blue california

Benefit Modification for Members with

Full PPO Savings Two-Tier Embedded Deductible 2250/3400/4500 with Value Formulary **Effective January 1, 2026**

This chart is a summary of specific benefit changes to your plan. For a list of legislative mandates and Blue Shield required changes, refer to the accompanying Contract and Benefit Changes list. Please contact your benefits administrator or call Customer Service for additional information regarding your plan.

	2025 Benefits	2026 Benefits
	When using a Participating Provider or Non-Participating Provider	**When using a Participating Provider or Non-Participating Provider**
Calendar Year medical and pharmacy Deductible *This Plan combines medical and pharmacy Deductibles into one Calendar Year Deductible*	*Individual coverage* $2,250 *Family coverage* $3,300: individual $4,500: Family	*Individual coverage* $2,250 *Family coverage* $3,400: individual $4,500: Family

	When using a Participating Provider[3]	CYD[2] applies	When using a Non-Participating Provider[4]	CYD[2] applies
Infertility Services				
Physician or surgeon services in an Outpatient Facility	20%	✔	50%	✔
Artificial Inseminations limited to 6 per lifetime	20%	✔	50%	✔
Oocyte (egg) retrieval limited to 3 per lifetime				
• Ambulatory Surgery Center	10%	✔	50% Subject to a Benefit maximum of $350/day	✔
• Outpatient Department of a Hospital	20%	✔	50%	✔
In vitro fertilization (IVF)	20%	✔	50%	✔
Embryo transfer				
• Ambulatory Surgery Center	10%	✔	50% Subject to a Benefit maximum of $350/day	✔
• Outpatient Department of a Hospital	20%	✔	50% Subject to a Benefit maximum of $350/day	✔
Cryopreservation limited to 1 of storage per lifetime for each of the following: sperm, reproductive tissue, oocytes (eggs), and embryos	20%	✔	50%	✔

Benefits are subject to modification for subsequently enacted state or federal legislation.

Note: This document is only a summary for informational purposes. It is not a contract. Please refer to the *Evidence of Coverage* and the Plan Contract for the exact terms and conditions of coverage.

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 Care 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 Atención 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)**。