

# Changes to All Small Business HMO plans (Off-Exchange) Blue Shield of California

As of July 1, 2017

This notice describes changes and clarifications to your Blue Shield health coverage upon the group's renewal date. For detailed information about these changes, please read the *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 made to your health plan.

Description	Summary
Oral Anticancer Medications	<i><b>In accordance with state regulatory requirements, the oral anticancer medications are no longer subject to deductible. Previously, this was subject to a pharmacy deductible.</b></i>
Calendar-Year Medical Deductible	<p><i><b>In accordance with 2017 IRS guidelines, the calendar-year medical deductible for participating providers has changed.</b></i></p> <p><i>Impacted plans and changes:</i></p> <p><i>The Gold Access+, Local Access+, and Trio ACO HMO 750/30 OffEx plans will decrease from \$750 individual/\$1,500 family to \$500 individual/\$1,000 family</i></p> <p><i>Previous plan names have changed from:</i>  <i>Gold Access+ HMO 750/30 OffEx</i>  <i>Gold Local Access+ HMO 750/30 OffEx</i>  <i>Gold Trio ACO HMO 750/30 OffEx</i></p> <p><i>to:</i>  <i>Gold Access+ HMO 500/35 OffEx</i>  <i>Gold Local Access+ HMO 500/35 OffEx</i>  <i>Gold Trio ACO HMO 500/35 OffEx</i></p>
Calendar-Year Out-of-Pocket Maximum	<p><i><b>In accordance with 2017 IRS guidelines, the calendar-year out-of-pocket maximums for covered services from participating providers has changed.</b></i></p> <p><i>Impacted plans and changes:</i></p> <p><i>Platinum Access+, Local Access+, and Trio ACO HMO 0/20 OffEx plans will increase from \$1,500 individual/\$3,000 family to \$1,750 individual/\$3,500 family</i></p>

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	<p><i>Gold Access+, Local Access+, and Trio ACO HMO 500/35 OffEx plans will increase from \$5,000 individual/\$10,000 family to \$5,600 individual/\$11,200 family</i></p> <p><i>Gold Access+, Local Access+, and Trio ACO HMO 1700/30 OffEx plans will increase from \$5,000 individual/\$10,000 family to \$6,000 individual/\$12,000 family</i></p> <p><i>Silver Access+, Local Access+, and Trio ACO HMO 1700/55 OffEx plans will increase from \$6,500 individual/\$13,000 family to \$6,800 individual/\$13,600 family</i></p>
Access+ Specialist Benefits	<p><b><i>In accordance with a standard plan design established by Covered California, the laboratory services and conventional x-ray imaging services are not included as part of a specialist office visit and have been removed from the SOB.</i></b></p>
Primary Care Physician Office Visit	<p><b><i>In accordance with a standard plan design established by Covered California, the copayment for primary care physician office visits have changed.</i></b></p> <p><i>Impacted plans and changes:</i></p> <p><i>Gold Access+, Local Access+, and Trio ACO HMO 500/35 OffEx plans will increase from \$30 per visit to \$35 per visit</i></p> <p><i>Silver Access+, Local Access+, and Trio ACO HMO 1700/55 Off Exchange plans will increase from \$55 per visit to \$85 per visit</i></p>
Specialist Physician Office Visit	<p><b><i>In accordance with a standard plan design established by Covered California, the copayment for specialist physician office visits when referred by a physician will decrease from \$60 per visit to \$55 per visit.</i></b></p> <p><i>Impacted plans:</i></p> <p><i>Gold Access+, Local Access+, and Trio ACO HMO 500/35 OffEx plans.</i></p>
Ambulatory Surgery Center Benefits	<p><b><i>In accordance with a standard plan design established by Covered California, the cost share for outpatient facility services at an ambulatory surgery center have changed from \$150 copayment to 20% coinsurance per surgery.</i></b></p> <p><i>Impacted plans:</i></p>

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	<i>Gold Access+, Local Access+, and Trio ACO HMO 500/35 OffEx plans.</i>
Emergency Room Benefits	<p><b><i>In accordance with a standard plan design established by Covered California, the emergency room facility services not resulting in admission have increased from \$200 per visit to \$250 per visit.</i></b></p> <p><i>Impacted plans:</i></p> <p><i>Gold Access+, Local Access+, and Trio ACO HMO 500/35 OffEx plans.</i></p>
Skilled Nursing Facility (SNF) Benefits	<p><b><i>In accordance with a standard plan design established by Covered California, the skilled nursing services, including subacute care, provided at either an inpatient facility or free-standing skilled nursing facility have increased from \$100 per day to \$300 per day.</i></b></p> <p><i>Impacted plans:</i></p> <p><i>Gold Access+, Local Access+, and Trio ACO HMO 500/35 OffEx plans.</i></p>
Outpatient X-Ray, Imaging, Pathology, and Laboratory Benefits	<p><b><i>In accordance with a standard plan design established by Covered California, the diagnostic laboratory services, including Papanicolaou test, from an outpatient laboratory center or an outpatient department of a hospital have increased from \$15 per visit to \$35 per visit.</i></b></p> <p><i>Impacted plans:</i></p> <p><i>Gold Access+, Local Access+, and Trio ACO HMO 500/35 OffEx plans.</i></p>
Diabetes Care	<p><b><i>In accordance with a standard plan design established by Covered California, the office visits for Health Education Services, such as diabetes self-management training, are now offered at no cost to the member.</i></b></p>
Professional benefits	<p><b><i>Blue Shield is offering a new service addition for 2017. Teladoc benefits will be included in all health plans effective January 1, 2017. This was previously a buy-up service which is now being implemented as a standard plan benefit at a rate of \$5 per consultation with a participating provider.</i></b></p>

Limitation of Quantity of Drugs that May Be Obtained Per Prescription or Refill	<b><i>In accordance with state regulatory requirements</i></b> , up to a 12-month of FDA-approved, self-administered hormonal contraceptive is now covered. Previously, coverage was limited up to a 90 day supply.
Non-Discrimination and Language Assistance notice	<b><i>In accordance with federal regulatory requirements</i></b> , A non-discrimination notice is provided with required documents.
Outpatient X-Ray, Imaging, Pathology and Laboratory Benefits	<b><i>In accordance with state regulatory requirements</i></b> , the California Prenatal Screening Program which includes Alpha Fetoprotein (AFP) genetic testing services, is covered at no cost.
Dental Schedule and Limitation Table-Overdenture	<b><i>Dental Codes Update.</i></b> Code D5860 overdenture complete was replaced by (D5863-D5866) because dental code D5860 is obsolete. In addition, new cost shares were added to the Evidence of coverage.  <u><i>The new dental codes and cost share are:</i></u>  D5863 Overdenture - complete maxillary once in a 5 year period-\$300 D5864 Overdenture partial maxillary - once in a 5 year period-\$300 D5865 Overdenture - complete mandibular once in a 5 year period-\$300 D5866 Overdenture-partial mandibular once in a 5 year period-\$300
Non-Participating Provider services at a Participating Facility	<b><i>In accordance with state requirements</i></b> , language has been added to clarify that cost sharing will not exceed the Participating Provider rate even if received by a Non-Participating Provider for services received by a contracting professional to prohibit balancing billing.
Timely Access to Care	<b><i>In accordance with state requirements</i></b> , Urgent Care and Non-Urgent Care service level agreements have been listed out to provide Members timely access to care expectations from Participating Providers.

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

Description	Summary
Acupuncture	<p><b><i>In order to clarify benefit intent, the benefit description of acupuncture has been updated in the EOC to clearly specify that the benefit may be utilized for nausea and pain management.</i></b></p>
Mental Health and Substance Use Disorder	<p><b><i>In order to clarify benefit intent, the following changes have been made to the Mental Health Section of the SOB:</i></b></p> <p style="text-align: center;"><i>Clearly distinguish "Mental Health and Behavioral Health – Non Routine Outpatient Services" from "Routine Outpatient Services"</i></p> <p><i>Similarly, the following clarification has been made to the Substance Use Disorder section of the SOB in order to align with the Mental Health section:</i></p> <p style="text-align: center;"><i>The Outpatient services have been split out into two subgroupings, Substance Use Disorder – Routine Outpatient Services and Non-Routine Outpatient Services</i></p> <p><i>The line item for "Post-discharge ancillary care" has been removed from the SOB, but continues to be covered and adjudicated with no change.</i></p> <p><i>In order to align with Covered California naming conventions, Office-Based Opioid Treatment (OBOT) has been redefined as "Office Based Opioid Detoxification and/or Maintenance Therapy".</i></p>
Pregnancy and Maternity Care	<p><b><i>In order to clarify benefit intent, the following change has been made to the SOB:</i></b></p> <p><i>The Postnatal physician office visit now represents the cost of the initial visit, rather than the subsequent visit.</i></p>
Professional Benefits	<p><b><i>In order to align with standard Covered California plan designs, the Physician Home Visit is now considered a Specialist Office Visit and is paid at that benefit copayment for each plan.</i></b></p> <p><i>Impacted plans and changes:</i></p> <p><i>Platinum Access+, Local Access+, and Trio ACO HMO 0/20</i></p>

	<p><i>OffEx plans will increase from \$30 per visit to \$40 per visit</i></p> <p><i>Platinum Access+, Local Access+, and Trio ACO HMO 0/25 OffEx plans will increase from \$30 per visit to \$50 per visit</i></p> <p><i>Platinum Access+, Local Access+, and Trio ACO HMO 0/30 OffEx plans will increase from \$30 per visit to \$40 per visit</i></p> <p><i>Gold Access+, Local Access+, and Trio ACO HMO 1700/30 OffEx plans will increase from \$35 per visit to \$50 per visit</i></p> <p><i>Gold Access+ HMO, Local Access+ HMO, and Trio ACO HMO 500/35 OffEx plans will increase from \$35 per visit to \$55 per visit</i></p> <p><i>Silver Access+ HMO, Local Access+ HMO, and Trio ACO HMO 1700/55 OffEx plans will increase from \$55 per visit to \$85 per visit</i></p>
<p>Reconstructive Surgery Benefits</p>	<p><b><i>In order to clarify benefit intent, the SOB has been revised to clarify that services received at an outpatient department of a hospital are charged the same as the benefits provided for outpatient facility services.</i></b></p> <p><i>Impacted plans and changes:</i></p> <p><i>Platinum Access+, Local Access+, and Trio ACO HMO 0/20 OffEx plans will increase from \$100 per surgery to \$150 per surgery</i></p> <p><i>Platinum Access+, Local Access+, and Trio ACO HMO 0/25 OffEx plans will increase from \$100 per surgery to \$150 per surgery</i></p> <p><i>Platinum Access+, Local Access+, and Trio ACO HMO 0/30 OffEx plans will increase from \$100 per surgery to \$150 per surgery</i></p>
<p>Pediatric Vision</p>	<p><b><i>Due to requirements provided by the Department of Managed Healthcare, the following clarifications have been made to the SOB:</i></b></p> <p><i>Coverage for Eyewear/Materials applies to either a pair of eyeglasses or a one-year supply of contact lenses, but not both.</i></p>

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	<p><i>For the Optional Lenses and Treatment section, Polycarbonate Lenses is given a full benefit line item as opposed to being described in text only in the Lenses section.</i></p> <p><i>For the Low-Vision Testing and Equipment section, two additional line items have been inserted to provide a comprehensive description of this benefit. These two benefits are:</i></p> <ul style="list-style-type: none"> <li><i>a) Comprehensive Low Vision Exam, once every five Calendar Years; and</i></li> <li><i>b) Low Vision Devices, one aid per calendar year.</i></li> </ul>
<p>Pediatric Dental</p>	<p><b><i>Due to requirements provided by the Department of Managed Health Care, the following clarifications have been made to the SOB:</i></b></p> <p><i>The entire benefit matrix for embedded Pediatric Dental has been revised to align with On Exchange plan designs. This includes regrouping dental benefits into sub-benefit categories.</i></p> <p><i>The Diagnostic and Preventive Dental section has been further expanded to provide a more comprehensive understanding of covered benefits, which are at no cost to the member. These services include oral exams, preventive X-rays and cleanings, tooth sealants, topical fluoride applications, and fixed space maintainers.</i></p>
<p>Endnotes</p>	<p><b><i>Due to requirements provided by the Department of Managed Health Care, the three endnotes related to Pediatric Dental benefits were deleted from the SOB:</i></b></p> <ul style="list-style-type: none"> <li><i>a) Caries-Risk Management Assessment (CAMBRA);</i></li> <li><i>b) Posterior Composite Resin, or Acrylic Restorations;</i> <i>and</i></li> <li><i>c) Medically Necessary Orthodontia.</i></li> </ul>
<p>Outpatient Prescription Drugs</p>	<p><b><i>Effective January 1, 2017, in accordance with California law, the EOC was updated to reflect that there is no Copayment or Coinsurance for generic FDA-approved contraceptive Drugs and devices obtained from a participating Pharmacy. Furthermore, brand contraceptives are covered without a Copayment or Coinsurance when Medically Necessary. See Prior Authorization/Exception Request Process/Step Therapy section.</i></b></p>

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	<i>The "Outpatient Prescription Drug Benefits" section of the EOC was also revised to detail the new requirements related to step therapy.</i>
Base Infertility Coverage	<i><b>In order to clarify benefit intent</b>, The SOB was revised to clarify that infertility coverage does not include in vitro fertilization. The Member share of cost for self-administered drugs for infertility is described under "Prescription Drugs Coverage".</i>
Outpatient Prescription Drug Benefits: Endnote 1	<i><b>In order to clarify benefit intent</b>, plan documents were revised to specify that contraceptive drugs and devices, Tier 1 drugs, oral anticancer medications are not subject to the calendar year medical deductible.  Impacted plans:  Gold Access+ HMO 1700/30 OffEx Gold Local Access+ HMO 1700/30 OffEx Gold Trio ACO HMO 1700/30 OffEx Silver Access+ HMO 1700/55 OffEx Silver Local Access+ HMO 1700/55 OffEx Silver Trio ACO HMO 1700/55 HMO OffEx</i>
Diabetes Preventive Program	<i><b>In accordance with the United States Preventive Service Task Force (USPSTF)</b>, clinical screening for abnormal blood glucose, as part of cardiovascular risk assessment for adults 40 to 70 who are overweight or obese, is covered at no cost share.</i>

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