

Changes to your Small Business Mirrored PPO 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:

Product Name

Due to changes in Covered California's standard benefit design, the plan name has been updated.

2026	To	2027
<i>Blue Shield Platinum 90 PPO 0/15 PCP + Child Dental</i>		<i>Blue Shield Platinum 90 PPO 0/25 PCP + Child Dental</i>
<i>Blue Shield Gold 80 PPO 350/25 PCP + Child Dental</i>		<i>Blue Shield Gold 80 PPO 500/30 PCP + Child Dental</i>
<i>Blue Shield Silver 70 PPO 2500/55 PCP + Child Dental</i>		<i>Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental</i>

Calendar Year Deductible

Due to Covered California's updated standard benefit design requirements, the Calendar Year Deductible for participating providers will change for the following plans:

	2026	2027
Blue Shield Platinum 90 PPO 0/25 PCP + Child Dental	<i>When Using a Non-Participating Provider</i> <i>\$1,000 Individual / \$2,000 Family</i>	<i>When Using a Non-Participating Provider</i> <i>\$2,000 Individual / \$4,000 Family</i>
Blue Shield Gold 80 PPO 500/30 PCP + Child Dental	<i>When Using a Participating Provider</i> <i>\$350 Individual / \$700 Family</i> <i>When Using a Non-Participating Provider</i> <i>\$1,000 Individual / \$2,200 Family</i>	<i>When Using a Participating Provider</i> <i>\$500 Individual / \$1,000 Family</i> <i>When Using a Non-Participating Provider</i> <i>\$2,000 Individual / \$4,000 Family</i>

Pharmacy Deductible

Pharmacy Ded: Due to Covered California's updated standard benefit design requirements, the Pharmacy Deductible for participating providers will change for the following plans:

	2026	2027
Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	<i>When Using a Participating Provider</i> \$300 Individual / \$600 Family	<i>When Using a Participating Provider</i> \$350 Individual / \$700 Family

Calendar Year Out-of-Pocket Maximum

Due to Covered California's updated standard benefit design requirements, the calendar year Out-of-Pocket Maximum for participating providers will increase for the following plans:

	2026	2027
Blue Shield Platinum 90 PPO 0/25 PCP + Child Dental	<i>When Using a Participating Provider</i> \$4,500 Individual / \$9,000 Family <i>When Using a Non-Participating Provider</i> \$9,000 Individual / \$18,000 Family	<i>When Using a Participating Provider</i> \$5,000 Individual / \$10,000 Family <i>When Using a Non-Participating Provider</i> \$10,000 Individual / \$20,000 Family
Blue Shield Gold 80 PPO 500/30 PCP + Child Dental	<i>When Using a Participating Provider</i> \$7,800 Individual / \$15,600 Family <i>When Using a Non-Participating Provider</i> \$12,850 Individual / \$25,700 Family	<i>When Using a Participating Provider</i> \$8,600 Individual / \$17,200 Family <i>When Using a Non-Participating Provider</i> \$17,200 Individual / \$34,000 Family
Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	<i>When Using a Participating Provider</i> \$8,600 Individual / \$17,200 Family <i>When Using a Non-Participating Provider</i> \$13,250 Individual /	<i>When Using a Participating Provider</i> \$9,000 Individual / \$18,000 Family <i>When Using a Non-Participating Provider</i>

	\$26,500 Family	\$18,000 Individual / \$36,000 Family
Blue Shield Bronze 60 PPO 5800/60 PCP + Child Dental	When Using a Participating Provider \$9,800 Individual / \$19,600 Family When Using a Non-Participating Provider \$19,600 Individual / \$39,200 Family	When Using a Participating Provider \$11,650 Individual / \$23,300 Family When Using a Non-Participating Provider \$23,300 Individual / \$46,600 Family

Primary care office visit | Physician Home Visits | Other practitioner office visit | Acupuncture Services

Due to Covered California's updated standard benefit design requirements, the following cost shares have been updated:

	2026	2027
Blue Shield Platinum 90 PPO 0/25 PCP + Child Dental	\$15/visit	\$25/visit
Blue Shield Gold 80 PPO 500/30 PCP + Child Dental	\$25/visit	\$30/visit
Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	\$55/visit	\$60/visit

Specialist care office visit

Due to Covered California's updated standard benefit design requirements, the following cost shares have been updated:

	2026	2027
Blue Shield Platinum 90 PPO 0/25 PCP + Child Dental	\$30/visit	\$40/visit
Blue Shield Gold 80 PPO 500/30 PCP + Child Dental	\$50/visit	\$60/visit
Blue Shield Bronze 60 PPO 5800/60 PCP + Child Dental	\$95/visit	\$100/visit

Emergency Services: Emergency room services

Due to Covered California's updated standard benefit design requirements, the following cost shares have been updated:

	2026	2027
Blue Shield Platinum 90 PPO 0/25 PCP + Child Dental	When Using a Participating/Non-Participating Provider \$200/visit	When Using a Participating/Non-Participating Provider \$250/visit

Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	<i>When Using a Participating/Non-Participating Provider</i> 35%	<i>When Using a Participating/Non-Participating Provider</i> 40%
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Emergency Services: Urgent care center services | Mental Health and Substance Use Disorder Office visit, including Physician office visit

Due to Covered California's updated standard benefit design requirements, the following cost shares have been updated:

	<i>2026</i>	<i>2027</i>
Blue Shield Platinum 90 PPO 0/25 PCP + Child Dental	\$15/visit	\$25/visit
Blue Shield Gold 80 PPO 500/30 PCP + Child Dental	\$25/visit	\$30/visit
Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	\$55/visit	\$60/visit

Diagnostic Tests: Laboratory center Includes diagnostic Papanicolaou (Pap) test. | Outpatient Department of a Hospital Includes diagnostic Papanicolaou (Pap) test

Due to Covered California's updated standard benefit design requirements, the following cost shares have been updated:

	<i>2026</i>	<i>2027</i>
Blue Shield Platinum 90 PPO 0/25 PCP + Child Dental	\$15/visit	\$25/visit

Diagnostic Tests: Basic imaging services: Outpatient radiology center | Outpatient Department of a Hospital | Other outpatient non-invasive diagnostic testing: Office location | Outpatient Department of a Hospital

Due to Covered California's updated standard benefit design requirements, the following cost shares have been updated:

	<i>2026</i>	<i>2027</i>
Blue Shield Platinum 90 PPO 0/25 PCP + Child Dental	\$30/visit	\$45/visit

Diagnostic Tests: Advanced Imaging: Outpatient radiology center | Outpatient department of a Hospital

Due to Covered California's updated standard benefit design requirements, the following cost shares have been updated:

	<i>2026</i>	<i>2027</i>
Blue Shield Platinum 90 PPO 0/25 PCP + Child Dental	10%	15%
Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	35%	40%

Habilitation & Rehabilitation: Office location | Outpatient Department of a Hospital

Due to Covered California's updated standard benefit design requirements, the following cost shares have been updated:

	2026	2027
Blue Shield Platinum 90 PPO 0/25 PCP + Child Dental	\$15/visit	\$25/visit
Blue Shield Gold 80 PPO 500/30 PCP + Child Dental	\$25/visit	\$30/visit
Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	\$55/visit	\$60/visit

Medical Equipment and Supplies: DME (Durable Medical Equipment) | Orthotic equipment and devices | Prosthetic equipment and devices

Due to Covered California's updated standard benefit design requirements, the following cost shares have been updated:

	2026	2027
Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	35%	40%

Skilled Nursing Care: Freestanding SNF (Skilled Nursing Facility) | Hospital-based SNF (Skilled Nursing Facility)

Due to Covered California's updated standard benefit design requirements, the following cost shares have been updated:

	2026	2027
Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	35%	40%

Other Services and Supplies: Diabetes Devices, equipment, and supplies | Dialysis services | Allergy serum billed separately from an office visit

Due to Covered California's updated standard benefit design requirements, the following cost shares have been updated:

	2026	2027
Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	35%	40%

PKU product formulas and special food products

Due to Covered California's updated standard benefit design requirements, the following cost shares have been updated:

	2026	2027
Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	When Using a Participating/Non-Participating Provider 35%	When Using a Participating/Non-Participating Provider 40%

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 Covered California's updated standard benefit design requirements, the following cost shares have been updated:

	2026	2027
Blue Shield Platinum 90 PPO 0/25 PCP + Child Dental	<i>\$15/visit</i>	<i>No Charge</i>
Blue Shield Gold 80 PPO 500/30 PCP + Child Dental	<i>\$25/visit</i>	<i>No Charge</i>
Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	<i>\$55/visit</i>	<i>No Charge</i>
Blue Shield Bronze 60 PPO 5800/60 PCP + Child Dental	<i>\$60/visit</i>	<i>No Charge</i>

Mental Health/Substance Use Disorder Services: Physician Inpatient services | Hospital services | Residential Care

Due to Covered California's updated standard benefit design requirements, the following cost shares have been updated:

	2026	2027
Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	<i>35%</i>	<i>40%</i>

Prescription Drugs-Retail (30-day supply) Retail Tier 1 Drugs

Due to changes in Covered California's standard benefit design and the move to the Rx Spectrum tiered pharmacy network, certain prescription drug benefits and cost shares have been updated:

	2026	2027
Blue Shield Platinum 90 PPO 0/25 PCP + Child Dental	<i>\$10/prescription</i>	<i>Level A: \$10/prescription Level B: \$15/prescription</i>
Blue Shield Gold 80 PPO 500/30 PCP + Child Dental	<i>\$15/prescription</i>	<i>Level A: \$20/prescription Level B: \$25/prescription</i>
Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	<i>\$20/prescription</i>	<i>Level A: \$25/prescription Level B: \$30/prescription</i>
Blue Shield Bronze 60 PPO 5800/60 PCP + Child Dental	<i>\$20/prescription</i>	<i>Level A: \$20/prescription Level B: \$25/prescription</i>

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

Due to changes in Covered California's standard benefit design and the move to the Rx Spectrum tiered pharmacy network, certain prescription drug benefits and cost shares have been updated:

	2026	2027
Blue Shield Platinum 90 PPO 0/25 PCP + Child Dental	<i>\$25/prescription</i>	<i>Level A: \$30/prescription Level B: \$45/prescription</i>

Blue Shield Gold 80 PPO 500/30 PCP + Child Dental	<i>\$50/prescription</i>	<i>Level A: \$50/prescription Level B: \$70/prescription</i>
Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	<i>\$75/prescription</i>	<i>Level A: \$80/prescription Level B: \$105/prescription</i>
Blue Shield Bronze 60 PPO 5800/60 PCP + Child Dental	<i>40%</i>	<i>Level A: 40% Level B: 40%</i>

Prescription Drugs-Retail (30-day supply) Retail Tier 3 Drugs

Due to changes in Covered California's standard benefit design and the move to the Rx Spectrum tiered pharmacy network, certain prescription drug benefits and cost shares have been updated:

	2026	2027
Blue Shield Platinum 90 PPO 0/25 PCP + Child Dental	<i>\$40/prescription</i>	<i>Level A: \$40/prescription Level B: \$60/prescription</i>
Blue Shield Gold 80 PPO 500/30 PCP + Child Dental	<i>\$80/prescription</i>	<i>Level A: \$80/prescription Level B: \$110/prescription</i>
Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	<i>\$105/prescription</i>	<i>Level A: \$110/prescription Level B: \$150/prescription</i>
Blue Shield Bronze 60 PPO 5800/60 PCP + Child Dental	<i>40% up to \$500/prescription</i>	<i>Level A: 40% up to \$500/prescription Level B: 40% up to \$500/prescription</i>

Prescription Drugs-Retail (30-day supply) Retail Tier 4 Drugs

Due to changes in Covered California's standard benefit design and the move to the Rx Spectrum tiered pharmacy network, certain prescription drug benefits and cost shares have been updated:

	2026	2027
Blue Shield Bronze 60 PPO 5800/60 PCP + Child Dental	<i>40% up to \$500/prescription</i>	<i>Level A: 40% up to \$500/prescription Level B: 40% up to \$500/prescription</i>

Prescription Drugs-Retail (90-day supply) Retail Tier 1 Drugs

Due to changes in Covered California's standard benefit design and the move to the Rx Spectrum tiered pharmacy network, certain prescription drug benefits and cost shares have been updated:

	2026	2027
Blue Shield Platinum 90 PPO 0/25 PCP + Child Dental	<i>\$30/prescription</i>	<i>Level A: \$30/prescription Level B: \$45/prescription</i>

Blue Shield Gold 80 PPO 500/30 PCP + Child Dental	<i>\$45/prescription</i>	<i>Level A: \$60/prescription Level B: \$75/prescription</i>
Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	<i>\$60/prescription</i>	<i>Level A: \$75/prescription Level B: \$90/prescription</i>
Blue Shield Bronze 60 PPO 5800/60 PCP + Child Dental	<i>\$60/prescription</i>	<i>Level A: \$60/prescription Level B: \$75/prescription</i>

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

Due to changes in Covered California's standard benefit design and the move to the Rx Spectrum tiered pharmacy network, certain prescription drug benefits and cost shares have been updated:

	2026	2027
Blue Shield Platinum 90 PPO 0/25 PCP + Child Dental	<i>\$75/prescription</i>	<i>Level A: \$90/prescription Level B: \$135/prescription</i>
Blue Shield Gold 80 PPO 500/30 PCP + Child Dental	<i>\$150/prescription</i>	<i>Level A: \$150/prescription Level B: \$210/prescription</i>
Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	<i>\$225/prescription</i>	<i>Level A: \$240/prescription Level B: \$315/prescription</i>
Blue Shield Bronze 60 PPO 5800/60 PCP + Child Dental	<i>40% up to \$1500/prescription</i>	<i>Level A: 40% up to \$1500/prescription Level B: 40% up to \$1500/prescription</i>

Prescription Drugs-Retail (90-day supply) Retail Tier 3 Drugs

Due to changes in Covered California's standard benefit design and the move to the Rx Spectrum tiered pharmacy network, certain prescription drug benefits and cost shares have been updated:

	2026	2027
Blue Shield Platinum 90 PPO 0/25 PCP + Child Dental	<i>\$120/prescription</i>	<i>Level A: \$120/prescription Level B: \$180/prescription</i>
Blue Shield Gold 80 PPO 500/30 PCP + Child Dental	<i>\$240/prescription</i>	<i>Level A: \$240/prescription Level B: \$330/prescription</i>
Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	<i>\$315/prescription</i>	<i>Level A: \$330/prescription Level B: \$450/prescription</i>
Blue Shield Bronze 60 PPO 5800/60 PCP + Child Dental	<i>40% up to \$1500/prescription</i>	<i>Level A: 40% up to \$1500/prescription Level B: 40% up to \$1500/prescription</i>

Prescription Drugs-Retail (90-day supply) Retail Tier 4 Drugs

Due to changes in Covered California's standard benefit design and the move to the Rx Spectrum tiered pharmacy network, certain prescription drug benefits and cost shares have been updated:

	2026	2027
Blue Shield Bronze 60 PPO 5800/60 PCP + Child Dental	40% up to \$1500/prescription	Level A: 40% up to \$1500/prescription Level B: 40% up to \$1500/prescription

Prescription Drugs-Mail Order (31-90-day supply) Mail Service Tier 1 Drugs

The cost share will change for the following plans:

	2026	2027
Blue Shield Gold 80 PPO 500/30 PCP + Child Dental	\$30/prescription	\$40/prescription
Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	\$40/prescription	\$50/prescription

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

Due to Covered California's updated standard benefit design requirements, the following cost shares have been updated:

	2026	2027
Blue Shield Platinum 90 PPO 0/25 PCP + Child Dental	\$50/prescription	\$60/prescription
Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	\$150/prescription	\$160/prescription

Prescription Drugs-Mail Order (31-90-day supply) Mail Service Tier 3 Drugs

Due to Covered California's updated standard benefit design requirements, the following cost shares have been updated:

	2026	2027
Blue Shield Silver 70 PPO 2500/60 PCP + Child Dental	\$210/prescription	\$220/prescription

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 & SOB change: Rx Spectrum Expansion

Blue Shield Platinum, Gold, Silver, and Bronze Plan Designs have been updated to use the Rx Spectrum tiered pharmacy network. Participating retail pharmacies have been designated as either Level A & B, depending on whether the pharmacy is preferred (Level A) or non-preferred (Level B). Prescriptions obtained from a Level A pharmacy may have a lower cost share than prescriptions obtained from a Level B pharmacy, and specific changes have been identified in prior sections of this guide. Visit www.blueshieldca.com/pharmacy and select the preferred pharmacies filter in the network search to locate a preferred Level A 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)**。