



## **Blue Shield of California Endorsement to your Outpatient Prescription Drug Plan**

This Endorsement should be attached to, and is made part of, your Blue Shield of California *Outpatient Prescription Drug Rider*. Please retain it for your records.

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

1. The following language has been added to the **Outpatient Prescription Drug Coverage** endnote section:

Outpatient Prescription Drug Coverage:

Insulin. You will not pay more than \$35 for a 30-day supply of Formulary insulin Prescription Drugs from a Participating Pharmacy.