

Changes to your Small Business Off Exchange 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:

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
Silver Full PPO 1800/65 OffEx Silver Tandem PPO 1800/65 OffEx Silver Full PPO 2100/75 OffEx Silver Tandem PPO 2100/75 OffEx Silver Full PPO 2550/75 OffEx Silver Tandem PPO 2550/75 OffEx Bronze Full PPO 4500/65 OffEx Bronze Tandem PPO 4500/65 OffEx Bronze Full PPO 6250/65 OffEx Bronze Tandem PPO 6250/65 OffEx Bronze Full PPO 6500/70 OffEx Bronze Tandem PPO 6500/70 OffEx Bronze Full PPO 6850/55 OffEx Bronze Tandem PPO 6850/55 OffEx Bronze Full PPO 7500/65 OffEx Bronze Tandem PPO 7500/65 OffEx	When Using a Participating Provider \$9,500 Individual / \$19,000 Family When Using a Non-Participating Provider \$19,000 Individual / \$38,000 Family	When Using a Participating Provider \$11,000 Individual / \$22,000 Family When Using a Non-Participating Provider \$22,000 Individual / \$44,000 Family

Specialist care office visit

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

	2026	2027
Platinum Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx Platinum Full PPO 250/15 OffEx Platinum Tandem PPO 250/15 OffEx	\$45/visit	\$55/visit
Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx	\$45/visit	\$50/visit

Physician or surgeon services in an Outpatient Facility

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

	2026	2027
Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx	<i>When Using a Participating Provider</i> 10% per surgery	<i>When Using a Participating Provider</i> 15% per surgery
Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	<i>When Using a Participating Provider</i> 30% per surgery	<i>When Using a Participating Provider</i> 40% per surgery
Gold Full PPO 500/30 OffEx Gold Tandem PPO 500/30 OffEx Gold Full PPO 750/35 OffEx Gold Tandem PPO 750/35 OffEx Gold Full PPO 1000/30 OffEx Gold Tandem PPO 1000/30 OffEx	<i>When Using a Participating Provider</i> 20% per surgery, deductible applies	<i>When Using a Participating Provider</i> 30% per surgery, deductible applies

Emergency Services: Emergency Room services

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

	2026	2027
Platinum Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx	<i>When Using a Participating/Non-Participating Provider</i> \$250/visit + 10%	<i>When Using a Participating/Non-Participating Provider</i> 30% per visit
Platinum Full PPO 0/10 OffEx Platinum Tandem PPO 0/10 OffEx Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx Platinum Full PPO 250/15 OffEx Platinum Tandem PPO 250/15 OffEx	<i>When Using a Participating/Non-Participating Provider</i> \$150/visit + 10%	<i>When Using a Participating Provider</i> 30% per visit
Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	<i>When Using a Participating/Non-Participating Provider</i> \$250/visit + 30%	<i>When Using a Participating/Non-Participating Provider</i> 40% per visit

Gold Full PPO 500/30 OffEx Gold Tandem PPO 500/30 OffEx Gold Full PPO 750/35 OffEx Gold Tandem PPO 750/35 OffEx Gold Full PPO 1000/30 OffEx Gold Tandem PPO 1000/30 OffEx	<i>When Using a Participating/Non-Participating Provider deductible applies</i>	<i>When Using a Participating/Non-Participating Provider</i> 40% per visit, deductible applies
Silver Full PPO 1800/65 OffEx Silver Tandem PPO 1800/65 OffEx	<i>When Using a Participating/Non-Participating Provider</i> \$300/visit + 40%, deductible applies	<i>When Using a Participating/Non-Participating Provider</i> 50% per visit, deductible applies
Silver Full PPO 2100/75 OffEx Silver Tandem PPO 2100/75 OffEx	<i>When Using a Participating/Non-Participating Provider</i> \$400/visit + 45%, deductible applies	<i>When Using a Participating/Non-Participating Provider</i> 50% per visit, deductible applies
Silver Full PPO 2550/75 OffEx Silver Tandem PPO 2550/75 OffEx	<i>When Using a Participating/Non-Participating Provider</i> \$350/visit + 45%, deductible applies	<i>When Using a Participating/Non-Participating Provider</i> 50% per visit, deductible applies

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

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

	2026	2027
Platinum Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx	\$250/surgery + 10%	\$250/surgery + 30%
Platinum Full PPO 0/10 OffEx Platinum Tandem PPO 0/10 OffEx Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx	\$250/surgery + 10%	30% per surgery
Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	\$200/surgery + 30%	40% per surgery

Gold Full PPO 500/30 OffEx Gold Tandem PPO 500/30 OffEx Gold Full PPO 750/35 OffEx Gold Tandem PPO 750/35 OffEx	\$200/surgery + 20%, deductible applies	30% per surgery, deductible applies
Gold Full PPO 1000/30 OffEx Gold Tandem PPO 1000/30 OffEx	\$250/surgery + 20%, deductible applies	30% per surgery, deductible applies
Silver Full PPO 1800/65 OffEx Silver Tandem PPO 1800/65 OffEx	\$250/surgery + 40%, deductible applies	50% per surgery, deductible applies
Silver Full PPO 2100/75 OffEx Silver Tandem PPO 2100/75 OffEx	\$400/surgery + 45%, deductible applies	50% per surgery, deductible applies
Bronze Full PPO 6250/65 OffEx Bronze Tandem PPO 6250/65 OffEx	\$200/surgery + 40%, deductible applies	50% per surgery, deductible applies

Diagnostic Tests: Outpatient radiology center diagnostic radiological 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 Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx	15%	10%
Bronze Full PPO 4500/65 OffEx Bronze Tandem PPO 4500/65 OffEx	40%, deductible applies	50%, deductible applies

Diagnostic Tests: Advanced Imaging: Outpatient department of a Hospital

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

	2026	2027
Platinum Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx	\$100/visit + 15%	\$100/visit + 30%
Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx	\$100/visit + 15%	\$150/visit + 30%
Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	\$100/visit + 30%	40% per visit
Gold Full PPO 500/30 OffEx Gold Tandem PPO 500/30 OffEx Gold Full PPO 750/35 OffEx Gold Tandem PPO 750/35 OffEx Gold Full PPO 1000/30 OffEx Gold Tandem PPO 1000/30 OffEx	\$100/visit + 20%, deductible applies	30% per visit, deductible applies

Silver Full PPO 1800/65 OffEx Silver Tandem PPO 1800/65 OffEx	\$150/visit + 35%, deductible applies	40% per visit, deductible applies
Silver Full PPO 2550/75 OffEx Silver Tandem PPO 2550/75 OffEx	\$150/visit + 40%, deductible applies	50% per visit, deductible applies
Bronze Full PPO 6250/65 OffEx Bronze Tandem PPO 6250/65 OffEx	\$100/visit + 40%, deductible applies	50% per visit, deductible applies

Other Services and Supplies: Diabetes Devices, equipment, and supplies

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

	2026	2027
Platinum Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx Platinum Full PPO 0/10 OffEx Platinum Tandem PPO 0/10 OffEx Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	When Using a Non-Participating Provider 40%; deductible does not apply	When Using a Non-Participating Provider 40%; deductible does apply

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
Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	Level A: \$50/prescription; deductible does not apply Level B: \$70/prescription; deductible does not apply	Level A: \$50/prescription; deductible does apply Level B: \$70/prescription; deductible does apply
Silver Full PPO 2100/75 OffEx Silver Tandem PPO 2100/75 OffEx	Level A: \$80/prescription; deductible does not apply Level B: \$105/prescription; deductible does not apply	Level A: \$80/prescription; deductible does apply Level B: \$105/prescription; deductible does apply

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

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

	2026	2027
Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	Level A: \$70/prescription; deductible does not apply Level B: \$100/prescription; deductible does not apply	Level A: \$70/prescription; deductible does apply Level B: \$100/prescription; deductible does apply

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

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

	2026	2027
Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx	20% up to \$250/prescription	30% up to \$250/prescription
Silver Full PPO 1800/65 OffEx Silver Tandem PPO 1800/65 OffEx	30% up to \$250/prescription, deductible does apply	40% up to \$250/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
Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	Level A: \$150/prescription; deductible does not apply Level B: \$210/prescription; deductible does not apply	Level A: \$150/prescription; deductible does apply Level B: \$210/prescription; deductible does apply
Silver Full PPO 2100/75 OffEx Silver Tandem PPO 2100/75 OffEx	Level A: \$240/prescription; deductible does not apply Level B: \$315/prescription; deductible does not apply	Level A: \$240/prescription; deductible does apply Level B: \$315/prescription; deductible does apply

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

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

	2026	2027
Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	Level A: \$140/prescription; deductible does not apply Level B: \$300/prescription; deductible does not apply	Level A: \$140/prescription; deductible does apply Level B: \$300/prescription; deductible does apply

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

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

	2026	2027
Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx	20% up to \$750/prescription	30% up to \$750/prescription

Silver Full PPO 1800/65 OffEx Silver Tandem PPO 1800/65 OffEx	30% up to \$750/prescription, deductible applies	40% up to \$750/prescription, deductible applies
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Prescription Drugs-Mail Order (31-90-day supply) Home Delivery Tier 2 Drugs

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

	2026	2027
Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	\$100/prescription; deductible does not apply	\$100/prescription; deductible does apply

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

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

	2026	2027
Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	\$140/prescription; deductible does not apply	\$140/prescription; deductible does apply

Prescription Drugs-Mail Order (31-90-day supply) Home Delivery Tier 4 Drugs

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

	2026	2027
Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx	20% up to \$500/prescription	30% up to \$500/prescription
Silver Full PPO 1800/65 OffEx Silver Tandem PPO 1800/65 OffEx	30% up to \$500/prescription, deductible applies	40% up to \$500/prescription, deductible applies
Silver Full PPO 2100/75 OffEx Silver Tandem PPO 2100/75 OffEx	\$160/prescription; deductible does not apply	\$160/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)**。