



## Blue Shield of California Life & Health Insurance Company Endorsement to your CDI IFP Grandfathered PSP Plan

This Endorsement should be attached to, and is made part of, your Policy issued by Blue Shield of California Life & Health Insurance Company. Please retain it for your records.

Effective January 1, 2026, your Policy is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

1. All references to the Mental Health Service Administrator (MHSA) have been removed from the **Policy** and Summary of Benefits. Blue Shield Life will administer Mental Health and Substance Use Disorder Benefits.
2. The description of Partial Hospitalization Program in the Other Outpatient Mental Health and Substance Use Disorder Services section and Definitions section has been revised as follows:

Partial Hospitalization Program – an outpatient treatment program that may be free-standing or Hospital-based and provides services that are a minimum 20 hours per week ~~at least five hours per day, four days per week~~. Insureds may be admitted directly to this level of care, or transferred from acute inpatient care following stabilization.

3. The definitions of Mental Health Service Administrator (MHSA), MHSA Non-Participating Provider, and MHSA Participating Provider have been deleted.
4. The note at the end of the definition of Participating Provider has been revised as follows in the Plan Provider Definitions section:

Participating Provider — All Preferred Providers are Participating Providers. These providers include Physicians, Hospitals, Alternate Care Services Providers, Ambulatory Surgery Centers, a Certified Registered Nurse Anesthetist, and Home Health Care and Home Infusion agencies that have contracted with Blue Shield Life Provider Network to furnish Services and to accept the Plan's payment, plus applicable [Deductibles,] Copayments and Coinsurance, or amounts in excess of specified benefit maximums, as payment in full for covered Services, except as provided in the section entitled Professional (Physician) Benefits.

Note: this definition does not apply to ~~Mental Health Services or Hospice Program Services~~. For Participating Providers for ~~Mental Health Services and Hospice Program Services~~, see the ~~Mental Health Service Administrator (MHSA) Participating Providers and Hospice or Participating Hospice Agency~~ definition.

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IN WITNESS WHEREOF, Blue Shield of California Life & Health Insurance Company, through its duly authorized Officers, execute this Policy, to take effect on the Subscriber's Effective Date.



Hope H. Scott  
Secretary  
Blue Shield of California Life & Health  
Insurance Company



Patrice Bergman  
Vice President and General Manager  
Individual and Family Plans  
Blue Shield of California Life & Health  
Insurance Company