan:

Blue Shield Bronze 60 PPO 6300/60 + Child Dental

From: \$65

To: \$60

Acupuncture Services

The cost share for Acupuncture Services will change for the following plan:

Blue Shield Bronze 60 PPO 6300/60 + Child Dental

From: \$65

To: \$60

Vasectomy

The cost share for Vasectomy will change for the following plans:

Blue Shield Platinum 90 PPO 0/15 + Child Dental

When using a participating provider³

From: 10%

To: No Charge

Blue Shield Gold 80 PPO 350/25 + Child Dental

From: 20%

To: No Charge

Blue Shield Silver 70 PPO 2500/55 + Child Dental

From: 35%

To: No Charge

Blue Shield Bronze 60 PPO 6300/60 + Child Dental

From: 40%

To: No Charge

Emergency Services: Urgent Care Services

The cost share for Urgent Care Services will change for the following plan:

Blue Shield Bronze 60 PPO 6300/60 + Child Dental

From: \$65

To: \$60

Habilitation & Rehabilitation: Office location | Outpatient department of a Hospital

The cost share for Habilitation & Rehabilitation: Office location | Outpatient department of a Hospital will change for the following plan:

Blue Shield Bronze 60 PPO 6300/60 + Child Dental

From: \$65

To: \$60

Mental Health/Substance Use Disorder Services: Mental Health and Substance Use Disorder Office visit, including physician office visit | Other outpatient services, including intensive outpatient care, Behavioral Health Treatment for pervasive developmental disorder or autism in an office setting, home, or other non-institutional facility setting, and office-based opioid treatment | Partial Hospitalization program | Psychological Testing

The cost share for Mental Health/Substance Use Disorder Services: Mental Health and Substance Use Disorder Office visit, including physician office visit | Other outpatient services | Partial Hospitalization | Psychological Testing will change for the following plans:

Blue Shield Platinum 90 PPO 0/15 + Child Dental

When using a participating provider³

From: 10% up to \$15

To: \$15

Blue Shield Gold 80 PPO 350/25 + Child Dental

From: 20% up to \$25

To: \$25

Blue Shield Silver 70 PPO 2500/55 + Child Dental

From: 30% up to \$55

To: \$55

Blue Shield Bronze 60 PPO 6300/60 + Child Dental

From: 40% up to \$65 per visit deductible applies

To: \$60 per visit deductible does not apply

Prescription Drugs-Retail (30-day supply): Retail Tier 1 Drugs

The cost share for Prescription Drugs-Retail (30-day supply): Retail Tier 1 Drugs will change for the following plan:

Blue Shield Bronze 60 PPO 6300/60 + Child Dental

From: \$18

To: \$17

Prescription Drugs-Retail (90-day supply): Retail Tier 1 Drugs

The cost share for Prescription Drugs-Retail (90-day supply): Retail Tier 1 Drugs will change for the following plan:

Blue Shield Bronze 60 PPO 6300/60 + Child Dental

From: \$54

To: \$51

Prescription Drugs-Mail (for a 31 to 90-day supply): Mail Tier 1 Drugs

The cost share for Prescription Drugs-Mail (90-day supply): Mail Tier 1 Drugs will change for the following plan:

Blue Shield Bronze 60 PPO 6300/60 + Child Dental

From: \$36

To: \$34

The following **changes** have been made to your benefits.

EOC Change: Exclusions and Limitations: General Exclusions and Limitations Table

Personal care items have been revised to clarify specific items or services not covered under medical policies.

From: Member convenience items, such as internet, phones, televisions, guest trays, and personal hygiene items.

To: Member convenience items or services, such as internet, phones, televisions, guest trays, personal hygiene items, and home delivery services.

EOC Change: Exclusions and Limitations: General Exclusions and Limitations Table

Hospital care programs or services provided in a home setting (Hospital-at-home programs) have been added to “General Exclusions and Limitations.”, to clarify benefits not covered under the medical policy.

SOB Change: Other Professional Services

The benefit service “Podiatric services” listed in your SOB has been combined with services available under “Other practitioner office visit.”

From:
Other practitioner office visit
Includes nurse practitioners, physician assistants, and therapists.

To:
Other practitioner office visit
Includes nurse practitioners, physician assistants, therapists, and podiatrists.

EOC Change: Diabetes Care Services: All related necessary supplies for Continuous Blood Glucose Monitors

Language revision to clarify that the continuous blood glucose monitors benefit covers all related necessary supplies for continuous blood glucose monitors.

This change is in the following areas of your EOC:

- Diabetes Care Services: Devices, Equipment, and Supplies
 - Durable Medical Equipment
 - Prescription Drug Benefits
 - Definitions: Drugs
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EOC Change: Diagnostic X-ray, Imaging, Pathology, and Laboratory services: Laboratory and Pathology Services

Diagnostic x-ray, imaging, pathology, and laboratory services known as “Laboratory services” has been reclassified as “Laboratory and pathology services”.

The description of type of care provided by Diagnostic x-ray, imaging, pathology, and laboratory services has been revised to clarify low-cost share, comparably basic services versus more advanced, complex

services. A complete service description can be found in your EOC and SOB, under "Diagnostic x-ray, imaging, pathology, and laboratory services".

From:
Laboratory services
Includes diagnostic Papanicolaou (Pap) test.

To:
Laboratory and pathology services
Includes diagnostic Papanicolaou (Pap) test.

EOC Change: Diagnostic X-ray, Imaging, Pathology, and Laboratory services: Basic Imaging Services

Diagnostic x-ray, imaging, pathology, and laboratory services known as "X-ray and imaging services" has been reclassified as "Basic imaging services".

The description of type of care provided by Diagnostic x-ray, imaging, pathology, and laboratory services has been revised to clarify low-cost share, comparably basic services versus more advanced, complex services. A complete service description can be found in your EOC and SOB, under "Diagnostic x-ray, imaging, pathology, and laboratory services".

From:
X-ray and imaging services
Includes diagnostic mammography.

To:
Basic imaging services
Includes plain film X-rays, ultrasounds, and diagnostic mammography.

EOC Change: Diagnostic X-ray, Imaging, Pathology, and Laboratory services: Other Outpatient Non-Invasive Diagnostic Services

Diagnostic x-ray, imaging, pathology, and laboratory services known as "Other outpatient diagnostic testing" has been reclassified as "Other outpatient non-invasive diagnostic testing".

The description of type of care provided by Diagnostic x-ray, imaging, pathology, and laboratory services has been revised to clarify low-cost share, comparably basic services versus more advanced, complex services. A complete service description can be found in your EOC and SOB, under "Diagnostic x-ray, imaging, pathology, and laboratory services".

From:
Other outpatient diagnostic testing
Testing to diagnose illness or injury such as vestibular function test, EKG, ECG, cardiac monitoring.....

To:
Other outpatient non-invasive diagnostic testing
Testing to diagnose illness or injury such as vestibular function test, EKG, cardiac monitoring.....

EOC Change: Diagnostic X-ray, Imaging, Pathology, and Laboratory services: Advanced Imaging Services

Diagnostic x-ray, imaging, pathology, and laboratory services known as "Radiological and nuclear imaging services" has been reclassified as "Advanced imaging services".

The description of type of care provided by Diagnostic x-ray, imaging, pathology, and laboratory services has been revised to clarify low-cost share, comparably basic services versus more advanced, complex services. A complete service description can be found in your EOC and SOB, under "Diagnostic x-ray, imaging, pathology, and laboratory services".

From:
Radiological and nuclear imaging services

To:
Advanced imaging services
Included diagnostic radiological and nuclear imaging such as CT scans, MRIs, MRAs, and Pet scans.

EOC Change: Home Infusion and Home Injectable Medication Services & PKU Formulas and Special Food Products

Language revision under Home infusion and injectable medication services section to clarify how benefits are administered and to include the description of all Parenteral nutrition formulas in one section with reference to that section within Home infusion and injectable medication services section.

This change is in the following areas of your EOC: Home health services:
Home infusion and home injectable medication services
PKU formulas and special food products

EOC Change: Medical Treatment of the Teeth, Gums, Jaw Joints, and Jaw Bones

Language revision to clarify Medical treatment of the teeth, gums, jaw joints, and jaw bones, "Benefit include:" and "Benefits do not include:" in the EOC, to identify the dental procedures that can be appropriately covered and those that cannot be covered under a member's medical policy rather than under their dental coverage.

This change is in the following areas of your EOC: Medical Treatment of the Teeth, Gums, Jaw Joints, and Jaw Bones
Benefits include:
Benefits do not include:

EOC Change: Physician and Other Professional Services

Language addition to clarify the coverage of radiopharmaceutical medications under the Physician and other professional services section in the EOC.

Benefits include:

- Administration of radiopharmaceutical medications;



NOTICES AVAILABLE ONLINE

Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: blueshieldca.com/notices. You can also call for language assistance services: **(866) 346-7198 (TTY: 711)**.

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Care at **(888) 256-3650 (TTY: 711)**.

Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en blueshieldca.com/notices. Para obtener servicios de asistencia en idiomas, también puede llamar al **(866) 346-7198 (TTY: 711)**.

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Atención al Cliente al **(888) 256-3650 (TTY: 711)**.

非歧視通知和語言協助服務

Blue Shield 遵守適用的州及聯邦政府的民權法。同時，我們免費提供語言協助服務。

如需檢視我司的非歧視通知和語言幫助通知，請造訪 blueshieldca.com/notices。您還可致電尋求語言協助服務：**(866) 346-7198 (TTY: 711)**。

如果您無法造訪上述網站，且希望收到一份非歧視通知和語言幫助通知的副本，請致電客戶服務部，電話：**(888) 256-3650 (TTY: 711)**。