

Changes to your Small Business Off Exchange PPO Savings 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 the plan's deductible and/or cost-sharing structure, the plan name has been updated to better reflect its current benefit design:

2026	To	2027
Gold Full PPO Savings 1850/15% HDHP PrevRx OffEx		Gold Full PPO Savings 1900/15% HDHP PrevRx OffEx
Gold Tandem PPO Savings 1850/15% HDHP PrevRx OffEx		Gold Tandem PPO Savings 1900/15% HDHP PrevRx OffEx
Silver Full PPO Savings 2300/30% OffEx		Silver Full PPO Savings 2450/30% OffEx
Silver Tandem PPO Savings 2300/30% OffEx		Silver Tandem PPO Savings 2450/30% OffEx
Silver Full PPO Savings 2800/35% HDHP PrevRx OffEx		Silver Full PPO Savings 2950/35% HDHP PrevRx OffEx
Silver Tandem PPO Savings 2800/35% HDHP PrevRx OffEx		Silver Tandem PPO Savings 2950/35% HDHP PrevRx OffEx
Bronze Full PPO Savings 5700/40% OffEx		Bronze Full PPO Savings 6000/40% OffEx
Bronze Tandem PPO Savings 5700/40% OffEx		Bronze Tandem PPO Savings 6000/40% OffEx
Bronze Full PPO Savings 7500 OffEx		Bronze Full PPO Savings 7850 OffEx
Bronze Tandem PPO Savings 7500 OffEx		Bronze Tandem PPO Savings 7850 OffEx

Integrated Deductible

Due to updated regulatory requirements, the Calendar Year Deductible for participating providers will change for the following plans:

	2026	2027
Gold Full PPO Savings 1900/15% HDHP PrevRx OffEx	When Using a Participating Provider	When Using a Participating Provider
Gold Tandem PPO Savings 1900/15% HDHP PrevRx OffEx	\$1,850 Individual / \$3,700 Family	\$1,900 Individual / \$3,800 Family
	When Using a Non-Participating Provider	When Using a Non-Participating Provider
	\$3,700 Individual / \$7,400 Family	\$3,800 Individual / \$7,600 Family

Silver Full PPO Savings 2450/30% OffEx Silver Tandem PPO Savings 2450/30% OffEx	<i>When Using a Participating Provider</i> \$2,300 Individual / \$4,600 Family <i>When Using a Non-Participating Provider</i> \$4,600 Individual / \$9,200 Family	<i>When Using a Participating Provider</i> \$2,450 Individual / \$4,900 Family <i>When Using a Non-Participating Provider</i> \$4,900 Individual / \$9,800 Family
Silver Full PPO Savings 2950/35% HDHP PrevRx OffEx Silver Tandem PPO Savings 2950/35% HDHP PrevRx	<i>When Using a Participating Provider</i> \$2,800 Individual / \$5,600 Family <i>When Using a Non-Participating Provider</i> \$5,600 Individual / \$11,200 Family	<i>When Using a Participating Provider</i> \$2,950 Individual / \$5,900 Family <i>When Using a Non-Participating Provider</i> \$5,900 Individual / \$11,800 Family
Bronze Full PPO Savings 6000/40% OffEx Bronze Tandem PPO Savings 6000/40% OffEx	<i>When Using a Participating Provider</i> \$5,700 Individual / \$11,400 Family <i>When Using a Non-Participating Provider</i> \$11,400 Individual / \$22,800 Family	<i>When Using a Participating Provider</i> \$6,000 Individual / \$12,000 Family <i>When Using a Non-Participating Provider</i> \$12,000 Individual / \$24,000 Family
Bronze Full PPO Savings 7850 OffEx Bronze Tandem PPO Savings 7850 OffEx	<i>When Using a Participating Provider</i> \$7,500 Individual / \$15,000 Family <i>When Using a Non-Participating Provider</i> \$10,500 Individual / \$21,000 Family	<i>When Using a Participating Provider</i> \$7,800 Individual / \$15,700 Family <i>When Using a Non-Participating Provider</i> \$15,700 Individual / \$31,400 Family

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
Gold Full PPO Savings 1900/15% HDHP PrevRx OffEx Gold Tandem PPO Savings 1900/15% HDHP PrevRx OffEx	When Using a Participating Provider \$4,500 Individual / \$9,000 Family When Using a Non-Participating Provider \$9,000 Individual / \$18,000 Family	When Using a Participating Provider \$5,000 Individual / \$10,000 Family When Using a Non-Participating Provider \$10,000 Individual / \$20,000 Family
Silver Full PPO Savings 2450/30% OffEx Silver Tandem PPO Savings 2450/30% OffEx Silver Full PPO Savings 2950/35% HDHP PrevRx OffEx Silver Tandem PPO Savings 2950/35% HDHP PrevRx Bronze Full PPO Savings 6000/40% OffEx Bronze Tandem PPO Savings 6000/40% OffEx	When Using a Participating Provider \$8,500 Individual / \$17,000 Family When Using a Non-Participating Provider \$17,000 Individual / \$34,000 Family	When Using a Participating Provider \$8,700 Individual / \$17,400 Family When Using a Non-Participating Provider \$17,400 Individual / \$34,800 Family
Bronze Full PPO Savings 7850 OffEx Bronze Tandem PPO Savings 7850 OffEx	When Using a Participating Provider \$7,500 Individual / \$15,000 Family When Using a Non-Participating Provider \$15,000 Individual / \$30,000 Family	When Using a Participating Provider \$7,850 Individual / \$15,700 Family When Using a Non-Participating Provider \$15,700 Individual / \$31,400 Family

HSA plan: Self-only coverage deductible

Due to updated regulatory requirements, deductible maximums for participating providers will change for the following plans:

	2026	2027
Gold Full PPO Savings 1900/15% HDHP PrevRx OffEx Gold Tandem PPO Savings 1900/15% HDHP PrevRx OffEx	When Using a Participating Provider \$1,850 When Using a Non-Participating Provider \$3,400	When Using a Participating Provider \$1,900 When Using a Non-Participating Provider \$3,800

Silver Full PPO Savings 2450/30% OffEx Silver Tandem PPO Savings 2450/30% OffEx	<i>When Using a Participating Provider</i> \$2,300	<i>When Using a Participating Provider</i> \$2,450
	<i>When Using a Non-Participating Provider</i> \$4,600	<i>When Using a Non-Participating Provider</i> \$4,900
Silver Full PPO Savings 2950/35% HDHP PrevRx OffEx Silver Tandem PPO Savings 2950/35% HDHP PrevRx	<i>When Using a Participating Provider</i> \$2,800	<i>When Using a Participating Provider</i> \$2,950
	<i>When Using a Non-Participating Provider</i> \$5,600	<i>When Using a Non-Participating Provider</i> \$5,900
Bronze Full PPO Savings 6000/40% OffEx Bronze Tandem PPO Savings 6000/40% OffEx	<i>When Using a Participating Provider</i> \$5,700	<i>When Using a Participating Provider</i> \$6,000
	<i>When Using a Non-Participating Provider</i> \$11,400	<i>When Using a Non-Participating Provider</i> \$12,000
Bronze Full PPO Savings 7850 OffEx Bronze Tandem PPO Savings 7850 OffEx	<i>When Using a Participating Provider</i> \$7,500	<i>When Using a Participating Provider</i> \$7,850
	<i>When Using a Non-Participating Provider</i> \$10,500	<i>When Using a Non-Participating Provider</i> \$15,700

HSA family plan: individual deductible

Due to updated regulatory requirements, the HSA family plan, individual deductible maximums for participating providers will change for the following plans:

	<i>2026</i>	<i>2027</i>
Gold Full PPO Savings 1900/15% HDHP PrevRx OffEx Gold Tandem PPO Savings 1900/15% HDHP PrevRx OffEx Silver Full PPO Savings 2450/30% OffEx Silver Tandem PPO Savings 2450/30% OffEx Silver Full PPO Savings 2950/35% HDHP PrevRx OffEx Silver Tandem PPO Savings 2950/35% HDHP PrevRx	<i>When Using a Participating Provider</i> \$3,400	<i>When Using a Participating Provider</i> \$3,500
	<i>When Using a Non-Participating Provider</i> \$6,800	<i>When Using a Non-Participating Provider</i> \$7,000
Bronze Full PPO Savings 6000/40% OffEx Bronze Tandem PPO Savings 6000/40% OffEx	<i>When Using a Participating Provider</i>	<i>When Using a Participating Provider</i>

	\$5,700 <i>When Using a Non-Participating Provider</i> \$11,400	\$6,000 <i>When Using a Non-Participating Provider</i> \$12,000
Bronze Full PPO Savings 7850 OffEx Bronze Tandem PPO Savings 7850 OffEx	<i>When Using a Participating Provider</i> \$7,500 <i>When Using a Non-Participating Provider</i> \$10,500	<i>When Using a Participating Provider</i> \$7,850 <i>When Using a Non-Participating Provider</i> \$15,700

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 Full PPO Savings 2450/30% OffEx Silver Tandem PPO Savings 2450/30% OffEx	Level A: \$75/prescription, deductible applies Level B: \$100/prescription, deductible applies	Level A: 30% up to \$250/prescription, deductible applies Level B: 40% up to \$250/prescription, deductible applies

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
Silver Full PPO Savings 2450/30% OffEx Silver Tandem PPO Savings 2450/30% OffEx	Level A: \$100/prescription, deductible applies Level B: \$150/prescription, deductible applies	Level A: 30% up to \$250/prescription, deductible applies Level B: 40% up to \$250/prescription, deductible applies

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
Silver Full PPO Savings 2450/30% OffEx Silver Tandem PPO Savings 2450/30% OffEx	30% up to \$250/prescription, deductible applies	Level A: 30% up to \$250/prescription, deductible applies Level B: 40% up to \$250/prescription, deductible applies

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 Full PPO Savings 2450/30% OffEx Silver Tandem PPO Savings 2450/30% OffEx	Level A: \$225/prescription, deductible applies Level B: \$300/prescription, deductible applies	Level A: 30% up to \$250/prescription, deductible applies Level B: 40% up to \$250/prescription, deductible applies

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

The cost share will change for the following plans:

	2026	2027
Silver Full PPO Savings 2450/30% OffEx Silver Tandem PPO Savings 2450/30% OffEx	Level A: \$300/prescription, deductible applies Level B: \$450/prescription, deductible applies	Level A: 30% up to \$750/prescription, deductible applies Level B: 40% up to \$750/prescription, deductible applies

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
Gold Full PPO Savings 1900/15% HDHP PrevRx OffEx Gold Tandem PPO Savings 1900/15% HDHP PrevRx OffEx Silver Full PPO Savings 2450/30% OffEx Silver Tandem PPO Savings 2450/30% OffEx	30% up to \$750/prescription, deductible applies	Level A: 30% up to \$750/prescription, deductible applies Level B: 40% up to \$750/prescription, deductible applies

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 Full PPO Savings 2450/30% OffEx Silver Tandem PPO Savings 2450/30% OffEx	\$150/prescription, deductible applies	30% up to \$500/prescription, deductible applies

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

The cost share will change for the following plans:

	2026	2027
Silver Full PPO Savings 2450/30% OffEx Silver Tandem PPO Savings 2450/30% OffEx	\$200/prescription, deductible applies	30% + \$500/prescription, deductible applies

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)**。