

Changes to your Small Business Off Exchange HMO plans

As of January 1, 2027

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 blueshieldca.com/policies on or after November 1, 2026 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.

All Blue Shield plans are subject to limitations and exclusions. This document is only a summary for informational purposes. It is not a contract. Please refer to the *Evidence of Coverage*, the *Summary of Benefits*, and the group contract for the exact terms and conditions of coverage. Benefits are subject to modification by Blue Shield for subsequently enacted state or federal legislation.

The following changes are being made to your health plan:

Calendar Year Out-of-Pocket Maximum

Due to updated regulatory requirements, the calendar year Out-of-Pocket Maximum for participating providers will increase for the following plans:

	2026	2027
Platinum Access+ HMO® 0/20 OffEx Platinum Local Access+ HMO® 0/20 OffEx Platinum Trio HMO 0/20 OffEx	\$2,300 Individual/ \$4,600 Family	\$3,500 Individual/ \$7,000 Family
Platinum Access+ HMO® 0/25 OffEx Platinum Local Access+ HMO® 0/25 OffEx Platinum Trio HMO 0/25 OffEx	\$2,500 Individual/ \$5,000 Family	\$3,500 Individual/ \$7,000 Family
Platinum Access+ HMO® 0/30 OffEx Platinum Local Access+ HMO® 0/30 OffEx Platinum Trio HMO 0/30 OffEx	\$2,700 Individual/ \$5,400 Family	\$3,000 Individual/ \$6,000 Family
Gold Access+ HMO® 0/35 OffEx Gold Local Access+ HMO® 0/35 OffEx Gold Trio HMO 0/35 OffEx	\$7,500 Individual/ \$15,000 Family	\$8,100 Individual/ \$16,200 Family
Silver Access+ HMO® 2100/70 OffEx Silver Local Access+ HMO® 2100/70 OffEx Silver Trio HMO 2100/70 OffEx	\$9,300 Individual/ \$18,600 Family	\$9,500 Individual/ \$19,000 Family
Silver Access+ HMO® 2850/70 OffEx Silver Local Access+ HMO® 2850/70 OffEx Silver Trio HMO 2850/70 OffEx	\$9,450 Individual/ \$18,900 Family	\$9,500 Individual/ \$19,000 Family
Bronze Access+ HMO® 7000/65 OffEx Bronze Local Access+ HMO® 7000/65 OffEx Bronze Trio HMO 7000/65 OffEx	\$9,800 Individual/ \$19,600 Family	\$11,650 Individual/ \$23,300 Family

[Access+/Trio+] specialist care office visit (self-referral) | Other specialist care office visit (referred by PCP)

Due to updated regulatory requirements, the cost share will change for the following plans:

	2026	2027
Platinum Access+ HMO® 0/20 OffEx Platinum Local Access+ HMO® 0/20 OffEx Platinum Trio HMO 0/20 OffEx	\$45/visit	\$50/visit
Bronze Access+ HMO® 7000/65 OffEx Bronze Local Access+ HMO® 7000/65 OffEx Bronze Trio HMO 7000/65 OffEx	\$75/visit	\$85/visit

Emergency Services: Emergency room services

Due to updated regulatory requirements, the cost share will change for the following plans:

	2026	2027
Platinum Access+ HMO® 0/20 OffEx Platinum Local Access+ HMO® 0/20 OffEx Platinum Trio HMO 0/20 OffEx	\$200/visit	\$500/visit
Platinum Access+ HMO® 0/25 OffEx Platinum Local Access+ HMO® 0/25 OffEx Platinum Trio HMO 0/25 OffEx Platinum Access+ HMO® 0/30 OffEx Platinum Local Access+ HMO® 0/30 OffEx Platinum Trio HMO 0/30 OffEx	\$250/visit	\$500/visit
Gold Access+ HMO® 0/35 OffEx Gold Local Access+ HMO® 0/35 OffEx Gold Trio HMO 0/35 OffEx	\$325/visit	\$600/visit
Gold Access+ HMO® 500/35 OffEx Gold Local Access+ HMO® 500/35 OffEx Gold Trio HMO 500/35 OffEx Gold Access+ HMO® 1000/35 OffEx Gold Local Access+ HMO® 1000/35 OffEx Gold Trio HMO 1000/35 OffEx Gold Access+ HMO® 1500/35 OffEx Gold Local Access+ HMO® 1500/35 OffEx Gold Trio HMO 1500/35 OffEx	\$300/visit deductible applies	\$500/visit deductible applies

Outpatient Services: Ambulatory Surgery Center

Due to updated regulatory requirements, the cost share will change for the following plans:

	2026	2027
Platinum Access+ HMO® 0/20 OffEx Platinum Local Access+ HMO® 0/20 OffEx Platinum Trio HMO 0/20 OffEx Platinum Access+ HMO® 0/25 OffEx Platinum Local Access+ HMO® 0/25 OffEx Platinum Trio HMO 0/25 OffEx Platinum Access+ HMO® 0/30 OffEx Platinum Local Access+ HMO® 0/30 OffEx Platinum Trio HMO 0/30 OffEx	\$100/surgery	\$200/surgery

Outpatient Services: Outpatient Department of a Hospital: surgery | Inpatient Services: Outpatient Facility services

Due to updated regulatory requirements, the cost share will change for the following plans:

	2026	2027
Platinum Access+ HMO® 0/20 OffEx Platinum Local Access+ HMO® 0/20 OffEx Platinum Trio HMO 0/20 OffEx	\$200/surgery	\$500/surgery
Platinum Access+ HMO® 0/25 OffEx Platinum Local Access+ HMO® 0/25 OffEx Platinum Trio HMO 0/25 OffEx Platinum Access+ HMO® 0/30 OffEx Platinum Local Access+ HMO® 0/30 OffEx Platinum Trio HMO 0/30 OffEx	\$250/surgery	\$500/surgery
Gold Access+ HMO® 0/35 OffEx Gold Local Access+ HMO® 0/35 OffEx Gold Trio HMO 0/35 OffEx	\$400/surgery	\$500/surgery

Diagnostic Tests: Advanced Imaging: Outpatient department of a Hospital diagnostic radiological procedures and nuclear imaging such as CT scans, MRIs, MRAs, and PET scans

Due to updated regulatory requirements, the cost share will change for the following plans:

	2026	2027
Platinum Access+ HMO® 0/20 OffEx Platinum Local Access+ HMO® 0/20 OffEx Platinum Trio HMO 0/20 OffEx	\$200/visit	\$250/visit
Gold Access+ HMO® 0/35 OffEx Gold Local Access+ HMO® 0/35 OffEx Gold Trio HMO 0/35 OffEx	\$250/visit	\$300/visit
Gold Access+ HMO® 500/35 OffEx Gold Local Access+ HMO® 500/35 OffEx Gold Trio HMO 500/35 OffEx	\$250/visit deductible applies	20% deductible applies
Gold Access+ HMO® 1000/35 OffEx Gold Local Access+ HMO® 1000/35 OffEx Gold Trio HMO 1000/35 OffEx	\$300/visit deductible applies	20% deductible applies
Gold Access+ HMO® 1500/35 OffEx Gold Local Access+ HMO® 1500/35 OffEx Gold Trio HMO 1500/35 OffEx	\$350/visit deductible applies	20% deductible applies
Silver Access+ HMO® 2100/70 OffEx Silver Local Access+ HMO® 2100/70 OffEx Silver Trio HMO 2100/70 OffEx Silver Access+ HMO® 2850/70 OffEx Silver Local Access+ HMO® 2850/70 OffEx Silver Trio HMO 2850/70 OffEx	\$400/visit deductible applies	50% deductible applies

Mental Health/Substance Use Disorder Services: Mental Health and Substance Use Disorder Other outpatient services, including intensive outpatient care, electroconvulsive therapy, transcranial magnetic stimulation, Behavioral Health Treatment for pervasive developmental disorder or autism: Office location, clinic, home, or other non-institutional facility setting | Outpatient Department of a Hospital | Mental Health and Substance Use Disorder Office-based opioid treatment | Mental Health and Substance Use Disorder Partial Hospitalization Program | Mental Health and Substance Use Disorder Neuropsychological and Psychological Testing

Due to updated regulatory requirements, the cost share will change for the following plans:

	2026	2027
Bronze Access+ HMO® 7000/65 OffEx Bronze Local Access+ HMO® 7000/65 OffEx Bronze Trio HMO 7000/65 OffEx	\$150/visit	\$115/visit

Prescription Drugs-Retail (30-day supply) Retail Tier 2 Drugs

Due to updated regulatory requirements, the cost share will change for the following plans:

	2026	2027
Silver Access+ HMO® 2850/70 OffEx Silver Local Access+ HMO® 2850/70 OffEx Silver Trio HMO 2850/70 OffEx	Level A: \$90/prescription; deductible does not apply Level B: \$115/prescription; deductible does not apply	Level A: \$90/prescription; deductible does apply Level B: \$115/prescription; deductible does apply

Prescription Drugs-Retail (90-day supply) Retail Tier 2 Drugs

Due to updated regulatory requirements, the cost share will change for the following plans:

	2026	2027
Silver Access+ HMO® 2850/70 OffEx Silver Local Access+ HMO® 2850/70 OffEx Silver Trio HMO 2850/70 OffEx	Level A: \$270/prescription; deductible does not apply Level B: \$345/prescription; deductible does not apply	Level A: \$270/prescription; deductible does apply Level B: \$345/prescription; deductible does apply

Prescription Drugs-Mail Order (31-90-day supply) Mail Service Tier 2 Drugs

Due to updated regulatory requirements, the cost share will change for the following plans:

	2026	2027
Silver Access+ HMO® 2850/70 OffEx Silver Local Access+ HMO® 2850/70 OffEx Silver Trio HMO 2850/70 OffEx	\$180/prescription; deductible does not apply	\$180/prescription; deductible does apply

The following changes have been made to your benefits:

Care outside of California/ Out of area Service

The *Care outside of California and Out of area Service* sections in the EOC has been revised to clarify the language to align with BCBSA Brand Book updates.

Revised language and replaced BlueCard® Program with Inter-Plan Program, BlueCard® Service Area with Domestic Service Area, and Inter-Plan Arrangement with Inter-Plan Program.

Definitions: Domestic Service Area

The *Domestic Service Area* has been revised in the Definitions section of your EOC to rename BlueCard® Service Area to Domestic Service Area to clarify the Inter-Plan Program language to align with BCBSA Brand Book updates.

Definitions: Intensive Outpatient Program

The *Intensive Outpatient Program* has been revised in the Definitions section of your EOC to clarify the number of hours per week for an outpatient treatment program for mental health or substance use disorders that provide structure, monitoring, and medical/psychological intervention as follows:

An outpatient treatment program for mental health or substance use disorders that provides structure, monitoring, and medical/psychological intervention for nine to nineteen hours a week.

Definitions: Inter-Plan Programs

The *Inter-Plan Programs* has been revised in the Definitions section of the EOC to rename the Inter-Plan Arrangements to Inter-Plan Programs clarify the language to align with BCBSA Brand Book updates.

Definitions: Neuropsychological and Psychological Testing

The *Neuropsychological and Psychological Testing* has been revised in the Definitions section of the EOC from Psychological Testing to Neuropsychological and Psychological to include testing to assess the health of certain brain functions as follows:

Testing to diagnose a mental health condition and/or to assess the health of certain brain functions when referred by a provider providing Mental Health and Substance Use Disorder Benefits.

Definitions: Other Outpatient Mental Health and Substance Use Disorder Services

The definition of *Other Outpatient Mental Health and Substance Use Disorder Services* has been revised in the EOC to add Neurophysiological testing to the list of Outpatient Facility and professional services for the diagnosis and treatment of Mental Health and Substance Use Disorders as follows:

Neuropsychological and Psychological Testing.

Mental Health and Substance Use Disorder Benefits

The *Mental Health and Substance Use Disorder* section in the EOC and SOB has been revised to clarify Blue Shield Mental Health and Substance Use Disorder services administration and management of the behavioral health benefits for members.

Other Outpatient Mental Health and Substance Use Disorder Services

The Other Outpatient Mental Health and Substance Use Disorder Services sub-category section has been revised to clarify treatment not supported by current Generally Accepted Standards of Mental Health and Substance Use Disorder Care.

Outpatient Prescription Drug Coverage

The note *Outpatient Prescription Drug Coverage* in the Notes section of the SOB has added language for Insulin cost sharing limit.

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

Prescription Drug Benefits:

Obtaining outpatient prescription Drugs from the Home delivery Participating Pharmacy

The *Prescription Drug Benefit* section in the EOC and SOB has been revised to clarify the new pharmacy home delivery vendor.

Revised language and "Mail order pharmacy" or "Mail service pharmacy" have been renamed to "Home delivery pharmacy".

Sub-category Obtaining outpatient prescription Drugs from the mail service Participating Pharmacy renamed to Obtaining outpatient prescription Drugs from the home delivery Participating Pharmacy.

EOC and Optional Rider change: Infertility

Defined terms have been changed to align with the mandate.



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 Service 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 Servicio 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)**。