blue california

Benefit Modification for Members with

Tandem PPO Combined Deductible 0-250 80/60

Effective January 1, 2023

This is a summary of specific benefit changes to your plan. For a list of legislative mandates and Blue Shield required changes, refer to the accompanying Contract and Benefit Changes list. Please contact your benefits administrator or call Customer Service for additional information regarding your plan.

	2022 Benefits		2023 Benefits	
	When using a Participating Provider	**When using a Non-Participating Provider**	**When using a Participating Provider**	**When using a Non-Participating Provider**
Other professional services Medical nutrition therapy, not related to diabetes	N/A	N/A	20% ✔	40% ✔
Acupuncture services	$25/visit	40%	$20/visit	40%
Chiropractic services	$25/visit	40%	$20/visit	40%
Podiatric services	$20/visit	40%	$0	40%

	When using a Participating Provider	When using a Non-Participating Provider	When using a Participating Provider	When using a Non-Participating Provider
Pregnancy and maternity care Abortion and abortion-related services	20% ✔	40% ✔	$0	$0

	When using a Participating Provider	When using a Non-Participating Provider	When using a Participating Provider	When using a Non-Participating Provider
Home infusion and home injectable therapy services	20%	Not covered	$45/visit	Not covered
Home visits by an infusion nurse			Benefit line item combined with Home infusion agency services	
Home infusion agency services	20%	Not covered	$45/visit	Not covered
Hemophilia home infusion services	20%	Not covered	$45/visit	Not covered

	When using a Participating Provider	When using a Non-Participating Provider	When using a Participating Provider	When using a Non-Participating Provider
Other services and supplies Diabetes care services • Medical nutrition therapy	N/A	N/A	$0	40% ✔

Benefits are subject to modification for subsequently enacted state or federal legislation.

Note: This document is only a summary for informational purposes. It is not a contract. Please refer to the *Evidence of Coverage* and the Plan Contract for the exact terms and conditions of coverage.

Notices available online

Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: **blueshieldca.com/notices**. You can also call for language assistance services: **(866) 346-7198 (TTY: 711)**

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Care at **(888) 256-3650 (TTY: 711)**.

Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en **blueshieldca.com/notices**. Para obtener servicios de asistencia en idiomas, también puede llamar al **(866) 346-7198 (TTY: 711)**.

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Atención al Cliente al **(888) 256-3650 (TTY: 711)**.

非歧視通知和語言協助服務

Blue Shield 遵守適用的州及聯邦政府的民權法。同時，我們免費提供語言協助服務。

如需檢視我司的非歧視通知和語言幫助通知，請造訪 **blueshieldca.com/notices**。您還可致電尋求語言協助服務：**(866) 346-7198 (TTY: 711)**。

如果您無法造訪上述網站，且希望收到一份非歧視通知和語言幫助通知的副本，請致電客戶服務部，電話：**(888) 256-3650 (TTY: 711)**。