

**Blue Shield of California Life & Health Insurance Company
Endorsement to All Small Group DINO CDI Plans**

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, 2023**, your Certificate of Insurance (COI) is amended as described below.

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

Timely Access to Dental Care Services

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

Service	Access to Care
Urgent Care	Within 72 hours
Non-urgent care	Within 30 business days
Preventive dental care	Within 40 business days
Telephone Inquiries	Access to Care
Access to a dental professional to evaluate the Insured's dental 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 **Accrual Balance** language 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 logging into your member portal online, which is updated daily, or 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.

3. 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
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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 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

Fax: 800-201-9020