Changes to your health plan

This quick reference guide highlights changes and clarifications to your Blue Shield health coverage. This is only a summary.

Updates will be made for the *Evidence of Coverage and Health Service Agreement* (EOC). Please visit **blueshieldca.com/policies** for updated terms and condition of coverage.

All changes and clarifications to your Silver 73 PPO plan are effective January 1, 2022.

Due to plan changes from Covered California, the following changes have been made to your 2022 benefits shown in the Summary of Benefits (SOB).

For doctors that you see in your network		
Calendar-year out-of-pocket maximum *The calendar-year out-of-pocket maximum has decreased.*	*Individual* ***From:*** *$6,500* ***To:*** *$6,300*	*Family* ***From:*** *$13,000* ***To:*** *$12,600*
Calendar-year pharmacy deductible *The calendar-year pharmacy deductible has decreased.*	*Individual* ***From:*** *$275* ***To:*** *$10*	*Family* ***From:*** *$550* ***To****: $20*
Other Specialist care office visit *The copay for other specialist care office visit has decreased under the Physician services category.*	***From:*** *$75* ***To:*** *$70*	
Podiatric services *The copay for podiatric services has decreased under Other professional services category.*	***From:*** *$75* ***To:*** *$70*	
Tier 1 drugs *The copay for Tier 1 drugs has decreased under the Retail pharmacy prescription drugs category.*	***From:*** *$16* ***To:*** *$15*	
Tier 1 drugs *The copay for Tier 1 drugs has decreased under the Mail pharmacy prescription drugs category.*	***From:*** *$48* ***To:*** *$45*	

Changes to your health plan (continued)

The following revisions have been made to your 2022 plan benefit.	
Document & Section Name	**Description of the change(s)**
EOC Change: Obtaining Specialty Drugs from a Network Specialty Pharmacy	***Clarified Specialty Drug discounts are not applied to the plan Deductible and Out-of-Pocket Maximum accumulation.*** If you receive discounts from a drug manufacturer or third-party, the discount will not be applied to your Deductible and Out-of-Pocket Maximum. Therefore, only the amount you actually pay will be applied.
EOC and SOB Change: Pediatric vision Benefits	***Revised the Pediatric vision Contact Lens benefit, to describe the new benefit for standard and non-standard contact Lens fitting and evaluation services*** Standard and non-standard contact Lens fitting and evaluation services are covered by your plan.
SOB Change: Pediatric Dental – Basic services: Adjunctive general services	***Added a new Adjunctive general services benefit.*** The Adjunctive General Services benefit and cost share are shown under the Pediatric dental basic services category in the SOB.

Please note: This document is not a contract. For actual complete benefit descriptions, terms and conditions, and limitations of the health plan, please read the EOC.