Changes to Small Business Specialty plans
Blue Shield of California

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 the* **blueshieldca.com/policies** site 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.**

The following **changes** have been made to your vision benefits.

Update Vision Portfolio SOB and COI		
The following values have been updated to your Vision benefits:		
Plans	**Limitations**	**Description of change**
All Vision Plans	Benefit allowance of up to $60.	Optometric visits will have a benefit allowance of up to $60 for Out-of-Network.
All Vision Plans	Benefit allowance up to $75, $100, or $120 based on plan.	Increase Out-of-Network Eyeglass frames allowance
All Vision Plans	Benefit allowance up to $75, $100, or $120 based on plan.	Add Plano (non-prescription) sunglasses benefit for Out-of-Network.
All Vision Plans with $120 In-Network Frame Allowance	Copay, if applicable, plus all charges above $140 for In-Network. Benefit allowance up to $100 for Out-of-Network.	Add Premium Progressive Lenses benefit for both In-Network and Out-of-Network.

All Vision Plans with $150 In-Network Frame Allowance	Copay, if applicable, for In-Network. Benefit allowance up to $75 for Out-of-Network.	Add Standard Progressive Lenses benefit for both In Network and Out-of-Network.
All Vision Plans	Allowance matches Out-of-Network frame allowance.	Out-of-Network Elective contact lenses will have a benefit allowance decrease.
All Vision Plans	Benefit allowance of up to $350.	Scleral and Hybrid Lenses will have a benefit allowance of up to $350 for both In-Network and Out-of-Network.
All Vision Plans	Vision plans with $120 frame allowance, wholesale allowance is $78.96 Vision plans with $150 frame allowance, wholesale allowance is $103.64	Remove separate warehouse allowance. Warehouse allowance combined with Wholesale allowance

The following **changes** have been made to your vision benefits.

EOC Change: Vision Vendor Transition To EyeMed

In an effort to add more options for added flexibility for our members the vision plan administrator will be changing from Medical Eye Services (MES) to EyeMed Vision Care. The current Customer Call Center number (877) 601-9083 will remain the same for members.

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 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**. 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**。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)**。