

Changes to All Small Business Full PPO Savings 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
<p>Calendar-Year Integrated Medical and Pharmacy Deductible: Bronze Full PPO Savings 4700/40% OffEx</p>	<p>To comply with 2017 IRS guidelines, the calendar-year integrated medical and pharmacy deductible for services covered by participating providers will increase for Bronze Full PPO Savings 4500/30% OffEx plans from \$4,500 individual/\$9,000 family to \$4,700 individual/\$9,400 family deductible.</p> <p>Similarly the calendar-year integrated medical and pharmacy deductible for services covered by non-participating providers will increase for Bronze Full PPO Savings 4500/30% OffEx plans from \$9,000 individual/\$18,000 family to \$9,400 individual/\$18,800 family deductible.</p> <p>Plan names will also change from: Bronze Full PPO Savings 4500/30% OffEx</p> <p>to: Bronze Full PPO Savings 4700/40% OffEx</p>
<p>Calendar-Year Out-of-Pocket Maximum</p>	<p>To comply with 2017 IRS guidelines, the calendar-year out-of-pocket maximums for services covered by from participating providers will increase for the following plans:</p> <p>Silver Full PPO Savings 2000/20% OffEx, individual only plan, out-of-pocket maximum will increase from \$4,400 to \$5,050.</p> <p>Bronze Full PPO Savings 4500/30% OffEx will increase from \$6,500 individual/\$13,000 family to \$6,550 individual/\$13,100 family</p>

	<i>Bronze Full PPO Savings 5500/40% OffEx will increase from \$6,500 individual/\$13,000 family to \$6,550 individual/\$13,100 family</i>
Plan Coinsurance	<p>To keep the plan at the correct metal level, the plan Coinsurances for participating providers will increase for the Bronze Full PPO 4700/40% OffEx from 30% to 40%.</p> <p><i>Services covered by participating providers 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>
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><i>Silver Full PPO Savings 2000/20% OffEx plan will increase from \$100 per visit plus an additional 20% to \$150 per visit plus an additional 20%</i></p> <p><i>Bronze Full PPO Savings 4700/40% OffEx plan will increase from \$100 per visit plus an additional 30% to \$250 per visit plus an additional 40%</i></p>
Outpatient Prescription Drugs: Bronze Full PPO Savings 4700/40% OffEx	<p>To keep the plan at the correct metal level, coverage will change so that all four drug tiers will have a flat rate of 40% Coinsurance up to \$500 per prescription at retail pharmacies. All four drug tiers will also have a flat rate of 40% Coinsurance up to \$1,000 per prescription at mail-service pharmacies.</p>

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Medicare Part D Coverage: Bronze Full PPO Savings 4700/40% OffEx	To keep the plan at the correct metal level , the plan will change from creditable to non-creditable coverage for Medicare Part D.
Diabetes Care	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.
Professional benefits	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 (PPO Savings plans have a \$40 copay prior to meeting the deductible, and are \$5 after meeting the deductible.)
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.
Non-Discrimination and Language Assistance notice	To comply with new federal law , 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.
Dental Schedule and Limitation Table- Overdenture	Dental Codes Update The code for Overdenture - Complete (D5860) no longer exists and will be replaced by four new codes (D5863, D5864, D5865, D5866). There is also one new dental code (D5862). The new dental codes and cost shares are: D5862: Precision attachment, by report 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
Limitation of Quantity of Drugs that May Be	To comply with 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.

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Obtained Per Prescription or Refill	
Outpatient X-Ray, Imaging, Pathology and Laboratory Benefits and corresponding Endnote	To comply with the 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.
Non-Participating Provider services at a Participating Facility	To comply with the new state law , there is 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.
Timely Access to Care	To comply with the new state law , urgent care and non-urgent care service level agreements are now listed out to give members timely access to care from participating providers.

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

Description	Summary
Mental Health and Substance Use Disorder	<p>In order to clarify the benefit details, the following changes are being made to the mental health section of the SOB:</p> <p style="padding-left: 40px;">Clearly distinguish "Mental Health and Behavioral Health – Non Routine Outpatient Services" from "Routine Outpatient Services"</p> <p>The following changes are also being made to the substance use disorder section of the SOB in order to match the mental health section:</p> <p style="padding-left: 40px;">The Outpatient services have been split out into two benefit lines, "Substance Use Disorder – Routine Outpatient Services" and "Non-Routine Outpatient Services"</p> <p>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.</p> <p>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."</p>

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<p>Pregnancy and Maternity Care</p>	<p>In order to clarify the benefit details, the following change is being made to the SOB:</p> <p><i>The postnatal physician office visit now represents the cost of the initial visit, instead of the subsequent visit.</i></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><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 instead of 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 will be inserted to provide a complete description of this benefit. These two benefits are:</i></p> <ul style="list-style-type: none"> <i>a) Comprehensive Low Vision Exam, once every five Calendar Years; and</i> <i>b) Low Vision Devices, one aid per calendar year.</i>
<p>Pediatric Dental</p>	<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>
<p>Endnotes</p>	<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> <ul style="list-style-type: none"> <i>a) Caries-Risk Management Assessment (CAMBRA);</i> <i>b) Posterior Composite Resin, or Acrylic Restorations;</i> <i>and</i>

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	c) <i>Medically Necessary Orthodontia.</i>
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>Brand contraceptives are also covered without a Copayment or Coinsurance when medically necessary.</p> <p>The "Outpatient Prescription Drug Benefits" section of the EOC will also be updated to explain the new requirements related to step therapy.</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 was added to Endnote 1:</p> <p>"Outpatient prescription drug benefits: contraceptives drugs and devices."</p>
Base Infertility Coverage	<p>In order to clarify benefit details, the following information will be added to the SOB:</p> <p>"(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.)"</p>

<p>Calendar-Year Deductible and Out-of-Pocket Maximum language: Silver Full PPO Savings 2000/20% OffEx</p>	<p><i>In order to clarify the benefit details, language will be changed to explain that the Silver Full PPO Savings 2000/20% OffEx plan follows a split accrual rule, and not a combined accrual rule, for both deductibles and out-of-pocket maximums:</i></p> <p><i>"...Participating Providers only accrue to the Participating Provider Medical Deductible."</i></p> <p><i>"Participating Providers accrue only to the Participating Provider Out-of-Pocket Maximum."</i></p>
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