

Changes to your Small Business HMO Mirrored plans

As of January 1, 2026

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, 2025 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 updated values

2025	2026
Blue Shield Trio Bronze 60 HMO 7000/70 PCP + Child Dental Alt	Blue Shield Trio Bronze 60 HMO 7000/65 PCP + Child Dental Alt

Calendar Year Out-of-Pocket Maximum

The Calendar-year out-of-pocket maximums for participating providers will increase for the following plans:

	2025	2026
Blue Shield Trio Bronze 60 HMO 7000/70 + Child Dental Alt	\$8,850 Individual/ \$17,700 Family	\$9,800 Individual/ \$19,600 Family

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:

	2025	2026
Blue Shield Trio Bronze 60 HMO 7000/70 + Child Dental Alt	\$70/visit	\$65/visit

[Access+/Trio+] specialist care office visit (self-referral) | Other specialist care office visit (referred by PCP)

In an effort to enhance your plan benefits the cost share will decrease for the following plans:

	2025	2026
Blue Shield Trio Bronze 60 HMO 7000/70 + Child Dental Alt	\$80/visit	\$75/visit

Emergency Services: Urgent care center services

In an effort to enhance your plan benefits the cost share will change for the following plans:

	2025	2026
Blue Shield Trio Bronze 60 HMO 7000/70 + Child Dental Alt	\$70/visit	\$65/visit

Diagnostic Tests: Basic imaging services: Outpatient radiology center | Outpatient Department of a Hospital | Other outpatient non-invasive diagnostic testing: Office location | Outpatient Department of a Hospital

The cost share will change for the following plans:

	2025	2026
Blue Shield Trio Bronze 60 HMO 7000/70 + Child Dental Alt	\$115/visit Deductible does not apply	\$115/visit Deductible applies

Mental Health and Substance Use Disorder Office visit, including Physician office visit

The cost share will increase for the following plans:

	2025	2026
Blue Shield Trio Bronze 60 HMO 7000/70 + Child Dental Alt	\$70/visit	\$65/visit

Optional Rider | Assisted reproductive technology (ART) procedures and associated services

Defined terms have been changed to align with the mandate.

	2025	2026
ART HMO 10% <u>Associated Plans:</u> Blue Shield Access+ Platinum 90 HMO® 0/20 + Child Dental [INF] Blue Shield Trio Platinum 90 HMO 0/20 + Child Dental [INF]	<i>When Using a Participating Provider³</i> 50% of the allowable amount	<i>When Using a Participating Provider³</i> 10% of the allowable amount; deductible does not apply
ART HMO 20% <u>Associated Plans:</u> Blue Shield Access+ Gold 80 HMO® 250/35 + Child Dental [INF] Blue Shield Trio Gold 80 HMO 250/35 + Child Dental [INF]	<i>When Using a Participating Provider³</i> 50% of the allowable amount	<i>When Using a Participating Provider³</i> 20% of the allowable amount; deductible does not apply
ART HMO 30% <u>Associated Plans:</u> Blue Shield Access+ Silver 70 HMO® 2500/55 + Child Dental [INF] Blue Shield Trio Silver 70 HMO 2500/55 + Child Dental [INF]	<i>When Using a Participating Provider³</i> 50% of the allowable amount	<i>When Using a Participating Provider³</i> 30% of the allowable amount; deductible does not apply
ART HMO 40% <u>Associated Plans:</u> Blue Shield Trio Bronze 60 HMO 7000/70 + Child Dental Alt [INF]	<i>When Using a Participating Provider³</i> 50% of the allowable amount	<i>When Using a Participating Provider³</i> 40% of the allowable amount; deductible does apply

The following changes have been made to your benefits:

EOC change: Prior authorization and PCP referrals

The Prior authorization and PCP referrals section of the EOC under the "When a decision will be made about your prior authorization" table, revised to clarify Time for decision for Prior authorization or exception request for Routine medical, Mental Health and Substance Use Disorder, dental and vision request. Revised to Within five business days, but not to exceed seven calendar days in the EOC.

EOC change: Claims for Emergency or Urgent Services

The Claims for Emergency or Urgent Services section of the EOC was revised to clarify the number of days for claim processing reimbursement. The below language was added:

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.

EOC change: Definitions: Generally Accepted Standards of Mental Health and Substance Use Disorder Care

The definition of Generally Accepted Standards of Mental Health and Substance Use Disorder Care has been revised in the Definitions section of your EOC.

Standards of care and clinical practice that are generally recognized by Health Care Providers practicing in relevant clinical specialties such as psychiatry, psychology, clinical sociology, addiction medicine and counseling, and behavioral health treatment.

- Drug labeling approved by the U.S. Food and Drug Administration.

For the full definition, review your EOC.

EOC change: Definitions: Medically Necessary Treatment of a Mental Health or Substance Use Disorder

The definition of Medically Necessary Treatment of a Mental Health or Substance Use Disorder has been revised in the Definitions section of your EOC.

A Covered Service or product addressing the specific needs of a Member, for the purpose of preventing, diagnosing, or treating an illness, injury, condition, or its symptoms, including minimizing the progression of an illness, injury, condition, or its symptoms, in a manner that is all of the following:

- Not primarily for the economic benefit of the health care service plan and Members or for the convenience of the patient, treating Physician, or other Health Care Provider.

For the full definition, review your EOC.

EOC change: Out-of-area Service

The Out-of-area services section in the EOC has been revised to clarify that Out-of-Area Covered Health Care 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 service and out of state provider are prior authorized by Blue Shield.

EOC and SOB change: Provider Name Rebranding: Teladoc Health

Teladoc has rebranded their name to Teladoc Health. All references to Teladoc in the EOC and SOB renamed to Teladoc Health.

From: Teladoc

To: Teladoc Health

This name change will not impact your benefits.

EOC change: Contacting Customer Service: Pediatric Dental Benefits

Correction to the Pediatric Dental address. The correct address is as follows:

P.O. Box 272540
Chico, CA 95927-2540

EOC change: Contacting Customer Service: Pediatric Vision Benefits

Correction to the Pediatric Vision customer service phone number. The correct phone number is as follows:

(877) 601-9083.

EOC change: General Exclusions and Limitations table

The General Exclusions and Limitations table in the EOC has been revised to add the following exclusion.

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.

EOC change: Prescription Drug Benefits: Prior authorization/exception request/step therapy process

The Prescription Drug Benefits section in the EOC has been revised to clarify prior authorization lengths to members. Added language to describe that prior authorization may be granted for one year, however, the timeframe may be greater or less, depending on the medication.

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.

EOC and Optional Rider change: Infertility

Defined terms have been changed to align with the mandate.



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 Service 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 Servicio 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)**。