

Changes to All Small Business PPO 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 increase for the following plans:</p> <p>Silver Full PPO 1250/40 OffEx plan will increase from \$1,250 individual/\$2,500 family to \$1,300 individual/\$2,600 family</p> <p>Bronze Full PPO 3500/60 OffEx plan will increase from \$3,500 individual/\$7,000 family to \$3,750 individual/\$7,500 family</p> <p>Bronze Full PPO 4500/45 OffEx plan will increase from \$4,500 individual/\$9,000 family to \$5,100 individual/\$10,200 family</p> <p>The calendar-year medical deductible for non-participating providers will also increase for the following plans:</p> <p>Silver Full PPO 1250/40 OffEx plan will increase from \$2,500 individual/\$5,000 family to \$2,600 individual/\$5,200 family</p> <p>Bronze Full PPO 3500/60 OffEx plan will increase from \$7,000 individual/\$14,000 family to \$7,500 individual/\$15,000 family</p> <p>Bronze Full PPO 4500/45 OffEx plan will increase from \$4,500 individual/\$9,000 family to \$5,100 individual/\$10,200 family</p> <p>Plan names will change from: Silver Full PPO 1250/40 OffEx Bronze Full PPO 3500/60 OffEx Bronze Full PPO 4500/45 OffEx</p> <p>to: Silver Full PPO 1300/45 OffEx</p>

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	<p>Bronze Full PPO 3750/65 OffEx Bronze Full PPO 5100/60 OffEx</p>
Calendar-Year Pharmacy Deductible	<p>Because of changes to 2017 IRS guidelines, the calendar-year pharmacy deductible for covered drugs from participating providers will decrease for the Bronze Full PPO 5100/60 OffEx plan from \$225 individual/\$450 family to \$200 individual/\$400 family deductible.</p>
Calendar-Year Out-of-Pocket Maximum	<p>Because of changes to 2017 IRS guidelines, the calendar-year out-of-pocket maximums for covered services from participating providers will increase from \$6,500 individual/\$13,000 family to \$6,800 individual/\$13,600 family maximum for the following plans:</p> <p>Gold Full PPO 0/20 OffEx Gold Full PPO 250/20 OffEx Silver Full PPO 1300/45 OffEx Silver Full PPO 1700/40 OffEx Bronze Full PPO 3750/65 OffEx Bronze Full PPO 5100/60 OffEx</p>
Primary Care Physician Office Visit	<p>In keeping with the standard Covered California plan design, Copayment for primary care physician office visits will increase for the following plans:</p> <p>The Gold Full PPO 250/20 OffEx plan will increase from \$20 per visit to \$30 per visit</p> <p>The Silver Full PPO 1300/45 OffEx plan will increase from \$40 per visit to \$45 per visit</p> <p>The Bronze Full PPO 3750/65 OffEx plan will increase from \$60 per visit to \$65 per visit</p> <p>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</p> <p>The previous plan name has changed from: Gold Full PPO 250/20 OffEx</p> <p>To: Gold Full PPO 250/30 OffEx</p>

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<p>Specialist Physician Office Visit</p>	<p>In keeping with the standard Covered California plan design, Copayment for specialist physician office visits will increase for the following plans:</p> <p>Gold Full PPO 0/20 OffEx plan will increase from \$45 per visit to \$60 per visit</p> <p>Gold Full PPO 250/30 OffEx plan will increase from \$40 per visit to \$50 per visit</p> <p>Silver Full PPO 1300/45 OffEx plan will increase from \$50 per visit to \$60 per visit</p> <p>Silver Full PPO 1700/40 OffEx plan will increase from \$50 per visit to \$70 per visit</p> <p>Bronze Full PPO 3750/65 OffEx plan will increase from \$70 per visit to \$85 per visit</p> <p>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</p>
<p>Plan Coinsurance</p>	<p>To keep the plan at the correct metal level, the plan Coinsurances for participating providers will decrease for the following plans:</p> <p>Bronze Full PPO 3750/60 OffEx from 15% to 10%</p> <p>Bronze Full PPO 5100/60 OffEx from 30% to 15%</p> <p>Services covered by participating providers 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.</p>
<p>Diabetes Care</p>	<p>In keeping with the standard Covered California plan design, office visits for health education services, such as diabetes self-management training, are now offered at no cost to the member.</p>
<p>Professional benefits</p>	<p>Blue Shield is offering a new standard service for 2017! 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.</p>

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Limitation of Quantity of Drugs that May Be Obtained Per Prescription or Refill.	Because of new state law , FDA-approved, self-administered hormonal contraceptives will change from being covered for a 90-day supply to up to a 12-month supply.
Emergency Services	<p>To keep the plan at the correct metal level, the cost of services at an emergency facility, when not resulting in admission, will increase for the following plans:</p> <p>Gold Full PPO 0/20 OffEx plan will increase from \$100 per visit plus an additional 30% to \$250 per visit plus an additional 30%</p> <p>Gold Full PPO 250/30 OffEx plan will increase from \$100 per visit plus an additional 20% to \$200 per visit plus an additional 20%</p> <p>Silver Full PPO 1300/45 OffEx plan will increase from \$150 per visit plus an additional 40% to \$250 per visit plus an additional 40%</p> <p>Silver Full PPO 1700/40 OffEx plan will increase from \$200 per visit plus an additional 30% to \$250 per visit plus an additional 30%</p>
Outpatient Prescription Drugs: Silver Full PPO 1300/45 OffEx plan	To keep the plan at the correct metal level , the cost of tier 2 drugs obtained at a Participating Pharmacy will increase from \$50 per prescription to \$55 per prescription at retail pharmacies, and from \$100 per prescription to \$110 per prescription at mail-service pharmacies.
Rehabilitation and Habilitative Services and Speech Therapy: Bronze Full PPO 5100/60 OffEx	To keep the plan at the correct metal level , Copayment for Rehabilitation and Habilitative Services and Speech Therapy will be billed according to the physician office visit amount. This means the coverage will change from 30% Coinsurance per visit to a \$60 Copayment per visit.
Partial Hospitalization Services	<p>To keep the plan at the correct metal level, partial hospitalization services for Mental Health, Behavioral Health, and/or Substance Use Disorder will not have a daily maximum. Previously there was a \$350 daily maximum for these benefits.</p> <p>Which plans are changing:</p> <p>Silver Full PPO 1300/45 OffEx Silver Full PPO 1700/40 OffEx Bronze Full PPO 3750/65 OffEx Bronze Full PPO 5100/60 OffEx</p>

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Diabetes Preventive Program	To comply with 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.
Outpatient X-Ray, Imaging, Pathology and Laboratory Benefits	Because of new state law , the California Prenatal Screening Program which includes Alpha Fetoprotein (AFP) genetic testing services, is covered at no cost and not subject to deductible.
Endnote	<p>To comply with new state law, the following information has been added to endnote 1 in the SOB:</p> <p><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.”</i></p> <p>Which plans are changing:</p> <p>Platinum Full PPO 150/15 OffEx Gold Full PPO 250/30 OffEx Bronze Full PPO 3750/56 OffEx Bronze Full PPO 5100/60 OffEx Gold Full PPO 1000/35 OffEx Gold full PPO 750/20 OffEx Silver Full PPO 1300/45 OffEx Silver Full PPO 1700/40 OffEx</p>
Non-Discrimination and Language Assistance notice	To comply with federal regulatory requirements , 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.
Non-Participating Provider services at a Participating Facility	To comply with the new state law , there is a 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.

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

Description	Summary
Mental Health and Substance Use Disorder	<p><i>In order to clarify the benefit details, the following changes are being made to the Mental Health section of the SOB:</i></p> <p style="padding-left: 40px;"><i>Clearly distinguish "Mental Health and Behavioral Health – Non Routine Outpatient Services" from "Routine Outpatient Services"</i></p> <p><i>The following changes are also being made to the Substance Use Disorder section of the SOB in order to match the Mental Health section:</i></p> <p style="padding-left: 40px;"><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's naming format, Office-Based Opioid Treatment (OBOT) is now being called "Office Based Opioid Detoxification and/or Maintenance Therapy."</i></p>
Pregnancy and Maternity Care	<p><i>In order to clarify the benefit details, the following change is being made to the SOB:</i></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>Platinum Full PPO 0/10 OffEx plan will change from 10% Coinsurance to \$25 per visit</p> <p>Platinum Full PPO 150/15 OffEx plan will change from 10% Coinsurance to \$30 per visit</p> <p>Gold Full PPO 0/20 OffEx will change from 30% Coinsurance to \$60 per visit</p> <p>Gold Full PPO 250/30 OffEx will change from 20% Coinsurance to \$50 per visit.</p> <p>Gold Full PPO 750/20 OffEx will change from 20% Coinsurance to \$35 per visit</p> <p>Gold Full PPO 1000/35 OffEx will change from 20% Coinsurance to \$50 per visit</p> <p>Silver Full PPO 1300/45 OffEx plan will change from 40% Coinsurance to \$60 per visit</p> <p>Silver Full PPO 1700/40 OffEx plan will change from 30% Coinsurance to \$70 per visit</p> <p>Bronze Full PPO 3750/65 OffEx will change from 15% Coinsurance to \$85 per visit</p> <p>Bronze Full PPO 5100/60 OffEx will change from 30% Coinsurance to \$70 per visit</p>
<p>Pediatric Vision</p>	<p>Due to requirements of the Department of Managed Health Care, the following clarifications 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>

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	<p>a) <i>Comprehensive Low Vision Exam, once every five Calendar Years; and</i></p> <p>b) <i>Low Vision Devices, one aid per calendar year.</i></p>
Pediatric Dental	<p>Due to requirements of 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>
Endnotes	<p>Due to requirements of the Department of Managed Health Care, the three endnotes related to Pediatric Dental benefits will be removed from the SOB:</p> <p>a) <i>Caries-Risk Management Assessment (CAMBRA);</i> b) <i>Posterior Composite Resin, or Acrylic Restorations;</i> and c) <i>Medically Necessary Orthodontia.</i></p>
Outpatient Prescription Drugs	<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>

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Base Infertility Coverage	<p>In order to clarify benefit details, the following information will be added to the SOB:</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>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 D5864: Overdenture partial maxillary – once in a 5 year period D5865: Overdenture – complete mandibular once in a 5 year period D5866: Overdenture – partial mandibular once in a 5 year period</i></p>
Outpatient Prescription Drug Benefits: Endnote 1	<p>Due to requirements of the Department of Managed Health Care, outpatient prescription drug benefits will no longer apply to the calendar-year integrated medical and pharmacy deductible. Because of this, the following language will be added to Endnote 1:</p> <p><i>“Outpatient prescription drug benefits: contraceptives drugs and devices.”</i></p> <p>The following plans are changing:</p> <p><i>Gold Full PPO 750/20 OffEx Gold Full PPO 1000/35 OffEx Silver Full PPO 1300-45 OffEx Silver Full PPO 1700-40 OffEx Bronze Full PPO 3750-65 OffEx Bronze Full PPO 5100-60 OffEx</i></p>

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