

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

As of August 1, 2017

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
Oral Anticancer Medications	Because of new state law , oral anticancer drugs do not apply to any deductible. Previously oral anticancer drugs applied to a pharmacy deductible.
Calendar-Year Medical Deductible	<p>Because of changes to 2017 IRS guidelines, the calendar-year medical deductible for participating providers will decrease for the following plans:</p> <p>Gold Access+, Local Access+, and Trio ACO HMO 750/30 OffEx plans will decrease from \$750 individual/\$1,500 family deductible to \$500 individual/\$1,000 family deductible</p> <p>Plan names will also change from: Gold Access+ HMO 750/30 OffEx Gold Local Access+ HMO 750/30 OffEx Gold Trio ACO HMO 750/30 OffEx</p> <p>to: Gold Access+ HMO 500/35 OffEx Gold Local Access+ HMO 500/35 OffEx Gold Trio ACO HMO 500/35 OffEx</p>
Calendar-Year Out-of-Pocket Maximum	<p>Because of changes to 2017 IRS guidelines, the calendar-year out-of-pocket maximums for participating providers will increase for the following plans:</p> <p>Platinum Access+, Local Access+, and Trio ACO HMO 0/20 OffEx plans will increase from \$1,500 individual/\$3,000 family maximum to \$1,750 individual/\$3,500 family maximum</p>

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	<p>Gold Access+, Local Access+, and Trio ACO HMO 500/35 OffEx plans will increase from \$5,000 individual/\$10,000 family maximum to \$5,600 individual/\$11,200 family maximum</p> <p>Gold Access+, Local Access+, and Trio ACO HMO 1700/30 OffEx plans will increase from \$5,000 individual/\$10,000 family maximum to \$6,000 individual/\$12,000 family maximum</p> <p>Silver Access+, Local Access+, and Trio ACO HMO 1700/55 OffEx plans will increase from \$6,500 individual/\$13,000 family maximum to \$6,800 individual/\$13,600 family maximum</p>
Access+ Specialist Benefits	In keeping with the standard Covered California plan design, laboratory services and conventional x-ray imaging services are no longer part of a specialist office visit and have been removed from the SOB.
Primary Care Physician Office Visit	In keeping with the standard Covered California plan design, Copayment for primary care physician office visits will increase for the following plans: Gold Access+, Local Access+, and Trio ACO HMO 500/35 OffEx plans will increase from \$30 per visit to \$35 per visit
Specialist Physician Office Visit	In keeping with the standard Covered California plan design, Copayment for specialist physician office visits will decrease for the following plans: Gold Access+, Local Access+, and Trio ACO HMO 500/35 OffEx plans will decrease from \$60 per visit to \$55 per visit.
Ambulatory Surgery Center Benefits	In keeping with the standard Covered California plan design, cost share for outpatient facility services at an ambulatory surgery center will change for the following plans: Gold Access+, Local Access+, and Trio ACO HMO 500/35 OffEx plans will change from a \$150 Copayment to a 20% Coinsurance per surgery.
Emergency Room Benefits	In keeping with the standard Covered California plan design, emergency room facility services not resulting in admission will increase for the following plans:

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	<i>Gold Access+, Local Access+, and Trio ACO HMO 500/35 OffEx plans will increase from \$200 per visit to \$250 per visit.</i>
Skilled Nursing Facility (SNF) Benefits	<i>In keeping with the standard Covered California plan design,</i> skilled nursing services, including subacute care, provided at either an inpatient facility or free-standing skilled nursing facility will increase for the following plans: <i>Gold Access+, Local Access+, and Trio ACO HMO 500/35 OffEx plans will increase from \$100 per day to \$300 per day.</i>
Outpatient X-Ray, Imaging, Pathology, and Laboratory Benefits	<i>In keeping with the standard Covered California plan design,</i> diagnostic laboratory services, including Pap tests, from an outpatient laboratory center or an outpatient department of a hospital will increase for the following plans: <i>Gold Access+, Local Access+, and Trio ACO HMO 500/35 OffEx plans will increase from \$15 per visit to \$35 per visit.</i>
Diabetes Care	<i>In keeping with the standard Covered California plan design,</i> office visits for health education services, such as diabetes self-management training, are now offered at no cost to the member.
Professional benefits	<i>Blue Shield is offering a new standard service for 2017!</i> <i>Teladoc benefits will be included upon installation or renewal for all health plans effective January 1, 2017. Copayments are \$5 per consultation with a participating provider.</i>
Limitation of Quantity of Drugs that May Be Obtained Per Prescription or Refill	<i>Because of new state law,</i> FDA-approved, self-administered hormonal contraceptives will change from being covered for a 90-day supply to up to a 12-month.
Non-Discrimination and Language Assistance notice	<i>Because of new federal law,</i> a non-discrimination notice is provided with required documents. This notice is a three-page document that describes your rights as a customer and also gives contact information for Blue Shield in many common languages.
Outpatient X-Ray, Imaging, Pathology and Laboratory Benefits	<i>Because of new state law,</i> the California Prenatal Screening Program which includes Alpha Fetoprotein (AFP) genetic testing services, is covered at no cost.

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<p>Dental Schedule and Limitation Table- Overdenture</p>	<p>Dental Codes Update</p> <p><i>The code for Overdenture - Complete (D5860) no longer exists, and will be replaced by four new codes (D5863, D5864, D5865, D5866).</i></p> <p>The new dental codes and cost shares are:</p> <p><i>D5863: Overdenture – complete maxillary once in a 5 year period</i> <i>D5864: Overdenture partial maxillary – once in a 5 year period</i> <i>D5865: Overdenture – complete mandibular once in a 5 year period</i> <i>D5866: Overdenture – partial mandibular once in a 5 year period</i></p>
<p>Non-Participating Provider services at a Participating Facility</p>	<p>Because of new state law, there is new language to explain that cost shares for services at a non-participating provider will not be more than the participating provider rate, in order to prevent balance billing.</p>
<p>Timely Access to Care</p>	<p>Because of new state law, urgent care and non-urgent care service level agreements are now listed out to give members timely access to care from participating providers.</p>

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

Description	Summary
<p>Acupuncture</p>	<p>In order to better explain what this benefit covers, the description of acupuncture services will be updated in the EOC to say that the benefit applies to nausea and pain management.</p>

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<p>Mental Health and Substance Use Disorder</p>	<p>In order to better explain what this benefit covers, the following changes are being made to the mental health section of the SOB:</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>The following changes are also being made to the substance use disorder section of the SOB in order to match the mental health section:</p> <p style="text-align: center;"><i>The Outpatient services have been split out into two benefit lines, "Substance Use Disorder – Routine Outpatient Services" and "Non-Routine Outpatient Services"</i></p> <p><i>The line for "post-discharge ancillary care" is being taken out of the SOB, but will still be covered and will have claims settled the same as before August 1, 2017.</i></p> <p><i>In order to keep with Covered California naming, Office-Based Opioid Treatment (OBOT) is now being called "Office Based Opioid Detoxification and/or Maintenance Therapy."</i></p>
<p>Pregnancy and Maternity Care</p>	<p>In order to better explain what this benefit covers, the following change is being made to the SOB:</p> <p><i>The postnatal physician office visit now represents the cost of the initial visit, instead of the subsequent visit.</i></p>
<p>Professional Benefits</p>	<p>In keeping with standard Covered California plan design, the physician home visit is now considered a specialist office visit and is paid at that same rate for each plan. The office visit Copayment will increase for the following plans:</p> <p><i>Platinum Access+, Local Access+, and Trio ACO HMO 0/20 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>

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	<p>Gold Access+, Local Access+, and Trio ACO HMO 1700/30 OffEx plans will increase from \$35 per visit to \$50 per visit</p> <p>Gold Access+ HMO, Local Access+ HMO, and Trio ACO HMO 500/35 OffEx plans will increase from \$35 per visit to \$55 per visit</p> <p>Silver Access+ HMO, Local Access+ HMO, and Trio ACO HMO 1700/55 OffEx plans will increase from \$55 per visit to \$85 per visit</p>
<p>Reconstructive Surgery Benefits</p>	<p>In order to better explain what this benefit covers, the SOB clarifies that services received at an outpatient department of a hospital are charged the same as services provided at an outpatient facility. The Copayment will increase for the following plans:</p> <p>Platinum Access+, Local Access+, and Trio ACO HMO 0/20 OffEx plans will increase from \$100 per surgery to \$150 per surgery</p> <p>Platinum Access+, Local Access+, and Trio ACO HMO 0/25 OffEx plans will increase from \$100 per surgery to \$150 per surgery</p> <p>Platinum Access+, Local Access+, and Trio ACO HMO 0/30 OffEx plans will increase from \$100 per surgery to \$150 per surgery</p>
<p>Pediatric Vision</p>	<p>Due to requirements of the Department of Managed Healthcare, the following changes are being made to the SOB:</p> <p>Coverage for Eyewear/Materials applies to either a pair of eyeglasses or a one-year supply of contact lenses, but not both.</p> <p>For the Optional Lenses and Treatment section, Polycarbonate Lenses is given a full benefit line item instead of being described in text only in the Lenses section.</p> <p>For the Low-Vision Testing and Equipment section, two additional line items have been inserted to provide a complete description of this benefit. These two benefits are:</p> <ul style="list-style-type: none"> a) Comprehensive Low Vision Exam, once every five Calendar Years; and b) Low Vision Devices, one aid per calendar year.

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<p>Pediatric Dental</p>	<p>Due to requirements given by the Department of Managed Health Care, the following changes are being made to the SOB:</p> <p><i>The entire benefit matrix for embedded Pediatric Dental will be updated to match the Covered California plan design.</i></p> <p><i>The Diagnostic and Preventive Dental section will be expanded to give a more complete 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>Due to requirements given by the Department of Managed Health Care, the three endnotes related to Pediatric Dental benefits will be removed from the SOB:</p> <ul style="list-style-type: none"> a) Caries-Risk Management Assessment (CAMBRA); b) Posterior Composite Resin, or Acrylic Restorations; and c) Medically Necessary Orthodontia.
<p>Outpatient Prescription Drugs</p>	<p>The EOC was updated effective January 1, 2017 because of California law to reflect that there is no Copayment or Coinsurance for generic, FDA-approved contraceptive drugs and devices obtained from a Participating pharmacy.</p> <p><i>Brand contraceptives are also covered without a Copayment or Coinsurance when Medically Necessary.</i></p> <p><i>The "Outpatient Prescription Drug Benefits" section of the EOC will also be updated to explain the new requirements related to step therapy.</i></p>
<p>Base Infertility Coverage</p>	<p>In order to better explain what this benefit covers, the SOB will be updated to make clear that infertility coverage does not include in vitro fertilization.</p> <p><i>The member cost share for self-administered drugs for infertility is described under "Prescription Drugs Coverage."</i></p>

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<p>Outpatient Prescription Drug Benefits: Endnote 1</p>	<p><i>In order to better explain what this benefit covers, plan documents will be updated to list contraceptive drugs and devices, tier 1 drugs, and oral anticancer medications as not applicable to the calendar-year medical deductible. The following plans are affected:</i></p> <p><i>Gold Access+ HMO 1700/30 OffEx</i> <i>Gold Local Access+ HMO 1700/30 OffEx</i> <i>Gold Trio ACO HMO 1700/30 OffEx</i> <i>Silver Access+ HMO 1700/55 OffEx</i> <i>Silver Local Access+ HMO 1700/55 OffEx</i> <i>Silver Trio ACO HMO 1700/55 HMO OffEx</i></p>
<p>Diabetes Preventive Program</p>	<p><i>Because of the United States Preventive Service Task Force (USPSTF), clinical screenings for abnormal blood glucose, as part of cardiovascular risk assessments for adults 40 to 70 who are overweight or obese, are covered at no cost.</i></p>

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