

Blue Shield of California Endorsement to the Standardized Medicare Supplement Plans

This Endorsement should be attached to, and is made part of, your Blue Shield of California Evidence of Coverage and Health Service Agreement (Agreement). Please retain it for your records.

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

1. The following language has been added to the **Additional Benefits** section:

COVID-19 testing and related healthcare services; COVID-19 preventive services; and COVID-19 therapeutics.

a. Benefits include coverage without cost sharing for COVID-19 diagnostic testing, screening testing, and related healthcare services from participating providers. During the federal COVID-19 Public Health Emergency and for six (6) months after the end of the federal Public Health Emergency, Blue Shield will waive cost sharing for COVID-19 diagnostic and screening testing and related services from non-participating providers. Note, Medical Necessity requirements do not apply for COVID-19 screening testing.

b. Members can get reimbursed for up to eight (8) over-the-counter at-home COVID-19 tests each calendar month. See section III. *Benefit Payments* for information on submitting a claim for reimbursement for this Benefit.

Coverage is provided without cost sharing for services intended to prevent or mitigate COVID-19 and that are either of the following for the member:

- An evidence-based item or service that has a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force.
- An immunization that has a recommendation from the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention, regardless of whether the immunization is recommended for routine use.

Coverage will be provided no later than 15 business days after the date on which the recommendation is adopted.

2. The following language has been updated in the CONFIDENTIALITY OF PERSONAL AND HEALTH INFORMATION section:

Toll-Free Telephone:

1-888-266-8080

Email Address:

Blueshieldca_privacy@blueshieldca.com

3. The following language has been added to the **GENERAL PROVISIONS** section:

P. 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.

4. The following language has been added to the **Benefit Payments** section:

Blue Shield provides a summary of your accrual balances toward your [Calendar Year Deductible][Calendar Year Maximum Copayment], if any for every month in which your Benefits were used until the full amount has been met. This summary will be mailed to you unless you opt to receive it electronically or have already opted out of paper mailings. You can opt back in to receive paper mailings at any time or elect to receive your balance summary electronically by logging into your member portal online and updating your communication preferences, or by calling Customer Service at the number on the back of your ID card. You can also check your accrual balances at any time by calling Customer Service. Your accrual balance information is updated once a claim is received and processed and may not reflect recent services.

Effective **September 25, 2022**, the Agreement is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

5. The following language has been added to the **Additional Benefits** section:

c. Benefits are provided for COVID-19 therapeutics, including therapeutics approved or granted emergency use authorization by the federal Food and Drug Administration for treatment of COVID-19 when prescribed or furnished by a health care provider acting within their scope of practice and the standard of care. Coverage is provided without cost sharing for services provided by a participating provider. For services provided by a non-participating provider, coverage is provided without cost sharing during the federal COVID-19 Public Health Emergency and for 6 months after the end of the federal COVID-19 Public Health Emergency.

For a disease for which the Governor of the State of California has declared a public health emergency, coverage is provided without cost sharing for:

- a. Evidence-based items, services, or immunizations that are intended to prevent or mitigate the disease as recommended by the United States Preventive Services Task Force that has in effect a rating of "A" or "B" or the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention. Coverage will be provided no later than 15 business days after the date on which the recommendation is adopted.
- b. Health care services or products related to diagnostic and screening testing for the disease that are approved or granted emergency use authorization by the federal Food and Drug Administration, or are recommended by the State Department of Public Health or the federal Centers for Disease Control and Prevention.

c. Therapeutics approved or granted emergency use authorization by the federal Food and Drug Administration for the disease.

Effective **January 1, 2023**, the Agreement is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

6. The following language has been added to the **Exclusions and Limitations** section:

Abortions are not covered procedures except:

- If the pregnancy is the result of an act of rape or incest; or
- In the case where a woman suffers from a physical disorder, injury, or illness, including a life-endangering condition caused by or arising from the pregnancy itself, that would, as certified by a Physician, place the woman in danger of death unless an abortion is performed.