

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 and copayments
- Updates to out-of-pocket expenses, such as deductibles
- 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 medical deductible changes

Description of Change	What's changing?	
	2023 (This Year)	2024 (Renewal Year)
Your calendar year medical deductible has decreased.	Individual/Family \$4,750/\$9,500	Individual/Family \$0/\$0

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 decreased.	Individual/Family \$7,250/\$14,500	Individual/Family \$6,100/\$12,200

Calendar year pharmacy deductible changes

Description of Change	What's changing?	
	2023 (This Year)	2024 (Renewal Year)
Your calendar year pharmacy deductible has decreased.	Individual/Family \$30 /\$60	Individual/Family \$0/\$0

Pharmacy prescription drug cost share changes

Benefit Section & Description of Change		What's changing?	
		2023 (This Year)	2024 (Renewal Year)
Retail Pharmacy Prescription Drugs Your copay for Tier 1 drugs has decreased. Your deductible for Tier 2 - Tier 4 drugs services has changed.	Tier 1 Drugs	\$16/prescription, pharmacy deductible applies	\$15/prescription, pharmacy deductible does not apply
	Tier 2 Drugs	\$55/prescription, pharmacy deductible applies	\$55/prescription, pharmacy deductible does not apply
	Tier 3 Drugs	\$85/prescription, pharmacy deductible applies	\$85/prescription, pharmacy deductible does not apply
	Tier 4 Drugs	20% up to \$250/prescription, pharmacy deductible applies	20% up to \$250/prescription, pharmacy deductible does not apply
Mail Service Pharmacy Prescription Drugs Your copay for Tier 1 drugs has decreased. Your deductible for Tier 2 - Tier 4 drugs has changed.	Tier 1 Drugs	\$48/prescription, pharmacy deductible applies	\$45/prescription, pharmacy deductible does not apply
	Tier 2 Drugs	\$165/prescription, pharmacy deductible applies	\$165/prescription, pharmacy deductible does not apply
	Tier 3 Drugs	\$255/prescription, pharmacy deductible applies	\$255/prescription, pharmacy deductible does not apply
	Tier 4 Drugs	20% up to \$750/prescription, pharmacy deductible applies	20% up to \$750/prescription, pharmacy deductible does not apply

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	\$45/visit	\$35/visit
	Physician Home Visit	\$45/visit	\$35/visit
Physician Services Your coinsurance for these services has increased.	Physician or Surgeon Services in an Outpatient Facility	20%	30%
Other Professional Services Your copay for these services has decreased.	Other Practitioner Office Visit: Includes nurse practitioners, physician assistants, therapists, and podiatrists.	\$45/visit	\$35/visit
	Acupuncture Services	\$45/visit	\$35/visit
Other Professional Services Your coinsurance for this service has decreased.	Family Planning: Vasectomy	20%	\$0
Emergency Services: Emergency Room Services Your copay for this benefit has decreased.	When Using a Participating Provider	\$400/visit	\$350/visit
	When Using a Non-Participating Provider	\$400/visit	\$350/visit
Urgent Care Center Services Your copay for these services has decreased.		\$45/visit	\$35/visit
Outpatient Facility Services Your coinsurance for these services has increased.	Ambulatory Surgery Center	20%	30%
	Outpatient Department of a Hospital: Surgery	20%	30%
	Outpatient Department of a Hospital: Treatment of Illness or Injury, Radiation Therapy, Chemotherapy, and Necessary Supplies	20%	30%

Medical benefit cost share changes

Benefit Section & Summary of Change	Benefit Category	What's changing?	
		2023 (This Year)	2024 (Renewal Year)
Inpatient Facility Services Your deductible for these services has changed.	Hospital Services and Stay	30%, deductible applies	30%, deductible does not apply
	Transplant Services: Special Transplant Facility Inpatient Services	30%, deductible applies	30%, deductible does not apply
Bariatric Surgery Services, Designated California Counties Your coinsurance for these services has increased.	Outpatient Facility Services	20%	30%
Bariatric Surgery Services, Designated California Counties Your deductible for these services has changed.	Inpatient Facility Services	30%, deductible applies	30%, deductible does not apply
Diagnostic X-ray, Imaging, Pathology, and Laboratory Services Your copay for these services has increased.	Basic Imaging Services:		
	Outpatient Radiology Center	\$90/visit	\$95/visit
	Outpatient Department of a Hospital	\$90/visit	\$95/visit
	Other Outpatient Non-invasive Diagnostic Testing:		
	Office Location	\$90/visit	\$95/visit
	Outpatient Department of a Hospital	\$90/visit	\$95/visit
Rehabilitative and Habilitative Services Your copay for these services has decreased.	Office Location	\$45/visit	\$35/visit
	Outpatient Department of a Hospital	\$45/visit	\$35/visit
Skilled Nursing Facility (SNF) Services Your deductible for these services has changed.	Freestanding SNF	30%, deductible applies	30%, deductible does not apply
	Hospital-based SNF	30%, deductible applies	30%, deductible does not apply

Medical benefit cost share changes

Benefit Section & Summary of Change	Benefit Category	What's changing?	
		2023 (This Year)	2024 (Renewal Year)
Other Services and Supplies Your coinsurance for these services has increased.	Dialysis Services	20%	30%
	Allergy Serum	20%	30%
Other Services and Supplies: PKU Product Formulas and Special Food Products Your coinsurance for these services has increased.	When Using a Participating Provider	20%	30%
	When Using a Non-Participating Provider	20%	30%
Mental Health and Substance Use Disorder Benefits Your copay for these services has decreased.	Outpatient Services:		
	Office Visit, Including Physician Office Visit	\$45/visit	\$35/visit
Mental Health and Substance Use Disorder Benefits Your deductible for these services has changed.	Inpatient Services:		
	Hospital Services	30%, deductible applies	30%, deductible does not apply
	Residential Care	30%, deductible applies	30%, 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*.