

August 21, 2021

VOID



*****SINGLP

1460 1 SP 0.560

?

 CHURCH
ATTN: BENEFITS ADMINISTRATOR


004362030101

Here's a rebate on your health plan premiums

Each year, we issue premium rebate checks to groups when our medical costs during the previous plan year were lower than the threshold set by the Affordable Care Act ("ACA"). These are called medical loss ratio (MLR) rebates.

Your MLR rebate check is enclosed. The ACA states that you can either use it to lower premiums in the next plan year or distribute the rebate among your employees covered by the rebated plan. Rebate distributions must be made within three months of the receipt of the rebate. If your plan is subject to Employee Retirement Income Security Act (ERISA) laws, you may also use the rebate funds to pay current plan premiums.

This letter also includes a notice we're required by the U.S. Centers for Medicare & Medicaid Services (CMS) to send to you. It explains the MLR rebates and how they are calculated. We will also let your employees know you received a rebate, as required by CMS.

If you have questions about your rebate, please contact your Anthem representative.

- Your Anthem service team

VOID

DMSVTP4A MLR1 20210823T41 J000
20210821 004362 Env [1,460] 1 of 4



VOID

TEST

ACTIVE - Rule date: 8/23/21
12:03 PM

VOID



3075 VANDERCAR WAY
CINCINNATI, OH 45209

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

VOID

|||||
#BWNCQXF
#///6A0743///DB9#

62030200*

CHECK NUMBER [REDACTED] DATE 08/23/21 PAGE 1

RECIPIENT NAME [REDACTED]
ADDRESS ATTN: BENEFITS ADMINISTRATOR

RECIPIENT ID NO [REDACTED]
TAX ID NO XXXXX

PAYMENT SUMMARY

GROSS APPROVED AMOUNT	1,137.65	NET AMOUNT DUE	1,137.65
ADJUSTMENT AMOUNT	0.00	IRS WITHHELD	0.00
PRIOR BALANCE	0.00	STATE WITHHELD	0.00
LEVY/GARNISHMENT	0.00	AMOUNT DISBURSED	1,137.65
NET AMOUNT DUE	1,137.65	NEW BALANCE	0.00

ACTIVE Rule date: 8/23/21
12:03 PM

DMSVTP4A MLR1 20210823T41 J000
20210821 004362 EHV 1.460J 2 of 4

DETACH CHECK AT PERFORATION BEFORE DEPOSITING



3075 VANDERCAR WAY
CINCINNATI, OH 45209

BANK OF AMERICA
ATLANTA, GEORGIA

0823GE190151-004397

CHECK NUMBER

0064-1278/0611

3359980417

CHECK AMOUNT

\$*****1,137.65

RECIPIENT ID NO [REDACTED]

TAX ID NO [REDACTED]

DATE

08/23/21

VOID

*****ONE THOUSAND ONE HUNDRED THIRTY-SEVEN 65/100 DOLLARS

TO THE ORDER OF:

Fay L. Dwan

Security features included. Details on back.

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDEORSEMENT.

⑈0070451067⑈ ⑆061112788⑆ 3359980417⑈

VOID

TEST
ACTIVE - Rule date: 8/23/21
12:03 PM

VOID

ENDORSE CHECK HERE

X

DO NOT WRITE/SIGN/STAMP BELOW THIS LINE
DEPOSITORY BANK ENDORSEMENT

Listed below are the security features provided on this document.
Absence of these features may indicate alteration/duplication.

IF THESE FEATURES ARE NOT PRESENT, DO NOT CASH!

Security Features:

*Micro-Printing - "MP"

*Coin Reactive

*Artificial Watermark

Results of check alteration

*Small type at left hand edge of check appears blurred if copied or scanned

*The words "Security Document" appear on back when viewed at 45 degree angle or rubbed with a coin

VOID

Notice of Health Insurance Premium Rebate

August 21, 2021

Re: Health Insurance Premium Rebate for Year 2020; Policy # [REDACTED]

Dear [REDACTED]:

This letter is to inform you that Blue Cross of California will be rebating a portion of your health insurance premiums through your employer or group policy holder. This rebate is required by the Affordable Care Act - the health reform law.

The Affordable Care Act requires Blue Cross of California to rebate part of the premiums it received if it does not spend at least 80 percent of the premiums Blue Cross of California receives on health care services, such as doctors and hospital bills, and activities to improve health care quality, such as efforts to improve patient safety. No more than 20 percent of premiums may be spent on administrative costs such as salaries, sales, and advertising. This is referred to as the "Medical Loss Ratio" standard or the 80/20 rule. The 80/20 rule in the Affordable Care Act is intended to ensure that consumers get value for their health care dollars. You can learn more about the 80/20 rule and other provisions of the health reform law at: <https://www.healthcare.gov/health-care-law-protections/rate-review/>

What the Medical Loss Ratio Rule Means to You

The Medical Loss Ratio rule is calculated on a State by State basis. In your State, Blue Cross of California did not meet the 80/20 standard. In 2020, Blue Cross of California spent only 77.30% of a total of \$2,469,510,678.69 in premium dollars on health care and activities to improve health care quality. Since it missed the 80/20 percent target by 2.70% of premium it receives, Blue Cross of California must rebate 2.70% of the total health insurance premiums paid by the employer and employees in your group health plan. We are required to send this rebate to your employer or group policyholder by September 30, 2021, or apply this rebate to the health insurance premium that is due on or after September 30, 2021. Employers or group policyholders must follow certain rules for distributing the rebate to you.

VOID

004362030300

DMSVTP4A MLR1 20210823T41 J000
20210821 004362 Env [1,460] 3 of 4



Ways in Which an Employer Can Distribute the Rebate

If your group health plan is a non-Federal governmental plan, the employer or group policyholder must distribute the rebate in one of two ways:

- Reducing premium for the upcoming year; or
- Providing a cash rebate to employees or subscribers that were covered by the health insurance on which the rebate is based.

If your group health plan is a church plan, the employer or group policy holder has agreed to distribute the portion of the rebate that is based on the total amount all of the employees contributed to the health insurance premium in one of the ways discussed in the prior paragraph.

If your group health plan is not a governmental plan or a church plan, it likely is subject to the Federal Employee Retirement Income Security Act of 1974 (ERISA). Under ERISA, the employer or the administrator of the group health plan may have fiduciary responsibilities regarding use of the Medical Loss Ratio rebates. Some or all of the rebate may be an asset of the plan, which must be used for the benefit of the employees covered by the policy. Employees or subscribers should contact the employer or group policyholder directly for information on how the the rebate will be used. For general information about your rights regarding the rebate, you may contact the Department of Labor's Employee Benefits Security Administration at 1-866-444- EBSA (3272) or review the Department's technical guidance on this issue on its web site at

<https://www.dol.gov/agencies/ebsa/employers-and-advisers/guidance/technical-releases/11-04>

Need more information?

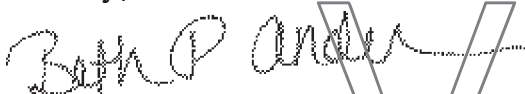
If you have any questions about the Medical Loss Ratio and your health insurance coverage, please contact Blue Cross of California customer service toll-free number at the phone number provided on your ID card. For additional information on the rebate, please review the following at:

http://file.anthem.com/ABC_MLR_Employer_FAQ.pdf

Contact your employer or Administrator directly for information on how the rebate will be distributed. For general information about your rights regarding the rebate if your group health plan is subject to ERISA, you may contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or review the Department's technical guidance on this issue on its web site at

<https://www.dol.gov/agencies/ebsa/employers-and-advisers/guidance/technical-releases/11-04>

Sincerely,



Beth Andersen,
California President and General Manager
Blue Cross of California

NOT2B25 09/19

Get help in your language

Language Assistance Services



Curious to know what all this says? We would be too. Here's the English version:
IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 1-888-254-2721. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

IMPORTANTE: ¿Puede leer esta carta? De lo contrario, podemos hacer que alguien lo ayude a leerla. También puede recibir esta carta escrita en su idioma. Para obtener ayuda gratuita, llame de inmediato al 1-888-254-2721. (TTY/TDD: 711)

Arabic

مهم: هل يمكنك قراءة هذه الرسالة؟ إذا لم تستطع، فيمكننا الاستعانة بشخص ما ليساعدك على قراءتها. كما يمكنك أيضًا الحصول على هذا الخطاب مكتوبًا بلغتك. للحصول على المساعدة المجانية، يُرجى الاتصال فورًا بالرقم 1-888-254-2721. (TTY/TDD: 711)

Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Կարողանո՞ւմ եք ընթերցել այս նամակը: Եթե ոչ, մենք կարող ենք տրամադրել ինչ-որ մեկին, ով կօգնի Ձեզ՝ կարդալ այն: Կարող ենք նաև այս նամակը Ձեզ գրավոր տարբերակով տրամադրել: Անվճար օգնություն ստանալու համար կարող եք անհատապես զանգահարել 1-888-254-2721 հեռախոսահամարով: (TTY/TDD: 711)

Chinese

重要事項：您能看懂這封信函嗎？如果您看不懂，我們能夠找人協助您。您可能可以獲得以您的語言而寫的本信函。如需免費協助，請立即撥打1-888-254-2721。(TTY/TDD: 711)

Farsi

مهم: آیا می‌توانید این نامه را بخوانید؟ اگر نمی‌توانید، می‌توانید شخصی را به شما معرفی کنیم تا در خواندن این نامه شما را کمک کند. همچنین می‌توانید این نامه را به صورت مکتوب به زبان خودتان دریافت کنید. برای دریافت کمک رایگان، همین حالا با شماره 1-888-254-2721 تماس بگیرید. (TTY/TDD: 711)

Hindi

महत्वपूर्ण: क्या आप यह पत्र पढ़ सकते हैं? अगर नहीं, तो हम आपको इसे पढ़ने में मदद करने के लिए किसी को उपलब्ध करा सकते हैं। आप यह पत्र अपनी भाषा में लिखवाने में भी सक्षम हो सकते हैं। निःशुल्क मदद के लिए, कृपया 1-888-254-2721 पर तुरंत कॉल करें। (TTY/TDD: 711)

Hmong

TSEEM CEEB: Koj puas muaj peev xwm nyeem tau daim ntawv no? Yog hais tias koj nyeem tsis tau, peb muaj peev xwm cia lwm tus pab nyeem rau koj mloog. Tsis tas li ntawd tej zaum koj kuj tseem yuav tau txais daim ntawv no sau ua koj hom lus thiab. Txog rau kev pab dawb, thov hu tam sim no rau tus xev tooj 1-888-254-2721. (TTY/TDD: 711)

Japanese

重要：この書簡を読めますか？もし読めない場合には、内容を理解するための支援を受けることができます。また、この書簡を希望する言語で書いたものを入手することもできます。次の番号にいますぐ電話して、無料支援を受けてください。1-888-254-2721 (TTY/TDD: 711)



Khmer

សំខាន់៖ តើអ្នកអាចអានលិខិតនេះទេ? បើមិនអាចទេ យើងអាចជួយអ្នកអានវាជូនអ្នក។
អ្នកក៏អាចទទួលលិខិតនេះដោយសរសេរជាភាសារបស់អ្នកផងដែរ។ ដើម្បីទទួលជំនួយឥតគិតថ្លៃ
សូមហៅទូរស័ព្ទភ្លាមៗទៅលេខ 1-888-254-2721 (TTY/TDD: 711)

Korean

중요: 이 서신을 읽으실 수 있으십니까? 읽으실 수 없을 경우 도움을 드릴 사람이 있습니다. 귀하가 사용하는 언어로 쓰여진 서신을 받으실 수도 있습니다. 무료 도움을 받으시려면 즉시 1-888-254-2721로 전화하십시오. (TTY/TDD: 711)

Punjabi

ਮਹੱਤਵਪੂਰਨ: ਕੀ ਤੁਸੀਂ ਇਹ ਪੱਤਰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ, ਤਾਂ ਅਸੀਂ ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿੱਚ ਤੁਹਾਡੀ ਮਦਦ ਲਈ ਕਿਸੇ ਨੂੰ ਬੁਲਾ ਸਕਦਾ ਹਾਂ ਤੁਸੀਂ ਸ਼ਾਇਦ ਪੱਤਰ ਨੂੰ
ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਲਿਖਿਆ ਹੋਇਆ ਵੱਖੀ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਮੁਫਤ ਮਦਦ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ ਫੌਰਨ 1-888-254-2721 ਤੇ ਕਾਲ ਕਰੋ।
(TTY/TDD: 711)

Russian

ВАЖНО. Можете ли вы прочитать данное письмо? Если нет, наш специалист поможет вам в этом. Вы также можете получить данное письмо на вашем языке. Для получения бесплатной помощи звоните по номеру 1-888-254-2721. (TTY/TDD: 711)

Tagalog

MAHALAGA: Nababasa ba ninyo ang liham na ito? Kung hindi, may taong maaaring tumulong sa inyo sa pagbasa nito. Maaari ninyo ring makuha ang liham na ito nang nakasulat sa ginagamit ninyong wika. Para sa libreng tulong, mangyaring tumawag kaagad sa 1-888-254-2721. (TTY/TDD: 711)

Thai

หมายเหตุสำคัญ: ท่านสามารถอ่านจดหมายฉบับนี้หรือไม่ หากท่านไม่สามารถอ่านจดหมายฉบับนี้ เราสามารถจัดหาเจ้าหน้าที่มาอ่านให้ท่านฟังได้ ท่านยังอาจให้เจ้าหน้าที่ช่วยเขียนจดหมายในภาษาของท่านอีกด้วย หากต้องการความช่วยเหลือโดยไม่มีค่าใช้จ่าย โปรดโทรติดต่อที่หมายเลข 1-888-254-2721 (TTY/TDD: 711)

Vietnamese

QUAN TRỌNG: Quý vị có thể đọc thư này hay không? Nếu không, chúng tôi có thể bố trí người giúp quý vị đọc thư này. Quý vị cũng có thể nhận thư này bằng ngôn ngữ của quý vị. Để được giúp đỡ miễn phí, vui lòng gọi ngay số 1-888-254-2721. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.