



6300 Canoga Avenue
Woodland Hills, CA 91367

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indicia

<BSC Member First, Last Name>
<BSC Member Address>
<BSC Member City, State, Zip>

Blue Shield of California Life & Health Insurance Company is an independent licensee of the Blue Shield Association A52457-BSL (2/21)



**YOUR HEALTH
IS OUR MISSION.**

Important plan and privacy information enclosed

To our valued members,

This notice contains important information if your healthcare coverage ends.

Blue Shield of California Life & Health Insurance Company is required by state law to send you this notice. Please read all information in full, and, if you have any questions, feel free to contact Member Services at the number listed on your ID card.

California Law requires Blue Shield of California Life & Health Insurance Company to notify you every year that we will provide your information, including email, address and phone number 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 of California Life & Health Insurance Company 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 of California Life & Health Insurance Company at **[blueshieldca.com/optout](https://www.blueshieldca.com/optout)**, or at the Member Services number listed on your ID card to opt out of this information sharing. Thank you.

For more help and resources, visit **[blueshieldca.com](https://www.blueshieldca.com)** or contact Member Services at the number located on your member ID card. If you do not have your ID card, you can call (800) 393-6130 (TTY: 711).

Language Assistance Notice

For assistance in English at no cost, call (866) 346-7198.

Para obtener asistencia en Español sin cargo, llame al (866) 346-7198.

如果需要中文的免费帮助, 请拨打这个号码 (866) 346-7198.

Nondiscrimination Notice

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

Blue Shield of California Life & Health Insurance Company member grievance procedure

You can file a grievance online, by mail, or by phone. If you need help, call Member Services at (800) 393-6130.

Puede hacer un reclamo por internet, correo postal o por teléfono. Si necesita ayuda, llame a Servicio para Miembros al (800) 393-6130. 您可以通过在线、邮寄信件或电话提出申诉。如果您需要帮助, 请致电 (800) 393-6130 联络客户服务部。