



Changes to your health plan

Effective January 1, 2027, there will be some changes to your plan's costs and benefits. We are notifying you in advance so you can make informed decisions about your health coverage. Please visit blueshieldca.com/policies for updated terms and conditions of coverage.

Cost share changes

Copayment (or copay), coinsurance, and deductible are your share of the cost ("cost share") when using covered services. This section contains cost changes when using a participating provider, unless otherwise stated. Refer to your *Evidence of Coverage/Summary of Benefits* (EOC/SOB) for further details.

Plan name changes

2026 Plan name	2027 Plan name
Silver 1750 PPO	Silver 1850 PPO

Calendar year medical deductible changes

Description of change		2026 (this year)	What's changing? 2027 (renewal year)
Your calendar year medical deductible has increased.	When using a participating provider	Individual/Family \$1,750/\$3,500	Individual/Family \$1,850/\$3,700
	When using a non-participating provider	Individual/Family \$7,000/\$14,000	Individual/Family \$11,500/\$23,000

Calendar year out-of-pocket maximum changes

Description of change		2026 (this year)	What's changing? 2027 (renewal year)
Your calendar year out-of-pocket maximum has increased.	When using a participating provider	Individual/Family \$9,250/\$18,500	Individual/Family \$11,500/\$23,000

Calendar year pharmacy deductible changes

Description of change	What's changing?	
	2026 (this year)	2027 (renewal year)
Your calendar year pharmacy deductible has increased.	Individual/Family \$300/\$600	Individual/Family \$350/\$700

Participating pharmacy prescription drug cost share changes

Benefit section and description of change		What's changing?	
		2026 (this year)	2027 (renewal year)
Retail pharmacy prescription drugs Your deductible no longer applies to tier 1 drugs and your copay for tier 3 drugs has increased.	Tier 1 drugs	\$20/prescription, pharmacy deductible applies	\$20/prescription, pharmacy deductible does not apply
	Tier 3 drugs	\$90/prescription, pharmacy deductible applies	\$150/prescription, pharmacy deductible applies
Home delivery pharmacy prescription drugs Your deductible no longer applies to tier 1 drugs and your copay for tier 3 drugs has increased.	Tier 1 drugs	\$60/prescription, pharmacy deductible applies	\$60/prescription, pharmacy deductible does not apply
	Tier 3 drugs	\$270/prescription, pharmacy deductible applies	\$450/prescription, pharmacy deductible applies

Medical benefit cost share changes

Benefit section and summary of change	Benefit category	What's changing?	
		2026 (this year)	2027 (renewal year)
Emergency services Emergency room services Your copay/coinsurance for this benefit has increased.	When using a participating provider	35%/visit	\$300/visit plus 40%
	When using a non-participating provider	35%/visit	\$300/visit plus 40%
Outpatient facility services Your copay/coinsurance for this benefit has changed and increased.	When using a participating provider Outpatient department of a hospital: Surgery	35%	\$250/surgery plus 40%
Inpatient facility services Your coinsurance for this benefit has increased.	When using a participating provider		
	Hospital services and stay Transplant services: Special transplant facility inpatient services	35%	40%

Bariatric surgery services, designated California counties Your coinsurance for this benefit has increased.	When using a participating provider		
	Inpatient facility services	35%	40%
Bariatric surgery services, designated California counties Your copay per surgery has been added plus coinsurance for this benefit has increased.	When using a participating provider		
	Outpatient facility services	35%	\$250/surgery plus 40%
Diagnostic x-ray, imaging, pathology, and laboratory services Your maximum limit for these services has decreased.	Laboratory and pathology services: When using a non-participating provider		
	Outpatient department of a hospital	50% up to \$500/day	50% up to \$350/day
	Basic imaging services: When using a non-participating provider		
	Outpatient department of a hospital	50% up to \$500/day	50% up to \$350/day
	Other outpatient non-invasive diagnostic testing: When using a non-participating provider		
	Outpatient department of a hospital	50% up to \$500/day	50% up to \$350/day
Diagnostic x-ray, imaging, pathology, and laboratory services Your copay has been added to the coinsurance for this benefit. Your non-participating provider maximum limit has decreased.	Advanced imaging services: When using a participating provider		
	Outpatient department of a hospital	35%	\$150/visit plus 35%
	When using a non-participating provider		
	Outpatient department of a hospital	50% up to \$500/day	50% up to \$350/day
Mental health or substance use disorder benefits Your maximum limit for this service has been added to the SOB.	Other outpatient services, including intensive outpatient care, electroconvulsive therapy, transcranial magnetic stimulation, behavioral health treatment for pervasive developmental disorder or autism.		
	When using a non-participating provider		
	Outpatient department of a hospital	50%	50% up to \$500/day
Mental health or substance use disorder benefits Your coinsurance for these services has increased.	When using a participating provider		
	Inpatient services		
	Hospital services	35%	40%
	Residential care	35%	40%

Benefit changes and clarifications

Changes to your benefits/services will be reflected in your EOC/SOB.

NOTE: Underlines below indicate added text.

Benefit changes

These are changes made to your benefits coverage.

Section name	Description of the change(s)
Notes: Outpatient prescription drug coverage	Added a cap on your cost share for insulin. <i>"Insulin. You will not pay more than \$35 for a 30-day supply of formulary insulin prescription drugs from a participating pharmacy."</i>
Preventive health services	As of January 1, 2025, we cover preventive care items and services recommended by the California Department of Public Health in addition to federal agencies, such as the United States Preventive Service Task Force (USPSTF).
Definitions: Intensive outpatient program	We increased coverage for intensive outpatient treatment of mental health or substance abuse disorders. Your plan used to cover up to nine hours a week, and now it may cover up to nineteen hours a week.
Mental health or substance use disorder benefits: Other outpatient mental health and substance use disorder services	The list of treatments that are not covered include the following: <i>"Benefits do not include <u>treatment not supported by current generally accepted standards of mental health and substance use disorder care, including:</u></i> • <u>Outdoor, youth, or wilderness programs and accommodations;</u> • <u>Equine assisted therapy;</u> • Treatment for the purpose of providing respite or day care; • <u>Educational services;</u> or • <u>Any other treatment or other facilities that provide primarily a supportive environment and address long-term social needs.</u> <i>In addition, benefits do not include reimbursement of a parent, legal guardian, or conservator for participation in <u>such</u> treatment or <u>programs</u>."</i>

Virtual BlueSM program	Added the new Virtual BlueSM program benefit. This benefit includes a \$0 cost share, not subject to the plan deductible, for primary care, specialist care, and mental health visits, reflected in the SOB section. The detailed information about the services available to you under this benefit is described in the new Virtual BlueSM program section of, as well as other sections throughout, the EOC. This includes information about: • The integrated virtual care team • Primary care • Mental health care • Health coach • Specialist care • Customer Service contact information • Other program services
Care outside of California/ Out-of-area service	Revised to reflect out of state coverage through the BlueCard® Program will no longer be limited to emergency care, urgent care services and follow-up care. Plan covered benefits will be provided outside of California, but within the BlueCard® service area.

Administrative/language clarifications

These are revisions made to your EOC/SOB to help make your coverage easier to understand, but do not impact your coverage or how your benefits/services work.

Section name	Description of the change(s)
Address change: Paying for coverage	The address for mailing premium payments has been updated to: Blue Shield of California P.O. Box 60532 City of Industry, CA 91716-0532
Mental health or substance use disorder benefits: Outpatient mental health and substance use disorder services	Revised to clarify that coverage includes: • <u>"Neuropsychological and psychological testing to diagnose a mental health condition and/or to assess the health of certain brain functions."</u>
Prescription drug benefits: Obtaining outpatient prescription drugs from the home delivery participating pharmacy	The terms "mail order pharmacy" or "mail service pharmacy" have been updated to "home delivery pharmacy."

Multiple sections

To adopt the state-regulated standardized template for plan documents (for example, the EOC), we (1) revised certain defined terms, (2) replaced the *Exclusions and limitations* section, and (3) replaced *Your bill of rights* and *Your responsibilities* sections.

Please note: This document is not a contract. For complete benefit descriptions, terms and conditions, exclusions, and limitations of the health plan, please read your EOC/SOB.