

# Changes to All Small Business Full PPO Savings Plans (Off-Exchange) Blue Shield of California

As of January 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   |
|--|---|
| Calendar-Year Integrated Medical and Pharmacy Deductible | <p><b><i>In accordance with 2017 IRS guidelines, the calendar-year integrated medical and pharmacy deductible for covered services from participating providers has been altered for the following plans:</i></b></p> <p><i>The Bronze Full PPO Savings 4500/30% OffEx plans will increase from \$4,500 individual/\$9,000 family to \$4,700 individual/\$9,400 family</i></p> <p><i>The calendar-year integrated medical and pharmacy deductible for covered services from non-participating providers has been altered for the following plans:</i></p> <p><i>The Bronze Full PPO Savings 4500/30% OffEx plans will increase from \$9,000 individual/\$18,000 family to \$9,400 individual/\$18,800 family</i></p> <p><i>The previous plans have changed from :</i><br/><i>Bronze Full PPO Savings 4500/30% OffEx</i></p> <p><i>to:</i><br/><i>Bronze Full PPO Savings 4700/40% OffEx</i></p> |
| Calendar-Year Out-of-Pocket Maximum                      | <p><b><i>In accordance with 2017 IRS guidelines, the calendar-year out-of-pocket maximums for covered services from participating providers has been altered for the following plans:</i></b></p> <p><i>For the Silver Full PPO Savings 2000/20% OffEx plan, the individual only out-of-pocket maximum will increase from \$4,400 to \$5,050.</i></p>   |

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|                           | <p><i>Similarly, the individual within a family out-of-pocket maximum will increase from \$4,400 to \$5,050.</i></p> <p><i>The Bronze Full PPO Savings 4500/30% OffEx plans will increase from \$6,500 individual/\$13,000 family to \$6,550 individual/\$13,100 family</i></p> <p><i>The Bronze Full PPO Savings 5500/40% OffEx plans will increase from \$6,500 individual/\$13,000 family to \$6,550 individual/\$13,100 family</i></p>   |
| <p>Plan coinsurance</p>   | <p><b><i>To maintain the actuarial value of the health plan, Blue Shield will change the plan coinsurances for participating providers as follows:</i></b></p> <p><i>For the Bronze Full PPO 4700/40% OffEx plan, the coinsurance will increase from 30% to 40%</i></p> <p><i>Covered services include: allergy testing and treatment, emergency or authorized transport by ambulance, ambulatory surgery center, bariatric surgery, dialysis center, emergency room, vasectomy, home health care, inpatient and outpatient facility services, mental health and substance use disorder services, network specialty pharmacy tier 4 drugs and oral anticancer medications, orthotics and prosthetics, outpatient x-ray and imaging, pregnancy and maternity care, and skilled nursing facility</i></p> |
| <p>Emergency Services</p> | <p><b><i>To maintain the actuarial value of the health plan, emergency room facility services not resulting in admission have changed for the following plans:</i></b></p> <p><i>For the Silver Full PPO Savings 2000/20% OffEx plan increased from \$100 per visit plus an additional 20% to \$150 per visit plus an additional 20%</i></p> <p><i>For the Bronze Full PPO Savings 4700/40% OffEx plan, the coinsurance will increase from \$100 per visit plus an additional 30% to \$250 per visit plus an additional 40%</i></p>  |

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| Outpatient Prescription Drugs | <b><i>To maintain the actuarial value of the health plan, the coverage structure for the Bronze Full PPO Savings 4700/40% OffEx plan has been adjusted so that all drug tiers (Tier 1 through 4) have a flat rate of 40% coinsurance up to \$500 per prescription at retail pharmacies. Similarly, all drug tiers have a flat rate of \$40 up to \$1,000 per prescription at mail-service pharmacies.</i></b>   |
| Medicare Part D Coverage      | <p><b><i>To maintain the actuarial value of the health plan, the Bronze Full PPO Savings 4700/40% OffEx plan has now changed from creditable to non-creditable coverage for Medicare Part D. The SOB reads as follows:</i></b></p> <p style="padding-left: 40px;"><i>“This benefit plan’s prescription drug coverage provides less coverage on average than the standard benefit set by the federal government for Medicare Part D (also called non-creditable coverage). It is important to know that generally you may only enroll in a Part D plan from October 15th through December 7th of each year, and if you do not enroll when first eligible, you may be subject to payment of higher Part D premiums when you enroll at a later date. For more information about drug coverage, call the Customer Services telephone number on your Member identification card”</i></p> |
| Diabetes Care                 | <b><i>Pursuant to a standard plan design established by Covered California, office visits for Health Education Services, such as diabetes self-management training, shall be offered with no cost imposed on the member for the visit.</i></b>  |
| Professional benefits         | <b><i>Blue Shield is offering a new service addition for 2017. Teladoc benefits will be 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, where applicable.</i></b>  |

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

| Description                              | Summary   |
|--|---|
| Mental Health and Substance Use Disorder | <b><i>In order to clarify benefit intent, the following changes have been made to the Mental Health Section of the SOB:</i></b> |

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|                                     | <p><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><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>Due to system limitations, for both the Mental Health and Substance Use Disorder Sections, 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, for the Routine Outpatient Services for Substance Use Disorder, Office-Based Opioid Treatment (OBOT) has been redefined as "Office Based Opioid Detoxification and/or Maintenance Therapy".</i></p> |
| <p>Pregnancy and Maternity Care</p> | <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>   |
| <p>Pediatric Vision</p>             | <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>For Eyewear/Materials, it is made clear that within a given calendar year, there is coverage for either a pair of eyeglasses or a set of contact lenses (a one year supply), 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</i></p>   |

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|                                      | <p><i>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>   |
| <p>Pediatric Dental</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>The entire benefit matrix for embedded Pediatric Dental has been brought into alignment with On Exchange plan designs. This entails a regrouping of dental benefits into the following sub-benefits:</i></p> <ul style="list-style-type: none"> <li><i>a) Diagnostic and Preventive;</i></li> <li><i>b) Basic Services;</i></li> <li><i>c) Major Services; and</i></li> <li><i>d) Orthodontics</i></li> </ul> <p><i>The Diagnostic and Preventive Dental section has been further expanded to provide a more comprehensive understanding of covered benefits, which are at no cost to the member. These services include: oral exams, preventive X-rays and cleanings, tooth sealants, topical fluoride applications, and fixed space maintainers.</i></p> |
| <p>Endnotes</p>                      | <p><b><i>Due to requirements provided by the Department of Managed Health Care, the following changes have occurred in the endnote section of the SOB across the entire portfolio:</i></b></p> <p><i>Three endnotes concerning specific Pediatric Dental benefits have been removed entirely. This includes:</i></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>   |
| <p>Outpatient Prescription Drugs</p> | <p><b><i>Effective January 1, 2017, in accordance with California law, all contraceptive medication must be provided with no payment imposed upon the member. The "Outpatient Prescription Drug Benefits" section of the EOC has an addition that reads as follows:</i></b></p>   |

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|  | <p><i>“There is no Copayment or Coinsurance for generic FDA-approved contraceptive Drugs and devices obtained from a Participating Pharmacy. Brand contraceptives are covered without a Copayment or Coinsurance when Medically Necessary. See Prior Authorization/Exception Request Process/Step Therapy section.”</i></p> <p><i>There is also a new legislative requirement for the provision of step therapy, also in the “Outpatient Prescription Drug Benefits” section of the EOC:</i></p> <p><i>“Step therapy is the process of beginning therapy for a medical condition with Drugs considered first-line treatment or that are more cost-effective, then progressing to Drugs that are the next line in treatment or that may be less cost-effective. Step therapy requirements are based on how the FDA recommends that a drug should be used, nationally recognized treatment guidelines, medical studies, information from the drug manufacturer, and the relative cost of treatment for a condition. If step therapy coverage requirements are not met for a prescription and your Physician believes the medication is Medically Necessary, the prior authorization process may be utilized and timeframes previously described will also apply.”</i></p> |
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## Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

### Discrimination is against the law

Blue Shield of California complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Shield of California does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Shield of California:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us such as:
  - Qualified sign language interpreters
  - Written information in other formats (including large print, audio, accessible electronic formats and other formats)
- Provides language services at no cost to people whose primary language is not English such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Blue Shield of California Civil Rights Coordinator.

If you believe that Blue Shield of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Blue Shield of California  
Civil Rights Coordinator  
P.O. Box 629007  
El Dorado Hills, CA 95762-9007

**Phone: (844) 831-4133 (TTY: 711)**

**Fax: (916) 350-7405**

**Email: [BlueShieldCivilRightsCoordinator@blueshieldca.com](mailto:BlueShieldCivilRightsCoordinator@blueshieldca.com)**

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW.  
Room 509F, HHH Building  
Washington, DC 20201  
(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

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**IMPORTANT:** Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For help at no cost, please call right away at the Member/Customer Service telephone number on the back of your Blue Shield ID card, or (866) 346-7198.

**IMPORTANTE:** ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda sin cargo, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Blue Shield o al (866) 346-7198. (Spanish)

**重要通知:** 您能讀懂這封信嗎? 如果不能, 我們可以請人幫您閱讀。這封信也可以 用您所講的語言書寫。如需免費幫助, 請立即撥打登列在您的Blue Shield ID卡背面上的 會員/客戶服務部的電話, 或者撥打電話 (866) 346-7198。 (Chinese)

**QUAN TRỌNG:** Quý vị có thể đọc lá thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận lá thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngay đến Ban Dịch vụ Hội viên/Khách hàng theo số ở mặt sau thẻ ID Blue Shield của quý vị hoặc theo số (866) 346-7198. (Vietnamese)

**MAHALAGA:** Nababasa mo ba ang sulat na ito? Kung hindi, maari kaming kumuha ng isang tao upang matulungan ka upang mabasa ito. Maari ka ring makakuha ng sulat na ito na nakasulat sa iyong wika. Para sa libreng tulong, mangyaring tumawag kaagad sa numerong telepono ng Miyembro/Customer Service sa likod ng iyong Blue Shield ID kard, o (866) 346-7198. (Tagalog)

**Baa' ákohwiindzindooígí:** Díí naaltsoosish yíiniłta'go bíníghah? Doo bíníghahgóó éí, naaltsoos nich'í' yiidóoltahígíí ła' nihee hółó. Díí naaltsoos áłdó' t'áá Diné k'ehjí ádoolníł nínízingo bíghah. Doo ąąąh ilínígó shíká' adoowoł nínízingó nihich'í' béesh bee hodíłnih dóó námboo éí díí Blue Shield bee néłho'díłzinígí bine'dée' bikáá' éí doodagó éí (866) 346-7198 jí' hodíłnih. (Navajo)

**중요:** 이 서신을 읽을 수 있으세요? 읽으실 수 경우, 도움을 드릴 수 있는 사람이 있습니다. 또한 다른 언어로 작성된 이 서신을 받으실 수도 있습니다. 무료로 도움을 받으시려면 Blue Shield ID 카드 뒷면의 회원/고객 서비스 전화번호 또는 (866) 346-7198로 지금 전환하세요. (Korean)

**ԿԱՐԵՎՈՐ Է:** Կարողանում ե՞ք կարդալ այս նամակը: Եթե ոչ, ապա մենք կօգնենք ձեզ: Դուք պետք է նաև կարողանաք ստանալ այս նամակը ձեր լեզվով: Օտարությունն անվճար է: Խնդրում ենք անմիջապես զանգահարել Հաճախորդների սպասարկման բաժնի հեռախոսահամարով, որը նշված է ձեր Blue Shield ID քարտի ետևի մասում, կամ (866) 346-7198 համարով: (Armenian)

**ВАЖНО:** Не можете прочесть данное письмо? Мы поможем вам, если необходимо. Вы также можете получить это письмо написанное на вашем родном языке. Позвоните в Службу клиентской/членской поддержки прямо сейчас по телефону, указанному сзади идентификационной карты Blue Shield, или по телефону (866) 346-7198, и вам помогут совершенно бесплатно. (Russian)

**重要:** お客様は、この手紙を読むことができますか? もし読むことができない場合、弊社が、お客様をサポートする人物を手配いたします。また、お客様の母国語で書かれた手紙をお送りすることも可能です。無料のサポートを希望される場合は、Blue Shield IDカードの裏面に記載されている会員/お客様サービスの電話番号、または、(866) 346-7198にお電話をおかけください。 (Japanese)

**مهم:** آیا می‌توانید این نامه را بخوانید؟ اگر پاسختان منفی است، می‌توانیم کسی را برای کمک به شما در اختیارتان قرار دهیم. حتی می‌توانید نسخه مکتوب این نامه را به زبان خودتان دریافت کنید. برای دریافت کمک رایگان، لطفاً بدون فوت وقت از طریق شماره تلفنی که در پشت کارت شناسی Blue Shieldتان درج شده است و یا از طریق شماره تلفن (866) 346-7198 با خدمات مشتریان تماس بگیرید. (Persian)

**ਮਹੱਤਵਪੂਰਨ:** ਕੀ ਤੁਸੀਂ ਇਸ ਪੱਤਰ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ ਤਾਂ ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿਚ ਮਦਦ ਲਈ ਅਸੀਂ ਕਿਸੇ ਵਿਅਕਤੀ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ। ਤੁਸੀਂ ਇਹ ਪੱਤਰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਲਿਖਿਆ ਹੋਇਆ ਵੀ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਮੁਫਤ ਵਿਚ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਤੁਹਾਡੇ Blue Shield ID ਕਾਰਡ ਦੇ ਪਿੱਛੇ ਦਿੱਤੇ ਮੈਂਬਰ/ਕਸਟਮਰ ਸਰਵਿਸ ਟੈਲੀਫੋਨ ਨੰਬਰ ਤੇ, ਜਾਂ (866) 346-7198 ਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

**ប្រការសំខាន់៖** តើអ្នកអាចលិខិតនេះ បានដែរឬទេ? បើមិនអាចទេ យើងអាចឱ្យគេជួយអ្នកក្នុងការអានលិខិតនេះ។ អ្នកក៏អាចទទួលបានលិខិតនេះជាភាសារបស់អ្នកផងដែរ។ សម្រាប់ជំនួយដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទភ្លាមៗទៅកាន់លេខទូរស័ព្ទសេវាសមាជិក/អភិវឌ្ឍន៍ដែលមាននៅលើខ្នងប័ណ្ណសម្គាល់ Blue Shield របស់អ្នក ឬតាមរយៈលេខ (866) 346-7198។ (Khmer)

**المهم:** هل تستطيع قراءة هذا الخطاب؟ أن لم تستطع قراءته، يمكننا إحضار شخص ما ليساعدك في قراءته. قد تحتاج أيضاً إلى الحصول على هذا الخطاب مكتوباً بلغتك. للحصول على المساعدة بدون تكلفة، يرجى الاتصال الآن على رقم هاتف خدمة العملاء/أحد الأعضاء المدون على الجانب الخلفي من بطاقة الهوية Blue Shield أو على الرقم (866) 346-7198. (Arabic)

**TSEEM CEEB:** Koj pos tuaj yeem nyeem tau tsab ntawv no? Yog hais tias nyeem tsis tau, peb tuaj yeem nrhiv ib tug neeg los pab nyeem nws rau koj. Tej zaum koj kuj yuav tau txais muab tsab ntawv no sau ua koj hom lus. Rau kev pab txhais dawb, thov hu kiag rau tus xov tooj Kev Pab Cuam Tub Koom Xeeb/Tub Lag Luam uas nyob rau sab nraum nrob qaum ntawm koj daim npav Blue Shield ID, los yog hu rau tus xov tooj (866) 346-7198. (Hmong)

**สำคัญ:** คุณอ่านจดหมายฉบับนี้ได้หรือไม่ หากไม่ได้ โปรดขอความช่วยเหลือจากผู้อ่านได้ คุณอาจได้รับจดหมายฉบับนี้เป็นภาษาของคุณ หากต้องการความช่วยเหลือโดยไม่มีค่าใช้จ่าย โปรดติดต่อฝ่ายบริการลูกค้า/สมาชิกทางเบอร์โทรศัพท์ในบัตรประจำตัว Blue Shield ของคุณ หรือโทร (866) 346-7198 (Thai)

**महत्वपूर्ण:** क्या आप इस पत्र को पढ़ सकते हैं? यदि नहीं, तो हम इसे पढ़ने में आपकी मदद के लिए किसी व्यक्ति का प्रबंध कर सकते हैं। आप इस पत्र को अपनी भाषा में भी प्राप्त कर सकते हैं। निःशुल्क मदद प्राप्त करने के लिए अपने Blue Shield ID कार्ड के पीछे दिए गये मੈਂबर/कस्टमर सर्विस टेलीफोन नंबर, या (866) 346-7198 पर कॉल करें। (Hindi)