



# Changes to your health plan

Effective January 1, 2026, there will be some changes to your plan’s costs and benefits. We are notifying you in advance so you can make informed decisions about your health coverage. Please visit [blueshieldca.com/policies](https://blueshieldca.com/policies) for updated terms and conditions of coverage.

### Cost share changes

Copayment (or copay), coinsurance, and deductible are your share of the cost (“cost share”) when using covered services. This section contains cost changes when using a participating provider, unless otherwise stated. Refer to your *Summary of Benefits (SOB)* for further details.

### Calendar year medical deductible changes

Description of change		2025 (this year)	What’s changing? 2026 (renewal year)
Your calendar year medical deductible has increased.	When using a participating provider	Individual/Family \$0/\$0	Individual/Family \$1,400/\$2,800

### Calendar year out-of-pocket maximum changes

Description of change		2025 (this year)	What’s changing? 2026 (renewal year)
Your calendar year out-of-pocket maximum has increased.	When using a participating provider	Individual/Family \$3,000/\$6,000	Individual/Family \$3,350/\$6,700

### Calendar year pharmacy deductible changes

Description of change		2025 (this year)	What’s changing? 2026 (renewal year)
Your calendar year pharmacy deductible has increased.		Individual/Family \$0/\$0	Individual/Family \$50/\$100

## Pharmacy prescription drug cost share changes

Benefit section and description of change		What's changing?	
		2025 (this year)	2026 (renewal year)
<b>Retail pharmacy prescription drugs</b> Your copay for tier 1 drugs has increased. The pharmacy deductible for tier 2-4 drugs applies.	<b>Tier 1 drugs</b>	\$5/prescription	\$8/prescription
	<b>Tier 2 drugs</b>	\$25/prescription, pharmacy deductible does not apply	\$25/prescription, pharmacy deductible applies
	<b>Tier 3 drugs</b>	\$45/prescription, pharmacy deductible does not apply	\$45/prescription, pharmacy deductible applies
	<b>Tier 4 drugs</b>	15% up to \$150/prescription, pharmacy deductible does not apply	15% up to \$150/prescription, pharmacy deductible applies
<b>Mail pharmacy prescription drugs</b> Your copay for tier 1 drugs has increased. The pharmacy deductible for tier 2-4 drugs applies.	<b>Tier 1 drugs</b>	\$15/prescription	\$24/prescription
	<b>Tier 2 drugs</b>	\$75/prescription, pharmacy deductible does not apply	\$75/prescription, pharmacy deductible applies
	<b>Tier 3 drugs</b>	\$135/prescription, pharmacy deductible does not apply	\$135/prescription, pharmacy deductible applies
	<b>Tier 4 drugs</b>	15% up to \$450/prescription, pharmacy deductible does not apply	15% up to \$450/prescription, pharmacy deductible applies

## Medical benefit cost share changes

Benefit section and summary of change		What's changing?	
		2025 (this year)	2026 (renewal year)
<b>Emergency services</b> Emergency room services Your copay for these services has increased.	<b>When using a participating provider</b>	\$150/visit	\$200/visit
	<b>When using a non-participating provider</b>	\$150/visit	\$200/visit
<b>Inpatient facility services</b> The calendar year deductible for these services applies.	<b>Hospital services and stay</b>	20%, medical deductible does not apply	20%, medical deductible applies
	<b>Transplant services:</b> <b>Special transplant facility inpatient services</b>	20%, medical deductible does not apply	20%, medical deductible applies

Benefit section and summary of change		What's changing?	
		2025 (this year)	2026 (renewal year)
<b>Bariatric surgery services, designated California counties</b> The calendar year deductible applies.	<b>Outpatient facility services</b>	20%, medical deductible does not apply	20%, medical deductible applies
<b>Diagnostic X-ray, imaging, pathology, and laboratory services</b> Your copay for these services has increased.	<b>Laboratory and pathology services:</b>  <b>Laboratory center</b> <b>Outpatient department of a hospital</b>  <b>Basic imaging services:</b> <b>Outpatient radiology center</b> <b>Outpatient department of a hospital</b>  <b>Other outpatient non-invasive diagnostic testing:</b> <b>Outpatient radiology center</b> <b>Outpatient department of a hospital</b>	\$20/visit \$20/visit  \$40/visit \$40/visit  \$40/visit \$40/visit	\$30/visit \$30/visit  \$50/visit \$50/visit  \$50/visit \$50/visit
<b>Skilled nursing facility (SNF) services</b> The calendar year deductible for these services applies.	<b>Office location</b>  <b>Outpatient department of a hospital</b>	20%, medical deductible does not apply 20%, medical deductible does not apply	20%, medical deductible applies 20%, medical deductible applies

## Benefit changes and clarifications

Changes to your benefits/services will be reflected in your *Summary of Benefits (SOB)* or *Evidence of Coverage (EOC)*. NOTE: Underlines below indicate added text.

### Benefit changes

These are changes made to your coverage for certain medical and pharmacy services.

Section name	Description of the change(s)
<b>Care outside of California/ out-of-area service</b>	These sections in the EOC have been revised to clarify that out-of-area covered healthcare 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 services and out-of-state provider are prior authorized by Blue Shield.
<b>How to contact Customer Service</b>	<p>This section of the EOC has been revised to state that you can contact Evolent (formerly known as National Imaging Associates) for prior authorization for radiological, spine surgery, interventional pain management, and oncology services.</p> <p>The phone number for prior authorization for oncology services is <b>(888) 999-7713</b>.</p>
<b>General exclusions and limitations table</b>	<p>This table in the EOC has been revised to add exclusion 32.</p> <p><u>32   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.</u></p>

### Administrative/language clarifications

These are revisions made to your EOC or SOB to help make your coverage easier to understand, but do not impact your coverage or how your benefits/services work.

Section name	Description of the change(s)
<b>Prior authorization</b>	This section in the EOC was revised to clarify time for Blue Shield to make a decision for prior authorization or exception requests is not to exceed seven calendar days.
<b>Claims processing and payments</b>	This section of the EOC was revised to clarify the number of days for claim's processing reimbursement. The plan will reimburse a complete or portion of a claim no later than 30 days after a claim has been submitted.

Section name	Description of the change(s)
<b>Bariatric surgery benefits: travel expense reimbursement for residents of designated counties</b>	This section of the EOC was revised to remove the prior authorization for travel expense reimbursement language.
<b>Pediatric vision benefits</b>	Correction to the pediatric vision Customer Service phone number. The correct phone number is as follows: <b>(877) 601-9083</b> .
<b>Paying for covered services: calendar year deductible / definitions: deductible</b>	These sections in the EOC have been revised to clarify the amounts you pay over the allowed amounts do not count toward your deductible.
<b>Benefit administrators</b>	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.
<b>Prescription drug benefits: Prior authorization/exception request/step therapy process</b>	This section in the EOC has been revised to clarify that prior authorization may be granted for one year, <u>however, the timeframe may be greater or less, depending on the medication.</u>
<b>Address correction: Pediatric dental benefits: dental Customer Service</b>	The address for contacting Customer Service has been updated in your 2026 EOC. The updated address is as follows: Blue Shield of California Dental Plan Administrator P.O. Box 272540 Chico, CA 95927-2540
<b>Please note:</b> This document is not a contract. For complete benefit descriptions, terms and conditions, exclusions, and limitations of the health plan, please read your EOC.	