

**Blue Shield of California Life & Health Insurance Company  
Endorsement to Core CDI Vision Plans**

This Endorsement should be attached to, and is made part of, your Certificate of Insurance (COI) issued by Blue Shield of California Life & Health Insurance Company. Please retain it for your records.

Effective **January 1, 2023**, your COI is amended as described below.

1. The following **Timely Access to Care** language has been updated.

**TIMELY ACCESS TO CARE**

Blue Shield Life provides the following guidelines for timely access to care from Vision Providers:

<b>Service</b>	<b>Access to Care</b>
Urgent Care	Within 72 hours
Non-urgent care	Within 30 business days
Preventive vision care	Within 40 business days
<b>Telephone Inquiries</b>	<b>Access to Care</b>
Access to a vision professional to evaluate the Insured's vision concerns and symptoms	Within 30 minutes, 24 hours/day 7 days/week

Note: For availability of interpreter services at the time of the Insured's appointment, contact the Insured Services department at the number shown in the "Customer Services" section of this booklet. More information for interpreter services is located in the Notice of the Availability of Language Assistance Services section of this COI.

2. The following **Confidential Communication Requests** language has been added.

**Confidential Communication Requests**

A health plan shall notify Subscribers and enrollees that they may request a confidential communication pursuant to the following and how to make the request.

A health plan shall permit Subscribers and enrollees to request, and shall accommodate requests for, confidential communication in the form and format requested by the individual, if it is readily producible in the requested form and format, or at alternative locations.

A health plan may require the Subscriber or enrollee to make a request for a

confidential communication in writing or by electronic transmission.

The confidential communication request shall be valid until the Subscriber or enrollee submits a revocation of the request or a new confidential communication request is submitted.

The confidential communication request shall apply to all communications that disclose medical information or provider name and address related to receipt of medical services by the individual requesting the confidential communication.

A confidential communication request may be submitted in writing to Blue Shield Life at the mailing address, email address, or fax number below. A confidential communication form, available by going to [blueshieldca.com/privacy](https://blueshieldca.com/privacy) and clicking on "privacy forms," may be used when submitting a confidential communication request in writing, but it is not required.

Once in place, a valid confidential communication request prevents Blue Shield from: 1. Requiring the protected individual to obtain the primary Subscriber's or other enrollee's authorization to receive sensitive services or submit a claim for sensitive services if the protected individual has the right to consent to care; and 2. Disclosing medical information relating to sensitive health services provided to a protected individual to the primary Subscriber or any plan enrollees other than the protected individual receiving care, absent an express written authorization of the protected individual receiving care.

You may return this completed and signed form via any of these options:

Mail: Blue Shield of California Privacy Office, P.O. Box 272540, Chico CA, 95927-2540

Email: [privacy@blueshieldca.com](mailto:privacy@blueshieldca.com)

Fax: 1-800-201-9020