

Changes to Small Business PPO 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:</p> <p>From: Silver Full PPO 1700/40 OffEx To: Silver Full PPO 1700/55 OffEx</p> <p>From: Gold Full PPO 1000/35 OffEx To: Gold Full PPO 1200/35 OffEx</p> <p>From: Gold Full PPO 250/30 OffEx To: Gold Full PPO 450/30 OffEx</p> <p>From: Bronze Full PPO 5100/60 OffEx To: Bronze Full PPO 5700/60 OffEx</p> <p>From: Platinum Full PPO 150/15 OffEx To: Platinum Full PPO 250/15 OffEx</p> <p>From: Silver Full PPO 1300/45 OffEx To: Silver Full PPO 2000/45 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><i>Silver Full PPO 2000/45 OffEx</i></p>

A47514-OFF (3/18)

<p>Calendar year deductible change</p>	<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><i>Platinum Full PPO 250/15 OffEx</i> From: \$150 Individual/ \$300 family To: \$250 Individual/ \$500 family</p> <p><i>Silver Full PPO 2000/45 OffEx</i> From: \$1,300 Individual/ \$2,600 family To: \$2,000 Individual/ \$4,000 family</p> <p><i>Silver Full PPO 2000/45 OffEx</i> From: \$2,600 Individual/ \$5,200 family To: \$4,000 Individual/ \$8,000 family <i>When using any combination of participating and non-participating providers</i></p> <p><i>Gold Full PPO 1200/35 OffEx</i> From: \$1,000 Individual/ \$2,000 family To: \$1,200 Individual/ \$2,400 family</p> <p><i>Gold Full PPO 1200/35 OffEx</i> From: \$2,000 Individual/ \$4,000 family To: \$2,400 Individual/ \$4,800 family <i>When using any combination of participating and non-participating providers</i></p> <p><i>Gold Full PPO 450/30 OffEx</i> From: \$250 Individual/ \$500 family To: \$450 Individual/ \$900 family</p> <p><i>Gold Full PPO 450/30 OffEx</i> From: \$500 Individual/ \$1,000 family To: \$900 Individual/ \$1,800 family <i>When using any combination of participating and non-participating providers</i></p> <p><i>Bronze Full PPO 5700/60 OffEx</i> From: \$5,100 Individual/ \$10,200 family</p>
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	<p>To: \$5,700 Individual/ \$11,400 family</p> <p>Bronze Full PPO 5700/60 OffEx From: \$5,100 Individual/ \$10,200 family To: \$5,700 Individual/ \$11,400 family When using any combination of participating and non-participating providers</p>
<p>Calendar-Year Out-of-Pocket Maximum</p>	<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:</p> <p>Gold Full PPO 750/30 OffEx From: \$6,750 Individual/ \$13,000 family To: \$7,000 Individual/ \$14,000 family</p> <p>Platinum Full PPO 0/10 OffEx From: \$2,500 Individual/ \$5,000 family To: \$3,300 Individual/ \$6,600 family</p> <p>Platinum Full PPO 250/15 OffEx From: \$3,000 Individual/ \$ 6,000 family To: \$3,600 Individual/ \$7,200 family</p> <p>Silver Full PPO 2000/45 OffEx From: \$6,800 Individual/ \$13,600 family To: \$7,000 Individual/ \$14,000 family</p> <p>Silver Full PPO 1700/55 OffEx From: \$6,800 Individual/ \$13,600 family To: \$7,000 Individual/ \$14,000 family</p> <p>Gold Full PPO 0/20 OffEx From: \$6,800 Individual/ \$13,600 family To: \$6,400 Individual/ \$12,800 family</p> <p>Gold Full PPO 1200/35 OffEx From: \$6,500 Individual/ \$13,000 family To: \$7,000 Individual/ \$14,000 family</p> <p>Gold Full PPO 450/30 OffEx From: \$6,800 Individual/ \$13,600 family To: \$7,000 Individual/ \$14,000 family</p>

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	<p>Bronze Full PPO 5700/60 OffEx From: \$6,800 Individual/ \$13,600 family To: \$7,000 Individual/ \$14,000 family</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 plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</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 plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</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 plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</p>
Ambulance services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Ambulance services will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p>

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	<p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</p>
Ambulatory surgery center	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Ambulatory surgery center will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</p>
Outpatient department of a hospital: surgery	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), cost share for Outpatient department of a hospital: surgery will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</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>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</p>
Hospital services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Hospital services will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p>

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	<p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</p>
Special transplant facility inpatient services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Special transplant facility inpatient services will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</p>
Physician inpatient services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Physician inpatient services will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</p>
Inpatient facility services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Inpatient facility services will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</p>
Outpatient facility services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Outpatient facility services will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p>

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Physician services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Physician services will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</p>
Laboratory center	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Laboratory center will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</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 will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</p>
Outpatient radiology center	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Outpatient department of a hospital will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p>

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Office location	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Office location will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</p>
Orthotic equipment and devices	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Orthotic equipment and devices will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</p>
Prosthetic equipment and devices	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Prosthetic equipment and devices change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</p>
Home health agency	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Home health agency will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p>

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	<p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</p>
Home visits by an infusion nurse	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Home visits by an infusion nurse will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</p>
Home health medical supplies	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Home health medical supplies will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</p>
Home infusion agency services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Home infusion agency services will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</p>
Hemophilia home infusion services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Hemophilia home infusion services will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx</p>

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	<p>From: 30%</p> <p>To: 35%</p>
Freestanding SNF	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Freestanding SNF will change for the following plans:</p> <p>Bronze Full PPO 3750/65</p> <p>From: 10%</p> <p>To: 25%</p> <p>Silver Full PPO 1700/55 OffEx</p> <p>From: 30%</p> <p>To: 35%</p>
Hospital-based SNF	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Hospital-based SNF will change for the following plans:</p> <p>Bronze Full PPO 3750/65</p> <p>From: 10%</p> <p>To: 25%</p> <p>Silver Full PPO 1700/55 OffEx</p> <p>From: 30%</p> <p>To: 35%</p>
Dialysis services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Dialysis services will change for the following plans:</p> <p>Bronze Full PPO 3750/65</p> <p>From: 10%</p> <p>To: 25%</p> <p>Silver Full PPO 1700/55 OffEx</p> <p>From: 30%</p> <p>To: 35%</p>
PKU product formulas and special food products	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), PKU product formulas and special food products will change for the following plans:</p> <p>Bronze Full PPO 3750/65</p> <p>From: 10%</p> <p>To: 25%</p> <p>Silver Full PPO 1700/55 OffEx</p>

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	<p>From: 30%</p> <p>To: 35%</p>
Allergy serum	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Allergy serum will change for the following plans:</p> <p>Bronze Full PPO 3750/65</p> <p>From: 10%</p> <p>To: 25%</p> <p>Silver Full PPO 1700/55 OffEx</p> <p>From: 30%</p> <p>To: 35%</p>
Other outpatient services, including intensive outpatient care, behavioral health treatment for pervasive developmental disorder or autism in an office setting, home, or other non-institutional facility setting, and office-based opioid treatment	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Other outpatient services will change for the following plans:</p> <p>Bronze Full PPO 3750/65</p> <p>From: 10%</p> <p>To: 25%</p> <p>Silver Full PPO 1700/55 OffEx</p> <p>From: 30%</p> <p>To: 35%</p>
Partial hospitalization program	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Partial hospitalization program will change for the following plans:</p> <p>Bronze Full PPO 3750/65</p> <p>From: 10%</p> <p>To: 25%</p> <p>Silver Full PPO 1700/55 OffEx</p> <p>From: 30%</p> <p>To: 35%</p>
Psychological testing	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Psychological testing will change for the following plans:</p> <p>Bronze Full PPO 3750/65</p> <p>From: 10%</p> <p>To: 25%</p> <p>Silver Full PPO 1700/55 OffEx</p> <p>From: 30%</p>

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	<p>To: 35%</p>
Physician inpatient services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Physician inpatient services will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</p>
Hospital services and stay	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Hospital services and stay will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</p>
Residential care	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Residential care will change for the following plans:</p> <p>Bronze Full PPO 3750/65 From: 10% To: 25%</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: 35%</p>
Primary care office visit	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Primary care office visit will change for the following plans:</p> <p>Gold Full PPO 750/30 OffEx From: \$20 To: \$30</p> <p>Silver Full PPO 1700/55 OffEx From: \$40 To: \$55</p>

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Specialist care office visit	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Specialist care office visit will change for the following plan:</p> <p>Gold Full PPO 750/30 OffEx From: \$35 To: \$50</p> <p>Gold Full PPO 0/20 OffEx From: \$60 To: \$50</p>
Physician home visit	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Physician home visit will change for the following plan:</p> <p>Gold Full PPO 750/30 OffEx From: \$35 To: \$50</p> <p>Gold Full PPO 0/20 OffEx From: \$60 To: \$50</p>
Other practitioner office visit	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Other practitioner office visit will change for the following plan:</p> <p>Silver Full PPO 1700/55 OffEx From: \$40 To: \$55</p>
Podiatric services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Podiatric services will change for the following plan:</p> <p>Gold Full PPO 750/30 OffEx From: \$35 To: \$50</p> <p>Gold Full PPO 0/20 OffEx From: \$60 To: \$50</p>
Urgent care physician services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Urgent care physician services will change for the following plan:</p> <p>Gold Full PPO 750/30 OffEx</p>

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	<p>From: \$20 To: \$30</p> <p>Silver Full PPO 1700/55 OffEx From: \$40 To: \$55</p>
Office visit, including physician office visit	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Office visit, including physician office visit will change for the following plan:</p> <p>Gold Full PPO 750/30 OffEx From: \$20 To: \$30</p>
Tier 4 drugs (excluding specialty 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 plan:</p> <p>Silver Full PPO 2000/45 OffEx From: 30% up to \$250/prescription To: 40% up to \$250/prescription</p>
Specialty drugs	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Specialty drugs will change for the following plan:</p> <p>Silver Full PPO 2000/45 OffEx From: 30% up to \$250/prescription To: 40% up to \$250/prescription</p>
Oral anticancer drugs	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Oral anticancer drugs will change for the following plan:</p> <p>Silver Full PPO 2000/45 OffEx From: 30% up to \$200/prescription To: 40% up to \$200/prescription</p>
Emergency room services	<p>Due to plan requirements from the U.S. Department of Health and Human Services (HHS), Emergency room services will change for the following plan:</p> <p>Silver Full PPO 1700/55 OffEx From: 30% To: \$250/visit plus 35%</p>

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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 will change for the following plan:</p> <p>Silver Full PPO 1700/55 OffEx From: \$100/visit plus 30% To: \$100/visit plus 35%</p>
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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	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. - 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	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.
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	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.
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 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.

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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)	In order to better explain what this benefit covers , restructured language for readability in the EOC.
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
Speech Therapy Benefits (Rehabilitation and Habilitative Services)	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.
Continuity of Care	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

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<p>Calendar Year Deductible footnote</p>	<p><i>In order to accurately represent what Benefits count towards the Calendar Year Deductible</i>, 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><i>In order to better explain what is covered in the Calendar Year Out-of-Pocket Maximum</i>, 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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