

Changes to your Small Business PPO Savings 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 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 Full PPO Savings 7000 + Child Dental
To: Blue Shield Bronze 60 HDHP PPO 7500/0% + Child Dental Alt

From: Blue Shield Silver 70 HDHP PPO 2300/25% + Child Dental
To: Blue Shield Silver 70 HDHP PPO 2300/30% PCP + Child Dental Alt

Calendar year medical deductible change

The calendar year medical deductible for participating providers will increase for the following plan:

Blue Shield Bronze 60 HDHP PPO 7500/0% + Child Dental Alt

When using a participating provider³

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

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

When using any combination of participating³ and non-participating providers⁴

From: \$10,000 Individual / \$20,000 Family

To: \$10,500 Individual / \$21,000 Family



Calendar-Year Out-of-Pocket Maximum

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

Blue Shield Bronze 60 HDHP PPO 7500/0% + Child Dental Alt

When using a participating provider³

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

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

When using any combination of participating³ and non-participating providers⁴

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

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

Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt

When using a participating provider³

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

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

When using any combination of participating³ and non-participating providers⁴

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

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

HSA Plan: Family Plan: Individual deductible

Consistent with new Federal regulations, the family Plan: Individual deductible will change for the following plans:

Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt

When using a participating provider³

From: \$3,000 Family plan individual

To: \$3,200 Family plan individual

When using any combination of participating³ and non-participating providers⁴

From: \$6,000 Family plan individual

To: \$6,400 Family plan individual

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

In an effort to enhance your plan benefits, 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:

Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt

When using a participating provider³

From: 25%

To: 30%

Vasectomy

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

Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt

When using a participating provider³

From: 25%

To: No Charge, subject to deductible

Medical nutrition therapy not related to diabetes

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

Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt

When using a participating provider³

From: 25%

To: 30%

Emergency room services

The cost share for Emergency room physician services | Urgent care services | Ambulance services will change for the following plan:

Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt

When using a participating provider³

From: \$150

To: 30%

When using any combination of participating³ and non-participating providers⁴

From: \$150

To: 30%

Emergency Services: Emergency room physician services | Ambulance services

The cost share for Emergency room physician services | Ambulance services will change for the following plan:

Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt

When using a participating provider³

From: 25%

To: 30%

When using any combination of participating³ and non-participating providers⁴

From: \$25

To: 30%

Urgent care services

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

Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt

When using a participating provider³

From: 25%

To: 30%

Outpatient department of a Hospital: surgery

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

Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt

When using a participating provider³

From: \$150

To: 30%

Outpatient services: Ambulatory surgery center | Outpatient department of a Hospital: treatment of illness or injury, radiation therapy, chemotherapy, and necessary supplies

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

Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt

When using a participating provider³

From: 25%

To: 30%

Inpatient Services: Outpatient Facility services

The cost share for Inpatient Services: Outpatient Facility services will change for the following plan:

Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt

When using a participating provider³

From: \$150

To: 30%

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 plan:

Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt

When using a participating provider³

From: 25%

To: 30%

Diagnostic Tests: Office location | Outpatient department of a Hospital | Outpatient radiology center

The cost share for Inpatient Services: Diagnostic Tests Office location | Outpatient department of a Hospital | Outpatient radiology center will change for the following plan:

Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt

When using a participating provider³

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:

Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt

When using a participating provider³

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:

Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt

When using a participating provider³

From: 25%

To: 30%

Dialysis services | PKU product formulas and special food products | Allergy serum billed separately from an office visit

The cost share for Dialysis services | PKU product formulas and special food products | Allergy serum billed separately from an office visit will change for the following plan:

Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt

When using a participating provider³

From: 25%

To: 30%

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

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

Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt

When using a participating provider³

From: 25%

To: 30%

Home health care services

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

Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt

When using a participating provider³

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:

Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt

From: \$70 per prescription

To: \$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 plan:

Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt

From: \$210 per prescription

To: \$225 per prescription

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 plan:

Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt

From: \$140 per prescription

To: \$150 per prescription

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
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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

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)**。