



## Blue Shield of California Endorsement to your Medicare Supplement Plan H Standard

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

Effective **January 1, 2025**, your EOC is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

1. The following revision has been made to the **Reinstatement of the Agreement after Cancellation** section:

### 5. Reinstatement of the Agreement after Cancellation

If the Agreement is cancelled for nonpayment of dues, Blue Shield will permit reinstatement of the Agreement or coverage twice during any twelve-month period, without a change in dues and without consideration of your medical condition, if the amounts owed are paid within ~~1530~~ 1530 days of the date the Notice of End of Coverage is mailed to you. If your request for reinstatement and payment of all outstanding amounts is not received within the required ~~1530~~ 1530 days, or if the Agreement is cancelled for nonpayment of dues more than twice during the preceding twelve-month period, then Blue Shield is not required to reinstate your coverage, and you will need to reapply for coverage.