

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

As of January 1, 2019

This notice describes the changes to your Blue Shield health coverage upon your group's renewal. This is only a summary. Updates will be made to the *Evidence of Coverage and Health Service Agreement (EOC)*. Please visit the blueshieldca.com/policies site on or after November 1, 2018 for updated terms and conditions of coverage. 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 changes from Covered California, the following Product Names have been updated to reflect the correct frequencies:</p> <p>From: Bronze Full PPO 3750/65 To: Bronze Full PPO 4000/70</p> <p>From: Bronze Full PPO 5700/60 To: Bronze Full PPO 6000/65</p> <p>From: Bronze Tandem PPO 3750/65 To: Bronze Tandem PPO 4000/70</p> <p>From: Gold Full PPO 450/30 To: Gold Full PPO 500/30</p>
Calendar year medical deductible	<p>Due to plan changes from Covered California, the calendar year medical deductible for participating providers will change for the following plans:</p> <p>Bronze Full PPO 4000/70</p> <p>When using a participating provider³ From: \$3,750 individual/\$7,500 family To: \$4,000 individual/\$8,000 family</p> <p>When using any combination of participating³ and non-participating providers⁴ From: \$7,500 individual/\$15,000 family To: \$8,000 individual/\$16,000 family</p>

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	<p><i>Bronze Tandem PPO 4000/70</i> When using a participating provider³ <i>From: \$3,750 individual/\$7,500 family</i> <i>To: \$4,000 individual/\$8,000 family</i> When using any combination of participating³ and non-participating providers⁴ <i>From: \$7,500 individual/\$15,000 family</i> <i>To: \$8,000 individual/\$16,000 family</i></p> <p><i>Bronze Full PPO 6000/65</i> When using a participating provider³ <i>From: \$5,700 individual/\$11,400 family</i> <i>To: \$6,000 individual/\$12,000 family</i> When using any combination of participating³ and non-participating providers⁴ <i>From: \$5,700 individual/\$11,400 family</i> <i>To: \$6,000 individual/\$12,000 family</i></p> <p><i>Gold Full PPO 500/30</i> When using a participating provider³ <i>From: \$450 individual/\$900 family</i> <i>To: \$500 individual/\$1000 family</i> When using any combination of participating³ and non-participating providers⁴ <i>From: \$900 individual/\$1,800 family</i> <i>To: \$1,000 individual/\$2,000 family</i></p>
<p>Calendar year pharmacy deductible</p>	<p><i>Due to plan changes from Covered California, the calendar year pharmacy deductible for participating providers will change for the following plans:</i></p> <p><i>Bronze Full PPO 4000/70</i> When using a participating provider³ <i>From: \$225 individual/\$450 family</i> <i>To: \$250 individual/\$500 family</i></p> <p><i>Bronze Tandem PPO 4000/70</i> When using a participating provider³ <i>From: \$225 individual/\$450 family</i> <i>To: \$250 individual/\$500 family</i> <i>Bronze Full PPO 6000/65</i> When using a participating provider³</p>

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	<p><i>From: \$200 individual/\$400 family</i> <i>To: \$250 individual/\$500 family</i></p> <p><i>Gold Full PPO 1200/35</i> When using a participating provider³ <i>From: \$500 individual/\$1,000 family</i> <i>To: \$300 individual/\$600 family</i></p>
<p>Calendar-Year Out-of-Pocket Maximum</p>	<p><i>Due to plan changes from Covered California, the calendar-year out-of-pocket maximums for participating providers will change for the following plans:</i></p> <p><i>Bronze Full PPO 4000/70</i> When using a participating provider³ <i>From: \$6,800 individual/\$13,600 family</i> <i>To: \$7,350 individual/\$14,700 family</i> When using any combination of participating³ and non-participating providers⁴ <i>From: \$10,00 individual/\$20,000 family</i> <i>To: \$12,550 individual/\$25,100 family</i></p> <p><i>Bronze Tandem PPO 4000/70</i> When using a participating provider³ <i>From: \$6,800 individual/\$13,600 family</i> <i>To: \$7,350 individual/\$14,700 family</i> When using any combination of participating³ and non-participating providers⁴ <i>From: \$10,00 individual/\$20,000 family</i> <i>To: \$12,550 individual/\$25,100 family</i></p> <p><i>Bronze Full PPO 6000/65</i> When using a participating provider³ <i>From: \$7,000 individual/\$14,000 family</i> <i>To: \$7,550 individual/\$15,100 family</i> When using any combination of participating³ and non-participating providers⁴ <i>From: \$10,00 individual/\$20,000 family</i> <i>To: \$12,550 individual/\$25,100 family</i></p> <p><i>Gold Full PPO 0/20</i> When using a participating provider³ <i>From: \$6,400 individual/\$12,800 family</i> <i>To: \$7,000 individual/\$14,000 family</i></p>

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	<p>When using any combination of participating³ and non-participating providers⁴ <i>From: \$10,00 individual/\$20,000 family</i> <i>To: \$12,550 individual/\$25,100 family</i></p> <p><i>Gold Full PPO 500/30</i></p> <p>When using a participating provider³ <i>From: \$7,000 individual/\$14,000 family</i> <i>To: \$7,550 individual/\$15,100 family</i></p> <p>When using any combination of participating³ and non-participating providers⁴ <i>From: \$10,00 individual/\$20,000 family</i> <i>To: \$12,550 individual/\$25,100 family</i></p> <p><i>Gold Full PPO 750/30</i></p> <p>When using a participating provider³ <i>From: \$7,000 individual/\$14,000 family</i> <i>To: \$7,550 individual/\$15,100 family</i></p> <p>When using any combination of participating³ and non-participating providers⁴ <i>From: \$10,00 individual/\$20,000 family</i> <i>To: \$12,550 individual/\$25,100 family</i></p> <p><i>Gold Tandem PPO 750/30</i></p> <p>When using a participating provider³ <i>From: \$7,000 individual/\$14,000 family</i> <i>To: \$7,550 individual/\$15,100 family</i></p> <p>When using any combination of participating³ and non-participating providers⁴ <i>From: \$10,00 individual/\$20,000 family</i> <i>To: \$12,550 individual/\$25,100 family</i></p> <p><i>Gold Full PPO 1200/35</i></p> <p>When using a participating provider³ <i>From: \$7,000 individual/\$14,000 family</i> <i>To: \$7,550 individual/\$15,100 family</i></p> <p>When using any combination of participating³ and non-participating providers⁴ <i>From: \$10,00 individual/\$20,000 family</i> <i>To: \$12,550 individual/\$25,100 family</i></p> <p><i>Platinum Full PPO 0/10</i></p> <p>When using a participating provider³</p>
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	<p><i>From: \$3,300 individual/\$6,600 family</i> <i>To: \$3,600 individual/\$7,200 family</i> When using any combination of participating³ and non-participating providers⁴ <i>From: \$5,000 individual/\$10,000 family</i> <i>To: \$7,200 individual/\$14,400 family</i></p> <p><i>Platinum Tandem PPO 0/10</i> When using a participating provider³ <i>From: \$3,300 individual/\$6,600 family</i> <i>To: \$3,600 individual/\$7,200 family</i> When using any combination of participating³ and non-participating providers⁴ <i>From: \$5,000 individual/\$10,000 family</i> <i>To: \$7,200 individual/\$14,400 family</i></p> <p><i>Platinum Full PPO 250/15</i> When using a participating provider³ <i>From: \$3,600 individual/\$7,200 family</i> <i>To: \$3,900 individual/\$7,800 family</i> When using any combination of participating³ and non-participating providers⁴ <i>From: \$8,000 individual/\$16,000 family</i> <i>To: \$7,800 individual/\$15,600 family</i></p> <p><i>Platinum Tandem PPO 250/15</i> When using a participating provider³ <i>From: \$3,600 individual/\$7,200 family</i> <i>To: \$3,900 individual/\$7,800 family</i> When using any combination of participating³ and non-participating providers⁴ <i>From: \$8,000 individual/\$16,000 family</i> <i>To: \$7,800 individual/\$15,600 family</i></p> <p><i>Silver Full PPO 1700/55</i> When using a participating provider³ <i>From: \$7,000 individual/\$14,000 family</i> <i>To: \$7,550 individual/\$15,100 family</i> When using any combination of participating³ and non-participating providers⁴ <i>From: \$10,00 individual/\$20,000 family</i> <i>To: \$12,550 individual/\$25,100 family</i></p>
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	<p>Silver Tandem PPO 1700/55</p> <p>When using a participating provider³ <i>From:</i> \$7,000 individual/\$14,000 family <i>To:</i> \$7,550 individual/\$15,100 family</p> <p>When using any combination of participating³ and non-participating providers⁴ <i>From:</i> \$10,00 individual/\$20,000 family <i>To:</i> \$12,550 individual/\$25,100 family</p> <p>Silver Full PPO 2000/45</p> <p>When using a participating provider³ <i>From:</i> \$7,000 individual/\$14,000 family <i>To:</i> \$7,550 individual/\$15,100 family</p> <p>When using any combination of participating³ and non-participating providers⁴ <i>From:</i> \$10,00 individual/\$20,000 family <i>To:</i> \$12,550 individual/\$25,100 family</p> <p>Silver Tandem PPO 2000/45</p> <p>When using a participating provider³ <i>From:</i> \$7,000 individual/\$14,000 family <i>To:</i> \$7,550 individual/\$15,100 family</p> <p>When using any combination of participating³ and non-participating providers⁴ <i>From:</i> \$10,00 individual/\$20,000 family <i>To:</i> \$12,550 individual/\$25,100 family</p>
Primary care office visit	<p>Due to plan changes from Covered California, cost share for primary care office visit will change for the following plans:</p> <p>Bronze Full PPO 4000/70 From: \$65 To: \$70</p> <p>Bronze Tandem PPO 4000/70 From: \$65 To: \$70</p> <p>Bronze Full PPO 6000/65 From: \$60 To: \$65</p>

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Specialist care office visit	<p>Due to plan changes from Covered California, cost share for specialist care office visit will change for the following plans:</p> <p><i>Bronze Full PPO 4000/70</i> From: \$85 To: \$90</p> <p><i>Bronze Tandem PPO 4000/70</i> From: \$85 To: \$90</p> <p><i>Bronze Full PPO 6000/65</i> From: \$70 To: \$80</p> <p><i>Silver Full PPO 2000/45</i> From: \$60 To: \$70</p> <p><i>Silver Tandem PPO 2000/45</i> From: \$60 To: \$70</p>
Physician home visit	<p>Due to plan changes from Covered California, cost share for physician home visit will change for the following plans:</p> <p><i>Bronze Full PPO 4000/70</i> From: \$85 To: \$70</p> <p><i>Bronze Tandem PPO 4000/70</i> From: \$85 To: \$70</p> <p><i>Bronze Full PPO 6000/65</i> From: \$70 (<i>deductible applies</i>) To: \$65(<i>deductible applies after 1st three non-preventive visits</i>)</p> <p><i>Gold Full PPO 0/20</i> From: \$50 To: \$20</p> <p><i>Gold Full PPO 500/30</i> From: \$50(<i>deductible applies</i>) To: \$30(<i>deductible does not apply</i>)</p>

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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 plans:</p> <p><i>Bronze Full PPO 4000/70</i> From: \$65 To: \$70</p> <p><i>Bronze Tandem PPO 4000/70</i> From: \$65 To: \$70</p> <p><i>Bronze Full PPO 6000/65</i> From: \$60 To: \$65</p>
Podiatric services	<p>In keeping with the standard Covered California plan design, cost share for podiatric Services will change for the following plans:</p> <p><i>Bronze Full PPO 4000/70</i> From: \$85 To: \$90</p> <p><i>Bronze Tandem PPO 4000/70</i> From: \$85 To: \$90</p> <p><i>Bronze Full PPO 6000/65</i> From: \$70 To: \$80</p> <p><i>Silver Full PPO 2000/45</i> From: \$60 To: \$70</p> <p><i>Silver Tandem PPO 2000/45</i> From: \$60 To: \$70</p>
Emergency room services	<p>In keeping with the standard Covered California plan design, cost share for Emergency room services will change for the following plan:</p> <p><i>Bronze Full PPO 6000/65</i> When using a participating provider³</p>

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	<p>From: \$200/visit plus 15% To: 50% When using a non-participating provider⁴ From: \$200/visit plus 15% To: 50%</p>
<p>Urgent care physician services</p>	<p>In keeping with the standard Covered California plan design, cost share for urgent care physician services will change for the following plans:</p> <p><i>Bronze Full PPO 4000/70</i> From: \$65 To: \$70</p> <p><i>Bronze Tandem PPO 4000/70</i> From: \$65 To: \$70</p> <p><i>Bronze Full PPO 6000/65</i> From: \$60 To: \$65</p>
<p>Outpatient facility services - Outpatient department of a hospital: surgery</p>	<p>In keeping with the standard Covered California plan design, cost share for outpatient department of a hospital: surgery will change for the following plans:</p> <p><i>Bronze Full PPO 4000/70</i> From: 25% To: \$200/surgery plus 25%</p> <p><i>Bronze Tandem PPO 4000/70</i> From: 25% To: \$200/surgery plus 25%</p> <p><i>Bronze Full PPO 6000/65</i> From: 15% To: \$200/surgery plus 15%</p> <p><i>Gold Full PPO 0/20</i> From: 30% To: \$150/surgery plus 30%</p> <p><i>Gold Full PPO 500/30</i> From: 20% To: \$150/surgery plus 20%</p>

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Physician inpatient services	<p>In keeping with the standard Covered California plan design, cost share for physician inpatient services will change for the following plan:</p> <p>Bronze Full PPO 6000/65 From: 15% To: 50%</p>
Bariatric surgery services, designated California counties - Outpatient facility services	<p>In keeping with the standard Covered California plan design, cost share for outpatient facility services will change for the following plans:</p> <p>Bronze Full PPO 4000/70 From: 25% To: \$200/surgery plus 25%</p> <p>Bronze Tandem PPO 4000/70 From: 25% To: \$200/surgery plus 25%</p> <p>Bronze Full PPO 6000/65 From: 15% To: \$200/surgery plus 15%</p> <p>Gold Full PPO 0/20 From: 30% To: \$150/surgery plus 30%</p> <p>Gold Full PPO 500/30 From: 20% To: \$150/surgery plus 20%</p> <p>Gold Full PPO 750/30 From: 20% To: \$150/surgery plus 20%</p> <p>Gold Tandem PPO 750/30 From: 20% To: \$150/surgery plus 20%</p> <p>Gold Full PPO 1200/35 From: 20% To: \$150/surgery plus 20%</p> <p>Platinum Full PPO 0/10</p>

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	<p>From: 10% To: \$100/surgery plus 10%</p> <p><i>Platinum Tandem PPO 0/10</i> From: 10% To: \$100/surgery plus 10%</p> <p><i>Platinum Full PPO 250/15</i> From: 10% To: \$100/surgery plus 10%</p> <p><i>Platinum Tandem PPO 250/15</i> From: 10% To: \$100/surgery plus 10%</p> <p><i>Silver Full PPO 1700/55</i> From: 35% To: \$150/surgery plus 35%</p> <p><i>Silver Tandem PPO 1700/55</i> From: 35% To: \$150/surgery plus 35%</p> <p><i>Silver Full PPO 2000/45</i> From: 40% To: \$150/surgery plus 40%</p> <p><i>Silver Tandem PPO 2000/45</i> From: 40% To: \$150/surgery plus 40%</p>
Inpatient facility services - Physician services	<p><i>In keeping with the standard Covered California plan design,</i> <i>cost share for physician services will change for the following plan:</i></p> <p><i>Bronze Full PPO 6000/65</i> From: 15% To: 50%</p>
Laboratory center	<p><i>In keeping with the standard Covered California plan design,</i> <i>cost share for laboratory center will change for the following plans:</i></p> <p><i>Gold Full PPO 0/20</i> From: 30% To: \$20</p>

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	<p>To: \$45(<i>deductible does not apply</i>)</p> <p>Silver Tandem PPO 2000/45</p> <p>From: 40%(<i>deductible applies</i>)</p> <p>To: \$45(<i>deductible does not apply</i>)</p>
<p>X-ray and imaging services (Outpatient radiology center)</p>	<p>In keeping with the standard Covered California plan design, cost share for outpatient radiology center will change for the following plans:</p> <p>Gold Full PPO 0/20</p> <p>From: 30%</p> <p>To: \$50</p> <p>Gold Full PPO 500/30</p> <p>From: 20%(<i>deductible applies</i>)</p> <p>To: \$50(<i>deductible does not apply</i>)</p> <p>Gold Full PPO 750/30</p> <p>From: 20%(<i>deductible applies</i>)</p> <p>To: \$50(<i>deductible does not apply</i>)</p> <p>Gold Tandem PPO 750/30</p> <p>From: 20%(<i>deductible applies</i>)</p> <p>To: \$50(<i>deductible does not apply</i>)</p> <p>Gold Full PPO 1200/35</p> <p>From: 20%(<i>deductible applies</i>)</p> <p>To: \$50(<i>deductible does not apply</i>)</p> <p>Platinum Full PPO 0/10</p> <p>From: 10%</p> <p>To: \$25</p> <p>Platinum Tandem PPO 0/10</p> <p>From: 10%</p> <p>To: \$25</p> <p>Platinum Full PPO 250/15</p> <p>From: 10%(<i>deductible applies</i>)</p> <p>To: \$30(<i>deductible does not apply</i>)</p>

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	<p>Platinum Tandem PPO 250/15 From: 10%(deductible applies) To: \$30(deductible does not apply)</p> <p>Silver Full PPO 1700/55 From: 35%(deductible applies) To: \$70(deductible does not apply)</p> <p>Silver Tandem PPO 1700/55 From: 35%(deductible applies) To: \$70(deductible does not apply)</p> <p>Silver Full PPO 2000/45 From: 40%(deductible applies) To: \$70(deductible does not apply)</p> <p>Silver Tandem PPO 2000/45 From: 40%(deductible applies) To: \$70(deductible does not apply)</p>
<p>X-ray imaging services (Outpatient department of a hospital)</p>	<p>In keeping with the standard Covered California plan design, cost share for outpatient department of a hospital will change for the following plans:</p> <p>Gold Full PPO 0/20 From: 30% To: \$100</p> <p>Gold Full PPO 500/30 From: 20%(deductible applies) To: \$100(deductible does not apply)</p> <p>Gold Full PPO 750/30 From: 20%(deductible applies) To: \$100(deductible does not apply)</p> <p>Gold Tandem PPO 750/30 From: 20%(deductible applies) To: \$100(deductible does not apply)</p> <p>Gold Full PPO 1200/35 From: 20%(deductible applies) To: \$100(deductible does not apply)</p>

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	<p>Platinum Full PPO 0/10 From: 10% To: \$75</p> <p>Platinum Tandem PPO 0/10 From: 10% To: \$75</p> <p>Platinum Full PPO 250/15 From: 10%(deductible applies) To: \$80(deductible does not apply)</p> <p>Platinum Tandem PPO 250/15 From: 10%(deductible applies) To: \$80(deductible does not apply)</p> <p>Silver Full PPO 1700/55 From: 35%(deductible applies) To: \$120(deductible does not apply)</p> <p>Silver Tandem PPO 1700/55 From: 35%(deductible applies) To: \$120(deductible does not apply)</p> <p>Silver Full PPO 2000/45 From: 40%(deductible applies) To: \$120(deductible does not apply)</p> <p>Silver Tandem PPO 2000/45 From: 40%(deductible applies) To: \$120(deductible does not apply)</p>
<p>Other outpatient diagnostic testing (Office location)</p>	<p>In keeping with the standard Covered California plan design, cost share for office location will change for the following plans:</p> <p>Gold Full PPO 0/20 From: 30% To: \$50</p> <p>Gold Full PPO 500/30 From: 20%(deductible applies) To: \$50(deductible does not apply)</p>

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	<p>Gold Full PPO 750/30 From: 20%(deductible applies) To: \$50(deductible does not apply)</p> <p>Gold Tandem PPO 750/30 From: 20%(deductible applies) To: \$50(deductible does not apply)</p> <p>Gold Full PPO 1200/35 From: 20%(deductible applies) To: \$50(deductible does not apply)</p> <p>Platinum Full PPO 0/10 From: 10% To: \$25</p> <p>Platinum Tandem PPO 0/10 From: 10% To: \$25</p> <p>Platinum Full PPO 250/15 From: 10%(deductible applies) To: \$30(deductible does not apply)</p> <p>Platinum Tandem PPO 250/15 From: 10%(deductible applies) To: \$30(deductible does not apply)</p> <p>Silver Full PPO 1700/55 From: 35%(deductible applies) To: \$70(deductible does not apply)</p> <p>Silver Tandem PPO 1700/55 From: 35%(deductible applies) To: \$70(deductible does not apply)</p> <p>Silver Full PPO 2000/45 From: 40%(deductible applies) To: \$70(deductible does not apply)</p>
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	<p>Silver Tandem PPO 2000/45 From: 40%(deductible applies) To: \$70(deductible does not apply)</p>
<p>Other outpatient diagnostic testing (Outpatient department of a hospital)</p>	<p>In keeping with the standard Covered California plan design, cost share for outpatient department of a hospital will change for the following plans:</p> <p>Gold Full PPO 0/20 From: 30% To: \$100</p> <p>Gold Full PPO 500/30 From: 20%(deductible applies) To: \$100(deductible does not apply)</p> <p>Gold Full PPO 750/30 From: 20%(deductible applies) To: \$100(deductible does not apply)</p> <p>Gold Tandem PPO 750/30 From: 20%(deductible applies) To: \$100(deductible does not apply)</p> <p>Gold Full PPO 1200/35 From: 20%(deductible applies) To: \$100(deductible does not apply)</p> <p>Platinum Full PPO 0/10 From: 10% To: \$75</p> <p>Platinum Tandem PPO 0/10 From: 10% To: \$75</p> <p>Platinum Full PPO 250/15 From: 10%(deductible applies) To: \$80(deductible does not apply)</p>

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	<p>Platinum Full Tandem 250/15 From: 10%(deductible applies) To: \$80(deductible does not apply)</p> <p>Silver Full PPO 1700/55 From: 35%(deductible applies) To: \$120(deductible does not apply)</p> <p>Silver Tandem PPO 1700/55 From: 35%(deductible applies) To: \$120(deductible does not apply)</p> <p>Silver Full PPO 2000/45 From: 40%(deductible applies) To: \$120(deductible does not apply)</p> <p>Silver Tandem PPO 2000/45 From: 40%(deductible applies) To: \$120(deductible does not apply)</p>
<p>Rehabilitative and habilitative services (Office Location)</p>	<p>In keeping with the standard Covered California plan design, cost share for office location benefits will change for the following plans:</p> <p>Bronze Full PPO 4000/70 From: \$65 To: \$70</p> <p>Bronze Tandem PPO 4000/70 From: \$65 To: \$70</p> <p>Bronze Full PPO 6000/65 From: \$60 To: \$65</p>
<p>Rehabilitative and habilitative services (Outpatient department of a hospital)</p>	<p>In keeping with the standard Covered California plan design, cost share for outpatient department of a hospital Benefits will change for the following plans:</p> <p>Bronze Full PPO 4000/70 From: \$65 To: \$70</p>

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	<p>Bronze Tandem PPO 4000/70 From: \$65 To: \$70</p> <p>Bronze Full PPO 6000/65 From: \$60 To: \$65</p>
<p>Mental Health and Substance Use Disorder Benefits for (Office visit, including physician office visit)</p>	<p>In keeping with the standard Covered California plan design, cost share for mental health and substance use disorder office visit, including physician office visit will change for the following plans:</p> <p>Bronze Full PPO 4000/70 From: \$65 To: \$70</p> <p>Bronze Tandem PPO 4000/70 From: \$65 To: \$70</p> <p>Bronze Full PPO 6000/65 From: \$60 To: \$65</p>
<p>Retail pharmacy prescription drugs -Tier 1 drugs</p>	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Tier 1 drug will change for the following plans:</p> <p>Bronze Full PPO 4000/70 From: \$15/prescription To: \$20/prescription</p> <p>Bronze Tandem PPO 4000/70 Level A From: \$15/prescription To: \$20/prescription</p> <p>Bronze Tandem PPO 4000/70 Level B From: \$20/prescription To: \$25/prescription</p> <p>Bronze Full PPO 6000/65 From: \$15/prescription</p>

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	<p>To: \$20/prescription</p> <p>Gold Full PPO 1200/35 From: \$5/prescription To: \$10/prescription</p> <p>Silver Full PPO 2000/45 From: \$15/prescription (<i>deductible applies</i>) To: \$20/prescription (<i>deductible does not apply</i>)</p> <p>Silver Tandem PPO 2000/45 Level A From: \$15/prescription To: \$20/prescription</p> <p>Silver Tandem PPO 2000/45 Level B From: \$20/prescription To: \$25/prescription</p>
<p>Retail pharmacy prescription drugs -Tier 2 drugs</p>	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Tier 2 drug will change for the following plans:</p> <p>Bronze Full PPO 4000/70 From: \$50/prescription To: \$55/prescription</p> <p>Bronze Tandem PPO 4000/70 Level A From: \$50/prescription To: \$55/prescription</p> <p>Bronze Tandem PPO 4000/70 Level B From: \$80/prescription To: \$85/prescription</p> <p>Bronze Full PPO 6000/65 From: \$50/prescription To: \$55/prescription</p>

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<p>Retail pharmacy prescription drugs -Tier 3 drugs</p>	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Tier 3 drug will change for the following plans:</p> <p><i>Bronze Full PPO 4000/70</i> From: \$75/prescription To: \$80/prescription</p> <p><i>Bronze Tandem PPO 4000/70 Level A</i> From: \$75/prescription To: \$80/prescription</p> <p><i>Bronze Tandem PPO 4000/70 Level B</i> From: \$125/prescription To: \$130/prescription</p> <p><i>Bronze Full PPO 6000/65</i> From: \$75/prescription To: \$80/prescription</p> <p><i>Silver Full PPO 1700/55</i> From: \$75/prescription To: \$80/prescription</p> <p><i>Silver Tandem PPO 1700/55 Level A</i> From: \$75/prescription To: \$80/prescription</p> <p><i>Silver Tandem PPO 1700/55 Level B</i> From: \$115/prescription To: \$120/prescription</p> <p><i>Silver Full PPO 2000/45</i> From: \$75/prescription To: \$80/prescription</p> <p><i>Silver Tandem PPO 2000/45 Level A</i> From: \$75/prescription To: \$80/prescription</p>
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	<p>Silver Tandem PPO 2000/45 Level B From: \$115/prescription To: \$120/prescription</p>
<p>Mail pharmacy prescription drugs -Tier 1 drugs</p>	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Tier 1 drug will change for the following plans:</p> <p>Bronze Full PPO 4000/70 From: \$30/prescription To: \$40/prescription</p> <p>Bronze Tandem PPO 4000/70 From: \$30/prescription To: \$40/prescription</p> <p>Bronze Full PPO 6000/65 From: \$30/prescription To: \$40/prescription</p> <p>Gold Full PPO 1200/35 From: \$10/prescription To: \$20/prescription</p> <p>Silver Full PPO 2000/45 From: \$30/prescription (<i>deductible applies</i>) To: \$40/prescription (<i>deductible does not apply</i>)</p> <p>Silver Tandem PPO 2000/45 From: \$30/prescription (<i>deductible applies</i>) To: \$40/prescription (<i>deductible does not apply</i>)</p>
<p>Mail pharmacy prescription drugs -Tier 2 drugs</p>	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Tier 2 drug will change for the following plans:</p> <p>Bronze Full PPO 4000/70 From: \$100/prescription To: \$110/prescription</p> <p>Bronze Tandem PPO 4000/70 From: \$100/prescription To: \$110/prescription</p>

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	<p>Bronze Full PPO 6000/65 From: \$100/prescription To: \$110/prescription</p>
Mail pharmacy prescription drugs -Tier 3 drugs	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Tier 3 drug will change for the following plans:</p> <p>Bronze Full PPO 4000/70 From: \$150/prescription To: \$160/prescription</p> <p>Bronze Tandem PPO 4000/70 From: \$150/prescription To: \$160/prescription</p> <p>Bronze Full PPO 6000/65 From: \$150/prescription To: \$160/prescription</p> <p>Silver Full PPO 1700/55 From: \$150/prescription To: 160/prescription</p> <p>Silver Tandem PPO 1700/55 From: \$150/prescription To: 160/prescription</p> <p>Silver Full PPO 2000/45 From: \$150/prescription To: \$160/prescription</p> <p>Silver Tandem PPO 2000/45 From: \$150/prescription To: \$160/prescription</p>

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

Description	Summary
Ambulance Benefits	<p>Language was added to clarify ambulance benefit for non-emergency transportation in the EOC: -Language was added "(surface and air)" and "Ambulance services are required to be provided by a state licensed ambulance or a psychiatric van." at "(2) pre-authorized, non-emergency ambulance transportation (surface and air) from one medical facility to another. Ambulance services are</p>

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	required to be provided by a state licensed ambulance or a psychiatric transport van."
Allergy serum	To better define the billing description for Allergy Serum, language was added in the SOB that defines separate billing for the office visit and the allergy serum. When the serum is give during an office visit, the patient will be billed for the office visit cost share as well as a separate bill for the allergy serum. -Additional description added to Allergy serum "billed separately from an office visit"
California Prenatal Screening Program	To clarify that this benefit is a Preventive Health benefit, it was moved from Diagnostic Services to Preventive Health Services in the SOB.
Contract – Effective date	Language was revised to clarify the effective day in the contract: -Language "first day" was replace with "OE Effective day"
Infertility Rider - Exclusions	Language was revised to clarify the member in the Infertility Rider under the Exclusion section -Language removed "person" and replace with "Member"
Infertility Rider – Exclusions (Grievance Process)	Language was added in the Infertility Rider to disclose the procedure for submitting grievances, including the location and phone number where grievances can be submitted. -Language added "See the Grievance Process portion of your EOC for information on filing a grievance, your right to seek assistance from the Department of Managed Health Care, and your rights to independent medical review"
Prior Authorization - Electroconvulsive Therapy (ECT) and Psychological Testing	To better define and simplify the Mental Health, Behavioral Health, and Substance Use Disorder Services prior authorization requirements, the Electroconvulsive Therapy (ECT) and Psychological Testing benefits language was revised to exclude these benefits from prior authorization on various sections of the EOC, SOB and SBC: -Language "Electroconvulsive Therapy, and Psychological Testing" was removed. -Language "except for electroconvulsive therapy, and psychological testing" was added -Language was added "all", services must be prior authorized by the MHSA" and "all" Other Outpatient Mental Health Services, Behavioral Health Treatment, and Substance Use Disorder Services must be prior authorized by the MHSA "except for electroconvulsive therapy and Psychological Testing".
Limitation on Quantity of Drugs that May Be	To comply with California law, the following change was made in the EOC:

<p>Obtained Per Prescription or Refill</p>	<ul style="list-style-type: none"> • A new definition for Schedule II Controlled Substance was added. A Schedule II Controlled Substance is a prescription Drug or other substance that have a high potential for abuse which may lead to severe psychological or physical dependence. • Language was added to explain that partial refills can be requested for Schedule II Controlled Substance prescriptions at a pro-rated copayment or coinsurance <p>- Language added " 2. If the Member or Health Care Provider requests a partial fill of a Schedule II Controlled Substance prescription, your Copayment or Coinsurance will be pro-rated. The remaining balance of any partially filled prescription cannot be dispensed more than 30 days from the date the prescription was written."</p>
<p>Non-Assignability</p>	<p>To add clarity to the Non-Assignability section in the EOC, that in addition to Subscribers, Dependents enrolled by Blue Shield are also entitled to Services:</p> <p>-Added language "or Dependent" to "To be entitled to services, the Member must be a Subscriber, or Dependent who has been enrolled by Blue Shield and who has maintained enrollment under the terms of this Agreement."</p>
<p>Non-Discrimination Notification and Language Assistance Taglines</p>	<p>To comply with California law, changes were made to the Non-Discrimination Notification and Language Assistance Taglines, the notice was updated and attached at the end of the EOC and SOB.</p> <p>-Language additions "state law and", "ancestry, religion, sex, marital status, gender, gender identity, sexual orientation."</p>
<p>Outpatient Prescription Drug Benefits – Outpatient Drug Formulary</p>	<p>Language was revised in the EOC to clarify that drugs not on the formulary require an exception process not prior authorization.</p> <p>-Language was removed "and prior authorization is obtained" -Language added "by submitting an exception request to" Blue Shield.</p>
<p>Outpatient Prescription Drug Coverage</p>	<p>Language was revised in the SOB endnote to clarify that if you, the physician, or healthcare provider select a brand drug when a Generic Drug is available you are responsible for the difference in cost to Blue Shield plus the Tier 1 copayment or coinsurance.</p> <p>-Language was removed "any applicable drug tier" and replaced with "the tier 1"</p>

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<p>Outpatient Prescription Drug Coverage (<u>Short-Cycle Specialty Drug program</u>)</p>	<p>Language was added in the SOB endnote in the Outpatient Prescription Drug Coverage in the Short-Cycle Specialty Drug program section to specify that the member's consent is required.</p> <p>-Language added "with your approval" to "This program allows initial prescriptions for select Specialty Drugs to be filled for a 15-day supply with your approval."</p>
<p>Pediatric Vision</p>	<p>To better define and simplify some Pediatric Vision benefit maximum cost share limits the language was revised in the SOB:</p> <p>-Language removed "up to" and "plus100% of additional charges"</p> <p>-Language add "All charges above"</p>
<p>Prescription Drug Benefits - Network and Formulary name</p>	<p>To clearly define the Pharmacy Network and Drug Formulary the Pharmacy Network and Drug Formulary names have been added to the Prescription Drug Benefits section in the SOBs:</p> <p>-Language added: Pharmacy Network: Rx Ultra Drug Formulary: Standard Formulary Plan names: Bronze Full PPO 4000/70 OffEx Bronze Full PPO 6000/65 OffEx Bronze Full PPO 6500/50% OffEx Gold Full PPO 0/20 OffEx Gold Full PPO 1200/35 OffEx Gold Full PPO 500/30 OffEx Gold Full PPO 750/30 OffEx Platinum Full PPO 0/10 OffEx Platinum Full PPO 250/15 OffEx Silver Full PPO 1700/55 OffEx Silver Full PPO 2000/45 OffEx</p>
<p>Prescription Drug Benefits - Network and Formulary name</p>	<p>To clearly define the Pharmacy Network and Drug Formulary the addition of the Pharmacy Network and Drug Formulary names have been added to the Prescription Drug Benefits section in the SOBs:</p> <p>Participating Pharmacies. Blue Shield has two participation levels for retail pharmacies: Level A and Level B. You can go to any Level A or Level B pharmacy to obtain covered Drugs.</p> <p>-Language added: Pharmacy Network: Rx Spectrum Drug Formulary: Standard Formulary Plan names: Bronze Tandem PPO 4000/70 OffEx</p>

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	<p>Bronze Tandem PPO 6500/50% OffEx Gold Tandem PPO 750/30 OffEx Platinum Tandem PPO 0/10 OffEx Platinum Tandem PPO 250/15 OffEx Silver Tandem PPO 1700/55 OffEx Silver Tandem PPO 2000/45 OffEx</p>
Principle Limitations, Exceptions, Exclusions and Reductions – General Exclusions and Limitations	<p>To add clarity to the hearing aid service exclusions the following exclusions were added in the General Exclusions and Limitations section in the EOC:</p> <ul style="list-style-type: none"> - 8) hearing aid “instruments, examinations for the appropriate type of hearing aid, device checks, electroacoustic evaluation for hearing aids and other ancillary equipment”
Principle Limitations, Exceptions, Exclusions and Reductions – General Exclusions and Limitations	<p>In the General Exclusions and Limitations section in the EOC the following changes were made to exclusion #25 for clarification:</p> <ul style="list-style-type: none"> -Language in parenthesis was moved from the third bullet to after the word services “ (except for services received under the Behavioral Health Treatment benefit under Mental Health, Behavioral Health, and Substance Use Disorder Benefits)” provided by an individual or entity that:” -Language was added to the third bullet: <ul style="list-style-type: none"> • is not appropriately licensed or certified by the state to provide health care services; • is not operating within the scope of such license or certification; or • does not maintain the Clinical Laboratory Improvement Amendments certificate required to perform the laboratory testing services;
Principle Limitations, Exceptions, Exclusions and Reductions – General Exclusions and Limitations	<p>To better define the non-emergent transportation exclusions, language has been revised in the General Exclusions and Limitations section in the EOC:</p> <ul style="list-style-type: none"> -Language removed “for transportation services other than provided under Ambulance Benefits in the Plan Benefits section” -Language added “transportation by car, taxi, gurney van, wheelchair van, and any other type of transportation (other than a licensed ambulance or psychiatric transport van);”
Professional Benefits – 15) extended-hour facility and Urgent Care Services	<p>To better define reimbursement for extended-hour facility and Urgent Care Services at a non-hospital setting the word “office” was added to the definition of an extended-hour facility in the EOC.</p>

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	-Language added "office" to sentence "Services received from a Plan Physician at an extended office hours facility will be reimbursed as a Physician office visit."
Rehabilitative and Habilitative Service	For clarity and to align with California mandate, "rehabilitation" was revised to "rehabilitative" to match the tense of "habilitative" when describing Rehabilitative and Habilitative Benefits throughout the EOC and SOB.
SOB Template Modifications: -Other practitioner office visit -Urgent care center services -Ambulance services	To better define, explain and simplify some benefits, the SOB template was modified, and language was revised: -Language was revised under the "Other practitioner office visit" removed "nurses" and added "physician assistant" -Category Emergency services and urgent care was update by removing "urgent care" -Removed "physician" from Urgent care physician services and added "center" to define benefit name as Urgent care center services, and removed language "Inside your primary care physician's service area, services must be provided or referred by your primary care physician or medical group/IPA. Services outside your primary care physician's service area are also covered. Services inside your primary care physician's service area not provided or referred by your primary care physician or medical group/IPA are not covered" -Added language "This payment is for emergency or authorized transport." to the Ambulance services benefit
Specialty drugs	Language was removed from the SOB to simplify the benefit since there is no coverage for out-of-network specialty drugs? except in emergency situations. -Language was removed "Specialty drugs from non-participating pharmacies are not covered except in emergency situations"
Special Enrollment Period	The special enrollment period definitions were revised in the EOC to align with Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS) Market Stabilization rule. There are multiple changes throughout the Special Enrollment Period section, including defined exceptions to the special enrollment period that would allow for an additional 60-day period for enrollment prior to a qualifying event. Please refer to your EOC for these specific changes.