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

ATTN: Patrice Mcelroy
GROUP ID#: W0051426

**********MIXED WKG
T2 P1 215 (331) 105004421928

SANTA CLARA VALLEY WATER DISTRICT
5750 ALMADEN EXPY
SAN JOSE, CA 95118-3614

0010044219281

July 9, 2026

RE: Updates to the 2026 Evidence of Coverage for SANTA CLARA VALLEY WATER DISTRICT (W0051426) Santa Clara Valley Water District Access+ HMO 10-0 Admit 2000/4000, Santa Clara Valley Water District Trio HMO 10-0 Admit 2000/4000, Santa Clara Valley Water District Major Benefits Plan 250/500

Dear Group Administrator,

Thank you for choosing Blue Shield of California. We are writing to let you know that we made updates to your group's plans due to changes in state laws. As the Group Administrator, it is your responsibility to provide applicable endorsements to the enrollees in each plan.

The enclosed endorsement(s) contains changes to the language of the Evidence of Coverage (EOC) for each plan. The endorsement(s) also list the date each change went into effect. Please refer to the endorsement(s) for details and keep these documents with the rest of your group's plan materials for future reference.

Questions?

The enclosed endorsement(s) contains the amended pages to the EOC for each plan. To review a complete EOC, please visit blueshieldca.com/policies. If plan enrollees have any questions, they can contact Blue Shield Customer Service using the phone number on their member ID card.

Sincerely,

Tim Lieb
Senior Vice President

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Blue Shield of California
Endorsement to your Plan

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, 2026**, 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 **Preventive Health Services** section:

   Benefits include:

   - Evidence-based items, drugs, or services that had in effect on January 1, 2025~~have~~ a rating of A or B in the ~~current~~ recommendations of the United States Preventive Services Task Force (USPSTF), which the California Department of Public Health can modify or supplement. Examples of recommendations are ~~such as~~:

   - Immunizations that had in effect on January 1, 2025 a recommendation from ~~recommended by~~ either the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, or the ~~most current version of the~~ Recommended Childhood Immunization Schedule/United States, jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, and the American Academy of Family Physicians, as of January 1, 2025, which the California Department of Public Health can modify or supplement;

   - Evidence-informed preventive care and screenings for infants, children, and adolescents as listed in the comprehensive guidelines, as periodically updated, supported by the Health Resources and Services Administration as of January 1, 2025, which the California Department of Public Health can modify or supplement. This includes~~, including~~ screening for risk of lead exposure and blood lead levels in children at risk for lead poisoning;

   - Additional preventive care and screenings for women not described above as provided for in comprehensive guidelines supported by the Health Resources and Services Administration as of January 1, 2025, which the California Department of Public Health can modify or supplement. See the Family planning Benefits section for more information.

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Blue Shield of California
Endorsement to your Outpatient Prescription Drug Plan

This Endorsement should be attached to, and is made part of, your Blue Shield of California *Outpatient Prescription Drug Rider*. Please retain it for your records.

Effective **January 1, 2026**, your Rider is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

1. The following language has been added to the **Outpatient Prescription Drug Coverage** endnote section:

   Outpatient Prescription Drug Coverage:
   Insulin. You will not pay more than $35 for a 30-day supply of Formulary insulin Prescription Drugs from a Participating Pharmacy.

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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)**.

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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** 。