601 12th Street
Oakland, CA 94607

October 17, 2025

Subject: Notification of January 2026 updates to the Blue Shield *HMO Benefit Guidelines Manual*

Dear Provider:

Blue Shield is revising the *HMO Benefit Guidelines Manual* (Manual). The changes in each benefit guideline section listed below are effective January 1, 2026.

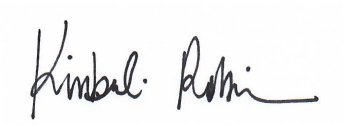
On that date, you can search and download the revised manual on Provider Connection at www.blueshieldca.com/provider in the *Provider Manuals* section under the *Guidelines & Resources* tab.

You may also request a PDF version of the revised *HMO Benefit Guidelines* be emailed to you once it is published by emailing providermanuals@blueshieldca.com.

The *HMO Benefit Guidelines* is included by reference in the agreement between Blue Shield of California (Blue Shield) and those IPAs and medical groups contracted with Blue Shield. If a conflict arises between the *HMO Benefit Guidelines* and the agreement held by the IPA or medical group and Blue Shield, the agreement prevails.

If you have any questions regarding this notice about the revisions that will be published in the January 2026 version of this Manual, please contact your Blue Shield Provider Relations Coordinator.

Sincerely,



Kimberli Robinson
Vice President, Network Operations

Updates to the January 2026
HMO Benefit Guidelines Manual

Acupuncture, Acupuncture and Chiropractic Optional Benefits, and Chiropractic Services Optional Benefits

Removed "and subsequent office visits" from covered services.

Ambulance

Deleted and ***replaced*** the following benefit coverage sections to align with the *Evidence of Coverage* (EOC) and to address SB 1180 Health Care Coverage: Emergency Medical Services.

Emergency Ambulance Services

Services are a covered benefit if Blue Shield HMO determines that emergency transportation (surface and air) by licensed ambulance or psychiatric transport van is, or was, required for emergency services to the nearest medical facility which can provide appropriate medical care. Medically necessary ambulance transportation is determined independently of medical necessity criteria for emergency room service.

Emergency ambulance services include those situations where a reasonable person would have believed that a medical emergency existed.

Non-Emergency Ambulance Services

Medically necessary authorized ambulance services (surface and air) to transfer the member from a non-plan hospital to a plan hospital or between plan facilities when in connection with authorized confinement/admission and use of the licensed ambulance or psychiatric transport van is authorized.

Benefits are also available for covered services provided by community paramedicine programs, triage to alternate destination programs, and mobile integrated health programs developed by local Emergency Medical Services (EMS) agencies. Covered services provided by these EMS programs are covered at the participating provider cost share, even if you receive treatment from a non-participating provider.

Consultations

Removed benefit exclusions section and directed providers to view the member's EOC for benefit exclusions.

Dental – Blue Shield Smile Basic Dental Plan (DPPO)

Removed guideline as the HBG manual is intended for HMO IPA/medical groups.

Diabetes Care

Updated examples of covered services.

Dialysis Benefits

Added the following to the Benefit Coverage section:

Benefits are available for dialysis services at a freestanding dialysis center, in the outpatient department of a hospital, in a physician office setting, or in the member's home.

Emergency

Updated the definition of Emergency Services comply with AB 1316.

Added the following language to address AB 2843: Health Care Coverage: Rape and Sexual Assault.

Emergency services and follow-up health care treatment are provided without a cost share for members treated following a rape or sexual assault for the first nine months after the member begins treatment. Follow-up health care treatment includes medical or surgical services for the diagnosis, prevention, or treatment of medical conditions arising from an instance of rape or sexual assault.

The cost share waiver is applicable to follow-up health care treatment provided by a participating provider, any provider of emergency services, or a non-participating provider when Blue Shield has approved your request to receive services from the non-participating provider at the participating provider cost share. The cost share waiver will only apply to services the treating provider has identified in their claim submission using accurate diagnosis codes specific to rape or sexual assault.

Removed exclusion "Unauthorized emergency services rendered at an emergency facility are not covered if retrospective review determines that a reasonable person would not have believed that they had an emergency medical condition" as it no longer applies.

Hospital Services – Inpatient and Outpatient

Beginning January 1, 2026, Blue Shield will administer all behavioral health services (mental health and substance use disorder services) that were previously administered by Magellan Health, Inc. ***Updates*** were made throughout this guideline for behavioral health services administration. Additional information will be provided prior to January 1, 2026 via Blue Shield provider education and communications.

Infertility – Additional Benefits

Updated the Benefit Coverage section for additional infertility benefits to comply with SB 729. The updates detail three different levels of coverage through the Base Assisted Reproductive Technology (ART) Benefit through SB 729 and two additional levels of Additional Assisted Reproductive Technology (ART) Benefit Riders at a Base Level Rider and ART Additional Level Rider that are separate purchased benefit.

Infertility – Diagnosis and Treatment for Cause of Infertility

Added the following definition of infertility for **Small and Large group plan members** and noted the existing definition applies to IFP members.

A licensed physician's findings, based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors. This definition shall not prevent testing and diagnosis of Infertility before the 12-month or 6-month period to establish Infertility.

1. A person's inability to reproduce either as an individual or with their partner without medical intervention; or
2. The failure to establish a pregnancy or to carry a pregnancy to live birth after regular, unprotected sexual intercourse. For purposes of this definition, "regular, unprotected sexual intercourse" means no more than 12 months of unprotected sexual intercourse for a person under 35 years of age or no more than 6 months of unprotected sexual intercourse for a person 35 years of age or older. Pregnancy resulting in miscarriage does not restart the 12-month or 6-month time period to qualify as having Infertility.

Infertility - SFHSS

Updated the definition of infertility, as follows:

For the purpose of this benefit, the definition of infertility means <u>any</u> of the following:

- A licensed physician's findings, based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors. This definition shall not prevent testing and diagnosis of infertility before the 12- month or 6-month period to establish infertility (as described in bullet 3 below).
- A person's inability to reproduce either as an individual or with their partner without medical intervention.
- The failure to establish a pregnancy or to carry a pregnancy to live birth after regular, unprotected sexual intercourse. For purposes of this section "regular, unprotected sexual intercourse" means no more than 12 months of unprotected sexual intercourse for a person under 35 years of age or no more than 6 months of unprotected sexual intercourse for a person 35 years of age or older. Pregnancy resulting in miscarriage does not restart the 12-month or 6-month time period to qualify for as having infertility.

Updated the following Covered Service in strikethrough type:

- Cryopreservation of embryos, oocytes, ovarian tissue, sperm
    - Retrieved from the Subscriber, spouse, or Domestic Partner. Includes one ~~retrieval and~~ year of storage ~~per person in a lifetime~~.

Mental Health and Substance Use Disorder

Beginning January 1, 2026, Blue Shield will administer all behavioral health services (mental health and substance use disorder services) that were previously administered by Magellan Health, Inc. ***Updates*** were made throughout this guideline for behavioral health services administration. Additional information will be provided prior to January 1, 2026 via Blue Shield provider education and communications.

Out-of-Area Services

Updated contact information for urgent behavioral health services under Benefit Coverage, as follows.

- Urgent Mental Health and Substance Use Disorder Services - Within California, the member should contact Blue Shield at (877) 263-9952.

Physician Services

Benefit Coverage - Inpatient

Added Trio+ *Specialist* to section describing the Access+ and Trio+*Specialist* benefit.

Changed all references of "Blue Shield MHSA" to "Blue Shield provider network." Beginning January 1, 2026, Blue Shield is now administering behavioral health services (mental health and substance use disorder services) that were previously administered by Magellan Health, Inc.