

# Changes to your Small Business PPO Savings 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](https://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 Silver 70 HDHP PPO 2300/30% PCP + Child Dental Alt	<b>When Using a Participating Provider<sup>3</sup></b> \$7,900 Individual/ \$15,800 Family	<b>When Using a Participating Provider<sup>3</sup></b> \$8,500 Individual/ \$17,000 Family
	<b>When Using a Non-Participating Provider<sup>4</sup></b> \$15,800 Individual/ \$31,600 Family	<b>When Using a Non-Participating Provider<sup>4</sup></b> \$17,000 Individual/ \$34,000 Family

## HSA family plan: individual deductible

Consistent with new Federal regulations, the HSA family plan: individual deductible maximums for participating providers will change for the following plans:

	2025	2026
Blue Shield Silver 70 HDHP PPO 2300/30% PCP + Child Dental Alt	<b>When Using a Participating Provider<sup>3</sup></b> \$3,300	<b>When Using a Participating Provider<sup>3</sup></b> \$3,400
	<b>When Using a Non-Participating Provider<sup>4</sup></b> \$6,600	<b>When Using a Non-Participating Provider<sup>4</sup></b> \$6,800

## Outpatient services: Ambulatory Surgery Center: surgery facility fee

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

	2025	2026
Blue Shield Silver 70 HDHP PPO 2300/30% PCP + Child Dental Alt	30%	\$100/surgery +30%

**Outpatient services: Outpatient Department of a Hospital: surgery: surgery facility fee**

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

	2025	2026
Blue Shield Silver 70 HDHP PPO 2300/30% PCP + Child Dental Alt	30%	\$250/surgery +30%

**Diagnostic Tests: Advanced Imaging: Outpatient department of a Hospital**

The cost share will increase for the following plans:

	2025	2026
Blue Shield Silver 70 HDHP PPO 2300/30% PCP+ Child Dental Alt5800/60 + Child Dental	\$100/visit +25%	\$100/visit +30%

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

Defined terms have been changed to align with the mandate.

	2025	2026
<b>ART PSP 30%/50%</b>  <u>Associated Plan:</u> Blue Shield Silver 70 HDHP PPO 2300/30% + Child Dental Alt [INF]	<b>When Using a Participating Provider<sup>3</sup></b> 50% of the allowable amount	<b>When Using a Participating Provider<sup>3</sup></b> 30% of the allowable amount; deductible does apply; deductible does apply  <b>When Using a Non-Participating Provider<sup>4</sup></b> 50% of the allowable amount; deductible does apply
<b>ART PSP 0%/50%</b>  <u>Associated Plan:</u> Blue Shield Bronze 60 HDHP PPO 7500/0% + Child Dental Alt [INF]	<b>When Using a Participating Provider<sup>3</sup></b> 50% of the allowable amount	<b>When Using a Participating Provider<sup>3</sup></b> No charge; deductible does apply  <b>When Using a Non-Participating Provider<sup>4</sup></b> 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: 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](https://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](https://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](https://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)**。