

Changes to your Small Business HMO Off Exchange 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
Silver Access+ HMO® 2300/70 OffEx	Silver Access+ HMO® 2100/70 OffEx
Silver Local Access+ HMO® 2300/70 OffEx	Silver Local Access+ HMO® 2100/70 OffEx
Silver Trio HMO 2300/70 OffEx	Silver Trio HMO 2100/70 OffEx
Silver Access+ HMO® 2750/70 OffEx	Silver Access+ HMO® 2850/70 OffEx
Silver Local Access+ HMO® 2750/70 OffEx	Silver Local Access+ HMO® 2850/70 OffEx
Silver Trio HMO 2750/70 OffEx	Silver Trio HMO 2850/70 OffEx
Bronze Access+ HMO® 7000/70 OffEx	Bronze Access+ HMO® 7000/65 OffEx
Bronze Local Access+ HMO® 7000/70 OffEx	Bronze Local Access+ HMO® 7000/65 OffEx
Bronze Trio HMO 7000/70 OffEx	Bronze Trio HMO 7000/65 OffEx

Integrated Deductible

The calendar year Integrated Deductible for participating providers will increase for the following plans:

	2025	2026
Silver Access+ HMO® 2850/70 OffEx	\$2,750 Individual/	\$2,850 Individual/
Silver Local Access+ HMO® 2850/70 OffEx	\$5,500 Family	\$5,700 Family
Silver Trio HMO 2850/70 OffEx		

Calendar Year Deductible

The Calendar Year Deductible for participating providers will change for the following plans:

	2025	2026
Silver Access+ HMO® 2100/70 OffEx	\$2,300 Individual/	\$2,100 Individual/
Silver Local Access+ HMO® 2100/70 OffEx	\$4,600 Family	\$4,200 Family
Silver Trio HMO 2100/70 OffEx		

Pharmacy Deductible

The Pharmacy Deductible for participating providers will change for the following plans:

	2025	2026
Gold Access+ HMO® 500/35 OffEx	\$0 Individual/	\$100 Individual/
Gold Local Access+ HMO® 500/35 OffEx	\$0 Family	\$200 Family
Gold Trio HMO 500/35 OffEx		
Gold Access+ HMO® 1500/35 OffEx	\$100 Individual/	\$150 Individual/
Gold Local Access+ HMO® 1500/35 OffEx	\$200 Family	\$300 Family
Gold Trio HMO 1500/35 OffEx		

Calendar Year Out-of-Pocket Maximum

The calendar year Out-of-Pocket Maximum for participating providers will decrease for the following plans:

	2025	2026
Platinum Access+ HMO® 0/25 OffEx Platinum Local Access+ HMO® 0/25 OffEx Platinum Trio HMO 0/25 OffEx	\$2,350 Individual/ \$4,700 Family	\$2,500 Individual/ \$5,000 Family
Gold Access+ HMO® 500/35 OffEx Gold Local Access+ HMO® 500/35 OffEx Gold Trio HMO 500/35 OffEx	\$7,500 Individual/ \$15,000 Family	\$7,800 Individual/ \$15,600 Family
Gold Access+ HMO® 1500/35 OffEx Gold Local Access+ HMO® 1500/35 OffEx Gold Trio HMO 1500/35 OffEx	\$7,500 Individual/ \$15,000 Family	\$8,000 Individual/ \$16,000 Family
Silver Access+ HMO® 2100/70 OffEx Silver Local Access+ HMO® 2100/70 OffEx Silver Trio HMO 2100/70 OffEx	\$8,750 Individual/ \$17,500 Family	\$9,300 Individual/ \$18,600 Family
Silver Access+ HMO® 2850/70 OffEx Silver Local Access+ HMO® 2850/70 OffEx Silver Trio HMO 2850/70 OffEx	\$8,750 Individual/ \$17,500 Family	\$9,450 Individual/ \$18,900 Family
Bronze Access+ HMO® 7000/70 OffEx Bronze Local Access+ HMO® 7000/70 OffEx Bronze Trio HMO 7000/70 OffEx	\$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 change for the following plans:

	2025	2026
Bronze Access+ HMO® 7000/70 OffEx Bronze Local Access+ HMO® 7000/70 OffEx Bronze Trio HMO 7000/70 OffEx	\$70/visit	\$65/visit

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

The cost share will increase for the following plans:

	2025	2026
Silver Access+ HMO® 2100/70 OffEx Silver Local Access+ HMO® 2100/70 OffEx Silver Trio HMO 2100/70 OffEx	\$80/visit	\$90/visit
Bronze Access+ HMO® 7000/70 OffEx Bronze Local Access+ HMO® 7000/70 OffEx Bronze Trio HMO 7000/70 OffEx	\$80/visit	\$75/visit

Emergency Services: Urgent care center services | Mental Health and Substance Use Disorder Office visit, including Physician office visit

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

	2025	2026
Bronze Access+ HMO® 7000/70 OffEx Bronze Local Access+ HMO® 7000/70 OffEx Bronze Trio HMO 7000/70 OffEx	\$80/visit	\$75/visit

Outpatient Services: Ambulatory Surgery Center: surgery facility fee

The cost share will change for the following plans:

	2025	2026
Gold Access+ HMO® 0/35 OffEx	\$150/surgery	\$300/surgery
Gold Local Access+ HMO® 0/35 OffEx		
Gold Trio HMO 0/35 OffEx		
Gold Access+ HMO® 500/35 OffEx		
Gold Local Access+ HMO® 500/35 OffEx		
Gold Trio HMO 500/35 OffEx		
Gold Access+ HMO® 1000/35 OffEx	\$150/surgery	\$350/surgery
Gold Local Access+ HMO® 1000/35 OffEx		
Gold Trio HMO 1000/35 OffEx		
Gold Access+ HMO® 1500/35 OffEx		
Gold Local Access+ HMO® 1500/35 OffEx		
Gold Trio HMO 1500/35 OffEx		
Silver Access+ HMO® 2850/70 OffEx	\$250/surgery	\$400/surgery
Silver Local Access+ HMO® 2850/70 OffEx		
Silver Trio HMO 2850/70 OffEx		

Outpatient Department of a Hospital: surgery facility fee | Outpatient Facilities Services:

The cost share will change for the following plans:

	2025	2026
Platinum Access+ HMO® 0/20 OffEx	\$150/surgery	\$200/surgery
Platinum Local Access+ HMO® 0/20 OffEx		
Platinum Trio HMO 0/20 OffEx		
Platinum Access+ HMO® 0/25 OffEx	\$150/surgery	\$250/surgery
Platinum Local Access+ HMO® 0/25 OffEx		
Platinum Trio HMO 0/25 OffEx		
Platinum Access+ HMO® 0/30 OffEx		
Platinum Local Access+ HMO® 0/30 OffEx		
Platinum Trio HMO 0/30 OffEx		
Gold Access+ HMO® 0/35 OffEx	\$300/surgery	\$400/surgery
Gold Local Access+ HMO® 0/35 OffEx		
Gold Trio HMO 0/35 OffEx		
Gold Access+ HMO® 500/35 OffEx		
Gold Local Access+ HMO® 500/35 OffEx		
Gold Trio HMO 500/35 OffEx		
Gold Access+ HMO® 1000/35 OffEx	\$300/surgery	\$450/surgery
Gold Local Access+ HMO® 1000/35 OffEx		
Gold Trio HMO 1000/35 OffEx		
Gold Access+ HMO® 1500/35 OffEx	\$300/surgery	\$500/surgery
Gold Local Access+ HMO® 1500/35 OffEx		
Gold Trio HMO 1500/35 OffEx		
Silver Access+ HMO® 2100/70 OffEx	\$1,000/surgery	50%
Silver Local Access+ HMO® 2100/70 OffEx		
Silver Trio HMO 2100/70 OffEx		
Silver Access+ HMO® 2850/70 OffEx		
Silver Local Access+ HMO® 2850/70 OffEx		
Silver Trio HMO 2850/70 OffEx		

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
Bronze Access+ HMO® 7000/70 OffEx	\$115/visit deductible does	\$115/visit deductible
Bronze Local Access+ HMO® 7000/70 OffEx	not apply	does apply
Bronze Trio HMO 7000/70 OffEx		

Diagnostic Tests: Advanced Imaging: Outpatient radiology center

The cost share will change for the following plans:

	2025	2026
Platinum Access+ HMO® 0/20 OffEx	\$30/visit	\$100/visit
Platinum Local Access+ HMO® 0/20 OffEx		
Platinum Trio HMO 0/20 OffEx		
Silver Access+ HMO® 2100/70 OffEx	\$100/visit	\$200/visit
Silver Local Access+ HMO® 2100/70 OffEx		
Silver Trio HMO 2100/70 OffEx		
Silver Access+ HMO® 2850/70 OffEx	\$100/visit	\$250/visit
Silver Local Access+ HMO® 2850/70 OffEx		
Silver Trio HMO 2850/70 OffEx		

Diagnostic Tests: Advanced Imaging: Outpatient department of a Hospital

The cost share will change for the following plans:

	2025	2026
Platinum Access+ HMO® 0/20 OffEx	\$100/visit	\$200/visit
Platinum Local Access+ HMO® 0/20 OffEx		
Platinum Trio HMO 0/20 OffEx		
Gold Access+ HMO® 1500/35 OffEx	\$300/visit	\$350/visit
Gold Local Access+ HMO® 1500/35 OffEx		
Gold Trio HMO 1500/35 OffEx		

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

The cost share will change for the following plans:

	2025	2026
Platinum Access+ HMO® 0/20 OffEx	\$5/prescription	Level A: \$10/prescription
Platinum Local Access+ HMO® 0/20 OffEx		Level B: \$15/prescription
Platinum Access+ HMO® 0/25 OffEx		
Platinum Local Access+ HMO® 0/25 OffEx		
Platinum Access+ HMO® 0/30 OffEx		
Platinum Local Access+ HMO® 0/30 OffEx		
Platinum Trio HMO 0/20 OffEx	Level A: \$5/prescription	Level A: \$10/prescription
Platinum Trio HMO 0/25 OffEx	Level B: \$10/prescription	Level B: \$15/prescription
Platinum Trio HMO 0/30 OffEx		
Gold Access+ HMO® 0/35 OffEx	\$20/prescription	Level A: \$20/prescription
Gold Local Access+ HMO® 0/35 OffEx		Level B: \$25/prescription
Gold Access+ HMO® 500/35 OffEx	\$15/prescription	Level A: \$20/prescription
Gold Local Access+ HMO® 500/35 OffEx		Level B: \$25/prescription
Gold Access+ HMO® 1000/35 OffEx		
Gold Local Access+ HMO® 1000/35 OffEx		
Gold Access+ HMO® 1500/35 OffEx		
Gold Local Access+ HMO® 1500/35 OffEx		
Gold Trio HMO 500/35 OffEx	Level A: \$15/prescription	Level A: \$20/prescription

Gold Trio HMO 1000/35 OffEx Gold Trio HMO 1500/35 OffEx	Level B: \$20/prescription	Level B: \$25/prescription
Silver Access+ HMO® 2100/70 OffEx Silver Local Access+ HMO® 2100/70 OffEx Silver Access+ HMO® 2850/70 OffEx Silver Local Access+ HMO® 2850/70 OffEx Bronze Access+ HMO® 7000/70 OffEx Bronze Local Access+ HMO® 7000/70 OffEx	\$25/prescription	Level A: \$25/prescription Level B: \$30/prescription

Prescription Drugs-Retail (30-day supply) Retail Tier 2 Drugs

The cost share will change for the following plans:

	2025	2026
Platinum Access+ HMO® 0/20 OffEx Platinum Local Access+ HMO® 0/20 OffEx	\$15/prescription	Level A: \$25/prescription Level B: \$40/prescription
Platinum Trio HMO 0/20 OffEx	Level A: \$15/prescription Level B: \$30/prescription	Level A: \$25/prescription Level B: \$40/prescription
Platinum Access+ HMO® 0/25 OffEx Platinum Local Access+ HMO® 0/25 OffEx Platinum Access+ HMO® 0/30 OffEx Platinum Local Access+ HMO® 0/30 OffEx	\$25/prescription	Level A: \$25/prescription Level B: \$40/prescription
Gold Access+ HMO® 0/35 OffEx Gold Local Access+ HMO® 0/35 OffEx Gold Access+ HMO® 500/35 OffEx Gold Local Access+ HMO® 500/35 OffEx	\$50/prescription	Level A: \$50/prescription Level B: \$70/prescription
Gold Access+ HMO® 500/35 OffEx Gold Local Access+ HMO® 500/35 OffEx	\$50/prescription deductible does not apply	Level A: \$50/prescription deductible does apply Level B: \$70/prescription deductible does apply
Gold Trio HMO 500/35 OffEx	Level A: \$50/prescription deductible does not apply Level B: \$70/prescription deductible does not apply	Level A: \$50/prescription deductible does apply Level B: \$70/prescription deductible does apply
Gold Access+ HMO® 1000/35 OffEx Gold Local Access+ HMO® 1000/35 OffEx Gold Access+ HMO® 1500/35 OffEx Gold Local Access+ HMO® 1500/35 OffEx	\$40/prescription	Level A: \$50/prescription Level B: \$70/prescription
Gold Trio HMO 1000/35 OffEx Gold Trio HMO 1500/35 OffEx	Level A: \$40/prescription Level B: \$60/prescription	Level A: \$50/prescription Level B: \$70/prescription
Silver Access+ HMO® 2100/70 OffEx Silver Local Access+ HMO® 2100/70 OffEx	\$85/prescription	Level A: \$85/prescription Level B: \$110/prescription
Silver Access+ HMO® 2850/70 OffEx Silver Local Access+ HMO® 2850/70 OffEx	\$90/prescription	Level A: \$90/prescription Level B: \$115/prescription
Bronze Access+ HMO® 7000/70 OffEx Bronze Local Access+ HMO® 7000/70 OffEx	\$115/prescription	Level A: \$115/prescription Level B: \$145/prescription

Prescription Drugs-Retail (30-day supply) Retail Tier 3 Drugs

The cost share will change for the following plans:

	2025	2026
Platinum Access+ HMO® 0/20 OffEx Platinum Local Access+ HMO® 0/20 OffEx	\$25/prescription	Level A: \$30/prescription Level B: \$50/prescription

Platinum Trio HMO 0/20 OffEx	Level A: \$25/prescription Level B: \$45/prescription	Level A: \$30/prescription Level B: \$50/prescription
Platinum Access+ HMO® 0/25 OffEx Platinum Local Access+ HMO® 0/25 OffEx Platinum Access+ HMO® 0/30 OffEx Platinum Local Access+ HMO® 0/30 OffEx	\$30/prescription	Level A: \$30/prescription Level B: \$50/prescription
Gold Access+ HMO® 0/35 OffEx Gold Local Access+ HMO® 0/35 OffEx	\$70/prescription	Level A: \$70/prescription Level B: \$100/prescription
Gold Trio HMO 0/35 OffEx	Level A: \$70/prescription Level B: \$90/prescription	Level A: \$70/prescription Level B: \$100/prescription
Gold Access+ HMO® 500/35 OffEx Gold Local Access+ HMO® 500/35 OffEx	\$70/prescription deductible does not apply	Level A: \$70/prescription deductible does apply Level B: \$100/prescription deductible does apply
Gold Trio HMO 500/35 OffEx	Level A: \$70/prescription; deductible does not apply Level B: \$90/prescription; deductible does not apply	Level A: \$70/prescription; deductible applies Level B: \$100/prescription; deductible does apply
Gold Access+ HMO® 1000/35 OffEx Gold Local Access+ HMO® 1000/35 OffEx Gold Access+ HMO® 1500/35 OffEx Gold Local Access+ HMO® 1500/35 OffEx	\$60/prescription	Level A: \$70/prescription Level B: \$100/prescription
Gold Trio HMO 1000/35 OffEx Gold Trio HMO 1500/35 OffEx	Level A: \$60/prescription; Level B: \$90/prescription;	Level A: \$70/prescription; Level B: \$100/prescription;
Silver Access+ HMO® 2100/70 OffEx Silver Local Access+ HMO® 2100/70 OffEx Silver Access+ HMO® 2850/70 OffEx Silver Local Access+ HMO® 2850/70 OffEx	\$115/prescription	Level A: \$115/prescription Level B: \$155/prescription
Bronze Access+ HMO® 7000/70 OffEx Bronze Local Access+ HMO® 7000/70 OffEx	\$160/prescription	Level A: \$160/prescription Level B: \$210/prescription

Prescription Drugs-Retail (30-day supply) Retail Tier 4 Drugs

The cost share will change for the following plans:

	2025	2026
Gold Access+ HMO® 500/35 OffEx Gold Local Access+ HMO® 500/35 OffEx Gold Trio HMO 500/35 OffEx	20% up to \$250/prescription; deductible does not apply	20% up to \$250/prescription; deductible does apply

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

The cost share will change for the following plans:

	2025	2026
Platinum Access+ HMO® 0/20 OffEx Platinum Local Access+ HMO® 0/20 OffEx Platinum Access+ HMO® 0/25 OffEx Platinum Local Access+ HMO® 0/25 OffEx Platinum Access+ HMO® 0/30 OffEx Platinum Local Access+ HMO® 0/30 OffEx	\$15/prescription	Level A: \$30/prescription Level B: \$45/prescription
Platinum Trio HMO 0/20 OffEx	Level A: \$15/prescription	Level A: \$30/prescription

Platinum Trio HMO 0/25 OffEx Platinum Trio HMO 0/30 OffEx	Level B: \$30/prescription	Level B: \$45/prescription
Gold Access+ HMO® 0/35 OffEx Gold Local Access+ HMO® 0/35 OffEx	\$60/prescription	Level A: \$60/prescription Level B: \$75/prescription
Gold Access+ HMO® 500/35 OffEx Gold Local Access+ HMO® 500/35 OffEx Gold Access+ HMO® 1000/35 OffEx Gold Local Access+ HMO® 1000/35 OffEx Gold Access+ HMO® 1500/35 OffEx Gold Local Access+ HMO® 1500/35 OffEx	\$45/prescription	Level A: \$60/prescription Level B: \$75/prescription
Gold Trio HMO 500/35 OffEx Gold Trio HMO 1000/35 OffEx Gold Trio HMO 1500/35 OffEx	Level A: \$45/prescription Level B: \$60/prescription	Level A: \$60/prescription Level B: \$75/prescription
Silver Access+ HMO® 2100/70 OffEx Silver Local Access+ HMO® 2100/70 OffEx Silver Access+ HMO® 2850/70 OffEx Silver Local Access+ HMO® 2850/70 OffEx Bronze Access+ HMO® 7000/70 OffEx Bronze Local Access+ HMO® 7000/70 OffEx	\$75/prescription	Level A: \$75/prescription Level B: \$90/prescription

Prescription Drugs-Retail (90-day supply) Retail Tier 2 Drugs

The cost share will change for the following plans:

	2025	2026
Platinum Access+ HMO® 0/20 OffEx Platinum Local Access+ HMO® 0/20 OffEx	\$45/prescription	Level A: \$75/prescription Level B: \$120/prescription
Platinum Trio HMO 0/20 OffEx	Level A: \$45/prescription Level B: \$90/prescription	Level A: \$75/prescription Level B: \$120/prescription
Platinum Access+ HMO® 0/25 OffEx Platinum Local Access+ HMO® 0/25 OffEx Platinum Access+ HMO® 0/30 OffEx Platinum Local Access+ HMO® 0/30 OffEx	\$75/prescription	Level A: \$75/prescription Level B: \$120/prescription
Gold Access+ HMO® 0/35 OffEx Gold Local Access+ HMO® 0/35 OffEx	\$150/prescription	Level A: \$150/prescription Level B: \$210/prescription
Gold Access+ HMO® 500/35 OffEx Gold Local Access+ HMO® 500/35 OffEx	\$150/prescription deductible does not apply	Level A: \$150/prescription deductible does apply Level B: \$210/prescription deductible does apply
Gold Access+ HMO® 1000/35 OffEx Gold Local Access+ HMO® 1000/35 OffEx Gold Access+ HMO® 1500/35 OffEx Gold Local Access+ HMO® 1500/35 OffEx	\$120/prescription	Level A: \$150/prescription Level B: \$210/prescription
Gold Trio HMO 1000/35 OffEx Gold Trio HMO 1500/35 OffEx	Level A: \$120/prescription Level B: \$180/prescription	Level A: \$150/prescription Level B: \$210/prescription
Silver Access+ HMO® 2100/70 OffEx Silver Local Access+ HMO® 2100/70 OffEx	\$255/prescription	Level A: \$255/prescription Level B: \$330/prescription
Silver Access+ HMO® 2850/70 OffEx Silver Local Access+ HMO® 2850/70 OffEx	\$270/prescription	Level A: \$270/prescription Level B: \$345/prescription

Bronze Access+ HMO® 7000/70 OffEx Bronze Local Access+ HMO® 7000/70 OffEx	\$345/prescription	Level A: 345/prescription Level B: \$435/prescription
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Prescription Drugs-Retail (90-day supply) Retail Tier 3 Drugs

The cost share will change for the following plans:

	2025	2026
Platinum Access+ HMO® 0/20 OffEx Platinum Local Access+ HMO® 0/20 OffEx	\$75/prescription	Level A: \$90/prescription Level B: \$150/prescription
Platinum Trio HMO 0/20 OffEx	Level A: \$75/prescription Level B: \$135/prescription	Level A: \$90/prescription Level B: \$150/prescription
Platinum Access+ HMO® 0/25 OffEx Platinum Local Access+ HMO® 0/25 OffEx Platinum Access+ HMO® 0/30 OffEx Platinum Local Access+ HMO® 0/30 OffEx	\$90/prescription	Level A: \$90/prescription Level B: \$150/prescription
Gold Access+ HMO® 0/35 OffEx Gold Local Access+ HMO® 0/35 OffEx	\$210/prescription	Level A: \$210/prescription Level B: \$300/prescription
Gold Trio HMO 0/35 OffEx	Level A: \$210/prescription Level B: \$270/prescription	Level A: \$210/prescription Level B: \$300/prescription
Gold Access+ HMO® 500/35 OffEx Gold Local Access+ HMO® 500/35 OffEx	\$210/prescription deductible does not apply	Level A: \$210/prescription deductible does apply Level B: \$300/prescription deductible applies
Gold Trio HMO 500/35 OffEx	Level A: \$210/prescription; deductible does not apply Level B: \$270/prescription; deductible does not apply	Level A: \$210/prescription; deductible does apply Level B: \$300/prescription; deductible does apply
Gold Access+ HMO® 1000/35 OffEx Gold Local Access+ HMO® 1000/35 OffEx Gold Access+ HMO® 1500/35 OffEx Gold Local Access+ HMO® 1500/35 OffEx	\$180/prescription	Level A: \$210/prescription Level B: \$300/prescription
Gold Trio HMO 1000/35 OffEx Gold Trio HMO 1500/35 OffEx	Level A: \$180/prescription; Level B: \$270/prescription;	Level A: \$210/prescription; Level B: \$300/prescription;
Silver Access+ HMO® 2100/70 OffEx Silver Local Access+ HMO® 2100/70 OffEx Silver Access+ HMO® 2850/70 OffEx Silver Local Access+ HMO® 2850/70 OffEx	\$345/prescription	Level A: \$345/prescription Level B: \$465/prescription
Bronze Access+ HMO® 7000/70 OffEx Bronze Local Access+ HMO® 7000/70 OffEx	\$480/prescription	Level A: \$480/prescription Level B: \$630/prescription

Prescription Drugs-Retail (31-90-day supply) Retail Tier 4 Drugs

The cost share will change for the following plans:

	2025	2026
Gold Access+ HMO® 500/35 OffEx	20% up to \$750/prescription; deductible does not apply	20% up to \$750/prescription; deductible does apply
Gold Local Access+ HMO® 500/35 OffEx		
Gold Trio HMO 500/35 OffEx		

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

The cost share will change for the following plans:

	2025	2026
Platinum Access+ HMO® 0/20 OffEx	\$10/prescription	\$20/prescription
Platinum Local Access+ HMO® 0/20 OffEx		
Platinum Trio HMO 0/20 OffEx		
Platinum Access+ HMO® 0/25 OffEx		
Platinum Local Access+ HMO® 0/25 OffEx		
Platinum Trio HMO 0/25 OffEx		
Platinum Access+ HMO® 0/30 OffEx		
Platinum Local Access+ HMO® 0/30 OffEx		
Platinum Trio HMO 0/30 OffEx		
Gold Access+ HMO® 500/35 OffEx	\$30/prescription	\$40/prescription
Gold Local Access+ HMO® 500/35 OffEx		
Gold Trio HMO 500/35 OffEx		
Gold Access+ HMO® 1000/35 OffEx		
Gold Local Access+ HMO® 1000/35 OffEx		
Gold Trio HMO 1000/35 OffEx		
Gold Access+ HMO® 1500/35 OffEx		
Gold Local Access+ HMO® 1500/35 OffEx		
Gold Trio HMO 1500/35 OffEx		

Prescription Drugs-Mail Order (31-90-day supply) Mail Service Tier 2 Drugs

The cost share will change for the following plans:

	2025	2026
Platinum Access+ HMO® 0/20 OffEx	\$30/prescription	\$50/prescription
Platinum Local Access+ HMO® 0/20 OffEx		
Platinum Trio HMO 0/20 OffEx		
Gold Access+ HMO® 500/35 OffEx	\$100/prescription; deductible does not apply	\$100/prescription; deductible does apply
Gold Local Access+ HMO® 500/35 OffEx		
Gold Trio HMO 500/35 OffEx		
Gold Access+ HMO® 1000/35 OffEx	\$80/prescription	\$100/prescription
Gold Local Access+ HMO® 1000/35 OffEx		
Gold Trio HMO 1000/35 OffEx		
Gold Access+ HMO® 1500/35 OffEx		
Gold Local Access+ HMO® 1500/35 OffEx		
Gold Trio HMO 1500/35 OffEx		

Prescription Drugs-Mail Order (31-90-day supply) Mail Service Tier 3 Drugs

The cost share will change for the following plans:

	2025	2026
Platinum Access+ HMO® 0/20 OffEx Platinum Local Access+ HMO® 0/20 OffEx Platinum Trio HMO 0/20 OffEx	\$50/prescription	\$60/prescription
Gold Access+ HMO® 500/35 OffEx Gold Local Access+ HMO® 500/35 OffEx Gold Trio HMO 500/35 OffEx	\$140/prescription; deductible does not apply	\$140/prescription; deductible does apply
Gold Access+ HMO® 1000/35 OffEx Gold Local Access+ HMO® 1000/35 OffEx Gold Trio HMO 1000/35 OffEx Gold Access+ HMO® 1500/35 OffEx Gold Local Access+ HMO® 1500/35 OffEx Gold Trio HMO 1500/35 OffEx	\$120/prescription	\$140/prescription

Prescription Drugs-Retail (31-90-day supply) Mail Tier 4 Drugs

The cost share will change for the following plans:

	2025	2026
Gold Access+ HMO® 500/35 OffEx Gold Local Access+ HMO® 500/35 OffEx Gold Trio HMO 500/35 OffEx	20% up to \$500/prescription; deductible does not apply	20% up to \$500/prescription; deductible does apply

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> Platinum Access+ HMO® 0/20 OffEx Platinum Local Access+ HMO® 0/20 OffEx Platinum Trio HMO 0/20 OffEx Platinum Access+ HMO® 0/25 OffEx Platinum Local Access+ HMO® 0/25 OffEx Platinum Trio HMO 0/25 OffEx Platinum Access+ HMO® 0/30 OffEx Platinum Local Access+ HMO® 0/30 OffEx Platinum Trio HMO 0/30 OffEx	<i>When Using a Participating Provider³ 50% of the allowable amount</i>	<i>When Using a Participating Provider³ 10% of the allowable amount; deductible does not apply</i>
ART HMO 20% <u>Associated Plans:</u> Gold Access+ HMO® 0/35 OffEx Gold Local Access+ HMO® 0/35 OffEx Gold Trio HMO 0/35 OffEx Gold Access+ HMO® 500/35 OffEx Gold Local Access+ HMO® 500/35 OffEx Gold Trio HMO 500/35 OffEx Gold Access+ HMO® 1000/35 OffEx Gold Local Access+ HMO® 1000/35 OffEx Gold Trio HMO 1000/35 OffEx Gold Access+ HMO® 1500/35 OffEx Gold Local Access+ HMO® 1500/35 OffEx Gold Trio HMO 1500/35 OffEx	<i>When Using a Participating Provider³ 50% of the allowable amount</i>	<i>When Using a Participating Provider³ 20% of the allowable amount; deductible does not apply</i>

ART HMO 30% Associated Plans: Silver Access+ HMO® 2300/70 OffEx Silver Local Access+ HMO® 2300/70 OffEx Silver Trio HMO 2300/70 OffEx Silver Access+ HMO® 2750/70 OffEx Silver Local Access+ HMO® 2750/70 OffEx Silver Trio HMO 2750/70 OffExGold Local Access+ HMO® 1500/35 OffEx Gold Trio HMO 1500/35 OffEx	When Using a Participating Provider³ 50% of the allowable amount	When Using a Participating Provider³ 30% of the allowable amount; deductible does not apply
ART HMO 40% Associated Plans: Bronze Access+ HMO® 7000/70 OffEx Bronze Local Access+ HMO 7000/70 OffEx Bronze Trio HMO 7000/70 OffEx	When Using a Participating Provider³ 50% of the allowable amount	When Using a Participating Provider³ 40% of the allowable amount; deductible does not 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: 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.

EOC and SOB change: Rx Spectrum Expansion

Access+ HMO® and Local Access+ HMO® Plan Designs have been updated to use the Rx Spectrum tiered pharmacy network. Participating retail pharmacies have been designated as either Level A & B, depending on whether the pharmacy is preferred (Level A) or non-preferred (Level B). Prescriptions obtained from a Level A pharmacy may have a lower cost share than prescriptions obtained from a Level B pharmacy, and specific changes have been identified in prior sections of this guide. Visit www.blueshieldca.com/pharmacy and select the preferred pharmacies filter in the network search to locate a preferred Level A pharmacy.

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)**。