Blue Shield of California Life & Health Insurance Company
Endorsement to your Small Business Vision Plan(s)

This Endorsement should be attached to, and is made part of, your Blue Shield of California Health & Life Insurance (Blue Shield Life) **Certificate of Insurance (COI)**. Please retain it for your records.

Effective **January 1, 2024**, your COI is amended as described below. For ease of review, strikethroughs indicate deleted text and underlines indicate added text.

1. Under the Late Enrollment for Employees and Dependents section the following language has been updated:

    (3) A child placed for adoption will be eligible immediately upon the <u>d</u>~~D~~ate the <u>child is placed in the physical custody of the</u> Insured, spouse or Domestic Partner ~~has the right to control the child's health care~~. Enrollment requests for children who have been placed for adoption must be accompanied by evidence of the Insured<u>'</u>~~'s~~, spouse<u>'</u>~~'s~~ or Domestic Partner<u>'</u>~~'s~~ <u>having physical custody</u> ~~right to control the child's health care~~. Evidence of such <u>custody</u>~~control~~ includes a health facility minor release report, a medical authorization form, or a relinquishment form. In order to have coverage continue beyond the first 31 Days without lapse, an application must be submitted to and received by Blue Shield Life within 31 Days from the Date of birth or placement for adoption of such Dependent.

2. Under the Covered Services and Supplies section the following language has been removed:

    (5) A ~~Report from the provider and prior authorization from the contracted VPA is required~~.

3. Under the Covered Services and Supplies section the following language has been removed:

    ~~(7) One (1) diabetes management referral per Calendar Year to a Blue Shield disease management program for Insureds enrolled in a Blue Shield of California or Blue Shield Life Medical Plan. The contracted VPA will notify Blue Shield Life disease management program, subsequent to the annual comprehensive eye exam, when you are known to have or be at risk for diabetes.~~
    ~~(8)~~(7) Telehealth services appropriately delivered remotely via communications technologies are covered on the same basis and to the same extent as the same in-person services.

4. Under the General Exclusions section the following language has been updated:

    (9) services for or incident to any injury arising out of, or in the course of any employment for salary, wage or profit if such injury or disease is <u>actually paid or reimbursed</u> ~~covered~~ by workers' compensation law, occupational disease law or similar legislation. <u>If</u> ~~However, if~~ Blue Shield Life provides payment for such services, it shall be entitled to establish a lien upon such other Benefits up to the amount paid by Blue Shield Life for the treatment of the injury or disease;

This Endorsement should be attached to, and is made part of, your Blue Shield of California Health & Life Insurance (Blue Shield Life) **Summary of Benefits (SOB)**. Please retain it for your records.

Effective **January 1, 2024**, your **SOB** is amended as described below. For ease of review, strikethroughs indicate deleted text and underlines indicate added text.

5. Under the Benefit Frequency Limits section the following language has been removed:

~~Diabetes management referral~~	~~One every Calendar Year~~

6. Under the Eye examinations section the Optometric visit cost share when using a Non-Participating provider has been updated:

Eye examinations

Optometric visit	All charges above ~~$50~~ $60

7. Under the Eyewear/Materials section the Eyeglass frame cost share when using a Non-Participating provider has been updated:

Eyewear/Materials

Eyeglass frame	All charges above ~~$40~~$120

8. Under the Eyewear/Materials section the Plano (non-prescription) sunglasses cost share when using a Non-Participating provider has been updated:

Eyewear/Materials

Plano (non-prescription) sunglasses	~~Not covered~~ All charges above $120

9. Under the Eyewear/Materials section the following language has been added:

• Standard progressive lenses (no-line bifocals)	$0	All charges above $75

10. Under the Eyewear/Materials section the following language has been updated:

• Elective (cosmetic/convenience) ~~– hard or soft~~	All charges above $150	All charges above ~~$150~~$120
• Non-Elective (Medically Necessary) ~~– hard~~ *Requires a report from the provider and prior authorization from the VPA.*	$25	All charges above ~~$200~~$250
• ~~Non-Elective (Medically Necessary) – soft~~ • <u>Scleral and Hybrid lenses</u> *Requires a report from the provider and prior authorization from the VPA.*	~~$0~~ <u>All charges above $350</u>	~~All charges above $250~~ <u>All charges above $350</u>

11. Under the Other services section the following Low Vision testing and equipment language as has been updated:

    Exam must be Medically Necessary.~~, requires a report from the provider and prior authorization from the VPA~~.

12. Under the Other services section the following language has been removed:

~~Diabetes management referral~~ ~~One per Insured, per Calendar Year to a Participating Provider when you are known to have or be at risk for diabetes.~~	~~$0~~	~~Not covered~~

13. Under the Notes section the Using Participating Providers cost share language has been updated:

    <u>When the Participating Provider uses wholesale or warehouse pricing, the maximum frame Allowances are:</u>

    • wholesale <u>or warehouse</u> Allowance: ~~$99.06~~ <u>$103.64</u>.

    • ~~warehouse Allowance: $103.64.~~

    Note: This pricing replaces the frame Allowance shown in the Summary of Benefits. If a more expensive frame is selected at a provider location that uses wholesale or warehouse pricing, the Insured Person is responsible for the additional cost above the wholesale or warehouse Allowance. Participating Providers using wholesale or warehouse pricing are identified in the directory of Participating Providers at blueshieldca.com.

    ~~Participating Providers maintain a selection of frames that retail within the Allowance of this plan with lenses that fit an eye size less than 61 millimeters.~~