



<Date X, 2017>

Addressee First and Last  
333 West 3rd Street, Suite 2000  
San Francisco, CA 33333

Benefit change to your Blue Shield of California health plan  
Update to the 2017 *Evidence of Coverage* (EOC) for  
**<LEGAL NAME OF PLAN>**

Dear <First Name Last Name>,

We're writing to tell you about a change to your benefits in your health plan starting on July 1, 2017. This change protects you from receiving unexpected medical bills from a doctor or healthcare provider that is not in your plan's network and treats you for non-emergency care and services at a facility in your plan's network.

**What this means to you**

A doctor or healthcare provider that is not in your plan's network will bill after both you and the doctor or healthcare provider have received a copy of the Explanation of Benefits (EOB), explaining the amount you will pay for the care you received. If you paid the doctor or healthcare provider more than you should have (the cost share allowed), you should receive a refund within 30 days.

**Follow-up information**

The enclosed endorsement contains the amended pages for your *Evidence of Coverage*. Please keep it with the rest of your plan materials.

If you have questions regarding this update, please contact customer service at the number provided on the back of your Blue Shield member ID card.

Thank you for choosing Blue Shield. We look forward to continuing to meet your health coverage needs.

Sincerely,

Jeff Smith  
Vice President and General Manager  
Individual and Family Plans