

**Blue Shield of California Life & Health Insurance Company
Endorsement to the Medicare Supplement Duo Dental Plans CDI**

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

Effective **January 1, 2022**, your COI is amended as described below.

1. The following content in the **Confidentiality of Personal and Health Information** section has been updated:

~~Blueshieldca~~_privacy@bluehshieldca.com

2. The following section has been added:

Right to Receive Confidential Communications

Blue Shield of California communications may contain your protected health information (PHI). You can ask to have Blue Shield communications with your PHI sent directly to you at a confidential mailing address, email address, or telephone number. A confidential communications request (CCR) should be submitted in writing to Blue Shield of California at the mailing address, email address, or fax number at the bottom of this section. A CCR request form, available by going to blueshieldca.com/privacy and clicking on “privacy forms,” may be used when submitting a CCR in writing, but it is not required.

Notice about confidential communications requests:

Blue Shield of California shall notify subscribers that they may request a confidential communication pursuant to the following and how to make the request.

Blue Shield of California shall permit subscribers 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.

Blue Shield of California may require the subscriber to make a request for a confidential communication in writing or by electronic transmission.

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

The confidential communications 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 communications request may be submitted in writing to Blue Shield of California at the mailing address, email address, or fax number at the bottom of this page. Once in place, a valid CCR prevents Blue Shield from:

1. Requiring the protected individual to obtain the primary subscriber'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, absent an express written authorization of the protected individual receiving care.

You may return your completed and signed CCR form via one of these options:

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

Email: privacy@blueshieldca.com

Fax: 1-800-201-9020

Effective **July 1, 2022**, the Agreement is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

3. The following section has been added:

Accrual Balance

You can check your accrual balances toward your Calendar Year Deductible and Maximum Calendar Year Benefit at any time by calling Customer Service at the number on the back of your ID card. Your accrual balance information is updated once a claim is received and processed and may not reflect recent services. Your accrual balances will also be included on the explanation of Benefits you receive once a claim has been processed.