

Changes to your health plan

Effective January 1, 2025, 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. In this quick reference guide, you will see:

- New coinsurance and copayments
- Updates to out-of-pocket expenses, such as deductibles
- Changes to covered benefits or services
- New conditions or requirements for certain services
- Language clarifications

Please visit 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		2024 (this year)	What's changing? 2025 (renewal year)
Your calendar-year medical deductible has increased.	When using a non-participating provider	Individual/family \$6,500/\$13,000	Individual/family \$7,000/\$14,000

Calendar-year out-of-pocket maximum changes

Description of change		2024 (this year)	What's changing? 2025 (renewal year)
Your calendar-year out-of-pocket maximum has decreased.	When using a participating provider	Individual/family \$9,100/\$18,200	Individual/family \$8,700/\$17,400
Your calendar-year out-of-pocket maximum has increased.	When using a non-participating provider	Individual/family \$20,000/\$40,000	Individual/family \$25,000/\$50,000

Calendar-year pharmacy deductible changes

Description of change		2024 (this year)	What's changing? 2025 (renewal year)
Your calendar-year pharmacy deductible has decreased.		Individual/family \$150/\$300	Individual/family \$50/\$100

Pharmacy prescription drug cost share changes

Benefit section and description of change		What's changing?	
		2024 (this year)	2025 (renewal year)
Retail pharmacy prescription drugs Your copay for tier 1 drugs has decreased.	Tier 1 drugs	\$19/prescription	\$18/prescription
Mail pharmacy prescription drugs Your copay for tier 1 drugs has decreased.	Tier 1 drugs	\$57/prescription	\$54/prescription

Medical benefit cost share changes

Benefit section and summary of change	Benefit category	What's changing?	
		2024 (this year)	2025 (renewal year)
Emergency services Emergency room services Your copay for this benefit has decreased.	When using a participating provider	\$450/visit	\$400/visit
	When using a non-participating provider	\$450/visit	\$400/visit

Benefit changes and clarifications

Changes to your benefits/services will be reflected in your *Summary of Benefits (SOB)* or *Evidence of Coverage (EOC)*.

Benefit changes

These are changes made to your coverage for medical services and prescription drugs.

Section name	Description of the change(s)
Biosimilar drugs	<p>The Prescription Drug Benefits section was revised to show that brand drugs that have a biosimilar drug available may be treated similarly to those with a generic drug available. For these drugs, the applicable brand tier copay/coinsurance will be charged instead of Tier 1 cost share, plus the difference in cost between the brand drug and biosimilar drug.</p> <p>The definition of biosimilar drugs has been added to the Definitions section in your EOC.</p>
Outpatient prescription drug exclusions and limitations: Weight loss drugs	<p>The Outpatient Prescription Drug Exclusions and Limitations section of the EOC includes requirements for weight loss drug approval.</p> <p>A prior authorization is required for weight loss drug coverage. In addition, weight loss drugs are not a covered benefit unless considered medically necessary as a treatment for Class III obesity.</p>

Section name	Description of the change(s)
Coverage for massage and health care provider definition	<p>The Rehabilitative and Habilitative Services section of the EOC has been edited to clarify that massage services are covered as part of a physical therapy treatment. To be covered, the massage must be performed by a licensed or certified health care provider. Please review the EOC in the following sections to learn more:</p> <ul style="list-style-type: none"> • Rehabilitative and habilitative services, physical therapy • General exclusions and limitations <p>The definition of “healthcare provider” in the Definitions section of the EOC has been revised. “Massage therapist” has been removed from the examples listed of licensed or certified professionals who can provide health care services.</p>

Definitions: Experimental or investigational	<p>The definition of experimental or investigational has been expanded in the Definitions section of your EOC.</p> <p>For example, specific drugs approved through the Food and Drug Administration’s (FDA) accelerated approval pathway that do not have sufficient clinical evidence or support for use shall be considered experimental or investigational in nature. Drugs, devices, services, and supplies that are considered experimental or investigational are not a covered benefit by the plan. For the full definition, review your EOC.</p>
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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)
Over the counter at-home COVID-19 test reimbursements	<p>The maximum reimbursement amount allowed for over the counter at-home COVID-19 tests is \$12 per test. Please review your EOC for the full benefit description.</p>
Pediatric vision coverage: Eyewear/materials	<p>Under the Pediatric Benefits, Pediatric Vision section in the SOB, the footnote describing your coverage for frames has been edited. The reference to “warehouse” allowance and/or “warehouse pricing” has been removed. The vision plan administrator does not use this term. The retail cost is classified as “wholesale pricing.” This edit does not change the benefit.</p>
General exclusions and limitations: Orthoptics and vision training	<p>The General Exclusions and Limitations table in the EOC has been revised to clarify that orthoptics and vision training are not a covered benefit except when medically necessary.</p>

Section name	Description of the change(s)
Address change: Submitting a pharmacy services claim	The address for submitting a claim has been updated. The new address is as follows: Blue Shield of California 1606 Ave. Ponce de Leon San Juan, PR 00909-4830
Obtaining outpatient prescription drugs from the mail service pharmacy	The Obtaining Outpatient Prescription Drugs from the Mail Service Pharmacy section in the EOC has been revised to clarify that maintenance drugs that you receive from the mail service pharmacy are for chronic conditions taken on a regular basis to treat an ongoing condition.
Obtaining specialty drugs from a network specialty pharmacy	The Obtaining Specialty Drugs from a Network Specialty Pharmacy section in the EOC has been revised to clarify that if self-administered specialty drugs are obtained from anywhere other than at a network specialty pharmacy, you may be responsible for the entire cost of the drug. To learn more about a specialty pharmacy, go to blueshieldca.com/specialty-pharmacy .
Physician and other professional services: Injectable drugs administration	The Physician and Other Professional Services section in the EOC was revised to clarify that injectable drugs must be given by a healthcare provider for it to be a covered service.
Obtaining outpatient prescription drugs at a participating pharmacy: Hormonal contraceptive drug refill	The Obtaining Outpatient Prescription Drugs at a Participating Pharmacy section in the EOC has been revised to specify that only hormonal contraceptive drugs may be obtained per prescription or refill up to a 12-month supply.
Prescription drug benefits: Special programs	A description has been included in the Prescription Drug Benefits section of the EOC on how Blue Shield can offer special programs in which a member could participate to receive more cost-effective outpatient prescription drugs.
Endnotes: Teledentistry coverage	The Endnotes section for the SOB was revised to clarify that teledentistry is a covered pediatric dental benefit. This benefit may be offered at no charge. Consult with a participating dentist to determine if this is a service that they offer. Refer to your SOB for additional information.
Exclusions and limitations: general exclusions and limitations table – Hearing aid coverage for children	The General Exclusions and Limitations table in the EOC was revised to include information about a new state-funded hearing aid benefit. The Hearing Aid Coverage for Children Program (HACCP) is available for ages 0-20. To learn more about eligibility and apply, visit www.dhcs.ca.gov/HACCP .

Please note: This document is not a contract. For complete benefit descriptions, terms and conditions, exclusions, and limitations of the health plan, please read your *Evidence of Coverage* (EOC).