

# 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 health 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],

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.** The last day of your current coverage is December 31, 2024.

## 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 Silver 1750 PPO\* plan to make sure there isn't a gap in your coverage. You can enroll in a different plan anytime between November 1, 2024, and March 1, 2025. If you want coverage to start January 1, make sure you enroll by December 31, 2024.**

If you have a dental/vision plan as well, those plans will not be impacted by this change. You will receive an update on those plans in a separate communication.

Member ID#: <Member.SubscriberID>

Current plan: Balance<sup>SM</sup> Plan 1000-G

**2025 Medical plan name:**  
**Silver 1750 PPO**

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

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\$[XXX.XX]†

\* Your new medical 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 2025 Exclusive PPO Network

Your new plan provides you access to the Exclusive PPO provider network\*, which is different than your current network. The Exclusive PPO Network includes fewer providers than our Full PPO Network available with your current plan.

### How do I check if my current doctor is in my new network?

To find out if your current doctors or hospital are in the Exclusive PPO Network, go to [blueshieldca.com/fad](https://blueshieldca.com/fad). If they're not, don't worry – your new plan gives you access to a quality network of other healthcare 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.

- Premium – Your new premium starts in January. Your monthly premium will be \$[XXX.XX].
- Read "Helpful Information" for a plan comparison chart, included in this booklet.
- You can review more details about this plan at [blueshieldca.com/1000](https://blueshieldca.com/1000) and in your Summary of Benefits and Coverage by visiting [blueshieldca.com/policies](https://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 THREE WAYS TO LOOK INTO OTHER PLANS AND ENROLL:**

1. Visit [CoveredCA.com](https://CoveredCA.com) and look at other Covered California plans.
2. Visit [CoveredCA.com/health/medi-cal/](https://CoveredCA.com/health/medi-cal/) and see if you or your family qualify for Medi-Cal or the Children's Health Insurance Program (CHIP).
3. Look at other plans outside Covered California.

Explore other Blue Shield plan options† by calling our Customer Service agents at **(800) 660-3007 (TTY: 711)**.

*Just keep in mind that if you qualify for financial help to lower your monthly premiums or lower your out-of-pocket costs, you can only get these savings if you enroll through Covered California.*

\* 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.

Scan to learn more  
about your plan



### **I don't think I can afford a health plan?**

- You may qualify for a free or low-cost health plan. To see if you qualify for premium help, visit [blueshieldca.com/subsidy](https://blueshieldca.com/subsidy) to use the subsidy calculator. If you qualify, we will give you next steps.
- Buying a catastrophic plan that usually has lower monthly premiums and will mainly protect you from very high medical costs may be an option.
  - If you are age 30 or older, you will need to apply for a hardship exemption at [CoveredCA.com/exemptions](https://CoveredCA.com/exemptions) to qualify.

### **When do I need to make a decision?**

The 2025 Open Enrollment period is from November 1, 2024, through January 31, 2025. But since your coverage is ending, you qualify to enroll in a new plan from November 1, 2024 to March 1, 2025. **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.**

### **Questions?**

- Call Blue Shield at **(855) 836-9705 (TTY: 711)**, Monday through Friday from 8 a.m. to 8 p.m. and 8 a.m. to 6 p.m. on Saturday. You can also work with a licensed insurance agent or broker.
- Visit [CoveredCA.com](https://CoveredCA.com), or call (800) 300-1506 [TTY: (888) 889-4500]. The Covered California Service Center is open Monday through Friday from 8 a.m. to 6 p.m. Please check [CoveredCA.com](https://CoveredCA.com) for extended hours during open enrollment.
- Call a Covered California Certified Enrollment Counselor or Licensed Insurance Agent for help. To find free local help in your area, go to [CoveredCA.com/support/contact-us](https://CoveredCA.com/support/contact-us) and click "Find an Enroller."

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

### **Getting help in other languages**

**English:** For help in English, call **(888) 256-3650 (TTY: 711)** and an interpreter will assist you with this notice at no cost.

**Spanish:** Para obtener ayuda en español, llame al **(888) 256-3650 (TTY: 711)** y un intérprete le ayudará con este aviso sin ningún costo.

**Traditional Chinese:** 如需繁體中文協助，請致電 **(888) 256-3650 (TTY: 711)**，一位口譯員將免費協助您處理此通知。

**Vietnamese** Để được trợ giúp bằng tiếng Việt **256-3650 (TTY: 711)** và thông dịch viên sẽ hỗ trợ quý vị miễn phí với thông báo này.

**Tagalog:** Para sa tulong sa Tagalog, tumawag sa **(888) 256-3650 (TTY: 711)** at tutulungan ka ng isang tagasalin sa abiso na ito nang walang gastos.

**Navajo:** Diné k'ehj7bee aná'áwo'77, kójjí' **(888) 256-3650 (TTY: 711)** (tseeb77 tseeb77 tseeb77) naaki ashdla' hast33-táá' hast33 ashdla' názbq̄s (TTY biniiyégó tsosts'id t'áá'á'7t'áá'á'7) béesh bee hod77lnih d77 naaltsoos biniiyégó é7at'a' halne'é t'áá j77k'eh yee n7ká adoolwoł.

**Korean:** 한국어로 도움이 필요하시면 **(888) 256-3650 (TTY: 711)**번으로 전화하십시오. 통역사가 이 통지서와 관련하여 무료로 도와드릴 것입니다.

## Right to request completion of covered services

You can request Completion of Covered Services when your coverage ends. Begin your request or learn about terms and eligibility by calling Blue Shield Customer Service at **(888) 256-3650 (TTY: 711)** or downloading a Continuity of Care brochure and application at **[blueshieldca.com/forms](https://www.blueshieldca.com/forms)**. Contact us thirty (30) days (or as soon as possible) from the effective date of termination.

Sincerely,

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

# Helpful information: Continuous coverage

Your current plan offered to you, listed below, is being withdrawn and will no longer be available. To help you maintain continuous coverage, we will automatically enroll you into a new plan, effective January 1, 2025.

We have identified a new plan that we recommend as a replacement. To remain in the new plan, just pay your bill as you normally would, and you're all set.

You have other options, including the choice to select other plans from Blue Shield. To discuss your options and which might be a better choice, call your broker or contact Blue Shield's Customer Service team.

## New 2025 plan benefits

Benefit category	Current 2024 plan		New 2025 plan	
	Balance <sup>SM</sup> Plan 1000-G		Silver 1750 PPO	
	Participating providers <sup>1</sup>	Non-participating providers <sup>1</sup>	Participating providers <sup>1</sup>	Non-participating providers <sup>1</sup>
<b>Calendar-year medical deductible<sup>2</sup></b>	\$1,000 per individual / \$2,000 per family		\$1,750 per individual / \$3,500 per family	\$6,500 per individual / \$13,000 per family
<b>Calendar-year out-of-pocket maximum (included in deductible)</b>	\$5,500 per individual / \$11,000 per family	\$8,500 per individual / \$17,000 per family	\$8,750 per individual / \$17,500 per family	\$20,000 per individual / \$40,000 per family
<b>Medical benefits</b>				
<b>Office visit – primary care doctor</b>	\$30	50% after deductible	\$55/visit	50% after deductible
<b>Office visit – specialist doctor</b>	\$30	50% after deductible	\$85/visit	50% after deductible
<b>Urgent care visit</b>	\$30	50% after deductible	\$55	50% after deductible
<b>Preventive health services</b>	\$30	Not covered	\$0	Not covered
<b>Lab – Laboratory center</b>	30% after deductible	50% after deductible	\$50	50% after deductible
<b>X-ray – Radiology center</b>	30% after deductible	50% after deductible	35% after deductible	50% after deductible
<b>Outpatient hospital surgery – Facility fee</b>	30% after deductible	50% of up to \$600 per day plus 100% of additional charges	35% after deductible	50% after deductible subject to a benefit maximum of \$500 per day plus all charges above \$500 per day
<b>Emergency room services not resulting in admission – Facility fee</b>	\$100 + 30% after deductible		35% after deductible	



Benefit category	Current 2024 plan		New 2025 plan	
	Balance <sup>SM</sup> Plan 1000-G		Silver 1750 PPO	
	Participating providers <sup>1</sup>	Non-participating providers <sup>1</sup>	Participating providers <sup>1</sup>	Non-participating providers <sup>1</sup>
Chiropractic	50% of up to \$50 per visit	Not covered	\$15/visit	Not covered
Acupuncture	50% of up to \$50 per visit	50% of up to \$50 per visit	\$55/visit	50% after deductible
Teladoc consultations	Not covered	Not covered	\$0	Not covered

Benefit category	Current 2024 plan		New 2025 plan	
	Balance <sup>SM</sup> Plan 1000-G		Silver 1750 PPO	
Prescription drug benefits	Participating providers <sup>1</sup>	Non-participating providers <sup>1</sup>	Participating providers <sup>1</sup>	Non-participating providers <sup>1</sup>
Calendar-year pharmacy deductible	\$500 individual / \$1,000 family	Not covered	\$300 per individual / \$600 per family	Not covered
Tier 1 drugs (up to 30-day supply)	\$10 after Rx deductible	Not covered	\$20 after Rx deductible	Not covered
Tier 2 drugs (up to 30-day supply)	\$35 after Rx deductible	Not covered	\$75 after Rx deductible	Not covered
Tier 3 drugs (up to 30-day supply)	\$50 or 50% whichever is greater after Rx deductible	Not covered	\$90 after Rx deductible	Not covered
Tier 4 drugs (up to 30-day supply) <sup>3</sup>	30% after Rx deductible	Not covered	35% coinsurance up to \$250/prescription	Not covered

<sup>1</sup> The coinsurance indicated is a percentage of allowable amounts. Participating providers accept Blue Shield's allowable amount as full payment for covered services. Non-participating providers can charge more than these amounts. When members use non-participating providers, they must pay the applicable deductibles, copayments, or coinsurance plus 100% of all charges that exceed Blue Shield's allowable amount.

<sup>2</sup> Family coverage has an individual deductible within the family deductible. This means that the deductible will be met for an individual who meets the individual deductible prior to the family meeting the family deductible within a Calendar Year.

<sup>3</sup> Specialty drugs are limited to a 30-day supply and covered at Tier 4. Specialty drugs are only dispensed by a network specialty pharmacy and are not covered from non-participating pharmacies except in emergency situations.

Important: The chart above is intended to be used to help you compare benefits and is only a high-level summary. Benefits in this table may only be partially described and does not include all pharmacy drug benefits, complete disclosures, limitations, and exclusions. Please review the Summary of Benefits in your Evidence of Coverage (EOC) for benefit details of your plan at [blueshieldca.com/policies](https://blueshieldca.com/policies).



# Helpful information:

## Life events that could impact your coverage

If you or a dependent on your plan have the following upcoming life events, there will be changes to your health coverage that you should consider.

### Having or had a baby recently? Continue newborn coverage within the first 30 days

For the first 30 days of your newborn's life, they will be covered under your coverage until day 31. At that point, your baby will need to have their own policy. We want to make this a smooth and stress-free process. To enroll your newborn and ensure that there is no gap in coverage, contact us as soon as possible at **(800) 660-3007 (TTY: 711)**.

### Dependent turning 19? Continue coverage on new dental and vision plans

The pediatric dental and vision benefits included in your medical plan are available only to members up to age 19. Make sure your whole family continues to have dental and vision coverage by purchasing one of our dental and vision plans. Go to [blueshieldca.com/myIFPplan](https://blueshieldca.com/myIFPplan) to learn more about our plans. To enroll, contact your broker. You can also visit [buyblueshieldca.com](https://buyblueshieldca.com) or call **(800) 660-3007 (TTY: 711)**.

### Dependent turning 26? Enroll in Individual & Family Plan

When your dependents turn 26, they will no longer be eligible for coverage on your medical plan unless they qualify for an extension of coverage past age 26 due to disability. They can get their own individual coverage from Blue Shield or Covered California up to 60 days after their plan ends. To learn about keeping your dependents covered, contact your broker or call **(800) 660-3007 (TTY: 711)**.

### Turning 65? Transition to Blue Shield Medicare

When you transition from an Individual and Family Plan to a Blue Shield Medicare plan, you may be able to save up to \$1,728 a month\* in plan premiums and keep the same doctors that you have with your current plan. A Blue Shield Medicare Adviser can help you understand the Medicare coverage options available to you and help you choose the right plan based on your specific healthcare needs. To learn more, call **(888) 783-4152 (TTY: 711)** or visit [bsca.com/renewal](https://bsca.com/renewal).

\* Actual savings may vary. Savings are based on a comparison of the statewide average monthly rate in 2024 for Blue Shield Individual and Family Plan (IFP) PPO members over the age of 65 and a \$0 plan premium Medicare Advantage Plan. Monthly plan rates can depend on your plan, age, and where you live.





# 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]
<b>Premium total</b>		<b>[Monthly_Premium_Total]</b>

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.

# Important Notice from Blue Shield of California

## About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Blue Shield of California and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

**There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Blue Shield of California has determined that the prescription drug coverage offered by the Blue Shield of California medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Blue Shield of California coverage will not be affected. If you enroll in a Medicare drug plan, please let us know to avoid duplicative coverage.

If you choose to get your Medicare prescription drug coverage through a Medicare Advantage plan (a managed care plan offered by a company such as Blue Shield of California that contracts with the federal government to provide your Medicare benefits), you must cancel your current coverage to avoid duplicative coverage. Please contact your broker or Blue Shield of California representative if you have any questions, so we can discuss any differences in rates, as well as all of your different healthcare choices.

If you do decide to join a Medicare drug plan and drop your current Blue Shield of California coverage, be aware that you will not be able to get this coverage back. If you have a dependent(s) covered by your current Blue Shield of California plan and you are not the subscriber of the plan, your dependent(s) will not qualify for a special enrollment period and your dependent's current Blue Shield of California coverage will not be impacted when you drop your current Blue Shield

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

of California coverage. If the subscriber loses coverage or your dependent(s) lose dependent status under your current plan, then your dependent(s) will qualify for a special enrollment period and may enroll in Blue Shield of California coverage as a primary subscriber at any time during open enrollment (October 15-January 15), if eligible for a Blue Shield plan.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Blue Shield of California and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Blue Shield of California changes. You also may request a copy of this notice at any time.

### For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Name of Entity/Sender: Blue Shield of California  
Contact Position/Office: Customer Service  
Address: PO Box 272540, Chico, CA 95927-2540  
Phone Number: 888-256-3650

**CMS Form 10182-CC**

**Updated April 1, 2011**

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## **YOUR HEALTH INSURANCE CHOICES ARE DIFFERENT. YOU MAY QUALIFY FOR FREE OR LOW-COST HEALTH INSURANCE.**

You have different health insurance choices that may save you money.

You cannot be denied health insurance because you have health problems or a pre-existing condition. There are new options for low-cost or free health insurance for you or your dependents.

California Law requires Blue Shield of California to notify you every year that we will provide your information, including your name, address, email address and phone number as available to Covered California if you end your health care coverage with us. Covered California will use this information to help you obtain other health coverage. If you do not want to allow Blue Shield to share your information with Covered California, you may opt out of this information sharing. If you do not want us to share your information with Covered California, contact Blue Shield at **(510) 607-2000**, 601 12th Street, Oakland, CA 94607, within 5 business days to opt out of this information sharing.

### **Covered California - You can buy health insurance through Covered California.**

The state of California set up Covered California to help people like you and families find affordable health insurance. You can use Covered California if you do not have insurance through your employer, or Medicare. You can also apply for Medi-Cal through Covered California.

You must apply during an open enrollment or special enrollment period, except a Medi-Cal application can be made at any time. Open enrollment begins November 1 and ends January 31. If you have a life change such as marriage, divorce, a new child, or loss of a job, you can apply at the time the life change occurs (special enrollment period).

Through Covered California, you may also get help paying for your health insurance:

- Receive tax credits: You can use your tax credit to help pay your monthly premium.
- Reduce out-of-pocket costs: out-of-pocket costs are how much you pay for things like going to the doctor or hospital or getting prescription drugs.

To qualify for help paying for insurance, you must:

- Meet certain household income limits; and
- Be a U.S. citizen, U.S. national or be lawfully present in the U.S. In addition, other rules and requirements apply.

You can also buy coverage directly from health insurers, health plans or insurance agents during open enrollment and special enrollment periods, but the financial help is available only if you select a Covered California product.

### **Medi-Cal Is Changing Too**

Free or low-cost health insurance is available through Medi-Cal. Medi-Cal is California's health care program for people with low incomes.

Your eligibility is based on your income. It is not based on how much money you have saved or if you own your own home. You do not have to be on public assistance to qualify for Medi-Cal. You can apply for Medi-Cal anytime.



To qualify for Medi-Cal if you are over 65, disabled or a refugee, other rules and requirements apply. You may also qualify for health insurance with Medi-Cal even if you are not a U.S. citizen or national.

### **For More Information**

To learn more about Covered California or Medi-Cal, visit [www.CoveredCA.com](http://www.CoveredCA.com) or call **(800) 300-1506** or TTY at **(888) 889-4500**. When you apply for coverage through Covered California, you will find out if you are eligible for Medi-Cal. You can also get more information or apply for Medi-Cal by calling **(800) 430-4263**, visiting [www.benefitscal.org](http://www.benefitscal.org) or [www.beneficioscal.org](http://www.beneficioscal.org) (Spanish) online, or visiting your county human services office in person.

### **Medicare**

If you are eligible for the Medicare Program you should examine your options carefully, as delaying Medicare enrollment may result in substantial financial implications. You can obtain enrollment advice or enroll in Medicare in the following ways: You can visit [Medicare.gov](http://Medicare.gov) or call the toll-free number **1-800-MEDICARE (1-800-633-4227)** or the TTY number **1-877-486- 2048** for the latest information about Medicare.

You can also contact the California Health Insurance Counseling and Advocacy Program (HICAP) for guidance. HICAP provides insurance counseling services free of charge by the state to California senior citizens. Call HICAP toll-free at **(800) 434-0222** for a referral to your local HICAP office.

You can learn more about HICAP by visiting their website [www.aging.ca.gov/hicap](http://www.aging.ca.gov/hicap).



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](http://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](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)**。



[blueshieldca.com/myIFPplan](https://blueshieldca.com/myIFPplan)