



Changes to your health plan

Effective January 1, 2024, there will be some changes to your plan’s costs and benefits. We are notifying you in advance so you can make informed decisions about your health coverage. In this quick reference guide, you will see:

- New coinsurance, copayments, and maximum limits
- Updates to out-of-pocket expenses
- Changes to covered benefits or services
- New conditions or requirements for certain services
- Language clarifications

Please visit blueshieldca.com/policies for updated terms and conditions of coverage.

Cost share changes

Copayment (or copay), coinsurance, and deductible are your share of the cost (“cost share”) when using covered services. This section contains cost changes when using a Participating Provider, unless otherwise stated. Refer to your *Summary of Benefits (SOB)* for further details.

Calendar year out-of-pocket maximum changes

Description of Change	What’s changing?	
	2023 (This Year)	2024 (Renewal Year)
Your calendar year out-of-pocket maximum has increased.	Individual/Family \$8,200/\$16,400	Individual/Family \$9,100/\$18,200

Pharmacy prescription drug cost share changes

Benefit Section & Description of Change		What's changing?	
		2023 (This Year)	2024 (Renewal Year)
Retail Pharmacy Prescription Drugs	Tier 1 Drugs	\$18/prescription	\$17/prescription
Your copay for Tier 1 drugs has decreased.			
<i>Once your total drug costs have reached the pharmacy deductible, you will pay the copay/coinsurance shown per prescription.</i>			
Mail Service Pharmacy Prescription Drugs	Tier 1 Drugs	\$54/prescription	\$51/prescription
Your copay for Tier 1 drugs has decreased.			
<i>Once your total drug costs have reached the pharmacy deductible, you will pay the copay/coinsurance shown per prescription.</i>			

Medical benefit cost share changes

Benefit Section & Summary of Change	Benefit Category	What's changing?	
		2023 (This Year)	2024 (Renewal Year)
Physician Services Your copay for these services has decreased.	Primary Care Office Visit	\$65/visit	\$60/visit
	Physician Home Visit	\$65/visit	\$60/visit
Other Professional Services Your copay for these services has decreased.	Other Practitioner Office Visit: Includes nurse practitioners, physician assistants, therapists, and podiatrists.	\$65/visit	\$60/visit
	Acupuncture Services	\$65/visit	\$60/visit
Other Professional Services Your coinsurance for this service has decreased.	Family Planning: Vasectomy	40%, deductible applies	\$0, deductible does not apply
Urgent Care Center Services Your copay for these services has decreased.		\$65/visit	\$60/visit

Benefit Section & Summary of Change	Benefit Category	What's changing?	
		2023 (This Year)	2024 (Renewal Year)
Rehabilitative and Habilitative Services Your copay for these services has decreased.	Office Location	\$65/visit	\$60/visit
	Outpatient Department of a Hospital	\$65/visit	\$60/visit
Mental Health and Substance Use Disorder Benefits Your copay for these services has decreased. The calendar year deductible and first dollar coverage (FDC) do not apply.	Outpatient Services:		
	Office Visit, Including Physician Office Visit	\$65/visit, deductible applies, FDC applies	\$60/visit, deductible does not apply, FDC does not apply
Mental Health and Substance Use Disorder Benefits Your maximum limit for these services has decreased.	Outpatient Services:		
	Other Outpatient Services	40% up to \$65/visit, deductible applies	40% up to \$60/visit, deductible does not apply
	Partial Hospitalization Program	40% up to \$65/visit, deductible applies	40% up to \$60/visit, deductible does not apply
	Psychological Testing	40% up to \$65/visit, deductible applies	40% up to \$60/visit, deductible does not apply

Benefit changes & clarifications

Changes to your benefits/services will be reflected in your *Summary of Benefits (SOB)* and *Evidence of Coverage (EOC)* and *Health Service Agreement*.

Benefit changes

These are changes made to your *Evidence of Coverage (EOC)* for certain medical and pharmacy services.

Section Name	Description of the Change(s)
Exclusions and Limitations: General Exclusions and Limitations Table	<p>The <i>General Exclusions and Limitations</i> table has been updated to include the following additional items that are not covered under your benefits.</p> <ul style="list-style-type: none">• Hospital care programs or services ("hospital-at-home") provided in a home setting.• Member convenience services (for example, food delivery).
Exclusions and Limitations: Outpatient Prescription Drug Exclusions and Limitations Table	<p>The <i>Outpatient Prescription Drug Exclusions and Limitations</i> table has been updated to include the following additional items that are not available under your Prescription Drug benefits.</p> <ul style="list-style-type: none">• Select drugs when the same or similar drug is available through the Outpatient Prescription Drug Benefit.
COVID-19 Testing and Related Services	<p>During the COVID-19 Public Health Emergency (PHE), Blue Shield waived the cost shares (copayments/coinsurance) for COVID-19 diagnostic testing, screening testing, and related services. Since the PHE has ended, cost shares will only be waived when receiving those services from participating providers. Full details are available in your EOC in the <i>Diagnostic X-ray, Imaging, Pathology, Laboratory, and Other Testing Services</i> section.</p>

Administrative/Language Clarifications

These are revisions made to your *Evidence of Coverage (EOC)* or *Summary of Benefits (SOB)* to help make your coverage easier to understand, but do not impact your coverage or how your benefits/services work.

Section Name	Description of the Change(s)
Family Planning Benefits	<p>To ensure equitable access to care, expanded coverage to include point-of-sale coverage for over-the-counter FDA-approved contraceptive drugs, devices, and products obtained from participating pharmacies without copayment/coinsurance. This expanded coverage also includes coverage for vasectomy services and procedures without copayment/coinsurance when obtained from a participating provider. Full details are available in your EOC in the <i>Family Planning Benefits</i> section.</p>

Section Name	Description of the Change(s)
Updated Covered Services Other Professional Services: Podiatric Services	<p><i>Podiatric Services</i> has been combined with <i>Other Practitioner Office Visit</i> under one benefit name.</p> <p>Other Professional Services: Other practitioner office visit Includes nurse practitioners, physician assistants, therapists, and podiatrists.</p> <p>Podiatrist visits are categorized as other practitioner visits and have the same cost share. You can find this change in the SOB.</p>
Updated Covered Services Diagnostic X-ray, Imaging, Pathology, and Laboratory Services: <ul style="list-style-type: none"> • Laboratory Services • X-ray and Imaging Services • Other Outpatient Diagnostic Testing 	<p>Diagnostic services listed under <i>Diagnostic X-ray, Imaging, Pathology, and Laboratory Services</i> have been updated. Medical services commonly provided in the same setting will be grouped together with comparably basic services with a lower cost share and separate from more advanced, complex services that require a higher cost share. You can find these changes in the EOC and SOB.</p> <p>Laboratory services From: Laboratory services: <i>Includes diagnostic Papanicolaou (Pap) test.</i></p> <p>To: Laboratory and pathology services: <i>Includes diagnostic Papanicolaou (Pap) test.</i></p> <p>Basic imaging services From: X-ray and imaging services <i>Includes diagnostic mammography.</i></p> <p>To: Basic imaging services <i>Includes plain film X-rays, ultrasounds, and diagnostic mammography.</i></p> <p>Other outpatient non-invasive diagnostic testing From: Other outpatient diagnostic testing <i>Testing to diagnose illness or injury such as vestibular function tests, EKG, ECG, cardiac monitoring, non-invasive vascular studies, sleep medicine testing, EEG, and EMG.</i></p> <p>To: Other outpatient non-invasive diagnostic testing <i>Testing to diagnose illness or injury such as vestibular function tests, EKG, ECG, cardiac monitoring, non-invasive vascular studies, sleep medicine testing, EEG, and EMG.</i></p>
Updated Benefit: Physician and Other Professional Services Administration of Radiopharmaceutical Medications	<p>The benefit description for <i>Physician Services and Other Professional Services</i> has been updated to show that the administration of injectable medications also includes the administration of radiopharmaceutical medications. You can find this change in your EOC in the section called <i>Your Benefits</i>.</p>

**Medical Treatment of the Teeth,
Gums, Jaw Joints, and Jaw Bones**

This benefit has been updated to help reduce confusion for when services would be covered under your medical plan versus services that typically occur in a dental plan. You can find these changes in the EOC in the *Medical Treatment of the Teeth, Gums, Jaw Joints, and Jaw Bones* section.

**Diabetes Care Services: Continuous
Blood Glucose Monitors**

All related necessary supplies for continuous blood glucose monitors are covered by your benefits. You can find these changes in your EOC.

The *Summary of Benefits and Coverage* (SBC) may also have changes as applicable.

Please note: This document is not a contract. For complete benefit descriptions, terms and conditions, exclusions, and limitations of the health plan, please read your *Evidence of Coverage* (EOC) and *Health Service Agreement*.