



# 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](https://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 medical deductible changes

| Description of change                                |                                         | 2025 (this year)                       | What’s changing?<br>2026 (renewal year) |
|------------------------------------------------------|-----------------------------------------|----------------------------------------|-----------------------------------------|
| Your calendar year medical deductible has increased. | When using a participating provider     | Individual/Family<br>\$9,200/\$18,400  | Individual/Family<br>\$10,600/\$21,200  |
|                                                      | When using a non-participating provider | Individual/Family<br>\$18,400/\$36,800 | Individual/Family<br>\$21,200/\$42,400  |

### Calendar year out-of-pocket maximum changes

| Description of change                                   |                                     | 2025 (this year)                      | What’s changing?<br>2026 (renewal year) |
|---------------------------------------------------------|-------------------------------------|---------------------------------------|-----------------------------------------|
| Your calendar year out-of-pocket maximum has increased. | When using a participating provider | Individual/Family<br>\$9,200/\$18,400 | Individual/Family<br>\$10,600/\$21,200  |

## 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)                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Care outside of California/<br/>out-of-area service</b> | 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. |
| <b>How to contact<br/>Customer Service</b>                 | <p>This section of the EOC has been revised to state that you can contact Evolent (formerly known as National Imaging Associates) for prior authorization for radiological, spine surgery, interventional pain management, and oncology services.</p> <p>The phone number for prior authorization for oncology services is <b>(888) 999-7713</b>.</p>                 |
| <b>General exclusions and<br/>limitations table</b>        | <p>This table in the EOC has been revised to add exclusion 32.</p> <p><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></p>                          |

### 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)                                                                                                                                                                                             |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Prior authorization</b>                | This section of the EOC was revised to clarify the time for Blue Shield to make a decision for prior authorization or exception requests is not to exceed seven calendar days.                                           |
| <b>Claims processing<br/>and payments</b> | This section of the EOC was revised to clarify the number of days for claim's processing reimbursement. The plan will reimburse a complete or portion of a claim no later than 30 days after a claim has been submitted. |

| Section name                                                                                                                                                                        | Description of the change(s)                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Bariatric surgery benefits: Travel expense reimbursement for residents of designated counties</b>                                                                                | This section of the EOC was revised to remove the prior authorization for travel expense reimbursement language.                                                                                                               |
| <b>Pediatric vision benefits</b>                                                                                                                                                    | Correction to the pediatric vision Customer Service phone number. The updated phone number is as follows: <b>(877) 601-9083</b> .                                                                                              |
| <b>Paying for covered services: Calendar year deductible/ definitions: deductible</b>                                                                                               | These sections in the EOC have been revised to clarify the amounts you pay over the allowed amounts do not count toward your deductible.                                                                                       |
| <b>Benefit administrators</b>                                                                                                                                                       | 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. |
| <b>Prescription drug benefits: Prior authorization/ exception request/step therapy process</b>                                                                                      | 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>                                   |
| <b>Address correction: Pediatric dental benefits: dental Customer Service</b>                                                                                                       | The address for contacting Customer Service has been updated in your 2026 EOC. The updated address is as follows:<br>Blue Shield of California<br>Dental Plan Administrator<br>P.O. Box 272540<br>Chico, CA 95927-2540         |
| <b>Please note:</b> This document is not a contract. For complete benefit descriptions, terms and conditions, exclusions, and limitations of the health plan, please read your EOC. |                                                                                                                                                                                                                                |