

# Changes to your Small Business PPO Savings 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](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: Silver Full PPO Savings 2300/25% OffEx  
Silver Tandem PPO Savings 2300/25% OffEx**

**To: Silver Full PPO Savings 2300/30% OffEx  
Silver Tandem PPO Savings 2300/30% OffEx**

**From: Bronze Full PPO Savings 7000 OffEx  
Bronze Tandem PPO Savings 7000 OffEx**

**To: Bronze Full PPO Savings 7500 OffEx  
Bronze Tandem PPO Savings 7500 OffEx**

### Calendar year medical deductible change

**In an effort to enhance your plan benefits, the calendar year medical deductible for participating providers will increase for the following plans:**

**Bronze Full PPO Savings 7500 OffEx  
Bronze Tandem PPO Savings 7500 OffEx**

**When using a participating provider<sup>3</sup>**  
**From:** \$7,000 Individual/\$14,000 Family  
**To:** \$7,500 Individual/\$15,000 Family

**When using any combination of participating<sup>3</sup> and non-participating providers<sup>4</sup>**  
**From:** \$10,000 Individual /20,000 Family  
**To:** \$10,500 Individual / \$21,000 Family



## 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:

- Silver Full PPO Savings 2300/30% OffEx
- Silver Tandem PPO Savings 2300/30% OffEx

### When using a participating provider<sup>3</sup>

From: \$7,500 Individual/15,000 Family

To: \$7,900 Individual/\$15,800 Family

### When using a non-participating providers<sup>4</sup>

From: \$15,000 Individual / \$30,000 Family

To: \$15,800 Individual / \$31,600 Family

- Bronze Full PPO Savings 5700/40% OffEx
- Bronze Tandem PPO Savings 5700/40% OffEx

### When using a participating provider<sup>3</sup>

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

To: \$7,500 Individual/15,000 Family

### When using a non-participating providers<sup>4</sup>

From: \$14,000 Individual / \$28,000 Family

To: \$15,000 Individual / \$30,000 Family

- Bronze Full PPO Savings 7500 OffEx
- Bronze Tandem PPO Savings 7500 OffEx

### When using a participating provider<sup>3</sup>

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

To: \$7,500 Individual/\$15,000 Family

### When using any combination of participating<sup>3</sup> and non-participating providers<sup>4</sup>

From: \$14,000 Individual / \$28,000 Family

To: \$15,000 Individual / \$30,000 Family

- Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx
- Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx

### When using a participating provider<sup>3</sup>

From: \$7,500 Individual/\$15,000 Family

To: \$7,900 Individual/\$15,800 Family

### When using a non-participating providers<sup>4</sup>

From: \$15,000 Individual / \$30,000 Family

To: \$15,800 Individual / \$31,600 Family

- Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx
- Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx

### When using a participating provider<sup>3</sup>

**From:** \$3,300 Individual/\$6,600 Family

**To:** \$4,000 Individual/\$8,000 Family

**When using a non-participating providers<sup>4</sup>**

**From:** \$6,600 Individual / \$13,200 Family

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

### **HSA plan: Self-only coverage deductible**

**Consistent with new Federal regulations, the HSA plan: Self-only coverage deductible will change for the following plans:**

- **Bronze Full PPO Savings 7500 OffEx**
- **Bronze Tandem PPO Savings 7500 OffEx**

**When using a participating provider<sup>3</sup>**

**From:** \$7,000

**To:** \$ 7,500

**When using a non-participating providers<sup>4</sup>**

**From:** \$10,000

**To:** \$ 10,500

### **HSA family plan: individual deductible**

**Consistent with new Federal regulations, the HSA family plan: individual deductible will change for the following plans:**

- **Silver Full PPO Savings 2300/30% OffEx**
- **Silver Tandem PPO Savings 2300/30% OffEx**

**When using a participating provider<sup>3</sup>**

**From:** \$2,300

**To:** \$3,200

**When using a non-participating providers<sup>4</sup>**

**From:** \$4,600

**To:** \$6,400

• **Bronze Full PPO Savings 7500 OffEx**

• **Bronze Tandem PPO Savings 7500 OffEx**

**When using a participating provider<sup>3</sup>**

**From:** \$7,000

**To:** \$ 7,500

**When using a non-participating providers<sup>4</sup>**

**From:** \$10,000

**To:** \$ 10,500

- Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx
- Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx

**When using a participating provider <sup>3</sup>**

**From:** \$2,600

**To:** \$3,200

**When using a non-participating providers<sup>4</sup>**

**From:** \$5,200

**To:** \$6,400

- Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx
- Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx

**When using a participating provider <sup>3</sup>**

**From:** \$1,750

**To:** \$3,200

**When using a non-participating providers<sup>4</sup>**

**From:** \$3,500

**To:** \$6,400

**Physicians Services : Primary Care office visit | Specialist | Physician Home visits | Physician or surgeon services in an Outpatient Facility | Physician or surgeon services in an inpatient facility | Other practitioner office visit | Chiropractic services**

**The cost share for Physicians Services : Primary Care office visit | Specialist | Physician Home visits | Physician or surgeon services in an Outpatient Facility | Physician or surgeon services in an inpatient facility | Other practitioner office visit | Chiropractic services will increase for the following plans:**

- Silver Full PPO Savings 2300/30% OffEx
- Silver Tandem PPO Savings 2300/30% OffEx

**When using a participating provider <sup>3</sup>**

**From:** 25%

**To:** 30%

**Vasectomy**

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

- Silver Full PPO Savings 2300/30% OffEx
- Silver Tandem PPO Savings 2300/30% OffEx

**When using a participating provider <sup>3</sup>**

**From:** 25% deductible applies

**To:** No Charge deductible applies

- Bronze Full PPO Savings 5700/40% OffEx

- **Bronze Tandem PPO Savings 5700/40% OffEx**

**When using a participating provider<sup>3</sup>**

**From:** 40%, deductible applies

**To:** No Charge, deductible applies

- **Bronze Full PPO Savings 7500 OffEx**
- **Bronze Tandem PPO Savings 7500 OffEx**

**When using a participating provider<sup>3</sup>**

**From:** No Charge deductible applies

**To:** No Charge deductible applies

- **Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx**
- **Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx**

**When using a participating provider<sup>3</sup>**

**From:** 35% deductible applies

**To:** No Charge deductible applies

- **Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx**
- **Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx**

**From:** 15% deductible applies

**To:** No Charge deductible applies

#### **Medical nutrition therapy not related to diabetes**

**The cost share for Medical nutrition therapy not related to diabetes will change for the following plan:**

- **Silver Full PPO Savings 2300/30% OffEx**
- **Silver Tandem PPO Savings 2300/30% OffEx**

**When using a participating provider<sup>3</sup>**

**From:** 25%

**To:** 30%

#### **Emergency room services**

**The cost share for Emergency room services will change for the following plan:**

- **Silver Full PPO Savings 2300/30% OffEx**
- **Silver Tandem PPO Savings 2300/30% OffEx**

**When using a participating provider<sup>3</sup>**

**From:** \$150/surgery + 25%

**To:** 30%

**When using any combination of participating<sup>3</sup> and non-participating providers<sup>4</sup>**

**From:** \$150/surgery + 25%

**To:** 30%

**Emergency Services: Emergency room physician services | Ambulance services | Ambulatory surgery center**

**The cost share for Emergency Services: Emergency room physician services | Ambulance services | Ambulatory surgery center will change for the following plan:**

- Silver Full PPO Savings 2300/30% OffEx
- Silver Tandem PPO Savings 2300/30% OffEx

**When using a participating provider<sup>3</sup>**

**From: 25%**

**To: 30%**

**When using any combination of participating<sup>3</sup> and non-participating providers<sup>4</sup>**

**From: 25%**

**To: 30%**

**Urgent care services**

**The cost share for Urgent care services will change for the following plan:**

- Silver Full PPO Savings 2300/30% OffEx
- Silver Tandem PPO Savings 2300/30% OffEx

**When using a participating provider<sup>3</sup>**

**From: 25%**

**To: 30%**

**Outpatient department of a Hospital: treatment of illness or injury, radiation therapy, chemotherapy, and necessary supplies**

**The cost share for Outpatient department of a Hospital: treatment of illness or injury, radiation therapy, chemotherapy, and necessary supplies will change for the following plan:**

- Silver Full PPO Savings 2300/30% OffEx
- Silver Tandem PPO Savings 2300/30% OffEx

**When using a participating provider<sup>3</sup>**

**From: 25%**

**To: 30%**

**Inpatient department: Hospital services and stay | Special transplant facility inpatient services | Physician inpatient services | Inpatient facility services | Physician services**

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

- Silver Full PPO Savings 2300/30% OffEx
- Silver Tandem PPO Savings 2300/30% OffEx

**When using a participating provider<sup>3</sup>**

**From: 25%**

**To: 30%**

### **Inpatient Services: Outpatient facility services**

**The cost share for Inpatient Services: Outpatient facility services** will change for the following plans:

- **Silver Full PPO Savings 2300/30% OffEx**
- **Silver Tandem PPO Savings 2300/30% OffEx**

**When using a participating provider**<sup>3</sup>

**From:** \$150/surgery + 25%

**To:** 30%

**Diagnostic Tests: Laboratory center Includes diagnostic Papanicolaou (Pap) test. | Outpatient department of a Hospital Includes diagnostic Papanicolaou (Pap) test. | Outpatient radiology center Includes diagnostic mammography | Outpatient department of a Hospital Includes diagnostic mammography | Office location Testing to diagnose illness or injury such as vestibular function tests, EKG, ECG, cardiac monitoring, non-invasive vascular studies, sleep medicine testing, muscle and range of motion tests, EEG, and EMG. | Outpatient department of a Hospital Testing to diagnose illness or injury such as vestibular function tests, EKG, ECG, cardiac monitoring, non-invasive vascular studies, sleep medicine testing, muscle and range of motion tests, EEG, and EMG | Outpatient radiology center diagnostic radiological procedures, such as CT scans, MRIs, MRAs, and PET scans |**

**The cost share for Diagnostic Tests** will change for the following plans:

- **Silver Full PPO Savings 2300/30% OffEx**
- **Silver Tandem PPO Savings 2300/30% OffEx**

**When using a participating provider**<sup>3</sup>

**From:** 25%

**To:** 30%

### **Habilitation & Rehabilitation: Office location | Outpatient department of a Hospital**

**The cost share for Habilitation & Rehabilitation: Office location | Outpatient department of a Hospital** will change for the following plan:

- **Silver Full PPO Savings 2300/30% OffEx**
- **Silver Tandem PPO Savings 2300/30% OffEx**

**When using a participating provider**<sup>3</sup>

**From:** 25%

**To:** 30%

### **Medical Equipment and Supplies : Orthotic equipment and devices | Prosthetic equipment and devices**

**The cost share for Medical Equipment and Supplies : Orthotic equipment and devices | Prosthetic equipment and devices** will change for the following plan:

- **Silver Full PPO Savings 2300/30% OffEx**
- **Silver Tandem PPO Savings 2300/30% OffEx**

**When using a participating provider**<sup>3</sup>

**From:** 25%

**To:** 30%

**Home Health: Home health care services**

**The cost share for Home Health: Home health care services will change for the following plan:**

- **Silver Full PPO Savings 2300/30% OffEx**
- **Silver Tandem PPO Savings 2300/30% OffEx**

**When using a participating provider<sup>3</sup>**

**From:** 25%

**To:** 30%

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

**The cost share for Skilled Nursing Care: Freestanding SNF (Skilled Nursing Facility) | Hospital-based SNF (Skilled Nursing Facility) will change for the following plan:**

- **Silver Full PPO Savings 2300/30% OffEx**
- **Silver Tandem PPO Savings 2300/30% OffEx**

**When using a participating provider<sup>3</sup>**

**From:** 25%

**To:** 30%

**Dialysis services | Allergy serum billed separately from an office visit**

**The cost share for Dialysis services | Allergy serum billed separately from an office visit will change for the following plan:**

- **Silver Full PPO Savings 2300/30% OffEx**
- **Silver Tandem PPO Savings 2300/30% OffEx**

**When using a participating provider<sup>3</sup>**

**From:** 25%

**To:** 30%

**PKU product formulas and special food products**

**PKU product formulas and special food products will change for the following plan:**

- **Silver Full PPO Savings 2300/30% OffEx**
- **Silver Tandem PPO Savings 2300/30% OffEx**

**When using a participating provider<sup>3</sup>**

**From:** 25%

**To:** 30%

**When using any combination of participating<sup>3</sup> and non-participating providers<sup>4</sup>**

**From:** 25%

**To:** 30%

**Mental Health/Substance Use Disorder Services: Mental Health and Substance Use Disorder Office visit, including physician office visit | Other outpatient services | Partial Hospitalization | Psychological Testing | Physician inpatient services | Hospital services | Residential care**



**The cost share for Mental Health/Substance Use Disorder Services: Mental Health and Substance Use Disorder Office visit, including physician office visit | Other outpatient services | Partial Hospitalization | Psychological Testing | Physician inpatient services | Hospital services | Residential care will change for the following plan:**

- **Silver Full PPO Savings 2300/30% OffEx**
- **Silver Tandem PPO Savings 2300/30% OffEx**

**When using a participating provider <sup>3</sup>**

**From:** 25%

**To:** 30%

**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 plan:**

**Silver Full PPO Savings 2300/30% OffEx**

**When using a participating provider <sup>3</sup>**

**From:** \$70

**To:** \$75

**Silver Tandem PPO Savings 2300/30% OffEx**

**When using a participating provider <sup>3</sup>**

**From:** Level A: \$70 per prescription Level B: \$95 per prescription

**To:** Level A: \$75 per prescription Level B: \$100 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 plan:**

**Silver Full PPO Savings 2300/30% OffEx**

**When using a participating provider <sup>3</sup>**

**From:** \$210

**To:** \$225

**Silver Tandem PPO Savings 2300/30% OffEx**

**When using a participating provider <sup>3</sup>**

**From:** Level A: \$210 per prescription Level B: \$285 per prescription

**To:** Level A: \$225 per prescription Level B: \$300 per prescription

**Prescription Drugs-Mail Order (31-90-day supply): Mail Tier 2 Drugs**

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

- **Silver Full PPO Savings 2300/30% OffEx**
- **Silver Tandem PPO Savings 2300/30% OffEx**

**When using a participating provider <sup>3</sup>**

**From:** \$140

**To:** \$150

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

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**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.

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**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.**

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**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.

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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)**。