

# Changes to your Small Business PPO Off Exchange plans

As of January 1, 2025

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, 2024 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:

2024	2025
Gold Full PPO 1000/35 OffEx	Gold Full PPO 1000/30 OffEx
Gold Tandem PPO 1000/35 OffEx	Gold Tandem PPO 1000/30 OffEx
Silver Full PPO 2000/60 OffEx	Silver Full PPO 1700/60 OffEx
Silver Tandem PPO 2000/60 OffEx	Silver Tandem PPO 1700/60 OffEx
Silver Full PPO 2350/65 OffEx	Silver Full PPO 2100/65 OffEx
Silver Tandem PPO 2350/65 OffEx	Silver Tandem PPO 2100/65 OffEx
Silver Full PPO 2550/70 OffEx	Silver Full PPO 2350/70 OffEx
Silver Tandem PPO 2550/70 OffEx	Silver Tandem PPO 2350/70 OffEx
Bronze Full PPO 5500/65 OffEx	Bronze Full PPO 4500/65 OffEx
Bronze Tandem PPO 5500/65 OffEx	Bronze Tandem PPO 4500/65 OffEx

## Calendar Year Deductible

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

	2024	2025
Silver Full PPO 1700/60 OffEx Silver Tandem PPO 1700/60 OffEx	<b>When Using a Participating Provider<sup>3</sup></b> \$2,000 Individual/ \$4,000 Family	<b>When Using a Participating Provider<sup>3</sup></b> \$1,700 Individual/ \$3,400 Family
	<b>When Using a Non-Participating Provider<sup>4</sup></b> \$4,000 Individual/ \$8,000 Family	<b>When Using a Non-Participating Provider<sup>4</sup></b> \$3,400 Individual/ \$6,800 Family
Silver Full PPO 2100/65 OffEx Silver Tandem PPO 2100/65 OffEx	<b>When Using a Participating Provider<sup>3</sup></b> \$2,350 Individual/ \$4,700 Family	<b>When Using a Participating Provider<sup>3</sup></b> \$2,100 Individual/ \$4,200 Family

	<b>When Using a Non-Participating Provider<sup>a</sup></b> \$4,700 Individual/ \$9,400 Family	<b>When Using a Non-Participating Provider<sup>a</sup></b> \$4,200 Individual/ \$8,400 Family
Silver Full PPO 2350/70 OffEx Silver Tandem PPO 2350/70 OffEx	<b>When Using a Participating Provider<sup>b</sup></b> \$2,550 Individual/ \$5,100 Family  <b>When Using a Non-Participating Provider<sup>a</sup></b> \$5,100 Individual/ \$10,200 Family	<b>When Using a Participating Provider<sup>b</sup></b> \$2,350 Individual/ \$4,700 Family  <b>When Using a Non-Participating Provider<sup>a</sup></b> \$4,700 Individual/ \$9,400 Family
Bronze Full PPO 4500/65 OffEx Bronze Tandem PPO 4500/65 OffEx	<b>When Using a Participating Provider<sup>b</sup></b> \$5,500 Individual/ \$11,000 Family  <b>When Using a Non-Participating Provider<sup>a</sup></b> \$11,000 Individual/ \$22,600 Family	<b>When Using a Participating Provider<sup>b</sup></b> \$4,500 Individual/ \$9,000 Family  <b>When Using a Non-Participating Provider<sup>a</sup></b> \$9,000 Individual/ \$18,000 Family

### Pharmacy Deductible

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

	2024	2025
Gold Full PPO 500/30 OffEx Gold Tandem PPO 500/30 OffEx	<b>When Using a Participating Provider<sup>b</sup></b> \$100 Individual/ \$200 Family	<b>When Using a Participating Provider<sup>b</sup></b> \$150 Individual/ \$300 Family
Silver Full PPO 1700/60 OffEx Silver Tandem PPO 1700/60 OffEx	<b>When Using a Participating Provider<sup>b</sup></b> \$350 Individual/ \$700 Family	<b>When Using a Participating Provider<sup>b</sup></b> \$300 Individual/ \$600 Family
Gold Full PPO 1000/30 OffEx Gold Tandem PPO 1000/30 OffEx	<b>When Using a Participating Provider<sup>b</sup></b> \$300 Individual/ \$600 Family	<b>When Using a Participating Provider<sup>b</sup></b> \$250 Individual/ \$500 Family

### 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:

	2024	2025
Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	<b>When Using a Participating Provider<sup>3</sup></b> \$8,500 Individual/ \$17,000 Family	<b>When Using a Participating Provider<sup>3</sup></b> \$7,900 Individual/ \$15,800 Family
Gold Full PPO 500/30 OffEx Gold Tandem PPO 500/30 OffEx	<b>When Using a Non-Participating Provider<sup>4</sup></b> \$17,000 Individual/ \$34,000 Family	<b>When Using a Non-Participating Provider<sup>4</sup></b> \$15,800 Individual/ \$31,600 Family
Gold Full PPO 750/30 OffEx Gold Tandem PPO 750/30 OffEx	<b>When Using a Participating Provider<sup>3</sup></b> \$8,150 Individual/ \$16,300 Family	<b>When Using a Participating Provider<sup>3</sup></b> \$7,900 Individual/ \$15,800 Family
Gold Full PPO 1000/30 OffEx Gold Tandem PPO 1000/30 OffEx	<b>When Using a Non-Participating Provider<sup>4</sup></b> \$16,300 Individual/ \$32,600 Family	<b>When Using a Non-Participating Provider<sup>4</sup></b> \$15,800 Individual/ \$31,600 Family
Silver Full PPO 1700/60 OffEx Silver Tandem PPO 1700/60 OffEx	<b>When Using a Participating Provider<sup>3</sup></b> \$8,750 Individual/ \$17,500 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> \$17,500 Individual/ \$35,000 Family	<b>When Using a Non-Participating Provider<sup>4</sup></b> \$17,000 Individual/ \$34,000 Family
Bronze Full PPO 4500/65 OffEx Bronze Tandem PPO 4500/65 OffEx	<b>When Using a Participating Provider<sup>3</sup></b> \$9,100 Individual/ \$18,200 Family	<b>When Using a Participating Provider<sup>3</sup></b> \$8,850 Individual/ \$17,700 Family
Bronze Full PPO 6250/65 OffEx Bronze Tandem PPO 6250/65 OffEx		
Bronze Full PPO 6500/70 OffEx Bronze Tandem PPO 6500/70 OffEx	<b>When Using a Non-Participating Provider<sup>4</sup></b> \$18,200 Individual/ \$36,400 Family	<b>When Using a Non-Participating Provider<sup>4</sup></b> \$17,700 Individual/ \$35,400 Family
Bronze Full PPO 6850/55 OffEx Bronze Tandem PPO 6850/55 OffEx		
Bronze Full PPO 7500/65 OffEx Bronze Tandem PPO 7500/65 OffEx		
Virtual Blue <sup>SM</sup> Bronze Tandem PPO 7500/75 OffEx		

**Physicians Services: Primary Care office visit | Physician Home visits | Other practitioner office visit**

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

	2024	2025
Bronze Full PPO 4500/65 OffEx Bronze Tandem PPO 4500/65 OffEx	<i>When using a participating provider<sup>3</sup></i> \$65/visit (First 3 visits per member per calendar year)	<i>When using a participating provider<sup>3</sup></i> \$65/visit (First 5 visits per member per calendar year)
Bronze Full PPO 6250/65 OffEx Bronze Tandem PPO 6250/65 OffEx		
Bronze Full PPO 6850/55 OffEx Bronze Tandem PPO 6850/55 OffEx	<i>When using a participating provider<sup>3</sup></i> \$55/visit (First 3 visits per member per calendar year)	<i>When using a participating provider<sup>3</sup></i> \$55/visit (First 5 visits per member per calendar year)
Bronze Full PPO 7500/65 OffEx Bronze Tandem PPO 7500/65 OffEx	<i>When using a participating provider<sup>3</sup></i> \$65/visit (First 3 visits per member per calendar year)	<i>When using a participating provider<sup>3</sup></i> \$65/visit (First 10 visits per member per calendar year)
Gold Full PPO 1000/30 OffEx Gold Tandem PPO 1000/30 OffEx	<i>When using a participating provider<sup>3</sup></i> \$35/visit	<i>When using a participating provider<sup>3</sup></i> \$30/visit

**Physicians Services: Specialist Care office visit**

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

	2024	2025
Platinum Full PPO 0/10 OffEx Platinum Tandem PPO 0/10 OffEx	<i>When using a participating provider<sup>3</sup></i> \$30/visit	<i>When using a participating provider<sup>3</sup></i> \$35/visit
Platinum Full PPO 250/15 OffEx Platinum Tandem PPO 250/15 OffEx		
Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx	<i>When using a participating provider<sup>3</sup></i> \$10/visit	<i>When using a participating provider<sup>3</sup></i> \$35/visit
Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	<i>When using a participating provider<sup>3</sup></i> \$50/visit	<i>When using a participating provider<sup>3</sup></i> \$60/visit
Gold Full PPO 500/30 OffEx Gold Tandem PPO 500/30 OffEx	<i>When using a participating provider<sup>3</sup></i> \$55/visit	<i>When using a participating provider<sup>3</sup></i> \$60/visit
Gold Full PPO 750/30 OffEx Gold Tandem PPO 750/30 OffEx		
Silver Full PPO 1700/60 OffEx Silver Tandem PPO 1700/60 OffEx	<i>When using a participating provider<sup>3</sup></i> \$80/visit	<i>When using a participating provider<sup>3</sup></i> \$85/visit
Silver Full PPO 2350/70 OffEx Silver Tandem PPO 2350/70 OffEx		
Silver Full PPO 2100/65 OffEx Silver Tandem PPO 2100/65 OffEx	<i>When using a participating provider<sup>3</sup></i>	<i>When using a participating provider<sup>3</sup></i>

	<i>\$80/visit; or \$0 per visit under the Value Based Program</i>	<i>\$85/visit; or \$0 per visit under the Value Based Program</i>
Bronze Full PPO 4500/65 OffEx Bronze Tandem PPO 4500/65 OffEx	<b><i>When using a participating provider<sup>3</sup></i></b> <i>\$80/visit (First 3 visits per member per calendar year)</i>	<b><i>When using a participating provider<sup>3</sup></i></b> <i>\$90/visit (First 5 visits per member per calendar year)</i>
Bronze Full PPO 6250/65 OffEx Bronze Tandem PPO 6250/65 OffEx  Bronze Full PPO 6850/55 OffEx Bronze Tandem PPO 6850/55 OffEx	<b><i>When using a participating provider<sup>3</sup></i></b> <i>\$75/visit (First 3 visits per member per calendar year)</i>	<b><i>When using a participating provider<sup>3</sup></i></b> <i>\$80/visit (First 5 visits per member per calendar year)</i>
Bronze Full PPO 6500/70 OffEx Bronze Tandem PPO 6500/70 OffEx	<b><i>When using a participating provider<sup>3</sup></i></b> <i>\$80/visit (First 10 visits per member per calendar year)</i>	<b><i>When using a participating provider<sup>3</sup></i></b> <i>\$85/visit (First 10 visits per member per calendar year)</i>
Virtual Blue <sup>SM</sup> Gold Tandem PPO 1500/45 OffEx	<b><i>When using a participating provider<sup>3</sup></i></b> <i>\$65/visit</i>	<b><i>When using a participating provider<sup>3</sup></i></b> <i>\$60/visit</i>
Gold Full PPO 1000/30 OffEx Gold Tandem PPO 1000/30 OffEx	<b><i>When using a participating provider<sup>3</sup></i></b> <i>\$55/visit</i>	<b><i>When using a participating provider<sup>3</sup></i></b> <i>\$50/visit</i>

**Emergency Service: Urgent Care services**

The cost share will change for the following plans:

	2024	2025
Bronze Full PPO 4500/65 OffEx Bronze Tandem PPO 4500/65 OffEx  Bronze Full PPO 6250/65 OffEx Bronze Tandem PPO 6250/65 OffEx	<b><i>When using a participating provider<sup>3</sup></i></b> <i>\$65/visit (First 3 visits per member per calendar year)</i>	<b><i>When using a participating provider<sup>3</sup></i></b> <i>\$65/visit (First 5 visits per member per calendar year)</i>
Bronze Full PPO 6850/55 OffEx Bronze Tandem PPO 6850/55 OffEx	<b><i>When using a participating provider<sup>3</sup></i></b> <i>\$55/visit (First 3 visits per member per calendar year)</i>	<b><i>When using a participating provider<sup>3</sup></i></b> <i>\$55/visit (First 5 visits per member per calendar year)</i>
Bronze Full PPO 7500/65 OffEx Bronze Tandem PPO 7500/65 OffEx	<b><i>When using a participating provider<sup>3</sup></i></b> <i>\$65/visit (First 3 visits per member per calendar year)</i>	<b><i>When using a participating provider<sup>3</sup></i></b> <i>\$65/visit (First 10 visits per member per calendar year)</i>
Gold Full PPO 1000/30 OffEx Gold Tandem PPO 1000/30 OffEx	<b><i>When using a participating provider<sup>3</sup></i></b> <i>\$35/visit</i>	<b><i>When using a participating provider<sup>3</sup></i></b> <i>\$30/visit</i>

**Diagnostic Tests: Laboratory center**

The cost share will change for the following plans:

	2024	2025
Platinum Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx	<i>When using a participating provider<sup>3</sup> \$15/visit</i>	<i>When using a participating provider<sup>3</sup> \$20/visit</i>
Platinum Full PPO 0/10 OffEx Platinum Tandem PPO 0/10 OffEx		
Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx	<i>When using a participating provider<sup>3</sup> \$15/visit Deductible does not apply</i>	<i>When using a participating provider<sup>3</sup> \$20/visit Deductible applies</i>
Platinum Full PPO 250/15 OffEx Platinum Tandem PPO 250/15 OffEx		
Bronze Full PPO 4500/65 OffEx Bronze Tandem PPO 4500/65 OffEx	<i>When using a participating provider<sup>3</sup> \$55/visit</i>	<i>When using a participating provider<sup>3</sup> 50%</i>
Gold Full PPO 1000/30 OffEx Gold Tandem PPO 1000/30 OffEx	<i>When using a participating provider<sup>3</sup> \$35/visit</i>	<i>When using a participating provider<sup>3</sup> \$30/visit</i>

**Diagnostic Tests: Laboratory and pathology services: Outpatient department of a Hospital**

The cost share will increase for the following plans:

	2024	2025
Platinum Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx	<i>When using a participating provider<sup>3</sup> 10%</i>	<i>When using a participating provider<sup>3</sup> 15%</i>
Platinum Full PPO 0/10 OffEx Platinum Tandem PPO 0/10 OffEx		
Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx		
Platinum Full PPO 250/15 OffEx Platinum Tandem PPO 250/15 OffEx		

**Diagnostic Tests: Basic imaging services: Outpatient radiology center**

The cost share will increase for the following plans:

	2024	2025
Platinum Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx	<i>When using a participating provider<sup>3</sup> \$25/visit</i>	<i>When using a participating provider<sup>3</sup> \$30/visit</i>
Platinum Full PPO 0/10 OffEx Platinum Tandem PPO 0/10 OffEx		

Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx	<i>When using a participating provider<sup>3</sup> \$30/visit</i>	<i>When using a participating provider<sup>3</sup> \$35/visit Deductible applies</i>
Platinum Full PPO 250/15 OffEx Platinum Tandem PPO 250/15 OffEx		

**Diagnostic Tests: Other outpatient non-invasive diagnostic testing: Office setting**

The cost share will increase for the following plans:

	2024	2025
Platinum Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx	<i>When using a participating provider<sup>3</sup> \$25/visit</i>	<i>When using a participating provider<sup>3</sup> \$30/visit</i>
Platinum Full PPO 0/10 OffEx Platinum Tandem PPO 0/10 OffEx		
Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx	<i>When using a participating provider<sup>3</sup> \$30/visit</i>	<i>When using a participating provider<sup>3</sup> \$35/visit Deductible applies</i>
Platinum Full PPO 250/15 OffEx Platinum Tandem PPO 250/15 OffEx		

**Diagnostic Tests: Basic imaging services and other outpatient non-invasive diagnostic testing: Outpatient department of a Hospital.**

The cost share will increase for the following plans:

	2024	2025
Platinum Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx	<i>When using a participating provider<sup>3</sup> \$75/visit</i>	<i>When using a participating provider<sup>3</sup> \$100/visit</i>
Platinum Full PPO 0/10 OffEx Platinum Tandem PPO 0/10 OffEx		
Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx	<i>When using a participating provider<sup>3</sup> \$80/visit Deductible does not apply</i>	<i>When using a participating provider<sup>3</sup> \$100/visit Deductible applies</i>
Platinum Full PPO 250/15 OffEx Platinum Tandem PPO 250/15 OffEx		
Gold Full PPO 500/30 OffEx Gold Tandem PPO 500/30 OffEx	<i>When using a participating provider<sup>3</sup> \$100/visit Deductible does not apply</i>	<i>When using a participating provider<sup>3</sup> \$100/visit Deductible applies</i>
Gold Full PPO 750/30 OffEx Gold Tandem PPO 750/30 OffEx		
Gold Full PPO 1000/30 OffEx Gold Tandem PPO 1000/30 OffEx		
Silver Full PPO 1700/60 OffEx Silver Tandem PPO 1700/60 OffEx	<i>When using a participating provider<sup>3</sup> \$130/visit Deductible does not apply</i>	<i>When using a participating provider<sup>3</sup> \$130/visit Deductible applies</i>
Silver Full PPO 2100/65 OffEx Silver Tandem PPO 2100/65 OffEx		

Silver Full PPO 2350/70 OffEx Silver Tandem PPO 2350/70 OffEx	<i>When using a participating provider<sup>3</sup> \$135/visit Deductible does not apply</i>	<i>When using a participating provider<sup>3</sup> \$135/visit Deductible applies</i>
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**Advanced imaging services: Outpatient radiology center**

The cost share will change for the following plans:

	2024	2025
Platinum Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx	<i>When using a participating provider<sup>3</sup> 10%</i>	<i>When using a participating provider<sup>3</sup> 15%</i>
Platinum Full PPO 0/10 OffEx Platinum Tandem PPO 0/10 OffEx		
Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx		
Platinum Full PPO 250/15 OffEx Platinum Tandem PPO 250/15 OffEx		
Silver Full PPO 2100/65 OffEx Silver Tandem PPO 2100/65 OffEx	<i>When using a participating provider<sup>3</sup> 40%/visit Deductible does not apply</i>	<i>When using a participating provider<sup>3</sup> 40%/visit Deductible applies</i>

**Advanced imaging services: Outpatient Department of a Hospital**

The cost share will change for the following plans:

	2024	2025
Platinum Full PPO 0/0 OffEx Platinum Tandem PPO 0/0 OffEx	<i>When using a participating provider<sup>3</sup> \$100/visit + 10%</i>	<i>When using a participating provider<sup>3</sup> \$100/visit + 15%</i>
Platinum Full PPO 0/10 OffEx Platinum Tandem PPO 0/10 OffEx		
Platinum Full PPO 250/10 OffEx Platinum Tandem PPO 250/10 OffEx		
Platinum Full PPO 250/15 OffEx Platinum Tandem PPO 250/15 OffEx		

**Mental Health/Substance Use Disorder Services: Mental Health and Substance Use Disorder Office visit, including physician office visit**

The cost share will increase for the following plans:

	2024	2025
Bronze Full PPO 4500/65 OffEx Bronze Tandem PPO 4500/65 OffEx	<i>When using a participating provider<sup>3</sup> \$65/visit (First 3 visits per member per calendar year)</i>	<i>When using a participating provider<sup>3</sup> \$65/visit (First 5 visits per member per calendar year)</i>
Bronze Full PPO 6250/65 OffEx Bronze Tandem PPO 6250/65 OffEx		
Bronze Full PPO 6850/55 OffEx Bronze Tandem PPO 6850/55 OffEx	<i>When using a participating provider<sup>3</sup></i>	<i>When using a participating provider<sup>3</sup></i>



	<i>\$55/visit (First 3 visits per member per calendar year)</i>	<i>\$55/visit (First 5 visits per member per calendar year)</i>
Bronze Full PPO 7500/65 OffEx Bronze Tandem PPO 7500/65 OffEx	<b>When using a participating provider<sup>8</sup></b> <i>\$65/visit (First 3 visits per member per calendar year)</i>	<b>When using a participating provider<sup>8</sup></b> <i>\$65/visit (First 10 visits per member per calendar year)</i>

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

The cost share will change for the following plans:

	<b>2024</b>	<b>2025</b>
Gold Full PPO 0/35 OffEx Bronze Full PPO 4500/65 OffEx	<i>\$20/prescription</i>	<i>\$25/prescription</i>
Gold Tandem PPO 0/35 OffEx Bronze Tandem PPO 4500/65 OffEx	<i>Level A: \$20/prescription Level B: \$25/prescription</i>	<i>Level A: \$25/prescription Level B: \$30/prescription</i>
Gold Full PPO 750/30 OffEx Gold Full PPO 1000/30 OffEx	<i>\$10/prescription</i>	<i>\$15/prescription</i>
Gold Tandem PPO 750/30 OffEx Gold Tandem PPO 1000/30 OffEx	<i>Level A: \$10/prescription Level B: \$15/prescription</i>	<i>Level A: \$15/prescription Level B: \$20/prescription</i>

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

The cost share will change for the following plans:

	<b>2024</b>	<b>2025</b>
Gold Full PPO 0/35 OffEx	<i>\$45/prescription</i>	<i>\$50/prescription</i>
Gold Tandem PPO 0/35 OffEx	<i>Level A: \$45/prescription Level B: \$65/prescription</i>	<i>Level A: \$50/prescription Level B: \$70/prescription</i>
Gold Full PPO 750/30 OffEx Gold Full PPO 1000/30 OffEx	<i>\$40/prescription</i>	<i>\$50/prescription</i>
Gold Tandem PPO 750/30 OffEx Gold Tandem PPO 1000/30 OffEx	<i>Level A: \$40/prescription Level B: \$60/prescription</i>	<i>Level A: \$50/prescription Level B: \$70/prescription</i>

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

The cost share will change for the following plans:

	<b>2024</b>	<b>2025</b>
Gold Full PPO 0/35 OffEx	<i>\$60/prescription</i>	<i>\$70/prescription</i>
Gold Tandem PPO 0/35 OffEx	<i>Level A: \$60/prescription Level B: \$75/prescription</i>	<i>Level A: \$70/prescription Level B: \$100/prescription</i>
Gold Full PPO 750/30 OffEx Gold Full PPO 1000/30 OffEx	<i>\$70/prescription</i>	<i>\$80/prescription</i>

Gold Tandem PPO 750/30 OffEx Gold Tandem PPO 1000/30 OffEx	Level A: \$70/prescription Level B: \$100/prescription	Level A: \$80/prescription Level B: \$110/prescription
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**Prescription Drugs-Retail (90-day supply) Retail Tier 1 Drugs**

The cost share will change for the following plans:

	2024	2025
Gold Full PPO 0/35 OffEx Bronze Full PPO 4500/65 OffEx	\$60/prescription	\$75/prescription
Gold Tandem PPO 0/35 OffEx Bronze Tandem PPO 4500/65 OffEx	Level A: \$60/prescription Level B: \$75/prescription	Level A: \$75/prescription Level B: \$90/prescription
Gold Full PPO 750/30 OffEx Gold Full PPO 1000/30 OffEx	\$30/prescription	\$45/prescription
Gold Tandem PPO 750/30 OffEx Gold Tandem PPO 1000/30 OffEx	Level A: \$30/prescription Level B: \$45/prescription	Level A: \$45/prescription Level B: \$60/prescription

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

The cost share will change for the following plans:

	2024	2025
Gold Full PPO 0/35 OffEx	\$135/prescription	\$150/prescription
Gold Tandem PPO 0/35 OffEx	Level A: \$135/prescription Level B: \$195/prescription	Level A: \$150/prescription Level B: \$210/prescription
Gold Full PPO 750/30 OffEx Gold Full PPO 1000/30 OffEx	\$120/prescription	\$150/prescription
Gold Tandem PPO 750/30 OffEx Gold Tandem PPO 1000/30 OffEx	Level A: \$120/prescription Level B: \$180/prescription	Level A: \$150/prescription Level B: \$210/prescription

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

The cost share will change for the following plans:

	2024	2025
Gold Full PPO 0/35 OffEx	\$180/prescription	\$210/prescription
Gold Tandem PPO 0/35 OffEx	Level A: \$180/prescription Level B: \$270/prescription	Level A: \$210/prescription Level B: \$300/prescription
Gold Full PPO 750/30 OffEx Gold Full PPO 1000/30 OffEx	\$210/prescription	\$240/prescription
Gold Tandem PPO 750/30 OffEx Gold Tandem PPO 1000/30 OffEx	Level A: \$210/prescription Level B: \$300/prescription	Level A: \$240/prescription Level B: \$330/prescription

**Prescription Drugs-Mail Order (90-day supply) Mail Service Tier 1 Drugs**

The cost share will change for the following plans:

	2024	2025
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Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	\$40/prescription	\$50/prescription
Bronze Full PPO 4500/65 OffEx Bronze Tandem PPO 4500/65 OffEx		
Gold Full PPO 750/30 OffEx Gold Tandem PPO 750/30 OffEx	\$20/prescription	\$30/prescription
Gold Full PPO 1000/30 OffEx Gold Tandem PPO 1000/30 OffEx		

**Prescription Drugs–Mail Order (90-day supply) Mail Service Tier 2 Drugs**

The cost share will change for the following plans:

	2024	2025
Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	\$90/prescription	\$100/prescription
Gold Full PPO 750/30 OffEx Gold Tandem PPO 750/30 OffEx Gold Full PPO 1000/30 OffEx Gold Tandem PPO 1000/30 OffEx	\$80/prescription	\$100/prescription

**Prescription Drugs–Mail Order (90-day supply) Mail Service Tier 3 Drugs**

The cost share will change for the following plans:

	2024	2025
Gold Full PPO 0/35 OffEx Gold Tandem PPO 0/35 OffEx	\$120/prescription	\$140/prescription
Gold Full PPO 750/30 OffEx Gold Tandem PPO 750/30 OffEx Gold Full PPO 1000/30 OffEx Gold Tandem PPO 1000/30 OffEx	\$140/prescription	\$160/prescription

The following changes have been made to your benefits:

**SOB change: Pediatric Vision Coverage**

Removed diabetes management referral, as the program was never implemented.

**EOC & SOB change: Biosimilar Drugs**

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 the Tier 1 cost share, plus the difference in cost between the brand and biosimilar drug.

The definition of Biosimilar Drugs has been added to the *Definitions* section in your EOC and the Endnotes of the SOB

**EOC change: Address change: Submitting a Pharmacy Service Claim**

The address for submitting a *prescription drug* claim has been updated in your 2025 EOC. The new address is as follows:

Blue Shield of California  
1606 Ave. Ponce de Leon  
San Juan, PR 00909-4830

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### EOC change: Over the counter at-home COVID-19 test reimbursements

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.

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### EOC change: Exclusions and Limitations: General Exclusions and Limitations Table

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 and apply, visit [www.dhcs.ca.gov/HACCP](http://www.dhcs.ca.gov/HACCP).

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### EOC change: Exclusions and Limitations: General Exclusions and Limitations Table

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.

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### EOC change: Definitions: Experimental or Investigational

The definition of Experimental or Investigational has been expanded in the Definitions section of your EOC.

Specific drugs approved by the Food and Drug Administration (FDA) that do not have sufficient clinical evidence or support for use shall be considered experimental or investigational in nature.

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### EOC change: Obtaining Specialty Drugs

The *Obtaining Specialty Drugs from a Network Specialty Pharmacy* section in the EOC has been revised to clarify what the member's responsibility is for the cost of specialty drugs obtained anywhere other than at a network specialty pharmacy.

Specialty drugs are only available from a network specialty pharmacy. If obtained from anywhere other than at a network specialty pharmacy, you may be responsible for the entire cost of the drug.

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### EOC change: 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.

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### EOC change: Physician and Other Professional Services

The Physician and Other Professional Services section in the EOC was revised to clarify that injectable drugs must be given by a health care provider for it to be a covered service.

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### EOC change: 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 clarify that a member may obtain up to a 12-month supply of hormonal contraceptive drugs per prescription or refill.

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### EOC change: Outpatient prescription Drug exclusions and limitations: Drugs for weight loss

The *General Exclusions and Limitations* table in the EOC has been revised to add the exclusion of weight loss drugs except for Medically Necessary treatment of Class III obesity.

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### EOC change: Prior authorization/exception request/step therapy process: Weight loss drugs

The *Prior Authorization/exception request/step therapy process* section in the EOC has been revised to clarify prior authorization requirements for weight loss drugs when Medically Necessary for the treatment of Class III Obesity.

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### EOC change: Coverage for massage and health care provider definition

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:

- Rehabilitative and habilitative services, physical therapy

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• General Exclusions and limitations

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.

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**EOC change: Exclusions and Limitations: Orthoptics and vision training**

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.

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**EOC change: 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.

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## 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 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](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 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](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)**。