



Your 2026 health
plan updates

Renew





<To the Parent/Guardian of> <First name><Last name>
<Address 1>
<Address 2>
<City, State, Zip>

Important:

Blue Shield of California isn't offering your current health coverage next year. Unless you take action by December 31, 2025, you will be automatically enrolled in a new plan. Read this letter to learn more and to review your options.

[Month] [Year]

Dear [FIRST NAME],

Every year, insurance companies may make changes to the plans and coverage options they offer. Blue Shield of California Life & Health Insurance Company (Blue Shield Life) won't offer the coverage you currently have in 2025 again in 2026. We have suggested a new plan for you, but you can review your options and decide what to do. The last day of your current coverage is December 31, 2025.

Your suggested new plan

Your health care is important to us. We have found another plan that may meet your needs. **You will automatically be enrolled in the Silver 1750 PPO*** plan to make sure there isn't a gap in your coverage. You can enroll in a different plan anytime between November 1, 2025, and March 1, 2026. If you want coverage to start January 1, make sure you enroll by December 31, 2025.

If you have dental and/or vision plans, they will not be impacted by this change. You will receive an update on those plans in a separate communication.

Member ID#: **<Member.SubscriberID>**

Current plan:
Shield Spectrum PPO
5000 – G

2026 medical plan name:
Silver 1750 PPO

Medical premium
(What you will pay
starting January 1, 2026)

\$[XXX.XX][†]

* Your new medical plan is underwritten by Blue Shield of California.

† Your 2026 monthly premium is based on our records as of [Month Day, Year]. This amount may vary based on changes such as age, adding or removing dependents, or moving your household to a new address.

Your new 2026 Exclusive PPO Network

Your new plan provides you access to the Exclusive PPO provider network,* which is different than your current network. The Exclusive PPO Network includes fewer providers than our Full PPO Network available with your current plan.

How do I check if my current doctor is in my new network?

To find out if your current doctors or hospital are in the Exclusive PPO Network, go to **blueshieldca.com/fad**. If they're not, don't worry – your new plan gives you access to a quality network of other healthcare providers.

Please review your new premium and benefits below to see if this plan meets your needs. If it doesn't, keep reading to learn about your other options.

- Premium – Your new premium starts in January. Your monthly premium will be \$[XXX.XX].
- You can find a plan comparison chart and review more details about this plan at **blueshieldca.com/5000** and in your Summary of Benefits and Coverage by visiting **blueshieldca.com/policies**.

So what are my options if:

I like the suggested plan?

YOU DON'T HAVE TO DO ANYTHING. You'll automatically be enrolled and just have to pay the monthly premium.

I don't like the suggested plan?

YOU HAVE THREE WAYS TO LOOK INTO OTHER PLANS AND ENROLL:

1. Explore other Blue Shield plan options† by calling our Customer Service agents at **(800) 660-3007 (TTY: 711)**. You can also explore plans with another carrier.
2. Visit **CoveredCA.com** and look at available Covered California plans.
3. Visit **CoveredCA.com/health/medi-cal/** and see if you or your family qualify for Medi-Cal or the Children's Health Insurance Program (CHIP).

Just keep in mind that if you qualify for financial help to lower your monthly premiums or lower your out-of-pocket costs, you can only get these savings if you enroll through Covered California.

Scan to learn more
about your plan



blueshieldca.com/5000

* We make efforts to ensure that our list of providers is current and accurate. However, providers leave networks from time to time and this list is subject to change.

† Alternate Blue Shield plan options are underwritten by Blue Shield of California.

I don't think I can afford a health plan?

- You may qualify for a free or low-cost health plan. To see if you qualify for premium help, visit **blueshieldca.com/subsidy** to use the subsidy calculator. If you qualify, we will give you next steps.
- Buying a catastrophic plan that usually has lower monthly premiums and will mainly protect you from very high medical costs may be an option.
 - If you are age 30 or older, you will need to apply for a hardship exemption at **CoveredCA.com/exemptions** to qualify.

When do I need to make a decision?

The 2026 open enrollment period is from November 1, 2025, through January 31, 2026. But since your coverage is ending, you qualify to enroll in a new plan from November 1, 2025, to March 1, 2026. **If you want a plan other than the suggested plan, enroll in the new plan by December 31, 2025, to make sure there isn't a gap in your coverage.**

Questions?

- Call Blue Shield at **(855) 836-9705 (TTY: 711)**, 8 a.m. to 8 p.m., Monday through Friday, and 8 a.m. to 6 p.m. on Saturday. You can also work with a licensed insurance agent or broker.
- Visit CoveredCA.com or call **(800) 300-1506 [TTY: (888) 889-4500]**. The Covered California Service Center is open from 8 a.m. to 6 p.m., Monday through Friday. Please check CoveredCA.com for extended hours during open enrollment.
- Call a Covered California Certified Enrollment Counselor or Licensed Insurance Agent for help. To find free local help in your area, go to **CoveredCA.com/support/contact-us** and click *Find an Enroller*.

This notice is also available in alternative formats upon request and at no cost to persons with disabilities.

Getting help in other languages

English: For help in English, call **(888) 256-3650 (TTY: 711)**, and an interpreter will assist you with this notice at no cost.

Spanish: Para obtener ayuda en español, llame al **(888) 256-3650 (TTY: 711)** y un intérprete le ayudará con este aviso sin ningún costo.

Traditional Chinese: 如需繁體中文協助，請致電 **(888) 256-3650 (TTY: 711)**，一位口譯員將免費協助您處理此通知。

Vietnamese Để được trợ giúp bằng tiếng Việt **256-3650 (TTY: 711)** và thông dịch viên sẽ hỗ trợ quý vị miễn phí với thông báo này.

Tagalog: Para sa tulong sa Tagalog, tumawag sa **(888) 256-3650 (TTY: 711)** at tutulungan ka ng isang tagasalin sa abiso na ito nang walang gastos.

Navajo: Diné k'ehj7bee aná'áwo'77, kojí' **(888) 256-3650 (TTY: 711)** (tseeb77 tseeb77 tseeb77) naaki ashdlá' hast33-táá' hast33 ashdlá' názbq̓s (TTY biniiyégó tsosts'id t'áá'á7t'áá'á7) béesh bee hod77lnih d77 naaltsoos biniiyégó é7at'a' halne'é t'áá j77k'eh yee n7ká adoolwoł.

Korean: 한국어로 도움이 필요하시면 **(888) 256-3650 (TTY: 711)**번으로 전화하십시오. 통역사가 이 통지서와 관련하여 무료로 도와드릴 것입니다.

Right to request completion of covered services

You can request Completion of Covered Services when your coverage ends. Begin your request or learn about terms and eligibility by calling Blue Shield Customer Service at **(888) 256-3650 (TTY: 711)** or downloading a Continuity of Care brochure and application at **blueshieldca.com/forms**. Contact us thirty (30) days (or as soon as possible) from the effective date of termination.

Sincerely,

Vice President and General Manager
Individual and Family Plans
Blue Shield of California



Premium appendix

Blue Shield of California

[Plan_Name]

Subscriber name: [Subscriber_name]

Subscriber ID #: [Subscriber_ID]

Effective date: January 1, 2026

This appendix is a part of your agreement and replaces the premium appendix previously issued as of the effective date set forth above. Therefore, it should be kept with the agreement for future reference. The premium amounts are based on the final product approved for coverage during the enrollment process as well as the age of the subscriber and any covered dependent(s) during the calendar year indicated on the appendix.

Member	Age	Monthly premium
[Firstname_Lastname01]	[Age01]	[Monthly_Premium01]
[Firstname_Lastname02]	[Age02]	[Monthly_Premium02]
[Firstname_Lastname03]	[Age03]	[Monthly_Premium03]
[Firstname_Lastname04]	[Age04]	[Monthly_Premium04]
[Firstname_Lastname05]	[Age05]	[Monthly_Premium05]
[Firstname_Lastname06]	[Age06]	[Monthly_Premium06]
[Firstname_Lastname07]	[Age07]	[Monthly_Premium07]
[Firstname_Lastname08]	[Age08]	[Monthly_Premium08]
[Firstname_Lastname09]	[Age09]	[Monthly_Premium09]
[Firstname_Lastname10]	[Age10]	[Monthly_Premium10]
[Firstname_Lastname11]	[Age11]	[Monthly_Premium11]
[Firstname_Lastname12]	[Age12]	[Monthly_Premium12]
[Firstname_Lastname13]	[Age13]	[Monthly_Premium13]
[Firstname_Lastname14]	[Age14]	[Monthly_Premium14]
[Firstname_Lastname15]	[Age15]	[Monthly_Premium15]
Premium total		[Monthly_Premium_Total]

Vice President and General Manager
Individual and Family Plans
Blue Shield of California



Appendix: Plan documents and legal notices

The plan documents and notices listed below are important and you should review and retain them for your records. You can review these annual notices at blueshieldca.com/myIFPplan. To receive a copy of a plan document or notice, please call Customer Service at the number on your plan ID card.

On the following pages:

- **Notice of Right to Request Review by the California Insurance Commissioner**

How to submit a request to review if you believe your health coverage has been or will be wrongly canceled, rescinded, or not renewed.

- **Notice About Your Prescription Drug Coverage and Medicare**

What you need to know about your current prescription drug coverage.

- **Alternate Coverage Model Notice** ("Your health insurance choices are different.")

Information on lower-cost health coverage options.

- **Language Assistance Notice and Nondiscrimination Notices** ("Notices Available Online")

Notice informing members about nondiscrimination and accessibility requirements.

Available online:

- **Plan documents**

Full plan details, including copay and coinsurance amounts, in your *Evidence of Coverage and Health Service Agreement* (EOC) or your *Summary of Benefits and Coverage*.

- **Formulary**

Your plan's list of covered drugs.

- **Notice of Privacy Practices**

Describes how your medical information may be used and disclosed and how you can get access to your information.*

* You may request to receive Blue Shield of California communications containing your protected health information by alternate means or at alternate confidential locations by submitting a Confidential Communications Request form. To get the form, please visit blueshieldca.com/Privacy and click the Privacy Forms link. A36389IFP-MED_0126



NOTICE OF RIGHT TO REQUEST REVIEW BY THE CALIFORNIA INSURANCE COMMISSIONER

You may request a review by the California Insurance Commissioner if you believe your health insurance policy or coverage has been or will be wrongly canceled, rescinded, or not renewed.

To do so, you must, as soon as possible, submit your request for review in writing to:

California Department of Insurance
Consumer Communications Bureau
300 S. Spring Street, South Tower
Los Angeles, California, 90013

Or, through the website: <http://www.insurance.ca.gov>.

You may contact the California Insurance Commissioner's Consumer Communications Bureau at **(800) 927-HELP (4357)** or **TDD (800) 482-4833** for information about how to request a review in writing. Please provide the Department with your health insurance policy number, copies of any letters you have received from us or a copy of your health insurance card.

You have 30 days from the date we sent this notice to you to request a review by the commissioner in order to ensure that we are required to provide you health insurance coverage while your request for review is being evaluated.

To ensure that your coverage is continued without interruption, however, you must request a review by the commissioner before your coverage ends. Even if more than 30 days have passed since we sent this notice, we must continue your coverage while your request is being evaluated, as long as you request the review by the commissioner at a time when your coverage is still in effect.

Regardless of whether or not we are required to provide you health insurance coverage while your request for review is being evaluated, the commissioner will order us to reinstate your coverage, retroactive to the time of cancellation, rescission or nonrenewal, if the commissioner determines that your request for review is a proper complaint and, ultimately, that the cancellation, rescission, or nonrenewal was unlawful.

WARNING:

You must continue to pay your insurance premiums on time in order to maintain coverage, and if your coverage is reinstated retroactively you will be responsible for paying insurance premiums corresponding to any gap in coverage between the time your coverage was terminated and the time it was continued or reinstated.

Important Notice from Blue Shield of California

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Blue Shield of California and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Blue Shield of California has determined that the prescription drug coverage offered by the Blue Shield of California medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Blue Shield of California coverage will not be affected. If you enroll in a Medicare drug plan, please let us know to avoid duplicative coverage.

If you choose to get your Medicare prescription drug coverage through a Medicare Advantage plan (a managed care plan offered by a company such as Blue Shield of California that contracts with the federal government to provide your Medicare benefits), you must cancel your current coverage to avoid duplicative coverage. Please contact your broker or Blue Shield of California representative if you have any questions, so we can discuss any differences in rates, as well as all of your different healthcare choices.

If you do decide to join a Medicare drug plan and drop your current Blue Shield of California coverage, be aware that you will not be able to get this coverage back. If you have a dependent(s) covered by your current Blue Shield of California plan and you are not the subscriber of the plan, your dependent(s) will not qualify for a special enrollment period and your dependent's current Blue Shield of California coverage will not be impacted when you drop your current Blue Shield

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

of California coverage. If the subscriber loses coverage or your dependent(s) lose dependent status under your current plan, then your dependent(s) will qualify for a special enrollment period and may enroll in Blue Shield of California coverage as a primary subscriber at any time during open enrollment (October 15-January 15), if eligible for a Blue Shield plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Blue Shield of California and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Blue Shield of California changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Name of Entity/Sender: Blue Shield of California
Contact Position/Office: Customer Service
Address: PO Box 272540, Chico, CA 95927-2540
Phone Number: 888-256-3650

CMS Form 10182-CC

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YOUR HEALTH INSURANCE CHOICES ARE DIFFERENT. YOU MAY QUALIFY FOR FREE OR LOW-COST HEALTH INSURANCE.

You have different health insurance choices that may save you money.

You cannot be denied health insurance because you have health problems or a pre-existing condition. There are new options for low-cost or free health insurance for you or your dependents.

California Law requires Blue Shield of California to notify you every year that we will provide your information, including your name, address, email address and phone number as available to Covered California if you end your health care coverage with us. Covered California will use this information to help you obtain other health coverage. If you do not want to allow Blue Shield to share your information with Covered California, you may opt out of this information sharing. If you do not want us to share your information with Covered California, contact Blue Shield at **(510) 607-2000**, 601 12th Street, Oakland, CA 94607, within 5 business days to opt out of this information sharing.

Covered California - You can buy health insurance through Covered California.

The state of California set up Covered California to help people like you and families find affordable health insurance. You can use Covered California if you do not have insurance through your employer, or Medicare. You can also apply for Medi-Cal through Covered California.

You must apply during an open enrollment or special enrollment period, except a Medi-Cal application can be made at any time. Open enrollment begins November 1 and ends January 31. If you have a life change such as marriage, divorce, a new child, or loss of a job, you can apply at the time the life change occurs (special enrollment period).

Through Covered California, you may also get help paying for your health insurance:

- Receive tax credits: You can use your tax credit to help pay your monthly premium.
- Reduce out-of-pocket costs: out-of-pocket costs are how much you pay for things like going to the doctor or hospital or getting prescription drugs.

To qualify for help paying for insurance, you must:

- Meet certain household income limits; and
- Be a U.S. citizen, U.S. national or be lawfully present in the U.S. In addition, other rules and requirements apply.

You can also buy coverage directly from health insurers, health plans or insurance agents during open enrollment and special enrollment periods, but the financial help is available only if you select a Covered California product.

Medi-Cal Is Changing Too

Free or low-cost health insurance is available through Medi-Cal. Medi-Cal is California's health care program for people with low incomes.

Your eligibility is based on your income. It is not based on how much money you have saved or if you own your own home. You do not have to be on public assistance to qualify for Medi-Cal. You can apply for Medi-Cal anytime.

To qualify for Medi-Cal if you are over 65, disabled or a refugee, other rules and requirements apply. You may also qualify for health insurance with Medi-Cal even if you are not a U.S. citizen or national.

For More Information

To learn more about Covered California or Medi-Cal, visit **www.CoveredCA.com** or call **(800) 300-1506** or TTY at **(888) 889-4500**. When you apply for coverage through Covered California, you will find out if you are eligible for Medi-Cal. You can also get more information or apply for Medi-Cal by calling **(800) 430-4263**, visiting **www.benefitscal.org** or **www.beneficioscal.org** (Spanish) online, or visiting your county human services office in person.

Medicare

If you are eligible for the Medicare Program you should examine your options carefully, as delaying Medicare enrollment may result in substantial financial implications. You can obtain enrollment advice or enroll in Medicare in the following ways: You can visit **Medicare.gov** or call the toll-free number **1-800-MEDICARE (1-800-633-4227)** or the TTY number **1-877-486- 2048** for the latest information about Medicare.

You can also contact the California Health Insurance Counseling and Advocacy Program (HICAP) for guidance. HICAP provides insurance counseling services free of charge by the state to California senior citizens. Call HICAP toll-free at **(800) 434-0222** for a referral to your local HICAP office.

You can learn more about HICAP by visiting their website **www.aging.ca.gov/hicap**.



NOTICES AVAILABLE ONLINE

Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: blueshieldca.com/notices. You can also call for language assistance services: **(866) 346-7198 (TTY: 711)**.

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Service at **(888) 256-3650 (TTY: 711)**.

Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en blueshieldca.com/notices. Para obtener servicios de asistencia en idiomas, también puede llamar al **(866) 346-7198 (TTY: 711)**.

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Servicio al Cliente al **(888) 256-3650 (TTY: 711)**.

非歧視通知和語言協助服務

Blue Shield 遵守適用的州及聯邦政府的民權法。同時，我們免費提供語言協助服務。

如需檢視我司的非歧視通知和語言幫助通知，請造訪 blueshieldca.com/notices。您還可致電尋求語言協助服務：**(866) 346-7198 (TTY: 711)**。

如果您無法造訪上述網站，且希望收到一份非歧視通知和語言幫助通知的副本，請致電客戶服務部，電話：**(888) 256-3650 (TTY: 711)**。



blueshieldca.com/myIFPplan

