

Changes to your Small Business PPO 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:

Calendar Year Out-of-Pocket Maximum

Consistent with new Federal regulations, the Calendar-year out-of-pocket maximums for participating providers will change for the following plans:

	2025	2026
Blue Shield Bronze 60 PPO 5800/60 + Child Dental	When Using a Participating Provider³ \$8,850 Individual/ \$17,700 Family	When Using a Participating Provider³ \$9,800 Individual/ \$19,600 Family
	When Using a Non-Participating Provider⁴ \$17,700 Individual/ \$35,400 Family	When Using a Non-Participating Provider⁴ \$19,600 Individual/ \$39,200 Family

Laboratory and pathology services: Includes diagnostic Papanicolaou (Pap) test: Laboratory center | Outpatient Department of a Hospital

The cost share will increase for the following plan:

	2025	2026
Blue Shield Bronze 60 PPO 5800/60 + Child Dental	\$40/visit	\$50/visit

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

The cost share will change for the following plans:

	2025	2026
Blue Shield Bronze 60 PPO 5800/60 + Child Dental	\$19/prescription	\$20/prescription

Prescription Drugs-Retail (31-90-day supply) Retail Tier 1 Drugs

The cost share will change for the following plans:

	2025	2026
Blue Shield Bronze 60 PPO 5800/60 + Child Dental	\$57/prescription	\$60/prescription

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

The cost share will change for the following plans:

	2025	2026
Blue Shield Bronze 60 PPO 6300/60 + Child Dental	\$38/prescription	\$40/prescription

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

Defined terms have been changed to align with the mandate.

	2025	2026
ART PPO 10%/50% <u>Associated Plan:</u> Blue Shield Platinum 90 PPO 0/15 + Child Dental [INF]	When Using a Participating Provider³ 50% of the allowable amount	When Using a Participating Provider³ 10% of the allowable amount When Using a Non-Participating Provider⁴ 50% of the allowable amount deductible does apply
ART PPO 20%/50% <u>Associated Plan:</u> Blue Shield Gold 80 PPO 350/25 + Child Dental [INF]	When Using a Participating Provider³ 50% of the allowable amount	When Using a Participating Provider³ 20% of the allowable amount; deductible does apply When Using a Non-Participating Provider⁴ 50% of the allowable amount; deductible does apply
ART PPO 35%/50% <u>Associated Plan:</u> Blue Shield Gold 80 PPO 350/25 + Child Dental [INF]	When Using a Participating Provider³ 50% of the allowable amount	When Using a Participating Provider³ 35% of the allowable amount; deductible does apply When Using a Non-Participating Provider⁴ 50% of the allowable amount; deductible does apply
ART PPO 40%/50% <u>Associated Plan:</u> Blue Shield Gold 80 PPO 350/25 + Child Dental [INF]	When Using a Participating Provider³ 50% of the allowable amount	When Using a Participating Provider³ 40% of the allowable amount; deductible does apply

		<i>When Using a Non-Participating Provider⁴</i> <i>50% of the allowable amount; deductible does apply</i>
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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: 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 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:

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)**。