



NAME: <Mem\_FName> <Mem\_LName>  
MEMBER ID#: <SUB\_ID>

<P.O. Box 4317>  
<Woodland Hills>, <CA> <91365-4317>

<Mem\_FName> <Mem\_LName>  
<Mail\_Addr\_Ln\_1>  
<Mail\_Addr\_Ln\_2>  
<Mail\_City\_Name>, <Mail\_State> <Mail\_Zip>



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anywhere. Download the  
app at [bsca.com/mobile](https://bsca.com/mobile)

<Month, Day, Year>

Dear <Mem\_FName>,

Thank you for being a Blue Shield of California member. Your health is important to us.

We are writing to tell you how we share information if a member’s health coverage ends. Rest assured, there is **no change** to your current coverage.

**Information sharing with Covered California**

If your Blue Shield coverage ends, we’ll give your contact information to Covered California. This includes your email address, mailing address, and phone number. Covered California will use this information to help you get other health coverage.

**How to opt out**

If you don’t want us to share your information with Covered California if your coverage ends, call Customer Service at the number on your Blue Shield member ID card. You can also log in to your online account at [blueshieldca.com/login](https://blueshieldca.com/login) and follow these steps:

1. Select *Account* and choose *My profile*.
2. Scroll to the “Sharing your information with Covered California” section.
3. Select “Do not share.”

**We’re here for you**

If you have questions, please reach out to Customer Service. We value you as a member and look forward to helping you on your healthcare journey.

Sincerely,

Blue Shield of California

### **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.

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