



ATTN: Heather Dilmagani
GROUP ID#: W3000567

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*****SGLP
T1 P1 5 (331) 105002934886



UMASS GLOBAL
65 ENTERPRISE STE 150
ALISO VIEJO, CA 92656-2707

July 31, 2025



RE: Update to the 2025 *Evidence of Coverage*

Full PPO Savings Two-Tier Emb Ded 1650/3300/3300 Value Formulary FAM, Full PPO Savings Two-Tier Emb Ded 1650/3300/3300 Value Formulary IND, Full PPO Split Deductible 35-1000 80/60, Trio HMO Zero Admit 20, Access+ HMO (R) Zero Admit 20, Full EPO 20-500 80%

Dear Group Administrator,

Thank you for choosing Blue Shield of California. We are writing to let you know that we made updates to your group's plans due to changes in federal and state laws. As the Group Administrator, it is your responsibility to provide applicable endorsements to the enrollees in each plan.

The enclosed endorsement(s) contains changes to the language of the Evidence of Coverage (EOC) for each plan. The endorsement(s) also list the date each change went into effect. Please refer to the endorsement(s) for details and keep these documents with the rest of your group's plan materials for future reference.

Questions?

The enclosed endorsement(s) contains the amended pages to the EOC for each plan. To review a complete EOC, please visit blueshieldca.com/policies. If plan enrollees have any questions, they can contact Blue Shield Customer Service using the phone number on their member ID card.

Sincerely,

Tim Lieb

Senior Vice President





Blue Shield of California Endorsement to your EPO 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 **January 1, 2025**, your EOC is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

1. The following deletion has been made to the **Diagnostic X-ray, imaging, pathology, laboratory, and other testing services** section:

Benefits include: [...]

- ~~Sexually transmitted disease home testing kits, including any laboratory costs of processing the kit. A Physician or other Health Care Provider's order must be provided for coverage;~~

2. The following language has been added to the **Durable medical equipment** section:

Benefits include: [...]

- Pasteurized donor human milk; and

3. The following language has been added to the **Preventive Health Services** section:

Benefits include: [...]

- Sexually transmitted disease home testing kits, including any laboratory costs of processing the kit. A Physician or other Health Care Provider's order must be provided for coverage;

4. The following language has been added to the **Emergency Services** definition in the **Definitions** section:

The following services provided for an Emergency Medical Condition: [...]

- Additional screening, examination, and evaluation by a Physician, or other personnel within the scope of their licensure and clinical privileges, to determine if a psychiatric Emergency Medical Condition exists, and the care and treatment necessary to relieve or eliminate the psychiatric Emergency Medical Condition, within the capability of the facility regardless of whether the patient is voluntary or involuntarily detained for assessment, evaluation, and crisis intervention; and

5. The following revision has been made to the **Mental Health and Substance Use Disorder(s)** definition in the **Definitions** section:

A mental health condition or substance use disorder that falls under any of the diagnostic categories listed in the mental, and behavioral, and neurodevelopmental disorders, or mental or behavioral disorder due to psychoactive substance use chapter (or equivalent chapter) of the most recent edition of the International Statistical Classification of Diseases or listed in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

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Blue Shield of California Endorsement to your HMO 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 **January 1, 2025**, your EOC is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

1. The following deletion has been made to the **Diagnostic X-ray, imaging, pathology, laboratory, and other testing services** section:

Benefits include: [...]

- ~~Sexually transmitted disease home testing kits, including any laboratory costs of processing the kit. A Physician or other Health Care Provider's order must be provided for coverage;~~

2. The following language has been added to the **Durable medical equipment** section:

Benefits include: [...]

- Pasteurized donor human milk; and

3. The following language has been added to the **Preventive Health Services** section:

Benefits include: [...]

- Sexually transmitted disease home testing kits, including any laboratory costs of processing the kit. A Physician or other Health Care Provider's order must be provided for coverage;

4. The following language has been added to the **Emergency Services** definition in the **Definitions** section:

The following services provided for an Emergency Medical Condition: [...]

- Additional screening, examination, and evaluation by a Physician, or other personnel within the scope of their licensure and clinical privileges, to determine if a psychiatric Emergency Medical Condition exists, and the care and treatment necessary to relieve or eliminate the psychiatric Emergency Medical Condition, within the capability of the facility regardless of whether the patient is voluntary or involuntarily detained for assessment, evaluation, and crisis intervention; and

5. The following revision has been made to the **Mental Health and Substance Use Disorder(s)** definition in the **Definitions** section:

A mental health condition or substance use disorder that falls under any of the diagnostic categories listed in the mental, and behavioral, and neurodevelopmental disorders, or mental or behavioral disorder due to psychoactive substance use chapter (or equivalent chapter) of the most recent edition of the International Statistical Classification of Diseases or listed in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

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Blue Shield of California Endorsement to your PPO Plan

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1. The following deletion has been made to the **Diagnostic X-ray, imaging, pathology, laboratory, and other testing services** section:

Benefits include: [...]

- ~~Sexually transmitted disease home testing kits, including any laboratory costs of processing the kit. A Physician or other Health Care Provider's order must be provided for coverage;~~

2. The following language has been added to the **Durable medical equipment** section:

Benefits include: [...]

- Pasteurized donor human milk; and

3. The following language has been added to the **Preventive Health Services** section:

Benefits include: [...]

- Sexually transmitted disease home testing kits, including any laboratory costs of processing the kit. A Physician or other Health Care Provider's order must be provided for coverage;

4. The following language has been added to the **Emergency Services** definition in the **Definitions** section:

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- Additional screening, examination, and evaluation by a Physician, or other personnel within the scope of their licensure and clinical privileges, to determine if a psychiatric Emergency Medical Condition exists, and the care and treatment necessary to relieve or eliminate the psychiatric Emergency Medical Condition, within the capability of the facility regardless of whether the patient is voluntary or involuntarily detained for assessment, evaluation, and crisis intervention; and

5. The following revision has been made to the **Mental Health and Substance Use Disorder(s)** definition in the **Definitions** section:

A mental health condition or substance use disorder that falls under any of the diagnostic categories listed in the mental, and behavioral, and neurodevelopmental disorders, or mental or behavioral disorder due to psychoactive substance use chapter (or equivalent chapter) of the most recent edition of the International Statistical Classification of Diseases or listed in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

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Blue Shield of California Endorsement to your PPO Savings 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 **January 1, 2025**, your EOC is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

1. The following deletion has been made to the **Diagnostic X-ray, imaging, pathology, laboratory, and other testing services** section:

Benefits include: [...]

- ~~Sexually transmitted disease home testing kits, including any laboratory costs of processing the kit. A Physician or other Health Care Provider's order must be provided for coverage;~~

2. The following language has been added to the **Durable medical equipment** section:

Benefits include: [...]

- Pasteurized donor human milk; and

3. The following language has been added to the **Preventive Health Services** section:

Benefits include: [...]

- Sexually transmitted disease home testing kits, including any laboratory costs of processing the kit. A Physician or other Health Care Provider's order must be provided for coverage;

4. The following language has been added to the **Emergency Services** definition in the **Definitions** section:

The following services provided for an Emergency Medical Condition: [...]

- Additional screening, examination, and evaluation by a Physician, or other personnel within the scope of their licensure and clinical privileges, to determine if a psychiatric Emergency Medical Condition exists, and the care and treatment necessary to relieve or eliminate the psychiatric Emergency Medical Condition, within the capability of the facility regardless of whether the patient is voluntary or involuntarily detained for assessment, evaluation, and crisis intervention; and

5. The following revision has been made to the **Mental Health and Substance Use Disorder(s)** definition in the **Definitions** section:

A mental health condition or substance use disorder that falls under any of the diagnostic categories listed in the mental, and behavioral, and neurodevelopmental disorders, or mental or behavioral disorder due to psychoactive substance use chapter (or equivalent chapter) of the most recent edition of the International Statistical Classification of Diseases or listed in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

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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. 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)**.



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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)**。

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