

Your 2025 health plan updates

Renew





<To the Parent/Guardian of> <First name><Last name>
<Address 1>
<Address 2>
<City, State, Zip>

Important:

Blue Shield isn't offering your current dental coverage next year. Unless you take action by December 31, 2024, you will be automatically enrolled in a new plan. Read this letter to learn more and to review your options.

[Month] [Year]

Dear [FIRST NAME],

We are writing to let you know that your current dental plan is being discontinued and the last day of your current coverage is December 31, 2024.

Every year, insurance companies can make changes to the plans and coverage options they offer. Blue Shield of California Life & Health Insurance Company (Blue Shield Life) won't offer the coverage you currently have in 2024 again in 2025. We have suggested a new plan for you, but you can review your options and decide what to do.

Your suggested new plan

Even though your current coverage isn't being offered next year, we have found another plan you may like. **You will automatically be enrolled in the Dental Preferred Provider Organization (DPPO) plan* to make sure there isn't a gap in your coverage. You can enroll in a different plan anytime, however if you want coverage to start January 1, make sure you enroll by December 31, 2024.**

Member ID#: <Member.SubscriberID>

Current plan:
Smile PPO

**2025 Dental plan name:
Dental PPO**

Dental premium
(What you will pay
starting 1/1/2025)

\$(XXX.XX)†

* Your new Dental PPO plan is underwritten by Blue Shield of California.

† Your 2025 monthly premium is based on our records as of [Month Day, Year]. This amount may vary based on changes such as age, adding or removing dependents, or moving your household to a new address.

Your new Dental PPO Network

Your new plan provides you access to the same dental provider network as your current plan.* Because providers leave the network from time to time, please verify that your current provider is still a member of our DPPO network. To do this or to find a new dentist or specialist, simply go to blueshieldca.com/fad. Your new plan gives you access to a quality network of dental care providers.

Please review your new premium and benefits below to see if this plan meets your needs. If it doesn't, keep reading to learn about your other options.

Scan to learn more
about your plan



How to learn more about your new plan benefits and options:

- Visit blueshieldca.com/Smile for a plan comparison chart with additional plan details and frequently asked questions.
- To view plan details including copayment amounts in your *Evidence of Coverage and Health Service Agreement* (EOC), as well as your Summary of Dental Benefits and Coverage, visit blueshieldca.com/policies.

So what are my options if:

I like the suggested plan?

YOU DON'T HAVE TO DO ANYTHING. You'll automatically be enrolled and just have to pay the monthly premium.

I don't like the suggested plan?

YOU HAVE TWO WAYS TO LOOK INTO OTHER PLANS AND ENROLL:

1. Visit blueshieldca.com/Smile and/or call our Customer Service agents at **(800) 660-3007 (TTY: 711)** to explore other Blue Shield options.†
2. Look at other plans outside of Blue Shield.

When do I need to make a decision?

If you want a plan other than the suggested plan, enroll in the new plan by December 31, 2024, to make sure there isn't a gap in your coverage.

* We make efforts to ensure that our list of providers is current and accurate. However, providers leave networks from time to time and this list is subject to change.

† Alternate Blue Shield plan options are underwritten by Blue Shield of California.

Other helpful information

- If you have a medical/vision plan as well, those plans will not be impacted by this change. You will receive updates on those plans in a separate communication.
- You will receive a new dental ID card for your new plan, but it will have the same subscriber ID number. Once you receive your new card, please discard the old one. It is important to use your new ID card because it contains your new plan information.
- If you set up automated monthly payments, your payment will continue for your new plan at the new rate.

Questions?

Call Blue Shield at **(888) 702-4171 (TTY: 711)**, Monday through Friday from 8 a.m. to 8 p.m. You can also work with a licensed insurance agent or broker.

This notice is also available in alternative formats upon request and at no cost to persons with disabilities.

Getting help in other languages

This booklet has essential information about your coverage through Blue Shield of California. You have the right to get this information and help in your language at no cost. Included in this booklet is a document called *Notices Available Online: Nondiscrimination and Language Assistance Services*. Please read for more information.

Sincerely,

Vice President and General Manager
Individual and Family Plans
Blue Shield of California

Premium appendix

Blue Shield of California

[Plan_Name]

Subscriber name: [Subscriber_name]

Subscriber ID #: [Subscriber_ID]

Effective date: January 1, 2025

This appendix is a part of your agreement and replaces the premium appendix previously issued as of the effective date set forth above. Therefore, it should be kept with the agreement for future reference. The premium amounts are based on the final product approved for coverage during the enrollment process as well as the age of the subscriber and any covered dependent(s) during the calendar year indicated on the appendix.

Member	Age	Monthly premium
[Firstname_Lastname01]	[Age01]	[Monthly_Premium01]
[Firstname_Lastname02]	[Age02]	[Monthly_Premium02]
[Firstname_Lastname03]	[Age03]	[Monthly_Premium03]
[Firstname_Lastname04]	[Age04]	[Monthly_Premium04]
[Firstname_Lastname05]	[Age05]	[Monthly_Premium05]
[Firstname_Lastname06]	[Age06]	[Monthly_Premium06]
[Firstname_Lastname07]	[Age07]	[Monthly_Premium07]
[Firstname_Lastname08]	[Age08]	[Monthly_Premium08]
[Firstname_Lastname09]	[Age09]	[Monthly_Premium09]
[Firstname_Lastname10]	[Age10]	[Monthly_Premium10]
[Firstname_Lastname11]	[Age11]	[Monthly_Premium11]
[Firstname_Lastname12]	[Age12]	[Monthly_Premium12]
[Firstname_Lastname13]	[Age13]	[Monthly_Premium13]
[Firstname_Lastname14]	[Age14]	[Monthly_Premium14]
[Firstname_Lastname15]	[Age15]	[Monthly_Premium15]
Premium total		[Monthly_Premium_Total]

Vice President and General Manager
Individual and Family Plans
Blue Shield of California



Appendix: Plan legal notices

The following appendix contains important documents for your records. Please retain for future reference.

- **Notice of Right to Request Review by the California Insurance Commissioner**
How to submit a request to review if you believe your health coverage has been or will be wrongly canceled, rescinded, or not renewed.
- **Notice About Your Prescription Drug Coverage and Medicare**
What you need to know about your current prescription drug coverage.
- **Alternate Coverage Model Notice** (“Your health insurance choices are different.”)
Information on lower-cost health coverage options.
- **Notice of Privacy Practices**
Describes how your medical information may be used and disclosed and how you can get access to your information.*
- **Language Assistance Notice and Nondiscrimination Notices** (“Notices Available Online”)
Notice informing members about nondiscrimination and accessibility requirements.

* You may request to receive Blue Shield of California communications containing your protected health information by alternate means or at alternate confidential locations by submitting a Confidential Communications Request form. To get the form, please visit [blueshieldca.com/Privacy](https://www.blueshieldca.com/Privacy) and click the Privacy Forms link. A36389IFP-MED_0125



NOTICE OF RIGHT TO REQUEST REVIEW BY THE CALIFORNIA INSURANCE COMMISSIONER

You may request a review by the California Insurance Commissioner if you believe your health insurance policy or coverage has been or will be wrongly canceled, rescinded, or not renewed.

To do so, you must, as soon as possible, submit your request for review in writing to:

California Department of Insurance
Consumer Communications Bureau
300 S. Spring Street, South Tower
Los Angeles, California, 90013

Or, through the website: <http://www.insurance.ca.gov>.

You may contact the California Insurance Commissioner's Consumer Communications Bureau at **(800) 927-HELP (4357)** or **TDD (800) 482-4833** for information about how to request a review in writing. Please provide the Department with your health insurance policy number, copies of any letters you have received from us or a copy of your health insurance card.

You have 30 days from the date we sent this notice to you to request a review by the commissioner in order to ensure that we are required to provide you health insurance coverage while your request for review is being evaluated.

To ensure that your coverage is continued without interruption, however, you must request a review by the commissioner before your coverage ends. Even if more than 30 days have passed since we sent this notice, we must continue your coverage while your request is being evaluated, as long as you request the review by the commissioner at a time when your coverage is still in effect.

Regardless of whether or not we are required to provide you health insurance coverage while your request for review is being evaluated, the commissioner will order us to reinstate your coverage, retroactive to the time of cancellation, rescission or nonrenewal, if the commissioner determines that your request for review is a proper complaint and, ultimately, that the cancellation, rescission, or nonrenewal was unlawful.

WARNING:

You must continue to pay your insurance premiums on time in order to maintain coverage, and if your coverage is reinstated retroactively you will be responsible for paying insurance premiums corresponding to any gap in coverage between the time your coverage was terminated and the time it was continued or reinstated.



Si desea recibir este Aviso Sobre Practicas de Privacidad en español, por favor llame a Servicios a Clientes en el numero que se encuentra en su tarjeta de identificación de Blue Shield.

Notice of privacy practices

Blue Shield of California and Blue Shield of California Life & Health Insurance Company

This notice describes how medical information about you, as a Blue Shield member, may be used and disclosed, and how you can get access to your information.

Our privacy commitment

At Blue Shield, we understand the importance of keeping your personal information private, and we take our obligation to do so very seriously.

In the normal course of doing business, we create records about you, your medical treatment, and the services we provide to you. The information in those records is called protected health information (PHI) and includes your individually identifiable personal information such as your name, address, telephone number, and Social Security number, as well as your health information, such as healthcare diagnosis or claim information.

We are required by federal and state law to provide you with this notice of our legal duties and privacy practices as they relate to your PHI. We are required to maintain the privacy of your PHI and to notify you in the event that you are affected by a breach of unsecured PHI. When we use or give out ("disclose") your PHI, we are bound by the terms of this notice, which applies to all records that we create, obtain, and/or maintain that contain your PHI.

How we protect your privacy

We maintain physical, technical, and administrative safeguards to ensure the privacy of your PHI. To protect your privacy, only Blue Shield workforce members who are authorized and trained are given access to our paper and electronic records and to non-public areas where this information is stored.

Workforce members are trained on topics including:

- Privacy and data protection policies and procedures, including how paper and electronic records are labeled, stored, filed, and accessed.
- Physical, technical, and administrative safeguards in place to maintain the privacy and security of your PHI.

Our corporate Privacy Office monitors how we follow our privacy policies and procedures, and educates our organization on this important topic.

How we use and disclose your PHI

Uses of PHI without your authorization. We may disclose your PHI without your written authorization, if necessary, while providing health benefits and services to you. We may disclose your PHI for the following purposes:

- **Treatment:**
 - To share with nurses, doctors, pharmacists, optometrists, health educators, and other healthcare professionals so they can determine your plan of care.
 - To help you obtain services and treatment you may need – for example, ordering lab tests and using the results.
 - To coordinate your health care and related services with a healthcare facility or professional.

- **Payment:**

- To obtain payment of premiums for your coverage.
- To make coverage determinations – for example, to speak to a healthcare professional about payment for services provided to you.
- To coordinate benefits with other coverage you may have – for example, to speak to another health plan or insurer to determine your eligibility or coverage.
- To obtain payment from a third party that may be responsible for payment, such as a family member.
- To otherwise determine and fulfill our responsibility to provide your health benefits – for example, to administer claims.

- **Healthcare operations:**

- To provide customer service.
- To support and/or improve the programs or services we offer you.
- To assist you in managing your health – for example, to provide you with information about treatment alternatives you may be entitled to, or to provide you with healthcare service or treatment reminders.
- To support another health plan, insurer, or healthcare professional who has a relationship with you, to improve the programs it offers you – for example, for case management or in support of an accountable care organization (ACO) or patient-centered medical home arrangement.
- For underwriting, dues, or premium rating, or other activities relating to the creation, renewal, or replacement of a contract for health coverage or insurance. Please note, however, that we will not use or disclose your PHI that is genetic information for underwriting purposes – doing so is prohibited by federal law.

We may also disclose your PHI without your written authorization for other purposes, as permitted or required by law. This includes:

- **Disclosures to others involved in your health care.**

- If you are present or otherwise available to direct us to do so, we may disclose your PHI to others, for example, a family member, a close friend, or your caregiver.
- If you are in an emergency situation, are not present, are incapacitated, or if you are deceased, we will use our professional judgment to decide whether disclosing your PHI to others is in your best interest. If we do disclose your PHI in a situation where you are unavailable, we will disclose only information that is directly relevant to the person's involvement with your treatment or for payment related to your treatment. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, your general medical condition, or your death.
- We may disclose your minor child's PHI to the child's other parent.

- **Disclosures to your plan sponsor.** We may disclose PHI to the sponsor of your group health plan, which may be your employer, or to a company acting on behalf of the plan sponsor, so that they can monitor, audit, and otherwise administer the health plan you participate in. Your employer is not permitted to use the PHI we disclose for any purpose other than administration of your benefits. See your plan sponsor's plan documents for information about whether your employer/plan sponsor receives PHI, and for a full explanation of the limited uses and disclosures that the plan sponsor may make of your PHI.

- **Disclosures to vendors and accreditation organizations.** We may disclose your PHI to:
 - Companies that perform certain services on behalf of Blue Shield. For example, we may engage vendors to help us provide information and guidance to members with chronic conditions like diabetes and asthma.
 - Accreditation organizations such as the National Committee for Quality Assurance (NCQA) for quality measurement purposes.

Please note that before we share your PHI, we obtain the vendor's or accreditation organization's written agreement to protect the privacy of your PHI.
 - **Communications.** We may use your PHI to contact you with information about your Blue Shield health plan coverage, benefits, health-related programs and services, treatment reminders, or treatment alternatives available to you. We do not use your PHI for fundraising purposes.
 - **Health or safety.** We may disclose your PHI to prevent or lessen a serious and imminent threat to your health or safety, or the health or safety of the general public.
 - **Public health activities.** We may disclose your PHI to:
 - Report health information to public health authorities authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability, or monitoring immunizations.
 - Report child abuse or neglect, or adult abuse, including domestic violence, to a government authority authorized by law to receive such reports.
 - Report information about a product or activity that is regulated by the U.S. Food and Drug Administration (FDA) to a person responsible for the quality, safety, or effectiveness of the product or activity.
 - Alert a person who may have been exposed to a communicable disease, if we are authorized by law to give such a notice.
 - **Health oversight activities.** We may disclose your PHI to:
 - A government agency that is legally responsible for oversight of the healthcare system or for ensuring compliance with the rules of government benefit programs such as Medicare or Medicaid.
 - Other regulatory programs that need health information to determine compliance.
 - **Research.** We may disclose your PHI for research purposes, but only according to, and as allowed by, law.
 - **Compliance with the law.** We may use and disclose your PHI to comply with the law.
 - **Judicial and administrative proceedings.** We may disclose your PHI in a judicial or administrative proceeding or in response to a valid legal order.
 - **Law enforcement officials.** We may disclose your PHI to the police or other law enforcement officials, as required by law or in compliance with a court order or other process authorized by law.
 - **Government functions.** We may disclose your PHI to various departments of the government, such as the U.S. military or the U.S. Department of State, as required by law.
 - **Workers' compensation.** We may disclose your PHI when necessary to comply with workers' compensation laws.
- Uses of PHI that require your authorization.** Other than for the purposes described above, we must obtain your written authorization to use or disclose your PHI. For example, we will not use your PHI for marketing purposes without your prior written authorization, nor will we give your PHI to a prospective employer without your written authorization.

Uses and disclosure of certain PHI deemed “highly confidential.” For certain kinds of PHI, federal and state law may require enhanced privacy protection. This includes PHI that is:

- Maintained in psychotherapy notes.
- About alcohol and drug abuse prevention, treatment, and referral.
- About HIV/AIDS testing, diagnosis, or treatment.
- About venereal and/or communicable disease(s).
- About genetic testing.

We can only disclose this type of specially protected PHI with your prior written authorization except when specifically permitted or required by law.

Authorization cancellation. At any time, you may cancel a written authorization that you previously gave us. When submitted to us in writing, the cancellation will apply to future uses and disclosures of your PHI. It will not affect uses or disclosures made previously, while your authorization was in effect.

Your individual rights

You have the following rights regarding the PHI that Blue Shield creates, obtains, and/or maintains about you:

- **Right to request restrictions.** You may ask us to restrict the way we use and disclose your PHI for treatment, payment, and healthcare operations, as explained in this notice. We are not required to agree to your restriction requests, but we will consider them carefully.

If we agree to a restriction request, we will abide by it until you request or agree to terminate the restriction. We may also inform you that we are terminating our agreement to a restriction. In that case, the termination will apply only to PHI created or received after we have informed you of the termination.

- **Right to receive confidential communications.** You may ask to receive Blue Shield communications containing PHI by alternative means or at alternative locations. As required by law, and whenever feasible, we will accommodate reasonable requests. We may require that you make your request in writing. If your request involves a minor child, we may ask you to provide legal documentation to support your request.
- **Right to access your PHI.** You may ask to inspect or to receive a copy of certain PHI that we maintain about you in a “designated record set.” This includes, for example, records of enrollment, payment, claims adjudication, and case or medical management record systems, and any information we used to make decisions about you. Your request must be in writing. Whenever possible, and as required by law, we will provide you with a copy of your PHI in the form (paper or electronic) and format you request. If you request a copy of your PHI, we may charge you a reasonable, cost-based fee for preparing, copying, and/or mailing it to you. In certain limited circumstances permitted by law, we may deny you access to a portion of your records.
- **Right to amend your records.** You have the right to ask us to correct or amend the PHI that we maintain about you in a designated record set. Your request must be made in writing and explain why you want your PHI amended. If we determine that the PHI is inaccurate or incomplete, we will correct it if permitted by law. If a doctor or healthcare facility created the PHI that you want to change, you should ask them to amend the information.

- **Right to receive an accounting of disclosures.**

Upon your written request, we will provide you with a list of the disclosures we have made of your PHI for a specified time period, up to six years prior to the date of your request. However, the list will exclude:

- Disclosures you have authorized.
- Disclosures made earlier than six years before the date of your request.
- Disclosures made for treatment, payment, and healthcare operations purposes, except when required by law.
- Certain other disclosures that we are allowed by law to exclude from the accounting.

If you request an accounting more than once during any 12-month period, we will charge you a reasonable, cost-based fee for each accounting report after the first one.

- **Right to name a personal representative.**

You may name another person to act as your personal representative. Your representative will be allowed access to your PHI, to communicate with the healthcare professionals and facilities providing your care, and to exercise all other HIPAA rights on your behalf. Depending on the authority you grant your representative, he or she may also have authority to make healthcare decisions for you.

- **Right to receive a paper copy of this notice.**

Upon your request, we will provide a paper copy of this notice, even if you have agreed to receive the notice electronically. See the "Notice Availability and Duration" section of this notice.

Actions you may take

Contact Blue Shield. If you have questions about your privacy rights, believe that we may have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact us:

Blue Shield of California Privacy Office

P.O. Box 272540

Chico, CA 95927-2540

Phone: **(888) 266-8080** (toll-free)

Fax: **(800) 201-9020** (toll-free)

Email: **privacy@blueshieldca.com**

For certain types of requests, you must complete and mail us a form that is available either by calling the customer service number on your Blue Shield member ID card or by visiting our website at **blueshieldca.com/privacyforms**.

Contact a government agency. You may also file a written complaint with the Secretary of the U.S. Department of Health & Human Services (HHS) if you believe we may have violated your privacy rights. Your complaint may be sent by email, fax, or mail to the HHS Office for Civil Rights (OCR).

For more information, or to file a complaint with the Secretary of HHS, visit the OCR website at **www.hhs.gov/ocr/privacy/hipaa/complaints**.

If you are a California resident, you may contact the OCR Regional Manager for California as follows:

Region IX Regional Manager

Office for Civil Rights

U.S. Department of Health & Human Services

90 7th St., Suite 4-100

San Francisco, CA 94103

Phone: (800) 368-1019

Fax: (202) 619-3818

TTY: (800) 537-7697

We will not take any action against you if you exercise your right to file a complaint, either with us or with HHS.

Notice availability and duration

Notice availability. A copy of this notice is available by calling the customer service number on your Blue Shield member ID card or by visiting our website at blueshieldca.com/privacynotice.

Right to change terms of this notice. We are required to abide by the terms of this notice as long as it remains in effect. We may change the terms of this notice at any time, and, at our discretion, we may make the new terms effective for all of your PHI in our possession, including any PHI we created or received before we issued the new notice.

If we change this notice, we will update the notice on our website, and if you are enrolled in a Blue Shield benefit plan at that time, we will send you the new notice when and as required by law.

Effective date. This notice is effective as of August 16, 2013.

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Blue Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad.

Blue Shield of California 遵循適用的州法律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡或殘障為由而進行歧視。



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 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. 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。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)**。



blueshieldca.com/myIFPplan