

# Changes to your Small Business HMO Mirrored plans Blue Shield of California

As of January 1, 2024

This notice describes the changes to your Blue Shield health coverage upon your group's renewal. This is only a summary. Updates will be made to the *Evidence of Coverage and Health Service Agreement (EOC)*. Please visit the [blueshieldca.com/policies](https://blueshieldca.com/policies) site on or after November 1, 2023 for updated terms and conditions of coverage. 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.

## Product Name

**Due to plan requirements from the U.S. Department of Health and Human Services (HHS), the following Product Names have been updated to reflect the correct values:**

**From: Blue Shield Bronze Trio HMO 7000/70 + Child Dental**  
**To: Blue Shield Trio Bronze 60 HMO 7000/70 + Child Dental Alt**

## Calendar-Year Out-of-Pocket Maximum

**Consistent with new Federal regulations, the Calendar-year out-of-pocket maximums for participating providers will change for the following plan:**

**Blue Shield Trio Bronze 60 HMO 7000/70 + Child Dental Alt**  
**From:** \$8,750 Individual/\$17,500 Family  
**To:** \$9,100 Individual/\$18,200 Family

## Physician or surgeon services in an Outpatient facility

**The cost share for Physician or surgeon services in an inpatient facility will increase for the following plans:**

**Blue Shield Trio Silver 70 HMO 2500/55 + Child Dental**  
**From:** 30%  
**To:** 35%

**Blue Shield Access+ Silver 70 HMO® 2500/55 + Child Dental**  
**From:** 30%  
**To:** 35%

## Physician or surgeon services in an inpatient facility

**The cost share for Physician or surgeon services in an inpatient facility will increase for the following plans:**

**Blue Shield Trio Silver 70 HMO 2500/55 + Child Dental**  
**From:** 40%  
**To:** 35%



**Blue Shield Access+ Silver 70 HMO® 2500/55 + Child Dental**

**From:** 40%

**To:** 35%

**Vasectomy**

*The cost share for Vasectomy will change for the following plans:*

**Blue Shield Trio Platinum 90 HMO 0/20 + Child Dental**

**From:** \$25

**To:** No Charge

**Blue Shield Trio Gold 80 HMO 250/35 + Child Dental**

**From:** \$35

**To:** No Charge

**Blue Shield Trio Silver 70 HMO 2250/55 + Child Dental**

**From:** 30%

**To:** No Charge

**Blue Shield Trio Bronze 60 HMO 7000/70 + Child Dental Alt**

**From:** 50%

**To:** No Charge

**Blue Shield Access+ Platinum 90 HMO® 0/20 + Child Dental**

**From:** \$25

**To:** No Charge

**Blue Shield Access+ Gold 80 HMO® 250/35 + Child Dental**

**From:** \$35

**To:** No Charge

**Blue Shield Access+ Silver 70 HMO® 2500/55 + Child Dental**

**From:** 30%

**To:** No Charge

**Emergency Room Services | Ambulance Services | Outpatient department of a Hospital: treatment of illness or injury, radiation therapy, chemotherapy, and necessary supplies**

*The cost share for Emergency Room Services | Ambulance Services | Outpatient department of a Hospital: treatment of illness or injury, radiation therapy, chemotherapy, and necessary supplies will change for the following plans:*

**Blue Shield Trio Silver 70 HMO 2500/55 + Child Dental**

**From:** 30%

**To:** 35%

**Blue Shield Access+ Silver 70 HMO® 2500/55 + Child Dental**

**From:** 30%

**To:** 35%

[Inpatient Services: Hospital services and stay](#) | [Special transplant facility inpatient services](#) | [Physician inpatient services](#) | [Inpatient facility services](#) | [Physician services](#)

*The cost share for Inpatient Services: Hospital services and stay | Special transplant facility inpatient services | Physician inpatient services | Inpatient facility services | Physician services will change for the following plans:*

**Blue Shield Trio Silver 70 HMO 2500/55 + Child Dental**

**From:** 40%

**To:** 35%

**Blue Shield Access+ Silver 70 HMO® 2500/55 + Child Dental**

**From:** 40%

**To:** 35%

**DME (Durable Medical Equipment)**

*The cost share for DME will change for the following plans:*

**Blue Shield Trio Silver 70 HMO 2500/55 + Child Dental**

**From:** 40%

**To:** 35%

**Blue Shield Access+ Silver 70 HMO® 2500/55 + Child Dental**

**From:** 40%

**To:** 35%

**Skilled Nursing Care: Freestanding SNF (Skilled Nursing Facility) | Hospital-based SNF (Skilled Nursing Facility)**

*The cost share for Skilled Nursing Care will change for the following plans:*

**Blue Shield Trio Silver 70 HMO 2500/55 + Child Dental**

**From:** 40%

**To:** 35%

**Blue Shield Access+ Silver 70 HMO® 2500/55 + Child Dental**

**From:** 40%

**To:** 35%

**Diabetes: devices equipment and supplies | Dialysis services | Allergy serum billed separately from an office visit**

*The cost share for Diabetes: devices equipment and supplies | Dialysis services | Allergy serum billed separately from an office visit will change for the following plans:*

**Blue Shield Trio Silver 70 HMO 2500/55 + Child Dental**

**From:** 30%

**To:** 35%

**Blue Shield Access+ Silver 70 HMO® 2500/55 + Child Dental**

**From:** 30%

**To:** 35%

**Mental Health/Substance Use Disorder Services : Physician Inpatient Services | Mental Health and Substance Use Disorder : Hospital services | Mental Health and Substance Use Disorder : Residential care**

**The cost share for** Mental Health/Substance Use Disorder Services *will change for the following plans:*

**Blue Shield Trio Silver 70 HMO 2500/55 + Child Dental**

**From:** 40%

**To:** 35%

**Blue Shield Access+ Silver 70 HMO® 2500/55 + Child Dental**

**From:** 40%

**To:** 35%

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The following **changes** have been made to your benefits.

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**EOC Change:** [How to Access Care: Changing your Medical Group](#)

**Language revision under Changing your Medical Group section to clarify Medical Group or PCP changes during a course of treatment.**

This change is in the following areas of your EOC: Your Medical Group: Changing your Medical Group

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**EOC Change:** [Canceling Appointments](#)

**Language removed under Canceling Appointments to align with other plans and remove late cancelation/no show fee.**

This change is in the following areas of your EOC: Canceling Appointment

Remove: This fee will not be more than your Copayment or Coinsurance for the visit.

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**SOB Change:** [Other Professional Services](#)

**The benefit service “Podiatric services” has been removed from the SOB and combined with services available under “Other practitioner office visit.”**

From:  
Other practitioner office visit  
Includes nurse practitioners, physician assistants, and therapists.

To:  
Other practitioner office visit  
Includes nurse practitioners, physician assistants, therapists, and podiatrists.

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**EOC Change:** [Diabetes Care Services: All related necessary supplies for Continuous Blood Glucose Monitors](#)

**Language revision to clarify that the continuous blood glucose monitors benefit covers all related necessary supplies for continuous blood glucose monitors.**

This change is in the following areas of your EOC:

- Diabetes Care Services: Devices, Equipment, and Supplies
  - Durable Medical Equipment
  - Prescription Drug Benefits
  - Definitions: Drugs
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**EOC Change:** [Diagnostic X-ray, Imaging, Pathology, and Laboratory services: Laboratory and Pathology Services](#)

**Diagnostic x-ray, imaging, pathology, and laboratory services known as “Laboratory services” has been reclassified as “Laboratory and pathology services”.**

The description of type of care provided by Diagnostic x-ray, imaging, pathology, and laboratory services has been revised to clarify low-cost share, comparably basic services versus more advanced, complex services. A complete service description can be found in your EOC and SOB, under “Diagnostic x-ray, imaging, pathology, and laboratory services”.

From:  
Laboratory services

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Includes diagnostic Papanicolaou (Pap) test.

To:  
Laboratory and pathology services  
Includes diagnostic Papanicolaou (Pap) test

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**EOC Change:** Diagnostic X-ray, Imaging, Pathology, and Laboratory services: Basic Imaging Services

**Diagnostic x-ray, imaging, pathology, and laboratory services known as “X-ray and imaging services” has been reclassified as “Basic imaging services”.**

The description of type of care provided by Diagnostic x-ray, imaging, pathology, and laboratory services has been revised to clarify low-cost share, comparably basic services versus more advanced, complex services. A complete service description can be found in your EOC and SOB, under “Diagnostic x-ray, imaging, pathology, and laboratory services”.

From:  
X-ray and imaging services  
Includes diagnostic mammography.

To:  
Basic imaging services  
Includes plain film X-rays, ultrasounds, and diagnostic mammography.

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**EOC Change:** Diagnostic X-ray, Imaging, Pathology, and Laboratory services: **Other Outpatient Non-Invasive Diagnostic Services**

**Diagnostic x-ray, imaging, pathology, and laboratory services known as “Other outpatient diagnostic testing” has been reclassified as “Other outpatient non-invasive diagnostic testing”.**

The description of type of care provided by Diagnostic x-ray, imaging, pathology, and laboratory services has been revised to clarify low-cost share, comparably basic services versus more advanced, complex services. A complete service description can be found in your EOC and SOB, under “Diagnostic x-ray, imaging, pathology, and laboratory services”.

From:  
Other outpatient diagnostic testing  
Testing to diagnose illness or injury such as vestibular function test, EKG, ECG, cardiac monitoring...

To:  
Other outpatient non-invasive diagnostic testing  
Testing to diagnose illness or injury such as vestibular function test, EKG, cardiac monitoring.....

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**EOC Change:** Diagnostic X-ray, Imaging, Pathology, and Laboratory services: Advanced Imaging Services

**Diagnostic x-ray, imaging, pathology, and laboratory services known as “Radiological and nuclear imaging services” has been reclassified as “Advanced imaging services”.**

The description of type of care provided by Diagnostic x-ray, imaging, pathology, and laboratory services has been revised to clarify low-cost share, comparably basic services versus more advanced, complex services. A complete service description can be found in your EOC and SOB, under “Diagnostic x-ray, imaging, pathology, and laboratory services”.

From:  
Radiological and nuclear imaging services

To:

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Advanced imaging services

Included diagnostic radiological and nuclear imaging such as CT scans, MRIs, MRAs, and Pet scans.

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**EOC Change:** Home Infusion and Home Injectable Medication Services & PKU Formulas and Special Food Products

**Language revision under Home infusion and injectable medication services section to clarify how benefits are administered and to include the description of all Parenteral nutrition formulas in one section with reference to that section within Home infusion and injectable medication services section.**

This change is in the following areas of your EOC:

Home health services: Home infusion and home injectable medication services  
PKU formulas and special food products

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

**Language revision to clarify Medical treatment of the teeth, gums, jaw joints, and jaw bones, “Benefit include:” and “Benefits do not include:” in the EOC, to identify the dental procedures that can be appropriately covered and those that cannot be covered under a member’s medical policy rather than under their dental coverage.**

This change is in the following areas of your EOC: Medical Treatment of the Teeth, Gums, Jaw Joints, and Jaw Bones

Benefits include:

Benefits do not include:

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**EOC Change:** Physician and Other Professional Services

**Language addition to clarify the coverage of radiopharmaceutical medications under the Physician and other professional services section in the EOC.**

Benefits include:

Administration of radiopharmaceutical medications

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## 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](https://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](https://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](https://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)**。