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coverage shouldn't be.



Individual and Family Plans

Effective January 1, 2020

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Hello,

Welcome to the 2020 Broker Sales Guide. This year brings many exciting changes in the market with premium subsidy expansions that will drive even more affordability for many of your clients and new Blue Shield products and programs that bring added-value, quality and choice. We also continue to improve our online tools to make enrolling and servicing your clients faster and easier. With so much to look forward to in this coming year, we want to thank you again for your valued partnership and introduce some exciting portfolio enhancements for 2020.

Changes you and your clients will appreciate

In 2020, you can expect these improvements across our plan portfolio.

Trio HMO expansion and exciting new programs

- > We're expanding the Trio HMO network service area into new counties and ZIP codes and are increasing the number of network providers.
- > We're eliminating the copay for Teladoc, a 24/7 service that allows members to consult doctors via phone or video to treat many of your medical issues.
- > We're also adding access to two programs: Heal™ and Healthy Savings®.
 - Heal allows members access to on-demand doctor house calls at their home, office, or anywhere in a Heal service area.
 - Healthy Savings is a new program that is being rolled out in 2020 for Trio members, providing instant savings at checkout on healthy foods at major grocers including Safeway, Vons, Lucky, Ralphs, Walmart, and more.

New PPO plan

We're excited to introduce a new high-deductible health plan: Silver 2600 HDHP PPO. This plan is the second health savings account (HSA)-compatible plan in our portfolio, and it offers a much lower deductible option compared with our Bronze 60 HDHP PPO plan. It will be our lowest-priced Silver plan and will be available only off exchange.

New dental plans

We are adding two new PPO dental plans, both with the same benefits but one containing orthodontic coverage: the Enhanced Dental PPO 50/2000 that features a low deductible, and a higher annual benefit maximum and the Enhanced Dental PPO 50/2000 Lifetime Ortho 1500 that provides an orthodontics option.

We're focused on the future for California

We closely monitor all proposed state and federal policies. This guide will provide details on some new changes for 2020 including the California individual state tax mandate and the California Premium Subsidy. We're proud of California's recent action to improve access and coverage with state-based premium subsidies, and we are committed to contributing to a healthier future for all Californians.

We're here for you at [Broker Connection](#) to support your efforts during this open enrollment season. I want to thank you for your dedication to Blue Shield and all that you do to help ensure that all Californians have access to affordable health coverage.

Best regards,



Mary Floyd
Individual and Family Plans Area Vice President

Key dates

Open enrollment for 2020 will begin **October 15, 2019**.

We will mail your clients information about any changes to their plan rates and benefits in September, which they should receive by October 1.

Starting October 1, Blue Shield members can renew their plan through our online renewal tool at blueshieldca.com/renew. Off-exchange members can change their plan on the same site, but on-exchange members will need to change their plan through Covered California. New plan selections must be submitted by December 15, 2019, to ensure a January 1, 2020, effective date.

OCTOBER	1	Clients receive information on any changes to their plan's rates and benefits
		Blue Shield's online broker and member renewal tools are available
	15	Open enrollment begins
DECEMBER	15	Final date for new and renewing members to apply for coverage effective 1/1/20
JANUARY	31	Open enrollment ends

State legislative changes

On June 27, 2019, Governor Newsom signed Senate Bill 78 Health into law. This new law requires Covered California to administer financial assistance subsidies so more Californians receive affordable healthcare coverage.

The law also requires all California residents, including spouses, partners, and dependents, to purchase health insurance coverage and maintain essential healthcare coverage for at least nine months of the year. Residents who don't buy health insurance and maintain minimum essential coverage will have to pay an annual penalty on their state taxes.

What it means for your clients

California is the first state to provide state-funded premium assistance, called the California Premium Subsidy, to help Californians pay for healthcare coverage. For those eligible, the California Premium Subsidy sets a limit on how much one pays for their medical premium based on a percentage of their annual income. The amount of premium assistance that Californians can qualify for depends on age, household income and size, and the cost of affordable healthcare coverage in their region. State and federal premium assistance are only available for medical plans purchased through Covered California.

Here's what's changing:

- Californians who earn between **400% to 600% of the Federal Poverty Level (FPL)** (see the chart below) and who were not eligible before for federal premium assistance, or the Advanced Premium Tax Credit (APTC), may now qualify for the California Premium Subsidy.
- Californians who earn between **200% to 400% of FPL** may also be eligible for both federal and state premium assistance and may get an additional California Premium Subsidy to further lower their costs for coverage.
- Californians who make **under 138% of FPL**, but are not eligible for Medi-Cal or Medicare, may be eligible for the California Premium Subsidy.

Household size ¹	Annual income ²					
	600% of FPL	500% of FPL	400% of FPL	300% of FPL	200% of FPL	Up to 138% of FPL
Individual	\$74,940	\$62,450	\$49,960	\$37,470	\$24,980	\$0 - \$17,237
Couple/ 2 people	\$101,460	\$84,550	\$67,640	\$50,730	\$33,820	\$0 - \$23,336
Family of 4	\$154,500	\$128,750	\$103,000	\$77,250	\$51,500	\$0 - \$35,535
Premium contribution level ³	Up to 18% of income	Up to 16% of income	Up to 10% of income	Up to 9% of income	Up to 6% of income	\$1/month

Source: https://health-access.org/wp-content/uploads/2019/06/CA-Budget-Affordability-Assistance-Fact-Sheet_6.24.19.pdf.

1 Based on number of people reported on their tax return.

2 Based on modified adjusted gross income (MAGI).

3 How much your client is expected to contribute toward premium cost. Should not exceed this limit.

How do your clients qualify for the California Premium Subsidy?

As a reminder, the California Premium Subsidy sets a limit on how much one pays for their medical premium based on a percentage of their annual income (see table above). To be eligible for the California Premium Subsidy, your client must meet the following criteria: Earn 600% of the Federal Poverty Level or less, and affordable coverage (the second-lowest-cost silver plan) in your region costs more than your premium contribution level set by the government.

You and your clients can use our subsidy eligibility calculator to find out if they might qualify for premium assistance and get an estimation of their potential subsidy amount. The subsidy eligibility calculator will be available on Broker Connection by October 1.

New for 2020

New PPO medical plan

We're excited to introduce our lowest-priced Silver plan available only off exchange: Silver 2600 HDHP PPO. This plan is the second health savings account (HSA)-compatible plan in our portfolio, and it offers a much lower deductible option compared with our Bronze 60 HDHP PPO plan.

The Silver 2600 HDHP PPO plan is ideal for higher income earners who do not qualify for a federal or state subsidy, individuals who want the freedom of a PPO network, and anyone who is interested in a health savings account.

Compare the benefit highlights of our new Silver 2600 HDHP PPO plan against the Bronze 60 HDHP PPO plan below. For a full description of benefits, [see the Summary of Benefits or Evidence of Coverage](#). For plan rates, [see the rates page](#) on Broker Connection.

	Silver 2600 HDHP PPO	Bronze 60 HDHP PPO
	Plan available through:	
Benefit	Blue Shield only	Blue Shield and Covered California
Network calendar-year medical deductible¹	\$2,600 per individual/\$5,200 per family	\$6,900 per individual/\$13,800 per family
Network calendar-year out-of-pocket maximum (includes deductible)	\$6,850 per individual/\$13,700 per family	\$6,900 per individual/\$13,800 per family
Network calendar-year pharmacy deductible	N/A ²	N/A ²
Preventive health benefits	\$0	\$0
Office visit – primary care physician	35%	0%
Office visit – specialist doctor	35%	0%
Urgent care visit	35%	0%
Tier 1 drugs (up to 30-day supply)	35% (up to \$250 per prescription) ²	0% ²
Tier 2 drugs (up to 30-day supply)	35% (up to \$250 per prescription) ²	0% ²
Tier 3 drugs (up to 30-day supply)	35% (up to \$250 per prescription) ²	0% ²
Tier 4 drugs (up to 30-day supply)	35% (up to \$250 per prescription) ²	0% ²
Lab	35%	0%
X-ray	35%	0%
Inpatient hospitalization	35%	0%
Outpatient surgery	35%	0%
Emergency room services not resulting in hospital admission	35%	0%
Ambulance	35%	0%
Maternity – delivery (hospital)	35%	0%
Acupuncture (from a licensed acupuncturist)	35%	0%

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 All prescription drugs are subject to the calendar-year medical deductible.

Health savings accounts for your clients

What is a health savings account?

A health savings account, or HSA, is an interest-bearing financial account that is owned by the client and used to pay for qualified medical expenses. An account holder can use HSA funds for pre- and post-deductible medical charges during the year. Those who don't have any medical expenses or choose not to use the funds can leave them in the HSA and earn tax-free interest with no annual HSA rollover maximum.

Why should your clients open an HSA?

Enrolling in an HDHP and opening an HSA is a winning strategy in today's complex healthcare system, offering these immediate advantages to your clients:

- HSA deposits are not taxed.
- Income tax liability is lowered.
- Account holders avoid paying federal income tax on contributions.
- Your clients will continue to enjoy advantages with an HDHP/HSA combination:
 - HSA funds roll over from year to year.
 - All interest earned is tax-free.
 - Account-holders keep the funds if they change jobs or coverage.
 - "Best-in-class" investment options are available.

Who is HealthEquity?

HealthEquity is America's oldest and largest dedicated health savings trustee that Blue Shield has partnered with. HealthEquity has helped countless working families build health savings and provided healthcare account administration with innovative technology and online tools, seamless integration with health plans, and 24/7/365 service excellence.

Blue Shield of California currently recommends HealthEquity to your clients who are looking to open a health savings account when enrolling in one of our HSA-eligible, high-deductible health plans.

A note on HSAs

Although most individuals who enroll in an HSA-compatible health plan are eligible to open an HSA, your client should consult with a financial adviser to determine if an HSA/HDHP is a good financial fit for them. Blue Shield does not offer tax advice for HSAs. HSAs are offered through financial institutions. For more information about HSAs, eligibility, and the law's current provisions, your client should ask their financial or tax adviser.

Find out more! Get all the facts – as well as [helpful sales materials](#) – from [Broker Connection](#) now!

New dental plans

We've heard your requests for new PPO dental plans with more features that your clients are asking for. That's why we're pleased to introduce two new PPO dental plans that offer your clients the freedom to choose their dentists from our expansive network of dental providers:

- Enhanced Dental PPO 50/2000 plan
- Enhanced Dental PPO 50/2000 Lifetime Ortho 1500 plan

These two plans are identical except for the orthodontics benefit. The Enhanced Dental PPO 50/2000 Lifetime Ortho 1500 plan has orthodontics coverage while the Enhanced Dental PPO 50/2000 plan does not.

Both plans have a low \$50 per individual deductible and \$2,000 per individual calendar-year benefit maximum. As part of our PPO dental network, administered through Dental Benefit Providers, these plans offer your clients one of the largest PPO dental networks in the state.

Take a look at the benefit highlights below. For a full description of benefits, [see the Summary of Benefits](#). For plan rates, [see the rates page](#) on Broker Connection.

Benefit	Enhanced Dental PPO 50/2000 ¹	Enhanced Dental PPO 50/2000 Lifetime Ortho 1500 ¹
Calendar-year deductible	\$50 per individual / \$150 per family	\$50 per individual / \$150 per family
Calendar-year benefit maximum	\$2,000 per individual	\$2,000 per individual
Diagnostic and preventive services (includes, but is not limited to, cleanings, X-rays, and initial and periodic oral examinations)	0%	0%
Restorative services – fillings (one surface resin composite, anterior)	20% ²	20% ²
Oral surgery (includes, but is not limited to, extraction of erupted tooth or exposed root)	20% ²	20% ²
Removal of impacted tooth (complete bony)	50% ³	50% ³
Root canal (anterior root canal)	50% ³	50% ³
Root canal (molar)	50% ³	50% ³
Crowns (full cast high noble metal)	50% ³	50% ³
Pontic (porcelain fused to high noble metal)	50% ³	50% ³
Periodontal scaling and root planing (4+ teeth)	50% ³	50% ³
Surgical placement of implant body: endosteal implant (procedure code D6010)	50% ³	50% ³
Denture (full upper or lower)	50% ³	50% ³
Orthodontics	Not covered	50% ^{3,4,5}

¹ All covered services are subject to the deductible and for in-network services only.

² There is a six-month waiting period for these services.

³ There is a 12-month waiting period for these services.

⁴ Amounts do not accrue toward the calendar-year benefit maximum.

⁵ The orthodontic benefit is subject to a separate \$50 per person (\$150 per family) deductible and carries a lifetime benefit maximum of \$1,500 per person.

For Trio clients

Doctor house calls are now available from Heal for your Trio HMO clients

With Heal, your Trio clients will be able to have a licensed physician visit them at their home, office, or elsewhere.

PPO members already enjoy access to Heal, and starting January 1, 2020, we'll be extending access to Heal for Trio HMO clients.

Best of all, the first Heal visit will cost \$0 for your Trio HMO clients and subsequent visits will cost the same as a physician office visit copay amount.

Additionally, if a Heal doctor recommends prescription drugs for treatment, Trio members can get same-day/next-day free prescription delivery through Heal. Please note that members are still responsible for paying their prescription copay.

Visit heal.com/cities to see where Heal is available.

Healthy Savings

Blue Shield is excited to offer the Healthy Savings program to Trio HMO plan subscribers, starting January 1, 2020. This program is designed to help your clients eat a healthier diet by offering them discounts on items like milk, whole-grain bread, lean meat, eggs, fruits, vegetables, and more.

We will automatically enroll your Trio HMO clients in the program and send them a membership card in the mail. When they scan their Healthy Savings card or app at the checkout counter of a participating grocery store, they'll instantly receive discounts on eligible healthy foods. That's it!

Once your clients register at blueshieldca.com/YourHealthySavings, they can log in to their account to view their discounts and see participating grocery stores, including Safeway, Vons, Lucky, Ralphs, Walmart, and more.

The Healthy Savings program is available at no extra cost and is for Trio HMO clients only.

Dependents are not eligible for the program. Additionally, your clients who are on our Do Not Contact list will not be enrolled in the program.

Does your client live in a Trio HMO region? Get an instant “yes” or “no”

Is Blue Shield's fastest-growing plan a possible option for your client? You can find out immediately if your prospect is located within the Trio HMO plan service area. Make a quick visit to blueshieldca.com/triocheck, and enter your client's ZIP code. It couldn't be easier!



Shield Concierge

Blue Shield of California's Shield Concierge offers the personalized customer service experience that your clients want. With just one call, members have access to a team of experts, ready to help resolve issues and answer questions clients have about their plan, assist in transferring medical records and pharmacy information, and find providers.

Comprised of registered nurses, social workers, health coaches, pharmacy technicians, and pharmacists, the Shield Concierge team provides information about benefits, doctors, and specialists; coordination of care; case management; and formulary and drug authorizations. The team also works with providers to resolve member issues and to keep members better connected to their physicians.

LifeSpring

LifeSpring provides free meal delivery service for Trio HMO clients experiencing a serious illness.* This program provides your eligible clients with a convenient way to receive nutritious meals in support of their health condition. The Blue Shield Case Manager will work with your clients to determine eligibility and meal service delivery frequency.

Call the Car

In addition to LifeSpring, seriously ill Trio HMO clients can also use Call the Car, a free, non-emergency medical transportation service. Call the Car will take them to medical appointments, dialysis centers, and other healthcare facilities as needed.

Additionally, clients who live alone or are unable to get reliable transportation to medical appointments and back may also be eligible. Please note that your clients will need to check with their Blue Shield Case Manager first to determine their eligibility.

Help for members during a serious illness

Blue Shield of California's Case Managers work closely with clients enrolled in a Trio HMO plan to approve LifeSpring and Call the Car services, available at no extra cost to members.



*Serious illness may include, but is not limited to, chemotherapy treatments, substance abuse, dialysis, hospice, mental illness diagnosis, and client referral to home-based care/services.

Rate changes

[Visit the rates page](#) on Broker Connection to download the 2020 medical and specialty plans rate book.

To keep pace with rising costs and plan utilization trends, there will be modest rate increases for our non-grandfathered medical plans as well as most dental plans. Vision plan rates, however, will decrease significantly.

Medical plan rate changes

Trio HMO plan rates will increase an average of 2.2%, while our PPO plan rates will increase an average of 3.8%.

Our Trio HMO network continues to grow year after year with many Californians realizing that it's health care worthy of our family and friends.

We've made your job easier by identifying the regions where it makes sense to sign your clients up with Trio.

Price position highlights

Trio top 3 Regions 3, 5, 6, 8, 9, 10, 12, 15, 17

PPO top 3 Regions 1, 2, 5, 6, 11, 12, 13, 14

Price position is a comparison of our on-exchange Silver 70 Trio HMO and Silver 70 PPO plans and may change depending on age, income, metal level, plan type, or other factors.

Please consult our comprehensive rate book to see detailed rate information.

Vision and dental plan rate changes

Vision plan rates

Great news! We're lowering our vision plan* rates for the second year in a row. Your clients will see a significant decrease on January 1, 2020. Rates for the Ultimate Vision 15/25/150 plan will decrease by 22.7%, while rates for the Ultimate Vision 15/25/120 plan will decrease by 50.2%.

You can now offer your clients a vision plan for as little as \$6.50 per member per month. There's never been a better time to sell a Blue Shield of California Life & Health Insurance Company vision plan.



Dental plan rates

There will be no rate change for the Dental Standard HMO plan (formerly Enhanced Dental HMO \$0) or the Specialty Duo dentalSM + vision package.

Some of our currently marketed dental plans will experience a rate increase ranging from 7% to 9.9%.

* Underwritten by Blue Shield of California Life & Health Insurance Company.

Specialty Duo dental + vision package is a service mark of Blue Shield of California.

Network updates

Don't forget to [download the new 2020 Trio HMO Plans at a Glance brochure](#) on Broker Connection for details on all our Trio HMO medical plans. It is available in English, Spanish, Chinese, Korean, and Vietnamese. You can also order print versions in English and Spanish through the [online ordering site](#).

Trio ACO HMO Network growth

We are pleased to announce that we are expanding the Trio service area to include Kings and Fresno counties, and we have contracted with Key Medical Group and Kaweah Delta Medical Center to serve members in these areas (as well as Tulare County).

We are also expanding the Trio HMO service area to include additional ZIP codes in Tulare, Riverside, and San Bernardino counties. New network providers in these areas include Empire Physicians Medical Group, Coachella Valley Physicians Inc. (acquired by Empire Physicians Group), and Eisenhower Medical Center.

With these additions, our Trio ACO HMO Network now has 294 hospitals, 5,211 primary care physicians, and 11,703 specialists.

Trio continues to see significant growth throughout the state as members move to the plan. Many PPO plan members have switched to a Trio HMO plan, citing the dependable cost savings as well as the growing quality provider network. You can verify Trio HMO's availability for your clients at blueshieldca.com/triocheck. Simply enter your client's ZIP code for an instant answer.

Once your clients have enrolled in Trio HMO, they can take advantage of our Shield Concierge member service to assist in transferring their medical records and pharmacy information as well as having their plan-related questions answered.

Available in 26 counties throughout California



Alameda (F)	Orange (F)	San Mateo (F)
Contra Costa (F)	Placer (P)	Santa Clara (F)
El Dorado (P)	Riverside (P)	Santa Cruz (F)
Fresno (P)	Sacramento (P)	Solano (P)
Kern (P)	San Bernardino (P)	Stanislaus (P)
Kings (P)	San Diego (P)	Tulare (P)
Los Angeles (P)	San Francisco (F)	Ventura (P)
Marin (P)	San Joaquin (F)	Yolo (P)
Nevada (P)	San Luis Obispo (P)	

(F) = Full coverage

(P) = Partial coverage

PPO network

Our Exclusive PPO (EPPO) Network is stronger than ever. It is still the only statewide PPO network in California for the IFP market and boasts 50,000+ doctors and 320 hospitals. This robust network makes our PPO plans a great choice for clients who value their choice in providers.

The EPPO Network continues to grow. In March of this year, we added University HealthCare Alliance and Lucile Salter Packard Children's physicians to the EPPO network, both having doctors located in Alameda and Contra Costa counties.

Acupuncture network

American Specialty Health Plans (ASH Plans) will administer acupuncture benefits for our PPO plan members. Currently, ASH Plans is already administering these services for your Trio HMO plan clients.

As part of our mission to provide access to high-quality care at an affordable price, Blue Shield of California is implementing a new PPO provider network for acupuncture benefits. ASH Plans will provide the new PPO provider network for your clients enrolled in select plans that include acupuncture benefits, effective January 1, 2020.

Beginning January 1, 2020:

- Network benefits for acupuncture services can be received only from ASH providers.
- The acupuncturist must be contracted with ASH to be considered a network provider for services received on or after January 1, 2020.
- Non-network benefits (higher cost share) will apply if services are received from an acupuncturist who is not in the ASH provider network.
- ASH will handle all administrative aspects from customer service inquiries to claims and payments.

Many of Blue Shield's contracted acupuncturists are already in the ASH network. Those who are not in the ASH network are encouraged to join. We have sent a letter to your client's provider with this information and encourage your client to call their provider to check if they are in the ASH network.

Plan benefit changes

Medical plan changes

There are several benefit changes for 2020 – most of which are mandated by Covered California's standard plan design changes. You will find a summary of key changes by plan in the charts beginning on page 13. For a list of all benefit change details, visit the [2020 Medical Benefits Changes page](#).

Some notable changes include:

- We have eliminated the Teladoc copay for Trio HMO members, allowing them to consult physicians 24/7 via phone or video with a \$0 copay.
- Heal is now available to Trio HMO members, with a no-cost first visit and subsequent visits covered at the regular physician office visit copay.
- All non-grandfathered plans will have an increase in cost share from \$200 to \$250 for oral anti-cancer drugs starting January 1, 2020, per Assembly Bill 1860.

Please note: The following medical benefit plan changes do not reflect any network or non-network daily allowable amounts.

Actuarial Value (AV) calculator

The Affordable Care Act introduced product tiers called metal levels. The Platinum, Gold, Silver, and Bronze metal levels created standardized values for insurance available to the public.

As an example, consumers who purchase a Silver-level plan can expect the insurance company to pay roughly 70% of the total expected medical expenses. Whenever healthcare costs rise, carriers need to make benefit changes to maintain these required metal levels set by the federal government.

The metal determination (actuarial value) is set by the federal government. So, every year the entire insurance industry must re-evaluate its products and make any changes necessary to satisfy the metal requirements.

Any changes made based on the final federal AV calculator affects all carriers both on and off exchange.

Final cost-share changes for on-exchange plans are provided by Covered California, and all carriers on the exchange must maintain the AV requirements for all metal-level plans.

Blue Shield of California makes every effort to keep the changes as minimal as possible. We make our off-exchange cost-share changes strictly to keep plans within the AV requirements.

PPO changes

	Platinum 90 PPO changes	
	2019	2020
	Network	Network
Calendar-year out-of-pocket maximum (individual/family)	\$3,350/\$6,700	\$4,500/\$9,000

	Gold 80 PPO changes			
	2019		2020	
	Network	Non-network	Network	Non-network
Calendar-year out-of-pocket maximum (individual/family)	\$7,200/\$14,400	N/A	\$7,800/\$15,600	N/A
Specialist care office visit	\$55	N/A	\$65	N/A
Lab tests	\$35	N/A	\$40	N/A
X-rays and diagnostic imaging	\$55	N/A	\$75	N/A
Tier 3 prescription drugs	\$75	N/A	\$80	N/A
Emergency room services not resulting in hospital admission	\$325	\$325	\$350	\$350

	Silver 70 PPO and Silver 70 PPO off-exchange changes			
	2019		2020	
	Network	Non-network	Network	Non-network
Calendar-year medical deductible (individual/family)	\$2,500/\$5,000	\$5,000/\$10,000	\$4,000/\$8,000	\$6,500/\$13,000
Calendar-year out-of-pocket maximum (individual/family)	\$7,550/\$15,100	N/A	\$7,800/\$15,600	N/A
Calendar-year pharmacy deductible (individual/family)	\$200/\$400	N/A	\$300/\$600	N/A
Tier 1 prescription drugs	\$15 after pharmacy deductible	N/A	\$16 after pharmacy deductible	N/A
Tier 2 prescription drugs	\$55 after pharmacy deductible	N/A	\$60 after pharmacy deductible	N/A

	Silver 70 PPO and Silver 70 PPO off-exchange changes			
	2019		2020	
	Network	Non-network	Network	Non-network
Tier 3 prescription drugs	\$80 after pharmacy deductible	N/A	\$90 after pharmacy deductible	N/A
Lab tests	\$35	N/A	\$40	N/A
X-rays and diagnostic imaging	\$75	N/A	\$85	N/A
Imaging (e.g., MRI, CT scan)	\$300		\$325	N/A
Emergency room services not resulting in hospital admission	\$350	\$350	\$400	\$400
Ambulance	Copay subject to deductible	Copay subject to deductible	Copay not subject to deductible	Copay not subject to deductible
Outpatient habilitation	\$35	N/A	\$40	N/A

	Silver 73 PPO changes			
	2019		2020	
	Network	Non-network	Network	Non-network
Calendar-year medical deductible (individual/family)	\$2,200/\$4,400	\$5,000/\$10,000	\$3,700/\$7,400	\$6,500/\$13,000
Calendar-year out-of-pocket maximum (individual/family)	\$6,300/\$12,600	N/A	\$6,500/\$13,000	N/A
Calendar-year pharmacy deductible (individual/family)	\$175/\$350	N/A	\$275/\$550	N/A
Lab tests	\$35	N/A	\$40	N/A
X-rays and diagnostic imaging	\$75	N/A	\$85	N/A
Imaging (e.g., MRI, CT scan)	\$300	N/A	\$325	N/A
Tier 1 prescription drugs	\$15 after pharmacy deductible	N/A	\$16 after pharmacy deductible	N/A
Tier 2 prescription drugs	\$50 after pharmacy deductible	N/A	\$55 after pharmacy deductible	N/A
Tier 3 prescription drugs	\$75 after pharmacy deductible	N/A	\$85 after pharmacy deductible	N/A
Emergency room services not resulting in hospital admission	\$350	\$350	\$400	\$400
Ambulance	Copay subject to deductible	Copay subject to deductible	Copay not subject to deductible	Copay not subject to deductible

	Silver 87 PPO changes			
	2019		2020	
	Network	Non-network	Network	Non-network
Calendar-year medical deductible (individual/family)	\$650/\$1,300	\$5,000/\$10,000	\$1,400/\$2,800	\$6,500/\$13,000
Calendar-year out-of-pocket maximum (individual/family)	\$2,600/\$5,200	N/A	\$2,700/\$5,400	N/A
Calendar-year pharmacy deductible (individual/family)	\$50/\$100	N/A	\$100/\$200	N/A
Lab tests	\$15	N/A	\$20	N/A
X-rays and diagnostic imaging	\$30	N/A	\$40	N/A
Tier 2 prescription drugs	\$20 after pharmacy deductible	N/A	\$25 after pharmacy deductible	N/A
Tier 3 prescription drugs	\$35 after pharmacy deductible	N/A	\$45 after pharmacy deductible	N/A
Emergency room services not resulting in hospital admission	\$100	\$100	\$150	\$150
Ambulance	Copay subject to deductible	Copay subject to deductible	Copay not subject to deductible	Copay not subject to deductible
Outpatient rehabilitation	\$10	N/A	\$15	N/A
Outpatient habilitation	\$10	N/A	\$15	N/A

	Silver 94 PPO changes			
	2019		2020	
	Network	Non-network	Network	Non-network
Calendar-year medical deductible (individual/family)	N/A	\$5,000/\$10,000	N/A	\$6,500/\$13,000
Ambulance	Copay subject to deductible	Copay subject to deductible	Copay not subject to deductible	Copay not subject to deductible

	Silver 1950 PPO (formerly Silver 1850 PPO) changes	
	2019	2020
	Network	Network
Plan name	Silver 1850 PPO	Silver 1950 PPO
Calendar-year medical deductible (individual/family)	\$1,850/\$3,700	\$1,950/\$3,900
Calendar-year out-of-pocket maximum (individual/family)	\$7,550/\$15,100	\$7,800/\$15,600

	Silver 1950 PPO (formerly Silver 1850 PPO) changes			
	2019		2020	
	Network		Network	
Calendar-year pharmacy deductible (individual/family)	\$250/\$500		\$300/\$600	
Tier 2 prescription drugs	\$55 after deductible		\$60 after deductible	
Tier 4 prescription drugs	30% up to \$250 after pharmacy deductible		35% up to \$250 after pharmacy deductible	
Oral chemotherapy copay cap	\$200		\$250	
Acupuncture	30% after deductible		35% after deductible	
Outpatient surgery	30% after deductible		35% after deductible	
Emergency room services not resulting in hospital admission	30% after deductible		35% after deductible	
Ambulance	30% after deductible		35% after deductible	
Inpatient hospitalization	30% after deductible		35% after deductible	
Outpatient surgery	30% after deductible		35% after deductible	
Maternity – delivery	30% after deductible		35% after deductible	
Home health care	30% after deductible		35% after deductible	
	Bronze 60 PPO changes			
	2019		2020	
	Network	Non-network	Network	Non-network
Calendar-year out-of-pocket maximum (individual/family)	\$7,550/\$15,100	N/A	\$7,800/\$15,600	N/A
Primary care office visit	\$75 for 1st 3 visits prior to deductible and \$75 after deductible	N/A	\$65 for 1st 3 visits prior to deductible and \$65 after deductible	N/A
Specialist care office visit	\$105 for 1st 3 visits prior to deductible and \$105 after deductible	N/A	\$95 for 1st 3 visits prior to deductible and \$95 after deductible	N/A
Urgent care	\$75 for 1st 3 visits prior to deductible and \$75 after deductible	N/A	\$65 for 1st 3 visits prior to deductible and \$65 after deductible	N/A
X-rays and diagnostic imaging	100% after deductible	N/A	40% after deductible	N/A
Imaging (e.g., MRI, CT scan)	100% after deductible	N/A	40% after deductible	N/A
Tier 1 prescription drugs	100% up to \$500 after pharmacy deductible	N/A	\$18 after pharmacy deductible	N/A

	Bronze 60 PPO changes			
	2019		2020	
	Network	Non-network	Network	Non-network
Tier 2, 3, and 4 prescription drugs	100% up to \$500 after pharmacy deductible	N/A	40% up to \$500 after pharmacy deductible	N/A
Acupuncture	\$75 for 1st 3 visits prior to deductible and \$75 after deductible	N/A	\$65 for 1st 3 visits prior to deductible and \$65 after deductible	N/A
Outpatient surgery	100% after deductible	N/A	40% after deductible	N/A
Emergency room services not resulting in hospital admission	100% after deductible	100% after deductible	40% after deductible	40% after deductible
Ambulance	100% after deductible	100% after deductible	40% after deductible	40% after deductible
Inpatient hospitalization	100% after deductible	N/A	40% after deductible	N/A
Outpatient surgery	100% after deductible	N/A	40% after deductible	N/A
Maternity – delivery	100% after deductible	N/A	40% after deductible	N/A
Home health care	100% after deductible	N/A	40% after deductible	N/A

	Bronze 60 HDHP PPO changes			
	2019		2020	
	Network	Non-network	Network	Non-network
Calendar-year medical deductible (individual/family)	\$6,000/\$12,000	\$12,000/\$24,000	\$6,900/\$13,800	\$13,800/\$27,600
Calendar-year out-of-pocket maximum (individual/family)	\$6,650/\$13,300	N/A	\$6,900/\$13,800	N/A
Primary care office visit	40% after deductible	N/A	0% after deductible	N/A
Specialist care office visit	40% after deductible	N/A	0% after deductible	N/A
Urgent care	40% after deductible	N/A	0% after deductible	N/A
X-rays and diagnostic imaging	40% after deductible	N/A	0% after deductible	N/A
Imaging (e.g., MRI, CT scan)	40% after deductible	N/A	0% after deductible	N/A
Tiers 1-4 prescription drugs	40% up to \$500 after deductible	N/A	0% after deductible	N/A
Acupuncture	40% after deductible	N/A	0% after deductible	N/A

	Bronze 60 HDHP PPO changes			
	2019		2020	
	Network	Non-network	Network	Non-network
Outpatient surgery	40% after deductible	N/A	0% after deductible	N/A
Emergency room services not resulting in hospital admission	40% after deductible	40% after deductible	0% after deductible	0% after deductible
Ambulance	40% after deductible	40% after deductible	0% after deductible	0% after deductible
Inpatient hospitalization	40% after deductible	N/A	0% after deductible	N/A
Outpatient surgery	40% after deductible	N/A	0% after deductible	N/A
Maternity – delivery	40% after deductible	N/A	0% after deductible	N/A
Home health care	40% after deductible	N/A	0% after deductible	N/A

	Minimum Coverage PPO changes			
	2019		2020	
	Network	Non-network	Network	Non-network
Calendar-year medical deductible (individual/family)	\$7,900/\$15,800	\$15,800/\$31,600	\$8,150/\$16,300	\$16,300/\$32,600
Calendar-year out-of-pocket maximum (individual/family)	\$7,900/\$15,800	N/A	\$8,150/\$16,300	N/A

	Platinum 90 Trio HMO changes	
	2019	2020
	Network	Network
Calendar-year out-of-pocket maximum (individual/family)	\$3,350/\$6,700	\$4,500/\$9,000
Teladoc	\$5	\$0

	Gold 80 Trio HMO changes			
	2019		2020	
	Network	Non-network	Network	Non-network
Calendar-year out-of-pocket maximum (individual/family)	\$7,200/\$14,400	N/A	\$7,800/\$15,600	N/A
Specialist care office visit	\$55	N/A	\$65	N/A
Teladoc	\$5	N/A	\$0	N/A

Trio HMO changes

	Gold 80 Trio HMO changes			
	2019		2020	
	Network	Non-network	Network	Non-network
Lab tests	\$35	N/A	\$40	N/A
X-rays and diagnostic imaging	\$55	N/A	\$75	N/A
Tier 3 prescription drugs	\$75	N/A	\$80	N/A
Emergency room services not resulting in hospital admission	\$325	\$325	\$350	\$350

	Silver 70 Trio HMO off-exchange changes			
	2019		2020	
	Network	Non-network	Network	Non-network
Calendar-year medical deductible (individual/family)	\$2,500/\$5,000	N/A	\$4,000/\$8,000	N/A
Calendar-year out-of-pocket maximum (individual/family)	\$7,550/\$15,100	N/A	\$7,800/\$15,600	N/A
Calendar-year pharmacy deductible (individual/family)	\$200/\$400	N/A	\$300/\$600	N/A
Teladoc	\$5	N/A	\$0	N/A
Tier 1 prescription drugs	\$15 after pharmacy deductible	N/A	\$16 after pharmacy deductible	N/A
Tier 2 prescription drugs	\$55 after pharmacy deductible	N/A	\$60 after pharmacy deductible	N/A
Tier 3 prescription drugs	\$80 after pharmacy deductible	N/A	\$90 after pharmacy deductible	N/A
Lab tests	\$35	N/A	\$40	N/A
X-rays and diagnostic imaging	\$75	N/A	\$85	N/A
Imaging (e.g., MRI, CT scan)	\$300	N/A	\$325	N/A
Emergency room services not resulting in hospital admission	\$350	\$350	\$400	\$400
Ambulance	Copay subject to deductible	Copay subject to deductible	Copay not subject to deductible	Copay not subject to deductible

	Silver 73 Trio HMO changes			
	2019		2020	
	Network	Non-network	Network	Non-network
Calendar-year medical deductible (individual/family)	\$2,200/\$4,400	N/A	\$3,700/\$7,400	N/A
Calendar-year out-of-pocket maximum (individual/family)	\$6,300/\$12,600	N/A	\$6,500/\$13,000	N/A
Calendar-year pharmacy deductible (individual/family)	\$175/\$350	N/A	\$275/\$550	N/A
Teladoc	\$5	N/A	\$0	N/A
Lab tests	\$35	N/A	\$40	N/A
X-rays and diagnostic imaging	\$75	N/A	\$85	N/A
Imaging (e.g., MRI, CT scan)	\$300	N/A	\$325	N/A
Tier 1 prescription drugs	\$15 after pharmacy deductible	N/A	\$16 after pharmacy deductible	N/A
Tier 2 prescription drugs	\$50 after pharmacy deductible	N/A	\$55 after pharmacy deductible	N/A
Tier 3 prescription drugs	\$75 after pharmacy deductible	N/A	\$85 after pharmacy deductible	N/A
Emergency room services not resulting in hospital admission	\$350	\$350	\$400	\$400
Ambulance	Copay subject to deductible	Copay subject to deductible	Copay not subject to deductible	Copay not subject to deductible

	Silver 87 Trio HMO changes	
	2019	2020
	Network	Network
Calendar-year medical deductible (individual/family)	\$650/\$1,300	\$1,400/\$2,800
Calendar-year out-of-pocket maximum (individual/family)	\$2,600/\$5,200	\$2,700/\$5,400
Teladoc	\$5	\$0
Calendar-year pharmacy deductible (individual/family)	\$50/\$100	\$100/\$200
Lab tests	\$15	\$20
X-rays and diagnostic imaging	\$30	\$40
Tier 2 prescription drugs	\$20 after pharmacy deductible	\$25 after pharmacy deductible
Tier 3 prescription drugs	\$35 after pharmacy deductible	\$45 after pharmacy deductible
Emergency room services not resulting in hospital admission	\$100	\$150
Ambulance	Copay subject to deductible	Copay not subject to deductible

	Silver 94 Trio HMO changes			
	2019		2020	
	Network	Non-network	Network	Non-network
Ambulance	Copay subject to deductible	Copay subject to deductible	Copay not subject to deductible	Copay not subject to deductible
Teladoc	\$5	N/A	\$0	N/A
Calendar-year pharmacy deductible (individual/family)	\$50/\$100	N/A	\$100/\$200	N/A

Specialty plan changes

Good news! There are no benefit changes to our Specialty products for 2020. This includes dental, vision,* and life insurance* plans.

We are renaming the Enhanced Dental HMO \$0 plan. This plan is now named Dental Standard HMO, which better describes the coverage it offers in comparison with our entire portfolio.

Improvements for you and your clients

We're committed to investing in tools and resources and improving processes to help you grow your business and minimize your administrative burden. We have implemented several enhancements for this year to better serve your needs as well as your clients'.

Book of business download

Earlier this year, we added additional data elements to your book of business download through the [Online Client Tool](#). Now, you will be able to see your client's phone number, date of birth, email, effective date, and cancel date. You can use this new data to contact your clients at renewal, or even automate communications using your own CRM.

Renewal webinars for your clients

We understand that explaining plan and policy changes to your clients can take much of your valuable time, keeping you from doing what's most important: selling! To help your clients better understand what's changing in 2020 and to free up your time, we are offering numerous member webinars in early October. These webinars will instruct members on plan and policy changes as well as how they can use self-service tools to renew their plan for 2020. We'll send you additional details regarding dates and times. Please encourage your clients to attend one of these webinars.

* Underwritten by Blue Shield of California Life & Health Insurance Company.

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and we couldn't do it without you.

We're here to help you renew your current clients and
sell new business at [Broker Connection](#).

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