



Blue Shield of California Endorsement to your EPO Tandem Plan

This Endorsement should be attached to, and is made part of, your Blue Shield of California *Evidence of Coverage* (EOC). Please retain it for your records.

Effective **September 25, 2022**, your EOC is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

1. The following language has been added to the **Prescription Drugs administered by a Health Care Provider** section of the **Prior authorization** section:

Benefits are provided for COVID-19 therapeutics approved or granted emergency use authorization by the U.S. Food and Drug Administration for treatment of COVID-19 when prescribed or furnished by a Health Care Provider acting within their scope of practice and the standard of care. Coverage is provided without a Cost Share for services provided by a Participating Provider. For services provided by a Non-Participating Provider, coverage is provided without a Cost Share during the federal COVID-19 Public Health Emergency and for six months after the end of the federal COVID-19 Public Health Emergency.

For a disease for which the Governor of the State of California has declared a public health emergency, therapeutics approved or granted emergency use authorization by the U.S. Food and Drug Administration for that disease will be covered without a Cost Share.

Effective **September 29, 2022**, your EOC is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

1. The following definition has been added to the **Health care professionals and facilities** section:

Non-Participating Providers

Non-Participating Providers do not have a contract with Blue Shield to accept Blue Shield's Allowable Amount as payment in full for Covered Services. You may be responsible for the total amount billed by a Non-Participating Provider. All Covered Services must be received from a Participating Provider in the Blue Shield Tandem PPO network or an MHSA Participating Provider, except:

- For Emergency or Urgent Services;
- When you receive care at a Participating Provider facility (Hospital, Ambulatory Surgery Center, laboratory, radiology center, imaging center, or certain other outpatient settings), some Covered Services may be provided by a Non-Participating Provider. Your Cost Share will be the same as the amount due to a Participating Provider under similar circumstances;
- Inter-Plan Arrangements, including the BlueCard® and Blue Shield Global® Core programs described in the [Out-of-area services](#) section; ~~and~~
- Services provided by a 988 center, Mobile Crisis Team, or other provider of Behavioral Health Crisis Services; and
- When prior authorized by Blue Shield or the MHSA.

2. The following language has been added to the **Other Outpatient Mental Health and Substance Use Disorder Services** section:

For Behavioral Health Crisis Services rendered by a Non-Participating Provider, you will pay the same Cost Share for Covered Services received from a Participating Provider. Prior authorization is not required for the Medically Necessary Treatment of a Mental Health or Substance Use Disorder provided by a 988 center, Mobile Crisis Team, or other Behavioral Health Crisis Services.

Other Outpatient Mental Health and Substance Use Disorder Services include, but are not limited to:

- Behavioral Health Treatment – professional services and treatment programs, including applied behavior analysis and evidence-based intervention programs, prescribed by a Physician or licensed psychologist and provided under a treatment plan approved by the MHSA to develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism;
- Behavioral Health Crisis Services and other services provided by a 988 center, a Mobile Crisis Team, or other provider of Behavioral Health Crisis Services, regardless of whether the service is rendered by a Participating or Non-Participating Provider;

3. The following definition has been added to the **Definitions** section:

Behavioral Health Crisis Services: The continuum of services to address crisis intervention, crisis stabilization, and crisis residential treatment needs of those with a mental health or substance use disorder crisis that are wellness, resiliency, and recovery oriented. These include, but are not limited to, crisis intervention, including counseling provided by 988 centers, Mobile Crisis Teams, and crisis receiving and stabilization services.

4. The following definition has been added to the **Definitions** section:

Mobile Crisis Team: A multidisciplinary team of trained behavioral health professionals who provide Behavioral Health Crisis Services in the least restrictive setting 24 hours a day, 7 days a week, 365 days per year.

Effective **January 1, 2023**, your EOC is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

1. The following language has been added to the **Your bill of rights** section:

11. Have confidential health records, except when the state law (California) or federal law requires or permits disclosure. With adequate notice, you have the right to review your medical record with your Physician.

2. The following language has been added to the **Diagnostic X-ray, imaging, pathology, laboratory, and other testing services** section:

For services provided by Participating Providers, Blue Shield will waive Cost Shares for COVID-19 diagnostic testing, screening testing, and related services. During the federal COVID-19 Public Health Emergency and for six months after the end of the federal COVID-19 Public Health Emergency, Blue

Shield will waive Cost Shares for COVID-19 diagnostic testing and related services from Non-Participating Providers.

3. The following revisions have been made to the **Family planning Benefits** section:

Benefits include:

- Counseling, consulting, and education;
- Office-administered contraceptives;
- Physician office visits for office-administered contraceptives;
- Clinical services related to the provision or use of contraceptives, including consultations, examinations, procedures, device insertion, ultrasound, anesthesia, patient education, referrals, and counseling;
- Follow-up services related to contraceptive Drugs, devices, products, and procedures, including but not limited to management of side effects, counseling for continued adherence, and device removal;
- Voluntary Tubal ligation and other similar sterilization procedures; and
- Vasectomy services and procedures.

4. The following language has been added to the **Notice about confidentiality of personal and health information**:

Blue Shield protects the privacy of individually-identifiable personal information, including protected health information. Individually-identifiable personal information includes health, financial, and/or demographic information - such as name, address, and Social Security number. Blue Shield will not disclose this information without authorization, except as permitted or required by state or federal law.

Effective **July 1, 2023**, your EOC is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

1. The following language has been added to the **Other ways to access care** section:

Evaluations and services under the CARE Act

Blue Shield covers the cost of developing an evaluation and the provision of all health care services for an enrollee when required or recommended pursuant to a CARE (Community Assistance, Recovery, and Empowerment) agreement or CARE plan approved by a court in accordance with the CARE Act. The evaluation and services, other than prescription Drugs, are covered at no charge whether they are provided by a Participating or Non-Participating Provider.

2. The following language has been added to the **Prior authorization** section:

You do not need prior authorization for Emergency Services or emergency Hospital admissions. In addition, you do not need prior authorization for services, other than prescription Drugs, provided under a court-approved CARE agreement or CARE plan. For non-emergency inpatient services, your provider should request prior authorization at least five business days before admission.