

# Changes to your Small Business PPO Off Exchange plans

As of January 1, 2024

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](https://blueshieldca.com/policies) on or after November 1, 2023 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 plan requirements from the U.S. Department of Health and Human Services (HHS), the following Product Names have been updated to reflect the correct values:

### 2023

Gold Full PPO 0/25 OffEx

Gold Tandem PPO 0/25 OffEx

### 2024

Gold Full PPO 0/35 OffEx

Gold Tandem PPO 0/35 OffEx

## Calendar Year Out-of-Pocket Maximum

Consistent with new Federal regulations, the Calendar-year out-of-pocket maximums for participating providers will change for the following plans:

	<u>2023</u>	<u>2024</u>
Bronze Full PPO 6250/65 OffEx Bronze Tandem PPO 6250/65 OffEx	<i>When Using a Participating Provider<sup>3</sup></i> \$8,750 Individual/ \$17,500 Family	<i>When Using a Participating Provider<sup>3</sup></i> \$9,100 Individual/ \$18,200 Family
Bronze Full PPO 6850/55 OffEx Bronze Tandem PPO 6850/55 OffEx	<i>When Using a Non-Participating Provider<sup>4</sup></i> \$17,500 Individual/ \$35,000 Family	<i>When Using a Non-Participating Provider<sup>4</sup></i> \$18,200 Individual/ \$36,400 Family
Bronze Full PPO 7500/65 OffEx Bronze Tandem PPO 7500/65 OffEx		
Bronze Full PPO 5500/65 OffEx Bronze Tandem PPO 5500/65 OffEx		
Bronze Full PPO 6500/70 OffEx Bronze Tandem PPO 6500/70 OffEx		
	<u>2023</u>	<u>2024</u>
Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx	<i>When Using a Participating Provider<sup>3</sup></i> \$3,000 Individual/ \$6,000 Family	<i>When Using a Participating Provider<sup>3</sup></i> \$3,500 Individual/ \$7,000 Family

	<i>When Using a Non-Participating Provider<sup>a</sup></i> \$6,000 Individual/ \$12,600 Family	<i>When Using a Non-Participating Provider<sup>a</sup></i> \$7,000 Individual/ \$14,000 Family
Virtual Blue <sup>SM</sup> Gold Tandem PPO 1500/45 OffEx	<u>2023</u>  <i>When Using a Participating Provider<sup>b</sup></i> \$8,750 Individual/ \$17,500 Family  <i>When Using a Non-Participating Provider<sup>a</sup></i> \$17,500 Individual/ \$35,000 Family	<u>2024</u>  <i>When Using a Participating Provider<sup>b</sup></i> \$8,000 Individual/ \$16,000 Family  <i>When Using a Non-Participating Provider<sup>a</sup></i> \$16,000 Individual/ \$32,000 Family

**Physicians Services: Primary Care office visit | Physician Home visits | Other practitioner office visit**

In an effort to enhance your plan benefits the cost share will increase for the following plans:

Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	<u>2023</u> <i>When using a participating provider<sup>b</sup></i> \$25/visit	<u>2024</u> <i>When using a participating provider<sup>b</sup></i> \$35/visit
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**Teladoc Consultations | Teladoc Behavioral Health**

The cost share will change for the following plans:

Virtual Blue <sup>SM</sup> Gold Tandem PPO 1500/45 OffEx Virtual Blue <sup>SM</sup> Bronze Tandem PPO 7500/75 OffEx	<u>2023</u> <i>When using a participating provider<sup>b</sup></i> No Charge	<u>2024</u> <i>When using a participating provider<sup>b</sup></i> Not Covered
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**Vasectomy**

The cost share will change for the following plans:

Platinum Full PPO 0/10 OffEx Platinum Tandem PPO 0/10 OffEx Platinum Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx	<u>2023</u> <i>When using a participating provider<sup>b</sup></i> 10%	<u>2024</u> <i>When using a participating provider<sup>b</sup></i> No charge
Platinum Full PPO 250/15 OffEx Platinum Tandem PPO 250/15 OffEx Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx	<u>2023</u> <i>When using a participating provider<sup>b</sup></i> 10% deductible applies	<u>2024</u> <i>When using a participating provider<sup>b</sup></i> No charge deductible does not apply
Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	<u>2023</u> <i>When using a participating provider<sup>b</sup></i> 30%	<u>2024</u> <i>When using a participating provider<sup>b</sup></i> No charge

<p>Gold Full PPO 500/30 OffEx  Gold Tandem PPO 500/30 OffEx  Gold Full PPO 750/30 OffEx  Gold Tandem PPO 750/30 OffEx  Gold Full PPO 1000/35 OffEx  Gold Tandem PPO 1000/35 OffEx  Virtual Blue<sup>SM</sup> Gold Tandem PPO  1500/45 OffEx</p>	<p><u>2023</u></p> <p><i>When using a participating provider<sup>3</sup></i>  20% deductible applies</p>	<p><u>2024</u></p> <p><i>When using a participating provider<sup>3</sup></i>  No charge deductible does not apply</p>
<p>Silver Full PPO 2000/60 OffEx  Silver Tandem PPO 2000/60 OffEx  Bronze Full PPO 6850/55 OffEx  Bronze Tandem PPO 6850/55 OffEx</p>	<p><u>2023</u></p> <p><i>When using a participating provider<sup>3</sup></i>  35% deductible applies</p>	<p><u>2024</u></p> <p><i>When using a participating provider<sup>3</sup></i>  No charge deductible does not apply</p>
<p>Silver Full PPO 2550/70 OffEx  Silver Tandem PPO 2550/70 OffEx  Bronze Full PPO 6250/65 OffEx  Bronze Tandem PPO 6250/65 OffEx  Silver Full PPO 2350/65 OffEx  Silver Tandem PPO 2350/65 OffEx</p>	<p><u>2023</u></p> <p><i>When using a participating provider<sup>3</sup></i>  40% deductible applies</p>	<p><u>2024</u></p> <p><i>When using a participating provider<sup>3</sup></i>  No charge deductible does not apply</p>
<p>Bronze Full PPO 7500/65 OffEx  Bronze Tandem PPO 7500/65 OffEx  Bronze Full PPO 5500/65 OffEx  Bronze Tandem PPO 5500/65 OffEx  Bronze Full PPO 6500/70 OffEx  Bronze Tandem PPO 6500/70 OffEx  Virtual Blue<sup>SM</sup> Bronze Tandem PPO  7500/75 OffEx</p>	<p><u>2023</u></p> <p><i>When using a participating provider<sup>3</sup></i>  50%</p>	<p><u>2024</u></p> <p><i>When using a participating provider<sup>3</sup></i>  No charge deductible does not apply</p>
<p>Silver Full PPO 2750/65 OffEx  Silver Tandem PPO 2750/65 OffEx  Silver Full PPO 2350/65 OffEx  Silver Tandem PPO 2350/65</p>	<p><u>2023</u></p> <p><i>When using a participating provider<sup>3</sup></i>  40%</p> <p><i>When using a non-participating provider<sup>4</sup></i>  50%</p>	<p><u>2024</u></p> <p><i>When using a participating provider<sup>3</sup></i>  No charge deductible does not apply</p> <p><i>When using a non-participating provider<sup>4</sup></i>  No charge deductible does not apply</p>

**Emergency Services: Urgent care services**

The cost share will increase for the following plans:

Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	<u>2023</u> When using a participating provider <sup>®</sup> \$25	<u>2024</u> When using a participating provider <sup>®</sup> \$35
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**Diagnostic Tests: Laboratory center Includes diagnostic Papanicolaou (Pap) test**

The cost share will increase for the following plans:

Platinum Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx Platinum Full PPO 0/10 OffEx Platinum Tandem PPO 0/10 OffEx	<u>2023</u> When using a participating provider <sup>®</sup> \$10	<u>2024</u> When using a participating provider <sup>®</sup> \$15
Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	<u>2023</u> When using a participating provider <sup>®</sup> \$25	<u>2024</u> When using a participating provider <sup>®</sup> \$35

**Mental Health/Substance Use Disorder Services: Mental Health and Substance Use Disorder Office visit, including physician office visit**

The cost share will increase for the following plans:

Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	<u>2023</u> When using a participating provider <sup>®</sup> \$25	<u>2024</u> When using a participating provider <sup>®</sup> \$35
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**Prescription Drugs-Retail (30-day supply) Retail Tier 1 Drugs**

The cost share will change for the following plans:

Platinum Full PPO 0/10 OffEx Platinum Full PPO 250/15 OffEx	<u>2023</u> \$5	<u>2024</u> \$10
Platinum Tandem PPO 0/10 OffEx Platinum Tandem PPO 250/15 OffEx	Level A: \$5/prescription Level B: \$10/prescription	Level A: \$10/prescription Level B: \$15/prescription
Gold Full PPO 0/35 OffEx	\$15/prescription	\$20/prescription
Gold Tandem PPO 0/35 OffEx	Level A: \$15/prescription Level B: \$20/prescription	Level A: \$20/prescription Level B: \$25/prescription

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

The cost share will change for the following plans:

Platinum Full PPO 0/10 OffEx Platinum Full PPO 250/15 OffEx Platinum Full PPO 0/0 OffEx	<u>2023</u> \$30/prescription	<u>2024</u> \$35/prescription
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Platinum Tandem PPO 0/10 OffEx Platinum Tandem PPO 250/15 OffEx Platinum Tandem PPO 0/0 OffEx	<b><u>2023</u></b> Level A: \$30/prescription Level B: \$45/prescription	<b><u>2024</u></b> Level A: \$35/prescription Level B: \$50/prescription
Platinum Full PPO 250/10 OffEx	\$25	\$35
Platinum Tandem PPO 250/10 OffEx	Level A: \$25/prescription Level B: \$40/prescription	Level A: \$35/prescription Level B: \$50/prescription

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

The cost share will change for the following plans:

Platinum Full PPO 0/10 OffEx Platinum Full PPO 250/15 OffEx Platinum Full PPO 0/0 OffEx	<b><u>2023</u></b> \$50/prescription	<b><u>2024</u></b> \$55/prescription
Platinum Tandem PPO 0/10 OffEx Platinum Tandem PPO 250/15 OffEx Platinum Tandem PPO 0/0 OffEx	Level A: \$50/prescription Level B: \$70/prescription	Level A: \$55/prescription Level B: \$75/prescription
Platinum Full PPO 250/10 OffEx	\$40	\$55
Platinum Tandem PPO 250/10 OffEx	Level A: \$40/prescription Level B: \$60/prescription	Level A: \$55/prescription Level B: \$75/prescription

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

The cost share will change for the following plans:

Platinum Full PPO 0/10 OffEx Platinum Full PPO 250/15 OffEx	<b><u>2023</u></b> \$15	<b><u>2024</u></b> \$30
Platinum Tandem PPO 0/10 OffEx Platinum Tandem PPO 250/15 OffEx	Level A: \$15/prescription Level B: \$30/prescription	Level A: \$30/prescription Level B: \$45/prescription
Gold Full PPO 0/35 OffEx	\$45/prescription	\$60/prescription
Gold Tandem PPO 0/35 OffEx	Level A: \$45/prescription Level B: \$60/prescription	Level A: \$60/prescription Level B: \$75/prescription

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

The cost share will change for the following plans:

Platinum Full PPO 0/10 OffEx Platinum Full PPO 250/15 OffEx Platinum Full PPO 0/0 OffEx	<b><u>2023</u></b> \$90/prescription	<b><u>2024</u></b> \$105/prescription
Platinum Tandem PPO 0/10 OffEx Platinum Tandem PPO 250/15 OffEx Platinum Tandem PPO 0/0 OffEx	Level A: \$90/prescription Level B: \$135/prescription	Level A: \$105/prescription Level B: \$150/prescription
Platinum Full PPO 250/10 OffEx	\$75	\$105
Platinum Tandem PPO 250/10 OffEx	Level A: \$75/prescription	Level A: \$105/prescription

	<i>Level B: \$120/prescription</i>	<i>Level B: \$150/prescription</i>
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**Prescription Drugs-Retail (90-day supply) Retail Tier 3 Drugs**

The cost share will change for the following plans:

	<u>2023</u>	<u>2024</u>
Platinum Full PPO 0/10 OffEx Platinum Full PPO 250/15 OffEx Platinum Full PPO 0/0 OffEx	<i>\$150/prescription</i>	<i>\$165/prescription</i>
Platinum Tandem PPO 0/10 OffEx Platinum Tandem PPO 250/15 OffEx Platinum Tandem PPO 0/0 OffEx	<i>Level A: \$150/prescription Level B: \$210/prescription</i>	<i>Level A: \$165/prescription Level B: \$225/prescription</i>
Platinum Full PPO 250/10 OffEx	<i>\$120</i>	<i>\$165</i>
Platinum Tandem PPO 250/10 OffEx	<i>Level A: \$120/prescription Level B: \$180/prescription</i>	<i>Level A: \$165/prescription Level B: \$225/prescription</i>

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

The cost share will change for the following plans:

	<u>2023</u>	<u>2024</u>
Platinum Full PPO 0/10 OffEx Platinum Full PPO 250/15 OffEx	<i>\$10</i>	<i>\$20</i>
Platinum Tandem PPO 0/10 OffEx Platinum Tandem PPO 250/15 OffEx	<i>Level A: \$10</i>	<i>Level A: \$20</i>
Gold Full PPO 0/35 OffEx	<i>\$30/prescription</i>	<i>\$40/prescription</i>
Gold Tandem PPO 0/35 OffEx	<i>Level A: \$30</i>	<i>Level A: \$40</i>

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

The cost share will change for the following plans:

	<u>2023</u>	<u>2024</u>
Platinum Full PPO 0/10 OffEx Platinum Full PPO 250/15 OffEx Platinum Full PPO 0/0 OffEx Platinum Full PPO 250/10 OffEx	<i>\$60/prescription</i>	<i>\$70/prescription</i>
Platinum Tandem PPO 0/10 OffEx Platinum Tandem PPO 250/15 OffEx Platinum Tandem PPO 0/0 OffEx Platinum Tandem PPO 250/10 OffEx	<i>Level A: \$60</i>	<i>Level A: \$70</i>

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

The cost share will change for the following plans:

	<u>2023</u>	<u>2024</u>
Platinum Full PPO 0/0 OffEx Platinum Full PPO 0/10 OffEx Platinum Full PPO 250/15 OffEx Platinum Full PPO 250/10 OffEx	<i>\$100</i>	<i>\$110</i>
Platinum Tandem PPO 0/10 OffEx Platinum Tandem PPO 250/15 OffEx Platinum Tandem PPO 0/0 OffEx Platinum Tandem PPO 250/10 OffEx	<i>Level A: \$100</i>	<i>Level A: \$110</i>

The following **changes** have been made to your benefits:

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**EOC Change:** [Exclusions and Limitations: General Exclusions and Limitations Table](#)

**Personal care items have been revised to clarify specific items or services not covered under medical policies.**

**From:** Member convenience items, such as internet, phones, televisions, guest trays, and personal hygiene items.

**To:** Member convenience items or services, such as internet, phones, televisions, guest trays, personal hygiene items, and home delivery services.

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**EOC Change:** [Exclusions and Limitations: General Exclusions and Limitations Table](#)

**Hospital care programs or services provided in a home setting (Hospital-at-home programs) have been added to "General Exclusions and Limitations.", to clarify benefits not covered under the medical policy.**

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**SOB change:** [Other Professional Services](#)

**The benefit service "Podiatric services" listed in your SOB has been combined with services available under "Other practitioner office visit."**

**From:**

Other practitioner office visit

Includes nurse practitioners, physician assistants, and therapists.

**To:**

Other practitioner office visit

Includes nurse practitioners, physician assistants, therapists, and podiatrists.

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**EOC change:** [Diabetes Care Services: All related necessary supplies for Continuous Blood Glucose Monitors](#)

**Language revision to clarify that the continuous blood glucose monitors benefit covers all related necessary supplies for continuous blood glucose monitors.**

This change is in the following areas of your EOC:

- Diabetes Care Services: Devices, Equipment, and Supplies
- Durable Medical Equipment
- Prescription Drug Benefits
- Definitions: Drugs

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**EOC change:** [Diagnostic X-ray, Imaging, Pathology, and Laboratory services: Laboratory and Pathology Services](#)

**Diagnostic x-ray, imaging, pathology, and laboratory services known as "Laboratory services" has been reclassified as "Laboratory and pathology services".**

The description of type of care provided by Diagnostic x-ray, imaging, pathology, and laboratory services has been revised to clarify low-cost share, comparably basic services versus more advanced, complex services. A complete service description can be found in your EOC and SOB, under "Diagnostic x-ray, imaging, pathology, and laboratory services".

**From:**

Laboratory services

Includes diagnostic Papanicolaou (Pap) test.

**To:**

Laboratory and pathology services

Includes diagnostic Papanicolaou (Pap) test.



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**EOC change: Diagnostic X-ray, Imaging, Pathology, and Laboratory services: Basic Imaging Services**

**Diagnostic x-ray, imaging, pathology, and laboratory services known as “X-ray and imaging services” has been reclassified as “Basic imaging services”.**

The description of type of care provided by Diagnostic x-ray, imaging, pathology, and laboratory services has been revised to clarify low-cost share, comparably basic services versus more advanced, complex services. A complete service description can be found in your EOC and SOB, under “Diagnostic x-ray, imaging, pathology, and laboratory services”.

**From:**

X-ray and imaging services

Includes diagnostic mammography.

**To:**

Basic imaging services

Includes plain film X-rays, ultrasounds, and diagnostic mammography.

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**EOC change: Diagnostic X-ray, Imaging, Pathology, and Laboratory services: Other Outpatient Non-Invasive Diagnostic Services**

**Diagnostic x-ray, imaging, pathology, and laboratory services known as “Other outpatient diagnostic testing” has been reclassified as “Other outpatient non-invasive diagnostic testing”.**

The description of type of care provided by Diagnostic x-ray, imaging, pathology, and laboratory services has been revised to clarify low-cost share, comparably basic services versus more advanced, complex services. A complete service description can be found in your EOC and SOB, under “Diagnostic x-ray, imaging, pathology, and laboratory services”.

**From:**

Other outpatient diagnostic testing

Testing to diagnose illness or injury such as vestibular function test, EKG, ECG, cardiac monitoring...

**To:**

Other outpatient non-invasive diagnostic testing

Testing to diagnose illness or injury such as vestibular function test, EKG, cardiac monitoring...

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**EOC change: Diagnostic X-ray, Imaging, Pathology, and Laboratory services: Advanced Imaging Services**

**Diagnostic x-ray, imaging, pathology, and laboratory services known as “Radiological and nuclear imaging services” has been reclassified as “Advanced imaging services”.**

The description of type of care provided by Diagnostic x-ray, imaging, pathology, and laboratory services has been revised to clarify low-cost share, comparably basic services versus more advanced, complex services. A complete service description can be found in your EOC and SOB, under “Diagnostic x-ray, imaging, pathology, and laboratory services”.

**From:**

Radiological and nuclear imaging services

**To:**

Advanced imaging services

Included diagnostic radiological and nuclear imaging such as CT scans, MRIs, MRAs, and Pet scans.

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**EOC change: Home Infusion and Home Injectable Medication Services & PKU Formulas and Special Food Products**

**Language revision under Home infusion and injectable medication services section to clarify how benefits are administered and to include the description of all Parenteral nutrition formulas in one section with reference to that section within Home infusion and injectable medication services section.**

This change is in the following areas of your EOC: Home health services:

Home infusion and home injectable medication services

PKU formulas and special food products

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**EOC change: Medical Treatment of the Teeth, Gums, Jaw Joints, and Jaw Bones**

Language revision to clarify Medical treatment of the teeth, gums, jaw joints, and jaw bones, "Benefit include:" and "Benefits do not include:" in the EOC, to identify the dental procedures that can be appropriately covered and those that cannot be covered under a member's medical policy rather than under their dental coverage.

This change is in the following areas of your EOC: Medical Treatment of the Teeth, Gums, Jaw Joints, and Jaw Bones

Benefits include:

Benefits do not include:

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**EOC change: Physician and Other Professional Services**

Language addition to clarify the coverage of radiopharmaceutical medications under the Physician and other professional services section in the EOC.

Benefits include:

Administration of radiopharmaceutical medications;

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## 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](https://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 Care 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](https://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 Atención 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](https://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)**。