

Changes to your Small Business PPO Mirrored plans

As of January 1, 2025

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, 2024 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:

2024	2025
<i>Blue Shield Platinum 90 PPO 0/15 + Child Dental</i>	<i>Blue Shield Platinum 90 PPO 0/15 PCP + Child Dental</i>
<i>Blue Shield Gold 80 PPO 350/25 + Child Dental</i>	<i>Blue Shield Gold 80 PPO 350/25 PCP + Child Dental</i>
<i>Blue Shield Silver 70 PPO 2500/55 + Child Dental</i>	<i>Blue Shield Silver 70 PPO 2500/55 PCP + Child Dental</i>
<i>Blue Shield Bronze 60 PPO 6300/60 + Child Dental</i>	<i>Blue Shield Bronze 60 PPO 5800/60 PCP + Child Dental</i>

Calendar Year medical deductible

Consistent with new Federal regulations, the Calendar year medical deductible change for participating and non-participation providers will change for the following plans:

	2024	2025
<i>Blue Shield Bronze 60 PPO 5800/60 + Child Dental</i>	<i>When Using a Participating Provider³</i> <i>\$6,300 Individual/ \$12,600 Family</i>	<i>When Using a Participating Provider³</i> <i>\$5,800 Individual/ \$11,600 Family</i>
	<i>When Using a Non-Participating Provider⁴</i> <i>\$12,600 Individual/ \$25,200 Family</i>	<i>When Using a Non-Participating Provider⁴</i> <i>\$11,600 Individual/ \$23,200 Family</i>

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:

	2024	2025
<i>Blue Shield Bronze 60 PPO 5800/60 + Child Dental</i>	<i>When Using a Participating Provider³</i> <i>\$9,100 Individual/ \$18,200 Family</i>	<i>When Using a Participating Provider³</i> <i>\$8,850 Individual/ \$17,700 Family</i>

	When Using a Non-Participating Provider^A \$18,200 Individual/ \$36,400 Family	When Using a Non-Participating Provider^A \$17,700 Individual/ \$35,400 Family
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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 decrease for the following plans:

	2024	2025
<i>Blue Shield Bronze 60 PPO 5800/60 + Child Dental</i>	<i>\$60/visit deductible applies</i>	<i>\$60/visit deductible does not apply</i>

Acupuncture Services

The cost share will change for the following plans:

	2024	2025
<i>Blue Shield Bronze 60 PPO 5800/60 + Child Dental</i>	<i>\$60/visit deductible applies</i>	<i>\$60/visit deductible does not apply</i>

Emergency Services: Urgent care services

The cost share will increase for the following plans:

	2024	2025
<i>Blue Shield Bronze 60 PPO 5800/60 + Child Dental</i>	<i>\$60/visit deductible applies</i>	<i>\$60/visit deductible does not apply</i>

Prescription Drugs-Retail (30-day supply) Retail Tier 1 Drugs

The cost share will change for the following plans:

	2024	2025
<i>Blue Shield Bronze 60 PPO 5800/60 + Child Dental</i>	<i>\$17/prescription deductible applies</i>	<i>\$19/prescription deductible does not apply</i>

Prescription Drugs-Retail (31-90-day supply) Retail Tier 1 Drugs

The cost share will change for the following plans:

	2024	2025
<i>Blue Shield Bronze 60 PPO 5800/60 + Child Dental</i>	<i>\$51/prescription deductible applies</i>	<i>\$57/prescription deductible does not apply</i>

Prescription Drugs-Mail Order (31 to 90-day supply) Mail Service Tier 1 Drugs

The cost share will change for the following plans:

	2024	2025
<i>Blue Shield Bronze 60 PPO 6300/60 + Child Dental</i>	<i>\$34/prescription deductible applies</i>	<i>\$38/prescription deductible does not apply</i>

The following changes have been made to your benefits:

SOB change: Pediatric Vision Coverage

Under *Pediatric Benefits, Pediatric Vision* in the SOB, the footnote describing your coverage for frames has been edited. The reference to “warehouse” allowance and/or “warehouse pricing” has been removed. The vision plan administrator does not use this term. The retail cost is classified as “wholesale pricing”. This edit does not change the benefit.

SOB change: Endnotes Teledentistry coverage

The Endnotes section for the SOB was revised to clarify that teledentistry is a covered benefit, and it is offered at no charge.

Refer to your SOB for additional information. Consult with your participating dentist to determine if this is a service that they offer;

SOB change: Benefits: Your payment responsibility first dollar coverage (FDC) & calendar year deductible

The SOB has been revised to show that calendar year deductible no longer applies for the following benefits:

Physician services:

- Primary care office visit
- Physician home visit

Other professional services:

- Other practitioner office visit
- Acupuncture service

Urgent care center services

In addition, first dollar coverage no longer applies for these benefits and these services will be covered without needing to meet the deductible in advance.

Both the calendar year deductible and the first dollar coverage limit for the first 3 visits/services remain the following benefit:

Physician services:

Specialty care office visit

EOC & SOB change: Biosimilar Drugs

The Prescription Drug Benefits section was revised to show that brand drugs that have a biosimilar drug available may be treated similarly to those with a generic drug available. For these drugs, the applicable brand tier copay/coinsurance will be charged instead of the Tier 1 cost share, plus the difference in cost between the brand and biosimilar drug.

The definition of Biosimilar Drugs has been added to the Definitions section in your EOC and the Endnotes of the SOB

EOC change: Address change: Submitting a Pharmacy Service Claim

The address for submitting a *prescription drug* claim has been updated in your 2025 EOC. The new address is as follows:

Blue Shield of California
1606 Ave. Ponce de Leon
San Juan, PR 00909-4830

EOC change: Over the counter at-home COVID-19 test reimbursements

The maximum reimbursement amount allowed for over the counter at-home COVID-19 tests is \$12 per test. Please review your EOC for the full benefit description.

EOC change: Exclusions and Limitations: General Exclusions and Limitations Table

The General Exclusions and Limitations table in the EOC was revised to include information about a new state-funded hearing aid benefit. The Hearing Aid Coverage for Children Program (HACCP) is available for ages 0-20. To learn more and apply, visit www.dhcs.ca.gov/HACCP.

EOC change: Exclusions and Limitations: General Exclusions and Limitations Table

The General Exclusions and Limitations table in the EOC has been revised to clarify that orthoptics and vision training are not a covered benefit except when medically necessary.

EOC change: Definitions: Experimental or Investigational

The definition of Experimental or Investigational has been expanded in the Definitions section of your EOC. Specific drugs approved by the Food and Drug Administration (FDA) that do not have sufficient clinical evidence or support for use shall be considered experimental or investigational in nature.

EOC change: Obtaining Specialty Drugs

The Obtaining Specialty Drugs from a Network Specialty Pharmacy section in the EOC has been revised to clarify what the member's responsibility is for the cost of specialty drugs obtained anywhere other than at a network specialty pharmacy.

Specialty drugs are only available from a network specialty pharmacy. If obtained from anywhere other than at a network specialty pharmacy, you may be responsible for the entire cost of the drug.

EOC change: Obtaining outpatient Prescription Drugs from the mail service pharmacy

The *Obtaining Outpatient Prescription Drugs* from the *Mail Service Pharmacy* section in the EOC has been revised to clarify that maintenance drugs that you receive from the mail service pharmacy are for chronic conditions taken on a regular basis to treat an ongoing condition.

EOC change: Physician and Other Professional Services

The Physician and Other Professional Services section in the EOC was revised to clarify that injectable drugs must be given by a health care provider for it to be a covered service.

EOC change: Obtaining outpatient prescription drugs at a participating pharmacy: Hormonal contraceptive drug refill

The *Obtaining Outpatient Prescription Drugs at a Participating Pharmacy* section in the EOC has been revised to clarify that a member may obtain up to a 12-month supply of hormonal contraceptive drugs per prescription or refill.

EOC change: Outpatient prescription Drug exclusions and limitations: Drugs for weight loss

The *General Exclusions and Limitations* table in the EOC has been revised to add the exclusion of weight loss drugs except for Medically Necessary treatment of Class III obesity.

EOC change: Prior authorization/exception request/step therapy process: Weight loss drugs

The *Prior Authorization/exception request/step therapy process* section in the EOC has been revised to clarify prior authorization requirements for weight loss drugs when Medically Necessary for the treatment of Class III Obesity.

EOC change: Coverage for massage and health care provider definition

The Rehabilitative and Habilitative Services section of the EOC has been edited to clarify that massage services are covered as part of a physical therapy treatment. To be covered, the massage must be performed by a licensed or certified health care provider. Please review the EOC in the following sections to learn more:

- Rehabilitative and habilitative services, physical therapy
 - General Exclusions and limitations
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The definition of "healthcare provider" in the Definitions section of the EOC has been revised. "Massage therapist" has been removed from the examples listed of licensed or certified professionals who can provide health care services.

EOC change: Exclusions and Limitations: Orthoptics and vision training

The *General Exclusions and Limitations* table in the EOC has been revised to clarify that orthoptics and vision training are not a covered benefit except when medically necessary.

EOC change: Prescription drug benefits: Special programs

A description has been included in the Prescription Drug Benefits section of the EOC on how Blue Shield can offer special programs in which a member could participate to receive more cost-effective outpatient prescription drugs.



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)**。