

# Changes to All Small Business PPO 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 guidance, the oral anticancer medications are no longer subject to deductible. Previously, these drugs were 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 Silver Full PPO 1250/40 OffEx plan will increase from \$1,250 individual/\$2,500 family to \$1,300 individual/\$2,600 family</i></p> <p><i>The Bronze Full PPO 3500/60 OffEx plan will increase from \$3,500 individual/\$7,000 family to \$3,750 individual/\$7,500 family</i></p> <p><i>The Bronze Full PPO 4500/45 OffEx plan will increase from \$4,500 individual/\$9,000 family to \$5,100 individual/\$10,200 family</i></p> <p><i>The calendar-year medical deductible for non-participating providers has changed.</i></p> <p><i>Impacted plans and changes:</i></p> <p><i>The Silver Full PPO 1250/40 OffEx plan will increase from \$2,500 individual/\$5,000 family to \$2,600 individual/\$5,200 family</i></p> <p><i>The Bronze Full PPO 3500/60 OffEx plan will increase from \$7,000 individual/\$14,000 family to \$7,500 individual/\$15,000 family</i></p> <p><i>The Bronze Full PPO 4500/45 OffEx plan will increase from \$4,500 individual/\$9,000 family to \$5,100 individual/\$10,200 family</i></p> <p><i>Previous plan names have changed from :</i>  <i>Silver Full PPO 1250/40 OffEx</i>  <i>Bronze Full PPO 3500/60 OffEx</i>  <i>Bronze Full PPO 4500/45 OffEx</i></p>

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	<p>to:  Silver Full PPO 1300/45 OffEx  Bronze Full PPO 3750/65 OffEx  Bronze Full PPO 5100/60 OffEx</p>
Calendar-Year Pharmacy Deductible	<p><b>In accordance with 2017 IRS guidelines, the calendar-year pharmacy deductible for covered drugs from participating providers has changed.</b></p> <p><i>Impacted plans and changes:</i></p> <p>The Bronze Full PPO 5100/60 OffEx plan will decrease from \$225 individual/\$450 family to \$200 individual/\$400 family</p>
Calendar-Year Out-of-Pocket Maximum	<p><b>In accordance with 2017 IRS guidelines, the calendar-year out-of-pocket maximums for covered services from participating providers has changed.</b></p> <p><i>Impacted plans and changes:</i></p> <p>The Gold Full PPO 0/20 OffEx plan will increase from \$6,500 individual/\$13,000 family to \$6,800 individual/\$13,600 family;</p> <p>The Gold Full PPO 250/20 OffEx plan will increase from \$6,500 individual/\$13,000 family to \$6,800 individual/\$13,600 family;</p> <p>The Silver Full PPO 1300/45 OffEx plan will increase from \$6,500 individual/\$13,000 family to \$6,800 individual/\$13,600 family</p> <p>The Silver Full PPO 1700/40 OffEx plan will increase from \$6,500 individual/\$13,000 family to \$6,800 individual/\$13,600 family</p> <p>The Bronze Full PPO 3750/65 OffEx plan will increase from \$6,500 individual/\$13,000 family to \$6,800 individual/\$13,600 family;</p> <p>The Bronze Full PPO 5100/60 OffEx plan will increase from \$6,500 individual/\$13,000 family to \$6,800 individual/\$13,600 family</p>

<p>Primary Care Physician Office Visit</p>	<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>The Gold Full PPO 250/20 OffEx plan will increase from \$20 per visit to \$30 per visit</i></p> <p><i>The Silver Full PPO 1300/45 OffEx plan will increase from \$40 per visit to \$45 per visit</i></p> <p><i>The Bronze Full PPO 3750/65 OffEx plan will increase from \$60 per visit to \$65 per visit</i></p> <p><i>The Bronze Full PPO 5100/60 OffEx plan will increase from \$45 per visit to \$60 per visit for the first three visits per calendar year prior to the deductible</i></p> <p><i>The previous plan name has changed from:</i>  <i>Gold Full PPO 250/20 OffEx</i></p> <p><i>To:</i>  <i>Gold Full PPO 250/30 OffEx</i></p>
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<p>Specialist Physician Office Visit</p>	<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 has changed.</i></b></p> <p><i>Impacted plans and changes:</i></p> <p><i>The Gold Full PPO 0/20 OffEx plan will increase from \$45 per visit to \$60 per visit</i></p> <p><i>The Gold Full PPO 250/30 OffEx plan will increase from \$40 per visit to \$50 per visit</i></p> <p><i>The Silver Full PPO 1300/45 OffEx plan will increase from \$50 per visit to \$60 per visit</i></p> <p><i>The Silver Full PPO 1700/40 OffEx plan will increase from \$50 per visit to \$70 per visit</i></p> <p><i>The Bronze Full PPO 3750/65 OffEx plan will increase from \$70 per visit to \$85 per visit</i></p> <p><i>The Bronze Full PPO 5100/60 OffEx plan will increase from \$45 per visit to \$70 per visit for the first three visits per calendar year prior to the deductible</i></p>
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Plan coinsurance	<p><b>To maintain the actuarial value of the health plan, the plan coinsurances for participating providers has changed.</b></p> <p><i>Impacted plans and changes:</i></p> <p><i>Bronze Full PPO 3750/60 OffEx, the coinsurance will decrease from 15% to 10%</i></p> <p><i>Bronze Full PPO 5100/60 OffEx, the coinsurance will decrease from 30% to 15%</i></p> <p><i>Covered services include: allergy serum purchases, emergency or authorized transport by ambulance, ambulatory surgery center, bariatric surgery, dialysis center, emergency room physician services, emergency room facility services resulting in admission, vasectomy, home health care, inpatient and outpatient facility services, inpatient and non-routine outpatient mental health and substance use disorder services, orthotics and prosthetics, outpatient x-ray and imaging, abortion, and skilled nursing facility.</i></p>
Diabetes Care	<p><b>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.</b></p>
Professional benefits	<p><b>Blue Shield is offering a new service addition for 2017. Teladoc benefits is 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 participating providers.</b></p>
Limitation of Quantity of Drugs that May Be Obtained Per Prescription or Refill.	<p><b>In accordance with state regulatory requirements, 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.</b></p>

Emergency Services	<p><b>To maintain the actuarial value of the health plan, the emergency room facility, not resulting in admission services have changed.</b></p> <p><i>Impacted plans and changes:</i></p> <p><i>Gold Full PPO 0/20 OffEx plan increased from \$100 per visit plus an additional 30% to \$250 per visit plus an additional 30%</i></p> <p><i>Gold Full PPO 250/30 OffEx plan increased from \$100 per visit plus an additional 20% to \$200 per visit plus an additional 20%</i></p> <p><i>Silver Full PPO 1300/45 OffEx plan increased from \$150 per visit plus an additional 40% to \$250 per visit plus an additional 40%</i></p> <p><i>Silver Full PPO 1700/40 OffEx plan increased from \$200 per visit plus an additional 30% to \$250 per visit plus an additional 30%</i></p>
Outpatient Prescription Drugs	<p><b>To maintain the actuarial value of the health plan, the cost of Tier 2 drugs obtained at a participating pharmacy has increased from \$50 per prescription to \$55 per prescription at retail pharmacies, and from \$100 per prescription to \$110 per prescription at mail-service pharmacies.</b></p> <p><i>Impacted plans:</i></p> <p><i>Silver Full PPO 1300/45 OffEx plan.</i></p>
Rehabilitation and Habilitative Services and Speech Therapy	<p><b>To maintain the actuarial value of the health plan and align with current portfolio designs, the cost share for Rehabilitation and Habilitative Services and Speech Therapy has changed. The services will be billed according to the Physician Office Visit amount. The coverage has changed from 30% coinsurance per visit to \$60 copayment per visit.</b></p> <p><i>Impacted plans:</i></p> <p><i>Bronze Full PPO 5100/60 OffEx</i></p>
Partial Hospitalization Services	<p><b>To maintain the actuarial value of the health plan, the Partial Hospitalization services for Mental Health, Behavioral Health, and/or Substance Use Disorder are not subject to a daily maximum. Previously, there was a \$350 daily maximum imposed on these benefits.</b></p> <p><i>Impacted plans:</i></p> <p><i>Silver Full PPO 1300/45 OffEx</i>  <i>Silver Full PPO 1700/40 OffEx</i>  <i>Bronze Full PPO 3750/65 OffEx</i>  <i>Bronze Full PPO 5100/60 OffEx</i></p>

Diabetes Preventive Program	<b><i>In accordance with the United States Preventive Service Task Force (USPSTF), 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></b>
Outpatient X-Ray, Imaging, Pathology and Laboratory Benefits	<b><i>In accordance with state regulatory requirements, the California Prenatal Screening Program, which includes expanded Alpha Fetoprotein (AFP) genetic testing services, is covered at no cost.</i></b>
Endnote	<p><b><i>To warrant benefit consistency and clarification, the following information has been added to endnote 1 in the Summary of Benefits:</i></b></p> <p><u><i>Laboratory services, California Prenatal Screening Program, when received by a participating or non-participating provider are not subject to, and will not accrue towards the calendar year medical deductible for the following plans.</i></u></p> <p><i>Included plans:</i></p> <p><i>Platinum Full PPO 150/15 OffEx</i>  <i>Gold Full PPO 250/30 OffEx</i>  <i>Bronze Full PPO 3750/56 OffEx</i>  <i>Bronze Full PPO 5100/60 OffEx</i>  <i>Gold Full PPO 1000/35 OffEx</i>  <i>Gold full PPO 750/20 OffEx</i>  <i>Silver Full PPO 1300/45 OffEx</i>  <i>Silver Full PPO 1700/40 OffEx</i></p>
Non-Discrimination and Language Assistance notice	<b><i>In accordance with federal regulatory requirements, A non-discrimination notice is provided with required documents.</i></b>
Non-Participating Provider services at a Participating Facility	<b><i>In accordance with state requirements, 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.</i></b>
Timely Access to Care	<b><i>In accordance with state requirements, Urgent Care and Non-Urgent Care, service level agreements have been listed out to provide Members timely access to care expectations from Participating Providers.</i></b>

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

Description	Summary
Mental Health and Substance Use Disorder	<p><b><i>In order to clarify the 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 that of 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 Full PPO 0/10 OffEx plan had a change from 10% coinsurance to \$25 per visit</i></p> <p><i>Platinum Full PPO 150/15 OffEx plan had a change from 10% coinsurance to \$30 per visit</i></p> <p><i>Gold Full PPO 0/20 OffEx had a change from 30% coinsurance to \$60 per visit</i></p> <p><i>Gold Full PPO 250/30 OffEx had a change from 20% coinsurance to \$50 per visit.</i></p> <p><i>Gold Full PPO 750/20 OffEx had a change from 20% coinsurance to \$35 per visit</i></p> <p><i>Gold Full PPO 1000/35 OffEx had a change from 20% coinsurance to \$50 per visit</i></p> <p><i>Silver Full PPO 1300/45 OffEx plan had a change from 40% coinsurance to \$60 per visit</i></p> <p><i>Silver Full PPO 1700/40 OffEx plan had a change from 30% coinsurance to \$70 per visit</i></p> <p><i>Bronze Full PPO 3750/65 OffEx had a change from 15% coinsurance to \$85 per visit</i></p> <p><i>Bronze Full PPO 5100/60 OffEx had a change from 30% coinsurance to \$70 per visit</i></p>
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<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> <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>
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Pediatric Dental	<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 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 expanded to provide a more comprehensive understanding of covered benefits, which are at no cost to the member. Services include oral exams, preventive X-rays and cleanings, tooth sealants, topical fluoride applications, and fixed space maintainers.</i></p>
Endnotes	<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></li> <li><i>and</i></li> <li><i>c) Medically Necessary Orthodontia.</i></li> </ul>

Outpatient Prescription Drugs	<p><b>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.</b></p> <p><i>The "Outpatient Prescription Drug Benefits" section of the EOC was also revised to detail the new requirements related to step therapy.</i></p>
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Base Infertility Coverage	<p><b><i>In order to clarify benefit intent, the following information has been added to the Summary of Benefits.</i></b></p> <p><i>(Not covered except for diagnosis and treatment of the cause of infertility (unless your plan includes additional coverage). Member share of cost will be based on the service received.)</i></p>
Dental Schedule and Limitation Table-Overdenture	<p><b><i>Due to dental code updates performed by the American Dental Association, code D5860 overdenture complete was replaced by (D5863-D5866) because dental code D5860 is obsolete.</i></b></p> <p><u><i>The new codes are:</i></u></p> <p><i>D5862 Precision attachment, by report</i>  <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>
Outpatient Prescription Drug Benefits: Endnote 1	<p><b><i>In order to clarify benefit intent, the contraceptive drugs and devices, Tier 1 drugs, oral anticancer medications are not subject to the calendar year medical deductible. The following information was removed from endnote 1 of the Summary of Benefits:</i></b></p> <p><i>Contraceptives drugs and devices, tier 1 drugs, oral anticancer medications.</i></p> <p><u><i>Impacted plans:</i></u></p> <p><i>Gold Full PPO 750/20 OffEx</i>  <i>Gold Full PPO 1000/35 OffEx</i>  <i>Silver Full PPO 1300-45 OffEx</i>  <i>Silver Full PPO 1700-40 OffEx</i>  <i>Bronze Full PPO 3750-65 OffEx</i>  <i>Bronze Full PPO 5100-60 OffEx</i></p>