

Changes to your Small Business PPO 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
Gold Full PPO 750/30 OffEx	Gold Full PPO 750/35 OffEx
Gold Tandem PPO 750/30 OffEx	Gold Tandem PPO 750/35 OffEx
Silver Full PPO 1700/60 OffEx	Silver Full PPO 1800/65 OffEx
Silver Tandem PPO 1700/60 OffEx	Silver Tandem PPO 1800/65 OffEx
Silver Full PPO 2100/65 OffEx	Silver Full PPO 2100/75 OffEx
Silver Tandem PPO 2100/65 OffEx	Silver Tandem PPO 2100/75 OffEx
Silver Full PPO 2350/70 OffEx	Silver Full PPO 2550/75 OffEx
Silver Tandem PPO 2350/70 OffEx	Silver Tandem PPO 2550/75 OffEx
Virtual Blue SM Silver Tandem PPO 2700/75 OffEx	Virtual Blue SM Silver Tandem PPO 2850/75 OffEx

Calendar Year Deductible

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

	2025	2026
Silver Full PPO 1800/65 OffEx Silver Tandem PPO 1800/65 OffEx	When Using a Participating Provider³ \$1,700 Individual/ \$3,400 Family When Using a Non-Participating Provider⁴ \$3,400 Individual/ \$6,800 Family	When Using a Participating Provider³ \$1,800 Individual/ \$3,600 Family When Using a Non-Participating Provider⁴ \$3,600 Individual/ \$7,200 Family
Silver Full PPO 2550/75 OffEx Silver Tandem PPO 2550/75 OffEx	When Using a Participating Provider³ \$2,350 Individual/ \$4,700 Family When Using a Non-Participating Provider⁴ \$4,700 Individual/ \$9,400 Family	When Using a Participating Provider³ \$2,550 Individual/ \$5,100 Family When Using a Non-Participating Provider⁴ \$5,100 Individual/ \$10,200 Family

Bronze Full PPO 6850/55 OffEx Bronze Tandem PPO 6850/55 OffEx	When Using a Non-Participating Provider⁴ \$10,850 Individual/ \$21,700 Family	When Using a Non-Participating Provider⁴ \$13,700 Individual/ \$27,400 Family
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Pharmacy Deductible

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

	2025	2026
Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	When Using a Participating Provider³ \$0 Individual/ \$0 Family	When Using a Participating Provider³ \$100 Individual/ \$200 Family
Gold Full PPO 500/30 OffEx Gold Tandem PPO 500/30 OffEx	When Using a Participating Provider³ \$150 Individual/ \$300 Family	When Using a Participating Provider³ \$200 Individual/ \$400 Family
Gold Full PPO 1000/30 OffEx Gold Tandem PPO 1000/30 OffEx	When Using a Participating Provider³ \$250 Individual/ \$500 Family	When Using a Participating Provider³ \$300 Individual/ \$600 Family
Silver Full PPO 1800/65 OffEx Silver Tandem PPO 1800/65 OffEx	When Using a Participating Provider³ \$300 Individual/ \$600 Family	When Using a Participating Provider³ \$450 Individual/ \$900 Family
Silver Full PPO 2100/75 OffEx Silver Tandem PPO 2100/75 OffEx	When Using a Participating Provider³ \$350 Individual/ \$700 Family	When Using a Participating Provider³ \$400 Individual/ \$800 Family
Silver Full PPO 2550/75 OffEx Silver Tandem PPO 2550/75 OffEx	When Using a Participating Provider³ \$300 Individual/ \$600 Family	When Using a Participating Provider³ \$500 Individual/ \$1,000 Family

Calendar Year Out-of-Pocket Maximum

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

	2025	2026
Silver Full PPO 1800/65 OffEx Silver Full PPO 1800/65 OffEx	When Using a Participating Provider³ \$8,500 Individual/ \$17,000 Family When Using a Non-Participating Provider⁴ \$17,000 Individual/ \$34,000 Family	When Using a Participating Provider³ \$9,500 Individual/ \$19,000 Family When Using a Non-Participating Provider⁴ \$19,000 Individual/ \$38,000 Family

Virtual BlueSM Platinum Tandem PPO 250/20 OffEx	When Using a Participating Provider³ \$4,500 Individual/ \$9,000 Family	When Using a Participating Provider³ \$5,000 Individual/ \$10,000 Family
	When Using a Non- Participating Provider⁴ \$9,000 Individual/ \$18,000 Family	When Using a Non- Participating Provider⁴ \$10,000 Individual/ \$20,000 Family
Virtual BlueSM Gold Tandem PPO 1500/45 OffEx	When Using a Participating Provider³ \$8,000 Individual/ \$16,000 Family	When Using a Participating Provider³ \$8,500 Individual/ \$17,000 Family
	When Using a Non- Participating Provider⁴ \$16,000 Individual/ \$32,000 Family	When Using a Non- Participating Provider⁴ \$17,000 Individual/ \$34,000 Family
Virtual BlueSM Silver Tandem PPO 2850/75 OffEx	When Using a Participating Provider³ \$8,500 Individual/ \$17,000 Family	When Using a Participating Provider³ \$9,000 Individual/ \$18,000 Family
	When Using a Non- Participating Provider⁴ \$17,000 Individual/ \$34,000 Family	When Using a Non- Participating Provider⁴ \$18,000 Individual/ \$36,000 Family
Virtual BlueSM Bronze Tandem PPO 7500/75 OffEx	When Using a Participating Provider³ \$8,750 Individual/ \$17,500 Family	When Using a Participating Provider³ \$9,800 Individual/ \$19,600 Family
	When Using a Non- Participating Provider⁴ \$17,500 Individual/ \$35,000 Family	When Using a Non- Participating Provider⁴ \$19,600 Individual/ \$39,200 Family
Silver Full PPO 2100/75 OffEx Silver Tandem PPO 2100/75 OffEx Silver Full PPO 2550/75 OffEx Silver Tandem PPO 2550/75 OffEx	When Using a Participating Provider³ \$8,750 Individual/ \$17,500 Family	When Using a Participating Provider³ \$9,700 Individual/ \$19,400 Family
	When Using a Non- Participating Provider⁴ \$17,500 Individual/ \$35,000 Family	When Using a Non- Participating Provider⁴ \$19,400 Individual/ \$38,800 Family

Bronze Full PPO 4500/65 OffEx Bronze Tandem PPO 4500/65 OffEx	When Using a Participating Provider³ \$8,850 Individual/ \$17,700 Family	When Using a Participating Provider³ \$9,800 Individual/ \$19,600 Family
Bronze Full PPO 6250/65 OffEx Bronze Tandem PPO 6250/65 OffEx		
Bronze Full PPO 6500/70 OffEx Bronze Tandem PPO 6500/70 OffEx	When Using a Non-Participating Provider⁴ \$17,700 Individual/ \$35,400 Family	When Using a Non-Participating Provider⁴ \$19,600 Individual/ \$39,200 Family
Bronze Full PPO 6850/55 OffEx Bronze Tandem PPO 6850/55 OffEx		
Bronze Full PPO 7500/65 OffEx Bronze Tandem PPO 7500/65 OffEx		

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

Physicians Services: Primary Care office visit | Physician Home Visit | Other Practitioner office visit |

Emergency Service: Urgent Care services

The cost share will change for the following plans

	2025	2026
Gold Full PPO 750/35 OffEx Gold Tandem PPO 750/35 OffEx	When using a participating provider³ \$30/visit	When using a participating provider³ \$35/visit
Silver Full PPO 1800/65 OffEx Silver Tandem PPO 1800/65 OffEx	When using a participating provider³ \$60/visit	When using a participating provider³ \$65/visit
Silver Full PPO 2100/75 OffEx Silver Tandem PPO 2100/75 OffEx	When using a participating provider³ \$65 per visit; or \$0 per visit under the Value Based Program	When using a participating provider³ \$75 per visit; or \$0 per visit under the Value Based Program
Silver Full PPO 2550/75 OffEx Silver Tandem PPO 2550/75 OffEx	When using a participating provider³ \$70/visit	When using a participating provider³ \$75/visit

Physicians Services: Specialist Care office visit

The cost share will change for the following plans:

	2025	2026
Platinum Full PPO 0/10 OffEx Platinum Tandem PPO 0/10 OffEx Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx Platinum Full PPO 250/15 OffEx Platinum Tandem PPO 250/15 OffEx	When using a participating provider³ \$35/visit	When using a participating provider³ \$45/visit

Gold Full PPO 1000/30 OffEx Gold Tandem PPO 1000/30 OffEx	When using a participating provider ³ \$50/visit	When using a participating provider ³ \$55/visit
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Mental Health and Substance Use Disorder Office Visit, including Physician office visit

The cost share will change for the following plans:

	2025	2026
Gold Full PPO 750/35 OffEx Gold Tandem PPO 750/35 OffEx	When using a participating provider ³ \$30/visit	When using a participating provider ³ \$35/visit
Silver Full PPO 1800/65 OffEx Silver Tandem PPO 1800/65 OffEx	When using a participating provider ³ \$60/visit	When using a participating provider ³ \$65/visit
Silver Full PPO 2100/75 OffEx Silver Tandem PPO 2100/75 OffEx	When using a participating provider ³ \$65/visit	When using a participating provider ³ \$75/visit
Silver Full PPO 2550/75 OffEx Silver Tandem PPO 2550/75 OffEx	When using a participating provider ³ \$70/visit	When using a participating provider ³ \$75/visit

Emergency Service: Emergency Room services

The cost share will change for the following plans:

	2025	2026
Silver Full PPO 1800/65 OffEx Silver Tandem PPO 1800/65 OffEx	When using a participating provider ³ \$300 per visit + 35%	When using a participating provider ³ \$300 per visit + 40%
Silver Full PPO 2100/75 OffEx Silver Tandem PPO 2100/75 OffEx	When using a participating provider ³ \$350 per visit + 40%	When using a participating provider ³ \$400 per visit + 45%
Silver Full PPO 2550/75 OffEx Silver Tandem PPO 2550/75 OffEx	When using a participating provider ³ \$350 per visit+ 40%	When using a participating provider ³ \$350 per visit + 45%

Outpatient Services: Ambulatory Surgery Center

The cost share will change for the following plans:

	2025	2026
Silver Full PPO 1800/65 OffEx Silver Tandem PPO 1800/65 OffEx	When using a participating provider ³ 35%	When using a participating provider ³ 40%
Silver Full PPO 2100/75 OffEx Silver Tandem PPO 2100/75 OffEx	When using a participating provider ³ 40%	When using a participating provider ³ 45%

Outpatient Services: Outpatient Department of a Hospital: Surgery | Inpatient Services: Outpatient Facility services: surgery facility fee

The cost share will change for the following plans:

	2025	2026
Platinum Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx Platinum Full PPO 0/10 OffEx Platinum Tandem PPO 0/10 OffEx Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx Platinum Full PPO 250/15 OffEx Platinum Tandem PPO 250/15 OffEx	When using a participating provider ³ \$100 per surgery + 10%	When using a participating provider ³ \$250 per surgery + 10%
Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	When using a participating provider ³ \$150 per surgery + 30%	When using a participating provider ³ \$200 per surgery + 30%
Gold Full PPO 500/30 OffEx Gold Tandem PPO 500/30 OffEx Gold Full PPO 750/35 OffEx Gold Tandem PPO 750/35 OffEx	When using a participating provider ³ \$150 per surgery + 20%	When using a participating provider ³ \$200 per surgery + 20%
Gold Full PPO 1000/30 OffEx Gold Tandem PPO 1000/30 OffEx	When using a participating provider ³ \$150 per surgery + 20%	When using a participating provider ³ \$250 per surgery + 20%
Silver Full PPO 1800/65 OffEx Silver Tandem PPO 1800/65 OffEx	When using a participating provider ³ \$250 per surgery + 35%	When using a participating provider ³ \$250 per surgery + 40%
Silver Full PPO 2100/75 OffEx Silver Tandem PPO 2100/75 OffEx	When using a participating provider ³ \$250 per surgery + 40%	When using a participating provider ³ \$400 per surgery + 45%

Virtual Blue program primary or specialist office care visit | Virtual Blue program mental health visit

The cost share will change for the following plans:

	2025	2026
Platinum Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx Platinum Full PPO 0/10 OffEx Platinum Tandem PPO 0/10 OffEx Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx Platinum Full PPO 250/15 OffEx Platinum Tandem PPO 250/15 OffEx Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx Gold Full PPO 500/30 OffEx Gold Tandem PPO 500/30 OffEx Gold Full PPO 750/35 OffEx Gold Tandem PPO 750/35 OffEx Gold Full PPO 1000/30 OffEx	When using a participating provider ³ Benefit not included on SOB	When using a participating provider ³ No Charge

Gold Tandem PPO 1000/30 OffEx
 Silver Full PPO 1800/65 OffEx
 Silver Tandem PPO 1800/65 OffEx
 Silver Full PPO 2100/75 OffEx
 Silver Tandem PPO 2100/75 OffEx
 Silver Full PPO 2550/75 OffEx
 Silver Tandem PPO 2550/75 OffEx
 Bronze Full PPO 4500/65 OffEx
 Bronze Tandem PPO 4500/65 OffEx
 Bronze Full PPO 6250/65 OffEx
 Bronze Tandem PPO 6250/65 OffEx
 Bronze Full PPO 6500/70 OffEx
 Bronze Tandem PPO 6500/70 OffEx
 Bronze Full PPO 6850/55 OffEx
 Bronze Tandem PPO 6850/55 OffEx
 Bronze Full PPO 7500/65 OffEx
 Bronze Tandem PPO 7500/65 OffEx

Teladoc Health Consultation | Mental Health/Substance Use Disorder Services: Teladoc Health mental health

The cost share will change for the following plans:

	2025	2026
Platinum Full PPO 0/0 OffEx	<i>When using a participating provider³</i>	<i>When using a participating provider³</i>
Platinum Tandem PPO 0/0 OffEx		
Platinum Full PPO 0/10 OffEx	<i>No Charge</i>	<i>Not Covered</i>
Platinum Tandem PPO 0/10 OffEx		
Platinum Full PPO 250/10 OffEx		
Platinum Tandem PPO 250/10 OffEx		
Platinum Full PPO 250/15 OffEx		
Platinum Tandem PPO 250/15 OffEx		
Gold Full PPO 0/35 OffEx		
Gold Tandem PPO 0/35 OffEx		
Gold Full PPO 500/30 OffEx		
Gold Tandem PPO 500/30 OffEx		
Gold Full PPO 750/35 OffEx		
Gold Tandem PPO 750/35 OffEx		
Gold Full PPO 1000/30 OffEx		
Gold Tandem PPO 1000/30 OffEx		
Silver Full PPO 1800/65 OffEx		
Silver Tandem PPO 1800/65 OffEx		
Silver Full PPO 2100/75 OffEx		
Silver Tandem PPO 2100/75 OffEx		
Silver Full PPO 2550/75 OffEx		
Silver Tandem PPO 2550/75 OffEx		
Bronze Full PPO 4500/65 OffEx		
Bronze Tandem PPO 4500/65 OffEx		
Bronze Full PPO 6250/65 OffEx		
Bronze Tandem PPO 6250/65 OffEx		
Bronze Full PPO 6500/70 OffEx		
Bronze Tandem PPO 6500/70 OffEx		
Bronze Full PPO 6850/55 OffEx		
Bronze Tandem PPO 6850/55 OffEx		
Bronze Full PPO 7500/65 OffEx		
Bronze Tandem PPO 7500/65 OffEx		

Laboratory center Includes diagnostic Papanicolaou (Pap) test

The cost share will increase for the following plans:

	2025	2026
Silver Full PPO 2550/75 OffEx Silver Tandem PPO 2550/75 OffEx	When using a participating provider ³ \$65/visit	When using a participating provider ³ 40%
Bronze Full PPO 6500/70 OffEx Bronze Tandem PPO 6500/70 OffEx	When using a participating provider ³ \$75/visit	When using a participating provider ³ 50%

Outpatient Department of a Hospital Includes diagnostic Papanicolaou (Pap) test

The cost share will increase for the following plans:

	2025	2026
Silver Full PPO 2550/75 OffEx Silver Tandem PPO 2550/75 OffEx	When using a participating provider ³ 40%	When using a participating provider ³ 50%

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

The cost share will change for the following plans:

	2025	2026
Platinum Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx	No Charge	Level A: \$5/prescription Level B: \$10/prescription
Platinum Full PPO 0/10 OffEx Platinum Full PPO 250/10 OffEx Platinum Full PPO 250/15 OffEx	\$10/prescription	Level A: \$10/prescription Level B: \$15/prescription
Gold Full PPO 0/35 OffEx	\$25/prescription	Level A: \$25/prescription Level B: \$30/prescription
Gold Full PPO 500/30 OffEx Gold Full PPO 750/35 OffEx Gold Full PPO 1000/30 OffEx	\$15/prescription	Level A: \$25/prescription Level B: \$30/prescription
Gold Tandem PPO 500/30 OffEx Gold Tandem PPO 750/35 OffEx Gold Tandem PPO 1000/30 OffEx	Level A: \$15/prescription Level B: \$20/prescription	Level A: \$25/prescription Level B: \$30/prescription
Virtual Blue SM Gold Tandem PPO 1500/45 OffEx	Level A: \$10/prescription Level B: \$15/prescription	Level A: \$15/prescription Level B: \$20/prescription
Silver Full PPO 1800/65 OffEx	\$25/prescription	Level A: \$30/prescription Level B: \$35/prescription
Silver Tandem PPO 1800/65 OffEx	Level A: \$25/prescription Level B: \$30/prescription	Level A: \$30/prescription Level B: \$35/prescription
Silver Full PPO 2100/75 OffEx Silver Full PPO 2550/75 OffEx	\$25/prescription	Level A: \$30/prescription Level B: \$35/prescription
Silver Tandem PPO 2100/75 OffEx Silver Tandem PPO 2550/75 OffEx	Level A: \$25/prescription Level B: \$30/prescription	Level A: \$30/prescription Level B: \$35/prescription
Bronze Full PPO 4500/65 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 Full PPO 0/0 OffEx	\$35/prescription	Level A: \$35/prescription Level B: \$50/prescription
Platinum Full PPO 0/10 OffEx Platinum Full PPO 250/10 OffEx Platinum Full PPO 250/15 OffEx	\$35/prescription	Level A: \$35/prescription Level B: \$50/prescription
Gold Full PPO 0/35 OffEx Gold Full PPO 500/30 OffEx Gold Full PPO 750/35 OffEx Gold Full PPO 1000/30 OffEx	\$50/prescription	Level A: \$50/prescription Level B: \$70/prescription
Silver Full PPO 1800/65 OffEx	\$80/prescription	Level A: \$80/prescription Level B: \$105/prescription
Silver Full PPO 2100/75 OffEx Silver Full PPO 2550/75 OffEx	\$75/prescription	Level A: \$80/prescription Level B: \$105/prescription
Silver Tandem PPO 2100/75 OffEx Silver Tandem PPO 2550/75 OffEx	Level A: \$75/prescription Level B: \$100/prescription	Level A: \$80/prescription Level B: \$105/prescription
Bronze Full PPO 4500/65 OffEx Bronze Full PPO 7500/65 OffEx	50% up to \$500/prescription	Level A: 50% up to \$250/prescription Level B: 50% up to \$500/prescription
Bronze Full PPO 6250/65 OffEx Bronze Full PPO 6850/55 OffEx	\$65/prescription	Level A: \$65/prescription Level B: \$95/prescription
Bronze Full PPO 6500/70 OffEx	\$130/prescription	Level A: \$130/prescription Level B: \$160/prescription

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

The cost share will change for the following plans:

	2025	2026
Platinum Full PPO 0/0 OffEx Platinum Full PPO 0/10 OffEx Platinum Full PPO 250/10 OffEx Platinum Full PPO 250/15 OffEx	\$55/prescription	Level A: \$55/prescription Level B: \$75/prescription
Gold Full PPO 0/35 OffEx	\$70/prescription	Level A: \$70/prescription Level B: \$100/prescription
Gold Full PPO 500/30 OffEx Gold Full PPO 750/35 OffEx Gold Full PPO 1000/30 OffEx	\$80/prescription	Level A: \$80/prescription Level B: \$110/prescription
Silver Full PPO 1800/65 OffEx Silver Full PPO 2100/75 OffEx Silver Full PPO 2550/75 OffEx	\$115/prescription	Level A: \$115/prescription Level B: \$155/prescription
Bronze Full PPO 4500/65 OffEx Bronze Full PPO 7500/65 OffEx	50% up to \$500/prescription	Level A: 50% up to \$250/prescription Level B: 50% up to \$500/prescription

Bronze Full PPO 6250/65 OffEx Bronze Full PPO 6850/55 OffEx	\$90/prescription	Level A: \$90/prescription Level B: \$140/prescription
Bronze Full PPO 6500/70 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 Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	30% up to \$250/prescription deductible does not apply	30% up to \$250/prescription deductible applies

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

The cost share will change for the following plans:

	2025	2026
Platinum Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx	No Charge	Level A: \$15/prescription Level B: \$30/prescription
Platinum Full PPO 0/10 OffEx Platinum Full PPO 250/10 OffEx Platinum Full PPO 250/15 OffEx	No Charge	Level A: \$30/prescription Level B: \$45/prescription
Gold Full PPO 0/35 OffEx	\$75/prescription	Level A: \$75/prescription Level B: \$90/prescription
Gold Full PPO 500/30 OffEx Gold Full PPO 750/35 OffEx Gold Full PPO 1000/30 OffEx	\$45/prescription	Level A: \$75/prescription Level B: \$90/prescription
Gold Tandem PPO 500/30 OffEx Gold Tandem PPO 750/35 OffEx Gold Tandem PPO 1000/30 OffEx	Level A: \$45/prescription Level B: \$60/prescription	Level A: \$75/prescription Level B: \$90/prescription
Virtual Blue SM Gold Tandem PPO 1500/45 OffEx	Level A: \$30/prescription Level B: \$45/prescription	Level A: \$45/prescription Level B: \$60/prescription
Silver Full PPO 1800/65 OffEx	\$75/prescription	Level A: \$90/prescription Level B: \$105/prescription
Silver Tandem 1800/65 OffEx	Level A: \$75/prescription Level B: \$90/prescription	Level A: \$90/prescription Level B: \$105/prescription
Silver Full PPO 2100/75 OffEx Silver Full PPO 2550/75 OffEx	\$75/prescription	Level A: \$90/prescription Level B: \$105/prescription
Silver Tandem PPO 2100/75 OffEx Silver Tandem PPO 2550/75 OffEx	Level A: \$75/prescription Level B: \$90/prescription	Level A: \$90/prescription Level B: \$105/prescription
Bronze Full PPO 4500/65 OffEx	\$75/prescription	Level A: \$75/prescription Level B: \$90/prescription
Bronze Full PPO 6250/65 OffEx Bronze Full PPO 6850/55 OffEx Bronze Full PPO 7500/65 OffEx	\$60/prescription	Level A: \$60/prescription Level B: \$75/prescription
Bronze Full PPO 6500/70 OffEx	\$60/prescription	Level A: \$75/prescription Level B: \$90/prescription
Bronze Tandem PPO 6500/70 OffEx	Level A: \$60/prescription Level B: \$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 Full PPO 0/0 OffEx Platinum Full PPO 0/10 OffEx Platinum Full PPO 250/10 OffEx Platinum Full PPO 250/15 OffEx	\$105/prescription	Level A: \$105/prescription Level B: \$150/prescription
Gold Full PPO 0/35 OffEx Gold Full PPO 500/30 OffEx Gold Full PPO 750/35 OffEx Gold Full PPO 1000/30 OffEx	\$150/prescription	Level A: \$150/prescription Level B: \$210/prescription
Silver Full PPO 1800/65 OffEx	\$240/prescription	Level A: \$240/prescription Level B: \$315/prescription
Silver Full PPO 2100/75 OffEx Silver Full PPO 2550/75 OffEx	\$225/prescription	Level A: \$240/prescription Level B: \$315/prescription
Silver Tandem PPO 2100/75 OffEx Silver Tandem PPO 2550/75 OffEx	Level A: \$225/prescription Level B: \$300/prescription	Level A: \$240/prescription Level B: \$315/prescription
Bronze Full PPO 4500/65 OffEx Bronze Full PPO 7500/65 OffEx	50% up to \$1,500/prescription	Level A: 50% up to \$750/prescription Level B: 50% up to \$1,500/prescription
Bronze Full PPO 6250/65 OffEx Bronze Full PPO 6850/55 OffEx	\$195/prescription	Level A: \$195/prescription Level B: \$285/prescription
Bronze Full PPO 6500/70 OffEx	\$390/prescription	Level A: \$390/prescription Level B: \$480/prescription

Prescription Drugs-Retail (90-day supply) Retail Tier 3 Drugs

The cost share will change for the following plans:

	2025	2026
Platinum Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx	\$165/prescription	Level A: \$165/prescription Level B: \$225/prescription
Platinum Full PPO 0/10 OffEx Platinum Full PPO 250/10 OffEx Platinum Full PPO 250/15 OffEx	\$165/prescription	Level A: \$165/prescription Level B: \$225/prescription
Gold Full PPO 0/35 OffEx	\$210/prescription	Level A: \$210/prescription Level B: \$300/prescription
Gold Full PPO 500/30 OffEx Gold Full PPO 750/35 OffEx Gold Full PPO 1000/30 OffEx	\$240/prescription	Level A: \$240/prescription Level B: \$330/prescription
Silver Full PPO 1800/65 OffEx	\$345/prescription	Level A: \$345/prescription Level B: \$465/prescription
Silver Full PPO 2100/75 OffEx Silver Full PPO 2550/75 OffEx	\$345/prescription	Level A: \$345/prescription Level B: \$465/prescription

Bronze Full PPO 4500/65 OffEx Bronze Full PPO 7500/65 OffEx	50% up to \$1,500/prescription	Level A: 50% up to \$750/prescription Level B: 50% up to \$1,500/prescription
Bronze Full PPO 6250/65 OffEx Bronze Full PPO 6850/55 OffEx	\$270/prescription	Level A: \$270/prescription Level B: \$420/prescription

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

The cost share will change for the following plans:

	2025	2026
Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	30% up to \$250/prescription deductible does not apply	30% up to \$250/prescription deductible applies

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 Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx	No Charge	\$10/prescription
Gold Full PPO 500/30 OffEx Gold Full PPO 750/35 OffEx Gold Full PPO 1000/30 OffEx	\$30/prescription	\$50/prescription
Virtual Blue SM Gold Tandem PPO 1500/45 OffEx	\$20/prescription	\$30/prescription
Silver Full PPO 1800/65 OffEx Silver Tandem PPO 1800/65 OffEx	\$50/prescription	\$60/prescription
Silver Full PPO 2100/75 OffEx Silver Tandem PPO 2100/75 OffEx Silver Full PPO 2550/75 OffEx Silver Tandem PPO 2550/75 OffEx	\$50/prescription	\$60/prescription
Bronze Full PPO 6500/70 OffEx	\$40/prescription	\$50/prescription

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

Defined terms have been changed to align with the mandate.

	2025	2026
Silver Full PPO 2100/75 OffEx Silver Tandem PPO 2100/75 OffEx Silver Full PPO 2550/75 OffEx Silver Tandem PPO 2550/75 OffEx	\$150/prescription	\$160/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%/40%	When Using a Participating Provider ³ 50% of the allowable amount	When Using a Participating Provider ³ 10% of the allowable amount; deductible does not apply
<u>Associated Plans:</u> Platinum Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx Platinum Full PPO 0/10 OffEx Platinum Tandem PPO 0/10 OffEx		

		When Using a Non-Participating Provider⁴ 40% of the allowable amount; deductible does apply
ART PPO 10%/40%_ded <u>Associated Plans:</u> Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx Platinum Full PPO 250/15 OffEx Platinum Tandem PPO 250/15 OffEx Virtual Blue SM Platinum Tandem PPO 250/20 OffEx	When Using a Participating Provider³ 50% of the allowable amount	When Using a Participating Provider³ 10% of the allowable amount; deductible does apply When Using a Non-Participating Provider⁴ 40% of the allowable amount; deductible does apply
ART PPO 30%/40% <u>Associated Plans:</u> Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 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 When Using a Non-Participating Provider⁴ 40% of the allowable amount; deductible does apply
ART PPO 20%/40% <u>Associated Plans:</u> Gold Full PPO 500/30 OffEx Gold Tandem PPO 500/30 OffEx Gold Full PPO 750/30 OffEx Gold Tandem PPO 750/30 OffEx Gold Full PPO 1000/30 OffEx Gold Tandem PPO 1000/30 OffEx Virtual Blue SM Gold Tandem PPO 1500/45 OffEx	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 40% of the allowable amount; deductible does apply
ART PPO 35%/50% <u>Associated Plans:</u> Silver Full PPO 1700/60 OffEx Silver Tandem PPO 1700/60 OffEx Bronze Full PPO 6850/55 OffEx Bronze Tandem PPO 6850/55 OffEx	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 Plans:</u> Silver Full PPO 2100/65 OffEx Silver Tandem PPO 2100/65 OffEx Silver Full PPO 2350/70 OffEx Silver Tandem PPO 2350/70 OffEx Virtual Blue SM Silver Tandem PPO 2700/75 OffEx Bronze Full PPO 6250/65 OffEx Bronze Tandem PPO 6250/65 OffEx	<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 <i>When Using a Non-Participating Provider⁴</i> 50% of the allowable amount; deductible does apply
ART PPO 50%/50% <u>Associated Plans:</u> Bronze Full PPO 4500/65 OffEx Bronze Tandem PPO 4500/65 OffEx Bronze Full PPO 6500/70 OffEx Bronze Tandem PPO 6500/70 OffEx Bronze Full PPO 7500/65 OffEx Bronze Tandem PPO 7500/65 OffEx Virtual Blue SM Bronze Tandem PPO 7500/75 OffEx	<i>When Using a Participating Provider³</i> 50% of the allowable amount	<i>When Using a Participating Provider³</i> 50% of the allowable amount; deductible does apply <i>When Using a Non-Participating Provider⁴</i> 50% 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: 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: 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

Full PPO 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.

EOC and SOB change: Virtual Blue program

Virtual Blue Conversion project is converting all OffEx PPO and PSP to virtual plans

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)**。