



Blue Shield of California Endorsement to your Off Exchange and Mirrored HMO Plans

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 and PCP referrals** section AND to the **Prescription Drug Benefits** 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 Allowed Charges as payment in full for Covered Services. Except for Emergency Services, Urgent Services, ~~and~~ services received at a Participating Provider facility (Hospital, Ambulatory Surgery Center, laboratory, radiology center, imaging center, or certain other outpatient settings) under certain conditions, and services provided by a 988 center, Mobile Crisis Team, or other provider of Behavioral Health Crisis Services, this plan does not cover services from Non-Participating Providers.

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:

12. 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 PCP.

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 revisions have been made to the **Obtaining outpatient prescription Drugs at a Participating Pharmacy** section of the **Prescription Drug Benefits** section:

You must pay the applicable Copayment or Coinsurance for each prescription Drug purchased from a Participating Pharmacy. When the Participating Pharmacy's contracted rate is less than your Copayment or Coinsurance, you only pay the contracted rate. This amount will apply to any applicable Deductible and Out-of-Pocket Maximum. ~~There is no Copayment or Coinsurance for generic, FDA-approved contraceptive Drugs and devices obtained from a Participating Pharmacy. Brand contraceptives are covered without a Copayment or Coinsurance only when Medically Necessary.~~ Contraceptive Drugs and devices obtained from a Participating Pharmacy are covered without a Copayment or Coinsurance, except for brands that have a generic equivalent. If your Physician or Health Care Provider determines that the covered Generic Drug therapeutic equivalent is medically inadvisable, the brand name contraceptive will be covered without a Copayment or Coinsurance upon submission of an exception request. If there is no Generic Drug therapeutic equivalent available, you will receive the brand name contraceptive without a Copayment or Coinsurance.

5. The following revisions have been made to the **Prior authorization/exception request/step therapy process** section of the **Prescription Drug Benefits** section:

The following Drugs require prior authorization:

- Some Formulary Drugs, preferred Drugs, non-preferred Drugs, compounded medications, and most Specialty Drugs;
- Drugs exceeding the maximum allowable quantity based on Medical Necessity and appropriateness of therapy; and
- ~~Some brand contraceptives, in order to be covered without a Copayment or Coinsurance; and~~
- A Brand Drug, when a Generic Drug equivalent is available, and you, your Physician, or your Health Care Provider is requesting coverage of the Brand Drug without paying the difference in cost between the Brand Drug and the Generic Drug equivalent. See the *Obtaining outpatient prescription Drugs at a Participating Pharmacy* section for more information about how a brand contraceptive may be covered without a Copayment or Coinsurance.

6. The following revisions have been made to **Exclusion #7** of the **Outpatient prescription Drug exclusions and limitations** section:

Drugs that are available without a prescription (over-the-counter), including drugs for which there is an over-the-counter drug that has the same active ingredient and dosage as the prescription Drug. This exclusion will not apply to over-the-counter drugs with a United States Preventive Services Task Force (USPSTF) rating of A or B or to ~~female~~ over-the-counter contraceptive Drugs and devices when prescribed by a Physician.

7. The following revisions have been made to the **Drugs** definition:

Drugs include the following: ...

- Contraceptive drugs and devices, including the following:
 - Diaphragms;
 - Cervical caps;
 - Contraceptive rings;
 - Contraceptive patches;
 - Oral contraceptives;
 - Emergency contraceptives; and
 - ~~Female~~ Over-the-counter contraceptive products when ordered by a Physician;

8. 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 **Prescription Drug Benefits** section:

Some Drugs, most Specialty Drugs, and prescriptions for Drugs exceeding specific quantity limits require prior authorization to be covered. The prior authorization process is described in the *Prior authorization/exception request/step therapy process* section. You or your Physician may request prior authorization from Blue Shield.

Prescription Drug information is available by logging into your member portal at blueshieldca.com and selecting "Price Check My Rx." This tool can show you:

- Your eligibility for a prescription Drug;
- The current cost of the prescription Drug;
- Any available lower cost alternative(s) to the prescription Drug based on your plan Formulary and the pharmacy that fills your prescription;
- Any limits, restrictions, or requirements for each Drug, if applicable; and
- Your current plan Formulary.

"Price Check My Rx" prices are based on your Deductible and Out-of-Pocket Maximum accruals (if applicable) at the time you view the prescription Drug price. Costs may be different at the time you fill your prescription due to claims processing. You or your Physician or Health Care Provider can also request this Prescription Drug information by calling Customer Service.