



October 6, 2026

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To: Blue Shield of California Medicare PPO Provider Network Participants

Subject: Discontinuation of Individual Medicare Advantage and Prescription Drug PPO plans, effective December 31, 2025, in Alameda, Orange and San Diego Counties

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**The Blue Shield of California Individual Medicare Advantage and Prescription Drug PPO plans listed below will be discontinued, effective December 31, 2025 (not available for 2026 coverage), in the indicated counties.**

A notice of non-renewal letter will be mailed to affected members during October 2025 and will include Medicare coverage options available to the members for 2026 benefits. They will not automatically be moved by Blue Shield to a different Blue Shield Medicare Advantage plan. **Blue Shield Group Medicare Advantage and Prescription Drug (GMAPD) PPO plans are NOT affected by this change.**

The affected plans are listed below. In addition, we are including a few questions and answers to assist you in helping members transition, if applicable.

**IMAPD plans to be discontinued December 31, 2025**

Blue Shield Select (PPO) H4937-001 - Alameda County

Blue Shield Select (PPO) H4937-002 - Orange and San Diego Counties

**Questions and Answers for Providers**

**1. What if an affected member is in the middle of treatment? Will the member need new referrals?**

If the member selects a different Medicare plan, our expectation is that the member's new medical group and provider will take an active role in getting the new insurance plan information established to help avoid any potential delays. If your practice currently treats an Individual Medicare Advantage PPO plan member affected by this change, we ask that you assist the member in any way you can as they transition to a different benefit plan.

**2. What if the member is receiving inpatient services as of December 31, 2025?**

If the member is receiving inpatient services on December 31, 2025, Blue Shield will continue to provide coverage until they are discharged home or to a skilled nursing facility (even if the discharge is after January 1, 2026). The member must, however, enroll in a new Medicare plan for a January 1, 2026 effective date and follow the rules of their new Medicare plan coverage to obtain other services.

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If the member is currently receiving ongoing medical care for an illness or injury and is concerned that the plan termination may disrupt their care, they can call Blue Shield Medicare Customer Service, using the number on the back of their member ID card. Customer Service can help determine whether they qualify for Continuity of Care services and inform them of the process for submitting the appropriate documentation to request the continuation of required care.

**3. What if the member has an authorization approved during 2025 but their current provider or specialist has stated that they cannot see the member until 2026?**

If the existing medical group and specialist participate in the new Medicare plan the member chooses, they can simply update the authorization. If the provider does not participate in the new plan, the new plan should assist the member with the transition of their care needs. It is important that when the member signs up with a new plan, they communicate all the services they have authorized, planned, or are currently receiving so they can help with this transition. If the member decides to enroll in Original Medicare, they will need to work with their provider in obtaining the care they need.

**4. How should claims for dates of service on or before December 31, 2025 be handled?**

Claims can be submitted up to one year after the date of service, item or prescription drug. This only pertains to services rendered on or before December 31, 2025. If you need assistance regarding claims, please contact **Blue Shield Provider Customer Service at (800) 541-6652, between 6 a.m. and 6:30 p.m. PT, Monday through Friday, or log into [blueshieldca.com/provider](https://blueshieldca.com/provider) and use the Live Chat feature.** Blue Shield will assist your practice or facility with instructions on submitting the claim to Blue Shield.

The basic information provided above is intended to make you aware of the transition for assisting any affected Blue Shield Individual Medicare Advantage PPO plan members, if and when appropriate.

If you have further questions about the termination of these plans or coverage during the transition, please contact Blue Shield's Provider Customer Service using the information provided above.