



Changes to your health plan

Effective January 1, 2026, there will be some changes to your plan’s costs and benefits. We are notifying you in advance so you can make informed decisions about your health coverage. Please visit blueshieldca.com/policies for updated terms and conditions of coverage.

Cost share changes

Copayment (or copay), coinsurance, and deductible are your share of the cost (“cost share”) when using covered services. This section contains cost changes when using a participating provider, unless otherwise stated. Refer to your *Summary of Benefits (SOB)* for further details.

Calendar year out-of-pocket maximum changes

Description of change	What’s changing?	
	2025 (this year)	2026 (renewal year)
Your calendar year out-of-pocket maximum has increased.	Individual/Family \$8,700/\$17,400	Individual/Family \$9,200/\$18,400

Pharmacy prescription drug cost share changes

Benefit section and description of change		What’s changing?	
		2025 (this year)	2026 (renewal year)
Retail pharmacy prescription drugs Your copay for tier 1 drugs has increased.	Tier 1 drugs	\$15/prescription, pharmacy deductible does not apply	\$18/prescription, pharmacy deductible does not apply
Mail pharmacy prescription drugs Your copay for tier 1 drugs has increased.	Tier 1 drugs	\$45/prescription pharmacy deductible does not apply	\$54/prescription, pharmacy deductible does not apply

Medical benefit cost share changes

Benefit section and summary of change	Benefit category	What's changing?	
		2025 (this year)	2026 (renewal year)
Physician services Your coinsurance for these services has increased.	Primary care office visit	\$35/visit	\$40/visit
	Trio+ specialist care office visit (self-referral)	\$65/visit	\$70/visit
	Other specialist care office visit (referred by PCP)	\$65/visit	\$70/visit
	Physician home visit	\$35/visit	\$40/visit
Other professional services Your copay for these services has increased.	Other practitioner office visit includes nurse practitioner, physician assistant, therapists, and podiatrists.	\$35/visit	\$40/visit
	Acupuncture services	\$35/visit	\$40/visit
Emergency services Your copay for this benefit has increased.	Emergency room	\$330/visit	\$350/visit
Urgent care center services Your copay for this benefit has increased.		\$35/visit	\$40/visit
Inpatient facility services Your copay for these services has increased.	Hospital services and stay	\$350/day up to 5 days/admission	\$375/day up to 5 days/admission
	Transplant services: Special transplant facility inpatient services	\$350/day up to 5 days/admission	\$375/day up to 5 days/admission
Rehabilitative and habilitative services Your copay for these services has increased.	Office location	\$35/visit	\$40/visit
	Outpatient department of a hospital	\$35/visit	\$40/visit
Mental health and substance use disorder benefits Your copay for these services has increased.	Outpatient services: Office visit, including physician office visit	\$35/visit	\$40/visit

Benefit section and summary of change	Benefit category	What's changing?	
		2025 (this year)	2026 (renewal year)
Mental health and substance use disorder benefits Your copay for these services has increased.	Outpatient services: Other outpatient services, including intensive outpatient care, electroconvulsive therapy, transcranial magnetic stimulation, behavioral health treatment for pervasive developmental disorder or autism in an office setting, home, or other non-institutional facility setting, and office-based opioid treatment	\$35/visit	\$40/visit
	Partial hospitalization program	\$35/visit	\$40/visit
	Psychological testing	\$35/visit	\$40/visit
	Inpatient services:		
Mental health and substance use disorder benefits Your copay for these services has increased.	Hospital services	\$350/day up to 5 days/admission	\$375/day up to 5 days/admission
	Residential care	\$350/day up to 5 days/admission	\$375/day up to 5 days/admission

Benefit changes and clarifications

Changes to your benefits/services will be reflected in your *Summary of Benefits (SOB)* or *Evidence of Coverage (EOC)*. NOTE: Underlines below indicate added text.

Benefit changes

These are changes made to your coverage for certain medical and pharmacy services.

Section name	Description of the change(s)
Care outside of California/ out-of-area service	These sections in the EOC have been revised to clarify that out-of-area covered healthcare services are restricted to emergency services, urgent services, and out-of-area follow-up care. Any other services will not be covered when processed through an inter-plan arrangement unless the services and out-of-state provider are prior authorized by Blue Shield.
General exclusions and limitations table	This table in the EOC has been revised to add exclusion 32. <u>32 Drugs and services that you are not legally obligated to pay, or for which you are not charged. This exclusion does not apply to preventive health services, or FDA-approved contraceptive drugs and devices, or drugs with a USPSTF rating of A or B.</u>

Administrative/language clarifications

These are revisions made to your EOC or SOB to help make your coverage easier to understand, but do not impact your coverage or how your benefits/services work.

Section name	Description of the change(s)
Prior authorization and PCP referrals	This section in the EOC was revised to clarify time for Blue Shield to make a decision for prior authorization or exception requests within five business days <u>but not to exceed seven calendar days.</u>
Claims for emergency or urgent services	This section in the EOC was revised to clarify the number of days for claim processing reimbursement as follows: <u>Blue Shield will process your claim within 30 calendar days of receipt if it is not missing any required information. If your claim is missing any required information, you or your provider will be notified and asked to submit the missing information. Blue Shield cannot process your claim until we receive the missing information. Once the missing information is received, Blue Shield will have 30 calendar days to process your claim.</u>

Section name	Description of the change(s)
Pediatric vision benefits	Correction to the pediatric vision Customer Service phone number. The correct phone number is as follows: (877) 601-9083 .
Benefit administrators	Blue Shield is no longer working with a mental health service administrator to provide mental health and substance use disorder services. Blue Shield Behavioral Health will manage the behavioral health benefit for members.
Prescription drug benefits: Prior authorization/ exception request/step therapy process	This section in the EOC has been revised to clarify that prior authorization may be granted for one year, <u>however, the timeframe may be greater or less, depending on the medication.</u>
Address correction: Pediatric dental benefits: dental Customer Service	The address for contacting Customer Service has been updated in your 2026 EOC. The updated address is as follows: Blue Shield of California Dental Plan Administrator P.O. Box 272540 Chico, CA 95927-2540

Please note: This document is not a contract. For complete benefit descriptions, terms and conditions, exclusions, and limitations of the health plan, please read your EOC.