

Changes to Small Business HMO Off Exchange plans Blue Shield of California

As of March 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
Product Name	<p>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 frequencies based on the annual change to benefits:</p> <p>From: Gold HMO 1700/30 OffEx To: Gold HMO 1700/35 OffEx</p> <p>From: Silver HMO 1700/55 OffEx To: Silver HMO 1750/55 OffEx</p>
Calendar year pharmacy deductible	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), the Calendar year pharmacy deductible has been changed from a separate deductible to a combine pharmacy and medical deductible on the following plan:</p> <p>Silver HMO 1750/55 OffEx</p>
Calendar year deductible change	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), the Calendar year deductible for participating providers will change for the following plans:</p> <p>Silver HMO 1750/55 OffEx From: \$1,700 individual \$3,400 family To: \$1,750 individual \$3,500 family</p>
Calendar-Year Out-of-Pocket Maximum	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), the Calendar-year out-of-pocket maximums for participating providers will change for the following plans:</p> <p>Platinum HMO 0/20 OffEx</p>

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	<p>From: \$1,750 individual \$3,500 family maximum To: \$1,350 individual \$2,700 family maximum</p> <p>Platinum HMO 0/25 OffEx From: \$2,500 individual \$5,000 family maximum To: \$1,700 individual \$3,400 family maximum</p> <p>Platinum HMO 0/30 OffEx From: \$3,000 individual \$6,000 family maximum To: \$2,250 individual \$4,500 family maximum</p> <p>Silver Access+ HMO 1750/55 OffEx From: \$6,800 individual \$13,600 family maximum To: \$7,000 individual \$14,000 family maximum</p>
Vasectomy	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Vasectomy will change for the following plan:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p>
Physician services for pregnancy termination	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Physician services for pregnancy termination will change for the following plan:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p>
Emergency room physician services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Emergency room physician services will change for the following plan:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p>
Emergency room services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Emergency room services will change for the following plans:</p> <p>Silver HMO 1750/55 OffEx From: \$275/visit To: 40%</p>

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Outpatient radiology center	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Outpatient radiology center Benefits will change for the following plan:</p> <p>Silver HMO 1750/55 OffEx From: \$55 To: \$75</p>
Outpatient department of a hospital	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Outpatient department of a hospital Benefits will change for the following plans:</p> <p>Silver HMO 1750/55 OffEx From: \$55 To: \$75</p>
Office Location	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Office Location Benefits will change for the following plans:</p> <p>Silver HMO 1750/55 OffEx From: \$55 To: \$75</p>
Retail pharmacy prescription drugs -Tier 4 drugs	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Tier 4 drugs (excluding specialty drugs) will change for the following plans:</p> <p>Silver HMO 1750/55 OffEx From: 20% up to \$200/prescription To: 40% up to \$250/prescription</p>
Mail service pharmacy prescription drugs - Tier 4 drugs	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Tier 4 drugs (excluding specialty drugs) will change for the following plans:</p> <p>Silver HMO 1750/55 OffEx From: 20% up to \$500/prescription To: 40% up to \$500/prescription</p>
Specialty Drugs	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Specialty drug benefit will change for the following plan:</p> <p>Silver HMO 1750/55 OffEx From: 20% up to \$250/prescription To: 40% up to \$250/prescription</p>

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Oral anticancer drugs	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Oral anticancer drug benefit will change for the following plan:</p> <p>Silver HMO 1750/55 OffEx</p> <p>From: 20% up to \$200/prescription</p> <p>To: 40% up to \$200/prescription</p>
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The following clarifications are made to the description of benefits of your health plan.

Description	Summary
Ambulance Benefits	<p>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.</p>
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	<p>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.</p>
Calendar Year Pharmacy Deductible	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), the Calendar Year Pharmacy Deductible language was removed for Tier 1 Drugs subject to pharmacy deductible in the EOC.</p>
Clinical Trial for Treatment of Cancer or Life-Threatening Conditions Benefits	<p>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.</p>
Home Health Care Benefits	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), the visitation limit was changed from four per day to three per day for Home Health Care Benefits in the EOC.</p>
Infertility Definition	<p>To be consistent with language definitions, the definition for infertility has been changed to clearly define infertility as a</p>

	<i>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.</i>
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 in the EOC informs members that MHSA services received at an MHSA participating provider facility will be covered at the MHSA participating provider level of benefits, whether the health professional is an MHSA participating or non-participating provider.
Office Visits for Outpatient Mental Health Services and Behavioral Health Treatment	To be consistent with standard health industry terminology , 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 be consistent with standard health industry terminology , 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 limitations 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/into the EOC and SOB.
Dental Schedule and Limitation Table	To be consistent with standard health industry 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 Coverage	To be consistent with standard health industry terminology , the term "Dentally Necessary" was changed to "Medically Necessary" where the reference was exclusive to dental service in the EOC and SOB.

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 the SOB.
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.
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."
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 in 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 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."
Rehabilitation and habilitative services	Due to requirements provided by the DMHC , the EOC was updated to better define the following: - No visit limit for rehabilitation or habilitative services. - Rehabilitative/habilitative health care services

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<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>Continuity of Care</p>	<p>To comply with SB133, the EOC was updated to explain how a member can qualify for Continuity of Care. Specific instructions are given for eligible members. See Continuity of Care section in the EOC for more information</p>
<p>Calendar Year Deductible footnote</p>	<p>In order to accurately represent what Benefits count towards the Calendar Year Deductible, an endnote was changed for products that have a Calendar Year Deductible. The following statement was removed “Essential health benefits count towards the Calendar Year Deductible.” Some Essential health benefits do not count towards the Calendar Year Deductible. E.g. Preventative Services.</p>
<p>Calendar Year Out-of-Pocket Maximum</p>	<p>In order to better explain what is covered in the Calendar Year Out-of-Pocket Maximum, an endnote was changed. The following statement was removed “bariatric surgery: additional covered travel expenses for bariatric surgery.” Members do not pay a copay/coinsurance for travel expenses. Blue Shield reimburses a specific amount. See the Bariatric Travel Expense Reimbursement for Residents of Designated Counties section of the EOC for more information.</p>

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