

Changes to your Small Business PPO Off Exchange 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 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: Gold Full PPO 0/25 OffEx
Gold Tandem PPO 0/25 OffEx**

**To: Gold Full PPO 0/35 OffEx
Gold Tandem PPO 0/35 OffEx**

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 plans

- **Bronze Full PPO 6250/65 OffEx**
- **Bronze Tandem PPO 6250/65 OffEx**

When using a participating provider³

From: \$8,750 Individual/\$17,500 Family

To: \$9,100 Individual/\$18,200 Family

When using a non-participating providers⁴

From: \$17,500 Individual /\$35,000 Family

To: \$18,200 Individual / \$36,400 Family

- **Bronze Full PPO 6850/55 OffEx**
- **Bronze Tandem PPO 6850/55 OffEx**

When using a participating provider³

From: \$8,750 Individual/\$17,500 Family

To: \$9,100 Individual/\$18,200 Family

When using a non-participating providers⁴

From: \$17,500 Individual /\$35,000 Family

To: \$18,200 Individual / \$36,400 Family

- **Bronze Full PPO 7500/65 OffEx**
- **Bronze Tandem PPO 7500/65 OffEx**



When using a participating provider³

From: \$8,750 Individual/\$17,500 Family

To: \$9,100 Individual/\$18,200 Family

When using a non-participating providers⁴

From: \$17,500 Individual /\$35,000 Family

To: \$18,200 Individual / \$36,400 Family

- **Platinum Full PPO 250/10 OffEx**
- **Platinum Tandem PPO 250/10 OffEx**

When using a participating provider³

From: \$3,000 Individual/\$6,000 Family

To: \$3,500 Individual/\$7,000 Family

When using a non-participating providers⁴

From: 6,000 Individual /\$12,600 Family

To: \$7,000 Individual / 14,000 Family

- **Bronze Full PPO 5500/65 OffEx**
- **Bronze Tandem PPO 5500/65 OffEx**

When using a participating provider³

From: \$8,750 Individual/\$17,500 Family

To: \$9,100 Individual/\$18,200 Family

When using a non-participating providers⁴

From: \$17,500 Individual /\$35,000 Family

To: \$18,200 Individual / \$36,400 Family

- **Bronze Full PPO 6500/70 OffEx**
- **Bronze Tandem PPO 6500/70 OffEx**

When using a participating provider³

From: \$8,750 Individual/\$17,500 Family

To: \$9,100 Individual/\$18,200 Family

When using a non-participating providers⁴

From: \$17,500 Individual /\$35,000 Family

To: \$18,200 Individual / \$36,400 Family

Virtual BlueSM Gold Tandem PPO 1500/45 OffEx

When using a participating provider³

From: \$8,750 Individual/\$17,500 Family

To: \$8,000 Individual/\$16,000 Family

When using a non-participating providers⁴

From: 17,500 Individual /\$35,000 Family

To: \$16,000 Individual / \$32,000 Family

Physicians Services: Primary Care office visit | Physician Home visits | Other practitioner office visit

In an effort to enhance your plan benefits, cost share for Physicians Services : Primary Care office visit and Physician Home visit | Other practitioner office visit will increase for the following plans:

- **Gold Full PPO 0/35 OffEx**
- **Gold Tandem PPO 0/35 OffEx**

When using a participating provider³

From: \$25

To: \$35

Teladoc Consultations | Teladoc Behavioral Health

The cost share for Teladoc Consultations | Teladoc Behavioral Health will change for the following plans:

- **Virtual BlueSM Gold Tandem PPO 1500/45 OffEx**
- **Virtual BlueSM Bronze Tandem PPO 7500/75 OffEx**

When using a participating provider³

From: No Charge

To: Not Covered

Vasectomy

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

- **Platinum Full PPO 0/10 OffEx**
- **Platinum Tandem PPO 0/10 OffEx**
- **Platinum Full PPO 0/0 OffEx**
- **Platinum Tandem PPO 0/0 OffEx**

When using a participating provider³

From: 10%

To: No Charge

- **Platinum Full PPO 250/15 OffEx**
- **Platinum Tandem PPO 250/15 OffEx**
- **Platinum Full PPO 250/10 OffEx**
- **Platinum Tandem PPO 250/10 OffEx**

When using a participating provider³

From: 10% deductible applies

To: No Charge deductible does not apply

- **Gold Full PPO 0/35 OffEx**
- **Gold Tandem PPO 0/35 OffEx**

When using a participating provider³

From: 30%

To: No Charge

- **Gold Full PPO 500/30 OffEx**
- **Gold Tandem PPO 500/30 OffEx**
- **Gold Full PPO 750/30 OffEx**
- **Gold Tandem PPO 750/30 OffEx**
- **Gold Full PPO 1000/35 OffEx**
- **Gold Tandem PPO 1000/35 OffEx**
- **Virtual BlueSM Gold Tandem PPO 1500/45 OffEx**

When using a participating provider³

From: 20% deductible applies

To: No Charge deductible does not apply

- **Silver Full PPO 2000/60 OffEx**
- **Silver Tandem PPO 2000/60 OffEx**

When using a participating provider³

From: 35% deductible applies

To: No Charge deductible does not apply

- **Silver Full PPO 2550/70 OffEx**
- **Silver Tandem PPO 2550/70 OffEx**
- **Bronze Full PPO 6250/65 OffEx**
- **Bronze Tandem PPO 6250/65 OffEx**
- **Silver Full PPO 2350/65 OffEx**
- **Silver Tandem PPO 2350/65 OffEx**

When using a participating provider³

From: 40% deductible applies

To: No Charge deductible does not apply

- **Bronze Full PPO 6850/55 OffEx**
- **Bronze Tandem PPO 6850/55 OffEx**

When using a participating provider³

From: 35% deductible applies

To: No Charge deductible does not apply

- **Bronze Full PPO 7500/65 OffEx**
- **Bronze Tandem PPO 7500/65 OffEx**
- **Bronze Full PPO 5500/65 OffEx**
- **Bronze Tandem PPO 5500/65 OffEx**
- **Bronze Full PPO 6500/70 OffEx**
- **Bronze Tandem PPO 6500/70 OffEx**
- **Virtual BlueSM Bronze Tandem PPO 7500/75 OffEx**

When using a participating provider³

From: 50% deductible applies

To: No Charge deductible does not apply

- **Silver Full PPO 2750/65 OffEx**
- **Silver Tandem PPO 2750/65 OffEx**
- **Silver Full PPO 2350/65 OffEx**

- **Silver Tandem PPO 2350/65**

When using a participating provider ³

From: 40%

To: No Charge, deductible does not apply

When using a non-participating providers⁴

From: 50%

To: No Charge, deductible does not apply

Emergency Services: Urgent care services

The cost share for Emergency Services: Urgent care services will increase for the following plans:

- **Gold Full PPO 0/35 OffEx**
- **Gold Tandem PPO 0/35 OffEx**

When using a participating provider ³

From: \$25

To: \$35

Diagnostic Tests: Laboratory center Includes diagnostic Papanicolaou (Pap) test.

The cost share for Diagnostic Tests: Laboratory center Includes diagnostic Papanicolaou (Pap) test.

will increase for the following plans:

- **Platinum Full PPO 0/0 OffEx**
- **Platinum Tandem PPO 0/0 OffEx**
- **Platinum Full PPO 0/10 OffEx**
- **Platinum Tandem PPO 0/10 OffEx**

From: \$10

To: \$15

- **Gold Full PPO 0/35 OffEx**
- **Gold Tandem PPO 0/35 OffEx**

When using a participating provider ³

From: \$25

To: \$35

Mental Health/Substance Use Disorder Services: Mental Health and Substance Use Disorder Office visit, including physician office visit

The cost share for Mental Health/Substance Use Disorder Services: Mental Health and Substance Use Disorder Office visit, including physician office visit will increase for the following plans:

- **Gold Full PPO 0/35 OffEx**
- **Gold Tandem PPO 0/35 OffEx**

When using a participating provider ³

From: \$25

To: \$35

Prescription Drugs-Retail (30-day supply) Retail Tier 1 Drugs

The cost share for Prescription Drugs-Retail (30-day supply) Retail Tier 1 Drugs will change for the following plans:

Platinum Full PPO 0/10 OffEx

From: \$5

To: \$10

Platinum Tandem PPO 0/10 OffEx

From: Level A: \$5 per prescription Level B: \$10 per prescription

To: Level A: \$10 per prescription Level B: \$15 per prescription

Platinum Full PPO 250/15 OffEx

From: \$5

To: \$10

Platinum Tandem PPO 250/15 OffEx

From: Level A: \$5 per prescription Level B: \$10 per prescription

To: Level A: \$10 per prescription Level B: \$15 per prescription

Gold Full PPO 0/35 OffEx

From: \$15 per prescription

To: \$20 per prescription

Gold Tandem PPO 0/35 OffEx

From: Level A: \$15 per prescription Level B: \$20 per prescription

To: Level A: \$20 per prescription Level B: \$25 per prescription

Prescription Drugs-Retail (30-day supply) Retail Tier 2 Drugs

The cost share for Prescription Drugs-Retail (30-day supply) Retail Tier 2 Drugs will change for the following plans:

Platinum Full PPO 0/10 OffEx

From: \$30

To: \$35

Platinum Tandem PPO 0/10 OffEx

From: Level A: \$30 per prescription Level B: \$45 per prescription

To: Level A: \$35 per prescription Level B: \$50 per prescription

Platinum Full PPO 250/15 OffEx

From: \$30

To: \$35

Platinum Tandem PPO 250/15 OffEx

From: Level A: \$30 per prescription Level B: \$45 per prescription

To: Level A: \$35 per prescription Level B: \$50 per prescription

Platinum Full PPO 0/0 OffEx

From: \$30 per prescription

To: \$35 per prescription

Platinum Tandem PPO 0/0 OffEx

From: Level A: \$30 per prescription Level B: \$45 per prescription

To: Level A: \$35 per prescription Level B: \$50 per prescription

Platinum Full PPO 250/10 OffEx

From: \$25

To: \$35

Platinum Tandem PPO 250/10 OffEx

From: Level A: \$25 per prescription Level B: \$40 per prescription

To: Level A: \$35 per prescription Level B: \$50 per prescription

Prescription Drugs-Retail (30-day supply) Retail Tier 3 Drugs

The cost share for Prescription Drugs-Retail (30-day supply) Retail Tier 3 Drugs will change for the following plans:

Platinum Full PPO 0/10 OffEx

From: \$50

To: \$55

Platinum Tandem PPO 0/10 OffEx

From: Level A: \$50 per prescription Level B: \$70 per prescription

To: Level A: \$55 per prescription Level B: \$75 per prescription

Platinum Full PPO 250/15 OffEx

From: \$50

To: \$55

Platinum Tandem PPO 250/15 OffEx

From: Level A: \$50 per prescription Level B: \$70 per prescription

To: Level A: \$55 per prescription Level B: \$75 per prescription

Platinum Full PPO 0/0 OffEx

From: \$50 per prescription

To: \$55 per prescription

Platinum Tandem PPO 0/0 OffEx

From: Level A: \$50 per prescription Level B: \$70 per prescription

To: Level A: \$55 per prescription Level B: \$75 per prescription

Platinum Full PPO 250/10 OffEx

From: \$40

To: \$55

Platinum Tandem PPO 250/10 OffEx

From: Level A: \$40 per prescription Level B: \$60 per prescription

To: Level A: \$55 per prescription Level B: \$75 per prescription

Prescription Drugs-Retail (90-day supply) Retail Tier 1 Drugs

The cost share for Prescription Drugs-Retail (90-day supply) Retail Tier 1 Drugs will change for the following plans:

Platinum Full PPO 0/10 OffEx

From: \$15

To: \$30

Platinum Tandem PPO 0/10 OffEx

From: Level A: \$15 per prescription Level B: \$30 per prescription

To: Level A: \$30 per prescription Level B: \$45 per prescription

Platinum Full PPO 250/15 OffEx

From: \$15

To: \$30

Platinum Tandem PPO 250/15 OffEx

From: Level A: \$15 per prescription Level B: \$30 per prescription

To: Level A: \$30 per prescription Level B: \$45 per prescription

Gold Full PPO 0/35 OffEx

From: \$45 per prescription

To: \$60 per prescription

Gold Tandem PPO 0/35 OffEx

From: Level A: \$45 per prescription Level B: \$60 per prescription

To: Level A: \$60 per prescription Level B: \$75 per prescription

Prescription Drugs-Retail (90-day supply) Retail Tier 2 Drugs

The cost share for Prescription Drugs-Retail (90-day supply) Retail Tier 2 Drugs will change for the following plans:

Platinum Full PPO 0/10 OffEx

From: \$90

To: \$105

Platinum Tandem PPO 0/10 OffEx

From: Level A: 90 per prescription Level B: \$135 per prescription

To: Level A: \$105 per prescription Level B: \$150 per prescription

Platinum Full PPO 250/15 OffEx

From: \$90

To: \$105

Platinum Tandem PPO 250/15 OffEx

From: Level A: \$90 per prescription Level B: \$135 per prescription

To: Level A: \$105 per prescription Level B: \$150 per prescription

Platinum Full PPO 0/0 OffEx

From: \$90 per prescription

To: \$105 per prescription

Platinum Tandem PPO 0/0 OffEx

From: Level A: \$90 per prescription Level B: \$135 per prescription

To: Level A: \$105 prescription Level B: \$150 per prescription

Platinum Full PPO 250/10 OffEx

From: \$75

To: \$105

Platinum Tandem PPO 250/10 OffEx

From: Level A: 75 per prescription Level B: \$120 per prescription

To: Level A: \$105 per prescription Level B: \$150 per prescription

Prescription Drugs-Retail (90-day supply) Retail Tier 3 Drugs

The cost share for Prescription Drugs-Retail (90-day supply) Retail Tier 3 Drugs will change for the following plans:

Platinum Full PPO 0/10 OffEx

From: \$150

To: \$165

Platinum Tandem PPO 0/10 OffEx

From: Level A: \$150 per prescription Level B: \$210 per prescription

To: Level A: \$165 per prescription Level B: \$225 per prescription

Platinum Full PPO 250/15 OffEx

From: \$150

To: \$165

Platinum Tandem PPO 250/15 OffEx

From: Level A: \$150 per prescription Level B: \$210 per prescription

To: Level A: \$165 per prescription Level B: \$225 per prescription

Platinum Full PPO 0/0 OffEx

From: \$150 per prescription

To: \$165 per prescription

Platinum Tandem PPO 0/0 OffEx

From: Level A: \$150 per prescription Level B: \$210 per prescription

To: Level A: \$165 prescription Level B: \$225 per prescription

Platinum Full PPO 250/10 OffEx

From: \$120

To: \$165

Platinum Tandem PPO 250/10 OffEx

From: Level A: \$120 per prescription Level B: \$180 per prescription

To: Level A: \$165 per prescription Level B: \$225 per prescription

Prescription Drugs-Mail Order (90-day supply) Mail Service Tier 1 Drugs

The cost share for Prescription Drugs-Mail Order (90-day supply) Mail Service Tier 1 Drugs will change for the following plans:

Platinum Full PPO 0/10 OffEx

From: \$10

To: \$20

Platinum Tandem PPO 0/10 OffEx

From: Level A: \$10

To: Level A: \$20

Platinum Full PPO 250/15 OffEx

From: \$10

To: \$20

Platinum Tandem PPO 250/15 OffEx

From: Level A: \$10

To: Level A: \$20

Gold Full PPO 0/35 OffEx

From: \$30 per prescription

To: \$40 per prescription

Gold Tandem PPO 0/35 OffEx

From: Level A: \$30

To: Level A: \$40

Prescription Drugs-Mail Order (90-day supply) Mail Service Tier 2 Drugs

The cost share for Prescription Drugs-Mail Order (90-day supply) Mail Service Tier 2 Drugs will change for the following plans:

Platinum Full PPO 0/10 OffEx

From: \$60

To: \$70

Platinum Tandem PPO 0/10 OffEx

From: Level A: \$60

To: Level A: \$70

Platinum Full PPO 250/15 OffEx

From: \$60

To: \$70

Platinum Tandem PPO 250/15 OffEx

From: Level A: \$60

To: Level A: \$70

Platinum Full PPO 0/0 OffEx

From: \$60 per prescription

To: \$70 per prescription

Platinum Tandem PPO 0/0 OffEx

From: Level A: \$60

To: Level A: \$70

Platinum Full PPO 250/10 OffEx

From: \$60

To: \$70

Platinum Tandem PPO 250/10 OffEx

From: Level A: \$60

To: Level A: \$70

Prescription Drugs-Mail Order (90-day supply) Mail Service Tier 3 Drugs

The cost share for Prescription Drugs-Mail Order (90-day supply) Mail Service Tier 3 Drugs **will change for the following plans:**

Platinum Full PPO 0/10 OffEx

From: \$100

To: \$110

Platinum Tandem PPO 0/10 OffEx

From: Level A: \$100

To: Level A: \$110

Platinum Full PPO 250/15 OffEx

From: \$100

To: \$110

Platinum Tandem PPO 250/15 OffEx

From: Level A: \$100

To: Level A: \$110

Platinum Full PPO 0/0 OffEx

From: \$100

To: \$110

Platinum Tandem PPO 0/0 OffEx

From: Level A: \$100

To: Level A: \$110

Platinum Full PPO 250/10 OffEx

From: \$100

To: \$110

Platinum Tandem PPO 250/10 OffEx

From: Level A: \$100

To: Level A: \$110

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

EOC Change: Exclusions and Limitations: General Exclusions and Limitations Table

Personal care items have been revised to clarify specific items or services not covered under medical policies.

From: Member convenience items, such as internet, phones, televisions, guest trays, and personal hygiene items.

To: Member convenience items or services, such as internet, phones, televisions, guest trays, personal hygiene items, and home delivery services.

EOC Change: Exclusions and Limitations: General Exclusions and Limitations Table

Hospital care programs or services provided in a home setting (Hospital-at-home programs) have been added to “General Exclusions and Limitations.”, to clarify benefits not covered under the medical policy.

SOB Change: Other Professional Services

The benefit service “Podiatric services” listed in your SOB has been 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.

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

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

Includes diagnostic Papanicolaou (Pap) test.

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

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.

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.....

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

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

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:

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;



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)**。