

Changes to your Small Business PPO Savings 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 correct values:

2025	2026
Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx	Gold Full PPO Savings 1850/15% HDHP PrevRx OffEx
Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx	Gold Tandem PPO Savings 1850/15% HDHP PrevRx OffEx
Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx	Silver Full PPO Savings 2800/35% HDHP PrevRx OffEx
Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx	Silver Tandem PPO Savings 2800/35% HDHP PrevRx OffEx

Integrated Individual Deductible | HSA plan: Self-only coverage deductible

Consistent with new Federal regulations, the Integrated Individual Deductible for participating providers will change for the following plans:

	2025	2026
Gold Full PPO Savings 1850/15% HDHP PrevRx OffEx Gold Tandem PPO Savings 1850/15% HDHP PrevRx OffEx	When using a participating provider ³ \$1,750 When Using a Non-Participating Provider ⁴ \$3,500	When using a participating provider ³ \$1,850 When Using a Non-Participating Provider ⁴ \$3,700
Silver Full PPO Savings 2800/35% HDHP PrevRx OffEx Silver Tandem PPO Savings 2800/35% HDHP PrevRx OffEx	When using a participating provider ³ \$2,600 When Using a Non-Participating Provider ⁴ \$5,200	When using a participating provider ³ \$2,800 When Using a Non-Participating Provider ⁴ \$5,600

Integrated Family Deductible

Consistent with new Federal regulations, the Integrated Family Deductible for participating providers will change for the following plans:

	2025	2026
Gold Full PPO Savings 1850/15% HDHP PrevRx OffEx Gold Tandem PPO Savings 1850/15% HDHP PrevRx OffEx	When using a participating provider ³ \$3,500 When Using a Non-Participating Provider ⁴ \$7,000	When using a participating provider ³ \$3,700 When Using a Non-Participating Provider ⁴ \$7,400
Silver Full PPO Savings 2800/35% HDHP PrevRx OffEx Silver Tandem PPO Savings 2800/35% HDHP PrevRx OffEx	When using a participating provider ³ \$5,200 When Using a Non-Participating Provider ⁴ \$10,400	When using a participating provider ³ \$5,600 When Using a Non-Participating Provider ⁴ \$11,200

Individual Out-of-Pocket Maximum

Consistent with new Federal regulations, the Individual Out-of-Pocket Maximum for participating providers will change for the following plans:

	2025	2026
Gold Full PPO Savings 1850/15% HDHP PrevRx OffEx Gold Tandem PPO Savings 1850/15% HDHP PrevRx OffEx	When using a participating provider ³ \$4,000 When Using a Non-Participating Provider ⁴ \$8,000	When using a participating provider ³ \$4,500 When Using a Non-Participating Provider ⁴ \$9,000
Silver Full PPO Savings 2800/35% HDHP PrevRx OffEx Silver Tandem PPO Savings 2800/35% HDHP PrevRx OffEx Silver Full PPO Savings 2300/30% OffEx Silver Tandem PPO Savings 2300/30% OffEx Bronze Full PPO Savings 5700/40% OffEx Bronze Tandem PPO Savings 5700/40% OffEx	When using a participating provider ³ \$7,900 When Using a Non-Participating Provider ⁴ \$15,800	When using a participating provider ³ \$8,500 When Using a Non-Participating Provider ⁴ \$17,000

Family Out-of-Pocket Maximum

Consistent with new Federal regulations, the Family Out-of-Pocket Maximum for participating providers will change for the following plans:

	2025	2026
Gold Full PPO Savings 1850/15% HDHP PrevRx OffEx	<i>When using a participating provider³</i>	<i>When using a participating provider³</i>
Gold Tandem PPO Savings 1850/15% HDHP PrevRx OffEx	\$8,000	\$9,000
	<i>When Using a Non-Participating Provider⁴</i>	<i>When Using a Non-Participating Provider⁴</i>
	\$16,000	\$18,000
Silver Full PPO Savings 2800/35% HDHP PrevRx OffEx	<i>When using a participating provider³</i>	<i>When using a participating provider³</i>
Silver Tandem PPO Savings 2800/35% HDHP PrevRx OffEx	\$15,800	\$17,000
Silver Full PPO Savings 2300/30% OffEx	<i>When Using a Non-Participating Provider⁴</i>	<i>When Using a Non-Participating Provider⁴</i>
Silver Tandem PPO Savings 2300/30% OffEx	\$31,600	\$34,000
Bronze Full PPO Savings 5700/40% OffEx		
Bronze Tandem PPO Savings 5700/40% OffEx		

HSA family plan: individual deductible

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

	2025	2026
Gold Full PPO Savings 1850/15% HDHP PrevRx OffEx	<i>When using a participating provider³</i>	<i>When using a participating provider³</i>
Gold Tandem PPO Savings 1850/15% HDHP PrevRx OffEx	\$3,300	\$3,400
Silver Full PPO Savings 2300/30% OffEx	<i>When Using a Non-Participating Provider⁴</i>	<i>When Using a Non-Participating Provider⁴</i>
Silver Tandem PPO Savings 2300/30% OffEx	\$6,600	\$6,800
Silver Full PPO Savings 2800/35% HDHP PrevRx OffEx		
Silver Tandem PPO Savings 2800/35% HDHP PrevRx OffEx		

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
Gold Full PPO Savings 1850/15% HDHP PrevRx OffEx	<i>When using a participating provider³</i>	<i>When using a participating provider³</i>
Gold Tandem PPO Savings 1850/15% HDHP PrevRx OffEx	Benefit not included on SOB	No Charge deductible does apply
Silver Full PPO Savings 2300/30% OffEx		
Silver Tandem PPO Savings 2300/30% OffEx		
Silver Full PPO Savings 2800/35% HDHP PrevRx OffEx		
Silver Tandem PPO Savings 2800/35% HDHP PrevRx OffEx		
5700/40% OffEx		
Bronze Tandem PPO Savings 5700/40% OffEx		
Bronze Full PPO Savings 7500 OffEx		
Bronze Tandem PPO Savings 7500 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
Gold Full PPO Savings 1850/15% HDHP PrevRx OffEx Gold Tandem PPO Savings 1850/15% HDHP PrevRx OffEx Silver Full PPO Savings 2300/30% OffEx Silver Tandem PPO Savings 2300/30% OffEx Silver Full PPO Savings 2800/35% HDHP PrevRx OffEx Silver Tandem PPO Savings 2800/35% HDHP PrevRx OffEx Bronze Tandem PPO Savings 5700/40% OffEx Bronze Full PPO Savings 7500 OffEx Bronze Tandem PPO Savings 7500 OffEx	When using a participating provider ³ No Charge; deductible does apply	When using a participating provider ³ Not Covered; deductible does not apply

Emergency Services: Emergency room services

The cost share will change for the following plans:

	2025	2026
Bronze Full PPO Savings 5700/40% OffEx Bronze Tandem PPO Savings 5700/40% OffEx	When using a participating provider ³ \$250 per visit + 40% When Using a Non-Participating Provider ⁴ \$250 per visit + 40%	When using a participating provider ³ 50% When Using a Non-Participating Provider ⁴ 50%

Outpatient services: Ambulatory Surgery Center: surgery facility fee

The cost share will change for the following plans:

	2025	2026
Gold Full PPO Savings 1850/15% HDHP PrevRx OffEx Gold Tandem PPO Savings 1850/15% HDHP PrevRx OffEx	When using a participating provider ³ 15%	When using a participating provider ³ \$50 per surgery + 15%
Silver Full PPO Savings 2300/30% OffEx Silver Tandem PPO Savings 2300/30% OffEx	When using a participating provider ³ 30%	When using a participating provider ³ \$100 per surgery + 30%
2800/35% HDHP PrevRx OffEx Silver Tandem PPO Savings 2800/35% HDHP PrevRx OffEx	When using a participating provider ³ 35%	When using a participating provider ³ \$50 per surgery + 35%
Bronze Full PPO Savings 5700/40% OffEx Bronze Tandem PPO Savings 5700/40% OffEx	When using a participating provider ³ 40%	When using a participating provider ³ \$50 per surgery + 40%

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

The cost share will change for the following plans:

	2025	2026
Gold Full PPO Savings 1850/15% HDHP PrevRx OffEx	\$150 per surgery + 15%	\$250 per surgery + 15%
Gold Tandem PPO Savings 1850/15% HDHP PrevRx OffEx		
Silver Full PPO Savings 2300/30% OffEx	30%	\$250 per surgery + 30%
Silver Tandem PPO Savings 2300/30% OffEx		
Silver Full PPO Savings 2800/35% HDHP PrevRx OffEx	\$150 per surgery + 35%	\$250 per surgery + 35%
Silver Tandem PPO Savings 2800/35% HDHP PrevRx OffEx		
Bronze Full PPO Savings 5700/40% OffEx	\$200 per surgery + 40%	50%
Bronze Tandem PPO Savings 5700/40% OffEx		

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

The cost share will change for the following plans:

	2025	2026
Gold Full PPO Savings 1850/15% HDHP PrevRx OffEx	\$15/prescription	Level A: \$15/prescription Level B: \$20/prescription
Silver Full PPO Savings 2300/30% OffEx	\$25/prescription	Level A: \$25/prescription Level B: \$30/prescription
Silver Full PPO Savings 2800/35% HDHP PrevRx OffEx	35% up to \$250 per prescription	Level A: 35% up to \$250 per prescription Level B: 40% up to \$250 per prescription
Bronze Full PPO Savings 5700/40% OffEx	40% up to \$500 per prescription	Level A: 40% up to \$500 per prescription Level B: 40% up to \$500 per prescription
Bronze Full PPO Savings 7500 OffEx	No Charge	Level A: No Charge Level B: No Charge

Prescription Drugs-Retail (30-day supply) Retail Tier 2 Drugs

The cost share will change for the following plans:

	2025	2026
Gold Full PPO Savings 1850/15% HDHP PrevRx OffEx	\$30/prescription	Level A: \$30/prescription Level B: \$50/prescription
Silver Full PPO Savings 2300/30% OffEx	\$75/prescription	Level A: \$75/prescription Level B: \$100/prescription
Silver Full PPO Savings 2800/35% HDHP PrevRx OffEx	35% up to \$250 per prescription	Level A: 35% up to \$250 per prescription Level B: 40% up to \$250 per prescription
Bronze Full PPO Savings 5700/40% OffEx	40% up to \$500 per prescription	Level A: 40% up to \$500 per prescription

		Level B: 40% up to \$500 per prescription
Bronze Full PPO Savings 7500 OffEx	No Charge	Level A: No Charge Level B: No Charge

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

The cost share will change for the following plans:

	2025	2026
Gold Full PPO Savings 1850/15% HDHP PrevRx OffEx	\$50/prescription	Level A: \$50/prescription Level B: \$80/prescription
Silver Full PPO Savings 2300/30% OffEx	\$100/prescription	Level A: \$100/prescription Level B: \$150/prescription
Silver Full PPO Savings 2800/35% HDHP PrevRx OffEx	35% up to \$250 per prescription	Level A: 35% up to \$250 per prescription Level B: 40% up to \$250 per prescription
Bronze Full PPO Savings 5700/40% OffEx	40% up to \$500 per prescription	Level A: 40% up to \$500 per prescription Level B: 40% up to \$500 per prescription
Bronze Full PPO Savings 7500 OffEx	No Charge	Level A: No Charge Level B: No Charge

Prescription Drugs-Retail (30-day supply) Retail Tier 4 Drugs

The cost share will change for the following plans:

	2025	2026
Silver Full PPO Savings 2800/35% HDHP PrevRx OffEx Silver Tandem PPO Savings 2800/35% HDHP PrevRx OffEx	35% up to \$250/prescription	Level A: 40% up to \$250 per prescription Level B: 40% up to \$250 per prescription

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

The cost share will change for the following plans:

	2025	2026
Gold Full PPO Savings 1850/15% HDHP PrevRx OffEx	\$45/prescription	Level A: \$45/prescription Level B: \$60/prescription
Silver Full PPO Savings 2300/30% OffEx	\$75/prescription	Level A: \$75/prescription Level B: \$90/prescription
Silver Full PPO Savings 2800/35% HDHP PrevRx OffEx	35% up to \$750/prescription	Level A: 35% up to \$750/prescription Level B: 40% up to \$750/prescription
Bronze Full PPO Savings 5700/40% OffEx	40% up to \$1,500 per prescription	Level A: 40% up to \$1,500 per prescription

		Level B: 40% up to \$1,500 per prescription
Bronze Full PPO Savings 7500 OffEx	No Charge	Level A: No Charge Level B: No Charge

Prescription Drugs-Retail (90-day supply) Retail Tier 2 Drugs

The cost share will change for the following plans:

	2025	2026
Gold Full PPO Savings 1850/15% HDHP PrevRx OffEx	\$90/prescription	Level A: \$90/prescription Level B: \$150/prescription
Silver Full PPO Savings 2300/30% OffEx	\$225/prescription	Level A: \$225/prescription Level B: \$300/prescription
Silver Full PPO Savings 2800/35% HDHP PrevRx OffEx	35% up to \$750/prescription	Level A: 35% up to \$750/prescription Level B: 40% up to \$750/prescription
Bronze Full PPO Savings 5700/40% OffEx	40% up to \$1,500 per prescription	Level A: 40% up to \$1,500 per prescription Level B: 40% up to \$1,500 per prescription
Bronze Full PPO Savings 7500 OffEx	No Charge	Level A: No Charge Level B: No Charge

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

The cost share will change for the following plans:

	2025	2026
Gold Full PPO Savings 1850/15% HDHP PrevRx OffEx	\$150/prescription	Level A: \$150/prescription Level B: \$240/prescription
Silver Full PPO Savings 2300/30% OffEx	\$300/prescription	Level A: \$300/prescription Level B: \$450/prescription
Silver Full PPO Savings 2800/35% HDHP PrevRx OffEx	35% up to \$750/prescription	Level A: 35% up to \$750/prescription Level B: 40% up to \$750/prescription
Bronze Full PPO Savings 5700/40% OffEx	40% up to \$1,500 per prescription	Level A: 40% up to \$1,500 per prescription Level B: 40% up to \$1,500 per prescription
Bronze Full PPO Savings 7500 OffEx	No Charge	Level A: No Charge Level B: No Charge

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

The cost share will change for the following plans:

	2025	2026
Silver Full PPO Savings 2800/35% HDHP PrevRx OffEx	35% up to \$750/prescription	Level A: 40% up to \$750 per prescription
Silver Tandem PPO Savings 2800/35% HDHP PrevRx OffEx		

Level B: 40% up to \$750
per prescription

Prescription Drugs-Mail Order (31-90 day supply) Mail Service Tier 4 Drugs

The cost share will change for the following plans:

	2025	2026
Silver Full PPO Savings 2800/35% HDHP PrevRx OffEx Silver Tandem PPO Savings 2800/35% HDHP PrevRx OffEx	35% up to \$500/prescription	40% up to \$500/prescription

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

Defined terms have been changed to align with the mandate.

	2025	2026
ART PSP 15%/40% <u>Associated Plan:</u> Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx	<i>When Using a Participating Provider³</i> 50% of the allowable amount	<i>When Using a Participating Provider³</i> 15% of the allowable amount; deductible does apply <i>When Using a Non-Participating Provider⁴</i> 40% of the allowable amount; deductible does apply
ART PSP 30%/50% <u>Associated Plan:</u> Silver Full PPO Savings 2300/30% OffEx Silver Tandem PPO Savings 2300/30% OffEx	<i>When Using a Participating Provider³</i> 50% of the allowable amount	<i>When Using a Participating Provider³</i> 30% of the allowable amount; deductible does apply <i>When Using a Non-Participating Provider⁴</i> 50% of the allowable amount; deductible does apply
ART PSP 35%/50% <u>Associated Plan:</u> Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx	<i>When Using a Participating Provider³</i> 50% of the allowable amount	<i>When Using a Participating Provider³</i> 35% of the allowable amount; deductible does apply <i>When Using a Non-Participating Provider⁴</i> 50% of the allowable amount; deductible does apply

ART PSP 40%/50% <u>Associated Plan:</u> Bronze Full PPO Savings 5700/40% OffEx Bronze Tandem PPO Savings 5700/40% OffEx	<i>When Using a Participating Provider³</i> <i>50% of the allowable amount</i>	<i>When Using a Participating Provider³</i> <i>40% of the allowable amount; deductible does apply</i> <i>When Using a Non-Participating Provider⁴</i> <i>50% of the allowable amount; deductible does apply</i>
ART PSP 0%/50% <u>Associated Plan:</u> Bronze Full PPO Savings 7500 OffEx Bronze Tandem PPO Savings 7500 OffEx	<i>When Using a Participating Provider³</i> <i>50% of the allowable amount</i>	<i>When Using a Participating Provider³</i> <i>No Charge; deductible does apply</i> <i>When Using a Non-Participating Provider⁴</i> <i>50% of the allowable amount; deductible does apply</i>

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)**。