

Changes to Small Business HMO Mirrored plans **Blue Shield of California**

As of January 1, 2018

This notice describes the changes to your Blue Shield health coverage upon your group's renewal. For detailed information about these changes, please read your *Evidence of Coverage (EOC)* and *Summary of Benefits (SOB)*. 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.

Description	Summary
Calendar year pharmacy deductible change	<p>Due to plan changes from Covered California, the Calendar year pharmacy deductible for participating providers will change for the following plan:</p> <p>Silver 70 HMO 2000/45 From: \$250 individual/\$500 family To: \$125 individual/ \$250 family</p>
Calendar-Year Out-of-Pocket Maximum	<p>Due to plan changes from Covered California, the Calendar-year out-of-pocket maximums for participating providers will change for the following plans:</p> <p>Platinum 90 HMO 0/15 From: \$4,000 individual/\$8,000 family To: \$3,350 individual/\$6,700 family</p> <p>Gold 80 HMO 0/25 From: \$6,750 individual/ \$13,500 family To: \$6,000 individual/\$12,000: family</p> <p>Silver 70 HMO 2000/45 From: \$6,800 individual/\$13,600 family To: \$7,000 individual/\$14,000 family</p>

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Specialty office visit; Physician home visit	<p>Due to plan changes from Covered California, the Specialty office and the Physician home visit will change for the following plans:</p> <p>Platinum 90 HMO 0/15 From: \$40 To: \$30</p>
Other specialty care office visit	<p>Due to plan changes from Covered California, the Other specialty care office visit will change for the following plan:</p> <p>Platinum 90 HMO 0/15 From: \$40 To: \$30</p>
Other practitioner office visit	<p>In keeping with the standard Covered California plan design, cost share for other practitioner office visit will change for the following plan:</p> <p>Gold 80 HMO 0/25 From: \$30 To: \$25</p>
Acupuncture services	<p>In keeping with the standard Covered California plan design, cost share for Acupuncture services will change for the following plan.</p> <p>Gold 80 HMO 0/25 From: \$30 To: \$25</p>
Physician home visit	<p>Due to plan changes from Covered California, the Physician home visit will change for the following plan:</p> <p>Platinum 90 HMO 0/15 From: \$40 To: \$30</p>
Physician or surgeon services in an outpatient facility	<p>In keeping with the standard Covered California plan design, cost share for Physician or surgeon services in an outpatient facility will change for the following plans:</p> <p>Platinum 90 HMO 0/15 From: \$40 To: \$25</p>

	<p>Gold 80 HMO 0/25 From: \$55 To: \$40</p>
Vasectomy	<p>In keeping with the standard Covered California plan design, cost share for Vasectomy will change for the following plans:</p> <p>Platinum 90 HMO 0/15 From: \$40 To: \$25</p> <p>Gold 80 HMO 0/25 From: \$55 To: \$40</p>
Podiatric services	<p>In keeping with the standard Covered California plan design, cost share for Podiatric Services will change for the following plan:</p> <p>Platinum 90 HMO 0/15 From: \$40 To: \$30</p>
Physician services for pregnancy termination	<p>In keeping with the standard Covered California plan design, Physician services for pregnancy termination will change for the following plans:</p> <p>Platinum 90 HMO 0/15 From: \$40 To: \$25</p> <p>Gold 80 HMO 0/25 From: \$55 To: \$40</p>
Urgent care physician services	<p>In keeping with the standard Covered California plan design, Urgent care physician services will change for the following plan:</p> <p>Gold 80 HMO 0/25 From: \$30 To: \$25</p>
Ambulatory surgery center	<p>In keeping with the standard Covered California plan design, Ambulatory surgery center will change for the following plans:</p> <p>Platinum 90 HMO 0/15 From: \$250 To: \$100</p> <p>Gold 80 HMO 0/25</p>

	<p>From: \$600 To: \$300</p>
Outpatient department of a hospital: surgery	<p>In keeping with the standard Covered California plan design, Outpatient department of a hospital: surgery will change for the following plans:</p> <p>Platinum 90 HMO 0/15 From: \$250 To: \$100</p> <p>Gold 80 HMO 0/25 From: \$600 To: \$300</p>
Physician inpatient services	<p>In keeping with the standard Covered California plan design, Physician inpatient services will change for the following plans:</p> <p>Platinum 90 HMO 0/15 From: \$40 To: \$0</p> <p>Gold 80 HMO 0/25 From: \$55 To: \$0</p>
Laboratory Center	<p>In keeping with the standard Covered California plan design, Laboratory Center will change for the following plan:</p> <p>Platinum 90 HMO 0/15 From: \$20 To: \$15</p>
Outpatient department of a hospital Benefits	<p>In keeping with the standard Covered California plan design, Outpatient department of a hospital Benefits will change for the following plan:</p> <p>Platinum 90 HMO 0/15 From: \$20 To: \$15</p>

Outpatient radiology center	<p>In keeping with the standard Covered California plan design, Outpatient radiology center Benefits will change for the following plan:</p> <p>Platinum 90 HMO 0/15 From: \$40 To: \$30</p>
Outpatient department of a hospital	<p>In keeping with the standard Covered California plan design, Outpatient department of a hospital Benefits will change for the following plans:</p> <p>Platinum 90 HMO 0/15 From: \$40 To: \$30</p> <p>Gold 80 HMO 0/25 From: \$30 To: \$25</p>
Office Location	<p>In keeping with the standard Covered California plan design, Office Location Benefits will change for the following plans:</p> <p>Platinum 90 HMO 0/15 From: \$40 To: \$30</p> <p>Gold 80 HMO 0/25 From: \$30 To: \$25</p>
Mental Health and Substance Use Disorder Benefits for Outpatient services	<p>In keeping with the standard Covered California plan design, Mental Health and Substance Use Disorder Office visit benefits will change for the following plan:</p> <p>Gold 80 HMO 0/25 From: \$30 To: \$25</p>
Mental Health and Substance Use Disorder Benefits for Inpatient Services Physician inpatient services	<p>In keeping with the standard Covered California plan design, Mental Health and Substance Use Disorder Physician inpatient services will change for the following plans:</p> <p>Platinum 90 HMO 0/15 From: \$40 To: \$0</p> <p>Gold 80 HMO 0/25 From: \$30</p>

	To: \$25
Radiological and nuclear imaging services	<p>Due to plan changes from Covered California, Benefits for Outpatient radiology center and Outpatient department of a hospital under Radiological and nuclear imaging services have changed for the following plan:</p> <p>Platinum 90 HMO 0/15</p> <p>From: \$150</p> <p>To: \$75</p>

The following clarifications are made to the description of benefits of your health plan.

Description	Summary
Ambulance Benefits	In order to better explain what this benefit covers, the Ambulance benefit was updated to be defined as the (1) ambulance (ground and air) to emergency ambulance (surface and air) and (2) authorized ambulance to pre-authorized non-emergency ambulance transportation in the EOC.
Calendar Year Medical Deductible	<p>In order to better explain what this benefit covers, the Calendar Year Medical Deductible description has been revised for clarification in the SOB and EOC.</p> <ul style="list-style-type: none"> - Language was removed and revised to state that for covered services provided at a participating facility by health professionals who are non-participating providers, these services accrue to the participating provider deductible... - Individual medical deductible within a family medical deductible description was updated.
Calendar Year Out-of-Pocket Maximum	In order to better explain what this benefit covers, the Calendar Year Out-of-Pocket Maximum description has been revised to specify that Participating Provider amounts accrue only to the Participating Out-of-Pocket Maximum in the EOC and SOB.
Calendar Year Pharmacy Deductible	To comply with Covered California's medical plan requirements, the Calendar Year Pharmacy Deductible language was removed for Tier 1 Drugs subject to pharmacy deductible in the EOC.
Clinical Trial for Treatment of Cancer or Life-Threatening Conditions Benefits	Due to requirements provided by the Department of Managed Healthcare (DMHC), members can request prior authorization from Blue Shield of California for acceptance into approved clinical trials where the clinical trial would be appropriate.
Home Health Care Benefits	To be consistent with Covered California medical plan requirements, the visit per day limit was changed from 4 to 3 for Home Health Care Benefit in the EOC.
Infertility Definition	To be consistent with language definitions, the definition for infertility has been changed to clearly define infertility as a demonstrated condition recognized by a licensed physician

	and surgeon as the inability to conceive a pregnancy or to carry a pregnancy to a live birth after specific requirements are met, and to align with the definition in the EOC.
Mental Health and Behavioral Health Office Visit	To be consistent with standard health industry terminology , the Mental Health and Behavioral Health Routine Outpatient Services was changed to Mental Health and Behavioral Health Office Visit in the EOC and SOB.
MHSA Participating Providers	To comply with California law , the revised Choice of Providers section informs members that MHSA services received at an MHSA participating provider facility will be covered at the MHSA participating provider level of benefits, even if the health professional is an MHSA participating provider or non-participating provider, in the EOC.
Office Visits for Outpatient Mental Health Services and Behavioral Health Treatment	To comply with Covered California's medical plan requirements , the Routine Outpatient Mental Health Services and Behavioral Health Treatment was changed to Office Visits for Outpatient Mental Health Services and Behavioral Health Treatment in the EOC to match the SOB.
Other Outpatient Mental Health Services	To comply with Covered California's medical plan requirements , the Non-Routine Mental Health Services was changed to Other Outpatient Mental Health Services in the EOC and the SOB.
Pediatric Vision Benefits	In order to better explain what this benefit covers , language in the Pediatric Vision section of the EOC was updated to define additional coverage for dilation if required. In addition, Vision Plan Administrator (VPA) is identified as the participating provider throughout the EOC.
Pediatric Vision Benefits	Due to requirements provided by the DMHC , there are updates to reflect coverage and limits for spectacle lenses and eyewear material for multiple type of lenses and lens powers. Please refer to the Pediatric Vision section of the EOC.
Pediatric Vision - Contact lenses	In order to better explain what this benefit covers , the contact lenses monthly supply amounts have been revised. In addition, the contact lenses fitting benefit has been added in the EOC and SOB.
Dental Schedule and Limitation Table	To comply with Covered California's 2018 Dental Copay Schedule , revisions were made to some diagnostic codes, descriptions, and limitations in the EOC. The following CDT codes changed CDT codes D5511, D5512, D5611, D5612, D7979, D9222, and D9239. See the Dental Schedule and Limitations Table in the EOC for more information.

Pediatric Dental	Due to requirements provided by the DMHC, Timely Access to Care Services section was added to the EOC to provide guidelines schedule for timely access to care from dental providers and the availability of interpreter's service at the time of the member's appointment.
Pediatric Dental Coverage	To be consistent with standard health industry terminology, the term "Dentally Necessary" was changed to "Medically Necessary" where the reference is exclusive to dental service in the EOC and SOB.
Name change: Trio HMO	Due to plan name changes, "ACO" was removed from the plan name. When referring to Trio HMO plans, "ACO" has been removed, except when referring to the Trio ACO HMO network.
Physician office visits: prenatal and initial postnatal	In order to better explain and simplify this benefit, separate benefit names for pregnancy office visits for initial prenatal, preconception and postnatal visits were combined into one benefit description "Physician office visits: prenatal and Initial postnatal" in SOB.
Physician or surgeon services in an inpatient facility	In order to better explain and simplify this benefit, separate benefit names were created in the SOB for inpatient facility and outpatient facility services "Physician or surgeon services in an inpatient facility" & "Physician or surgeon services in an outpatient facility."
Pregnancy and maternity care	In order to better explain what this benefit covers, an endnote was added in the SOB to clarify costs associated with preventive office visits when combined with other services.
Preventive Health Services	In order to better explain what this benefit covers, the Preventive Note has been revised to clarify costs associated with preventive office visits when combined with other services on the SOB.
Primary Care Physician (PCP)	To be consistent with standard health industry terminology, the term for health care provider has changed in the EOC. From: Personal Physician To: Primary Care Physician
Principle Limitations, Exceptions, Exclusions, Exclusions and Reductions General Exclusion and Limitations	Due to requirements provided by the DMHC, Updates were made to General Exclusions #1 & #37 to remove exclusionary language from physical examination, immunization, and vaccinations to ensure coverage for Severe Mental Illness and Serious Disturbance of a Child, as these exclusions no longer apply. Also, exclusion #23, which concerns services performed in a

	<p>hospital by house officers, residents, interns, and others, was updated to define "others" as "other professionals in training without supervision of an attending physician in association with an accredited clinical education program."</p>
<p>Rehabilitation and habilitative services</p>	<p>Due to requirements provided by the DMHC, the EOC was updated to better define the following:</p> <ul style="list-style-type: none"> - No visit limit for rehabilitation or habilitative services. - Rehabilitative/habilitative health care services
<p>Speech Therapy Benefits (Rehabilitation and Habilitative Services)</p>	<p>Due to requirements provided by the DMHC, language was updated for Speech Therapy to include "Rehabilitation and Habilitative Services" when listing Speech Therapy Benefits in the EOC.</p>
<p>Trio+ Specialist: Office visit referral feature</p>	<p>To help members identify the correct network, the self-referral benefit for Trio plans was renamed to differentiate between Trio network specialists and Access+ specialists.</p> <p>From: Access+ Specialist self-referral benefit To: Trio+ Specialist</p>

All Blue Shield plans are subject to limitations and exclusions. This document is only a summary for informational purposes. It is not a contract. Please refer to the Evidence of Coverage, the Summary of Benefits, and the group contract for the exact terms and conditions of coverage. Benefits are subject to modification by Blue Shield for subsequently enacted state or federal legislation