



Blue Shield of California Endorsement to your IFP PPO Savings Plan

This Endorsement should be attached to, and is made part of, your **Agreement** issued by Blue Shield of California. Please retain it for your records.

Effective **January 1, 2025**, your **Agreement** is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

1. The following deletion has been made to the **Diagnostic X-ray, imaging, pathology, laboratory, and other testing services** section:

Benefits include:

- ~~Sexually transmitted disease home testing kits, including any laboratory costs of processing the kit. A Physician or other Health Care Provider's order must be provided for coverage;~~

2. The following language has been added to the **Durable medical equipment** section:

Benefits include:

- Pasteurized donor human milk; and

3. The following language has been added to the **Preventive Health Services** section:

Benefits include:

- Sexually transmitted disease home testing kits, including any laboratory costs of processing the kit. A Physician or other Health Care Provider's order must be provided for coverage;

4. The following language has been added to the **Emergency Services** definition in the **Definitions** section:

The following services provided for an Emergency Medical Condition:

- Additional screening, examination, and evaluation by a Physician, or other personnel within the scope of their licensure and clinical privileges, to determine if a psychiatric Emergency Medical Condition exists, and the care and treatment necessary to relieve or eliminate the psychiatric Emergency Medical Condition, within the capability of the facility regardless of whether the patient is voluntary or involuntarily detained for assessment, evaluation, and crisis intervention; and

IN WITNESS WHEREOF, this Agreement is executed by Blue Shield of California through its duly authorized Officer, to take effect on the Subscriber's Effective Date.

A handwritten signature in black ink, appearing to read "Patrice Bergman".

Patrice Bergman
Vice President and General Manager
Individual and Family Plans
Blue Shield of California



Blue Shield of California Endorsement to your IFP PPO Savings Plan

This Endorsement should be attached to, and is made part of, your **Agreement** issued by Blue Shield of California. Please retain it for your records.

Effective **July 1, 2025**, your **Agreement** is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

1. The "**Ambulance services**" section title has been updated as shown below:

Ambulance services and Emergency Medical Services programs

2. The following language has been added to the **Ambulance services and Emergency Medical Services programs** section

Benefits are also available for Covered Services provided by community paramedicine programs, triage to alternate destination programs, and mobile integrated health programs developed by local Emergency Medical Services (EMS) agencies. Covered Services provided by these EMS programs are covered at the Participating Provider Cost Share, even if you receive treatment from a Non-Participating Provider.

3. The following language has been added to the **Emergency Benefits** section:

Emergency Services and follow-up health care treatment are provided without a Cost Share for Members treated following a rape or sexual assault for the first nine months after the Member begins treatment. Follow-up health care treatment includes medical or surgical services for the diagnosis, prevention, or treatment of medical conditions arising from an instance of rape or sexual assault.

Your cost share waiver will apply after you meet any applicable deductible. The cost share waiver is applicable to follow up health care treatment provided by a Participating Provider, any provider of Emergency Services, or a Non-Participating Provider when Blue Shield has approved your request to receive services from the Non-Participating Provider at the Participating Provider Cost Share. For more information, please see the *If you cannot find a Participating Provider* section. The Cost Share waiver will only apply to services the treating provider has identified in their claim submission using accurate diagnosis codes specific to rape or sexual assault.

IN WITNESS WHEREOF, this Agreement is executed by Blue Shield of California through its duly authorized Officer, to take effect on the Subscriber's Effective Date.

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Patrice Bergman
Vice President and General Manager
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