

small business packages
1-100 employees

choice, confidence,
and coverage start here.

Effective July 1, 2021

blue 
california

Why Blue Shield of California?

Our mission is to ensure all Californians have access to high-quality health care at an affordable price. For more than 75 years, Blue Shield of California has been trusted to provide health coverage for our communities.

Helping California's small businesses grow with the right health coverage

Whether it's a budding one-person operation or a booming 100-employee enterprise, small businesses across California share the same need for a healthy and productive workforce.

That's why we offer a wide range of small business health plans with solutions for controlling costs and promoting health.

From Central Valley farms to Silicon Valley startups, and San Diego surf shops to North Coast lumber mills, we cover more than 40,000 California small businesses.

Wherever your business is and whatever it may be, Blue Shield has a health plan that is the right size for you.

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Blue Shield of California offers choices for small business

We offer a wide variety of plans reflecting different plan package options, plan families, networks, and metal levels to ensure there is the right plan for every small business. This guide helps explain the options available.

2021 Blue Shield of California Off-Exchange Package for Small Business

Off-exchange PPO plans

Plan	Deductible ¹	Copay	Out-of-pocket maximum	Emergency room	Rx deductible ¹	Pharmacy benefits ³			Tier 4 & Specialty
						Tier 1	Tier 2	Tier 3	
Platinum PPO 250/10	\$250	\$10	\$3,000	\$150 + 10% ²	\$0	\$10	\$25	\$40	20%
Platinum PPO 0/0	\$0	\$0	\$4,500	\$250 + 10%	\$0	\$0	\$30	\$50	30%
Platinum PPO 0/10	\$0	\$10	\$4,500	\$150 + 10%	\$0	\$5	\$30	\$50	30%
Platinum PPO 250/15	\$250	\$15	\$4,300	\$150 + 10% ²	\$0	\$5	\$30	\$50	30%
Gold PPO 0/25	\$0	\$25	\$8,050	\$250 + 30%	\$0	\$15	\$40	\$60	30%
Gold PPO 500/30	\$500	\$30	\$8,150	\$250 + 20% ²	\$100	\$15	\$50 ²	\$80 ²	30% ²
Gold PPO 750/30	\$750	\$30	\$8,150	\$250 + 20% ²	\$250	\$10	\$40 ²	\$70 ²	30% ²
Gold PPO 1200/35	\$1,200	\$35	\$8,150	\$250 + 20% ²	\$300	\$10	\$40 ²	\$70 ²	30% ²
Silver PPO 1950/50	\$1,950	\$50	\$8,200	\$300 + 35% ²	\$300	\$20	\$75 ²	\$115 ²	30% ²
Silver PPO 2400/55	\$2,400	\$55	\$8,200	\$350 + 40% ²	\$300	\$20	\$75 ²	\$115 ²	40% ²
Silver PPO 2225/50⁴	\$2,225	\$50	\$8,200	\$350 + 40% ²	\$300	\$20	\$50	\$115 ²	40% ²
Bronze PPO 6850/65	\$6,850	\$65 ²	\$8,200	50% ²	\$650	\$20	\$65 ²	\$90 ²	30% ²
Bronze PPO 6250/70	\$6,250	\$70 ²	\$8,200	50% ²	Integrated with medical	\$20	\$65 ²	\$90 ²	30% ²
Bronze PPO 7500/50	\$7,500	\$70 ²	\$8,200	50% ²	Integrated with medical	50% ²	50% ²	50% ²	50% ²

Off-exchange PPO Savings plans

Plan	Deductible ¹	Copay	Out-of-pocket maximum	Emergency room	Rx deductible ¹	Pharmacy benefits ³			Tier 4 & Specialty
						Tier 1	Tier 2	Tier 3	
Gold PPO Savings 1750/15%	\$1,750	15% ²	\$3,000	\$150 + 15% ²	Integrated with medical	\$10 ²	\$30 ²	\$50 ²	30% ²
Silver PPO Savings 2100/25%	\$2,100	25% ²	\$6,900	\$150 + 25% ²	Integrated with medical	\$20 ²	\$65 ²	\$100 ²	30% ²
Silver PPO Savings 2600/35%	\$2,600	35% ²	\$7,000	\$150 + 35% ²	Integrated with medical	35% ²	35% ²	35% ²	35% ²
Bronze PPO Savings 5700/40%	\$5,700	40% ²	\$7,000	\$250 + 40% ²	Integrated with medical	40% ²	40% ²	40% ²	40% ²
Bronze PPO Savings 7000	\$7,000	\$0 ²	\$7,000	\$0 ²	Integrated with medical	\$0 ²	\$0 ²	\$0 ²	\$0 ²

Continued >

Off-exchange HMO plans									
Plan	Deductible ¹	Copay	Out-of-pocket maximum	Emergency room	Rx deductible ¹	Pharmacy benefits ³			Tier 4 & Specialty
						Tier 1	Tier 2	Tier 3	
Platinum HMO 0/20	\$0	\$20	\$1,900	\$200	\$0	\$5	\$15	\$25	20%
Platinum HMO 0/25	\$0	\$25	\$2,350	\$250	\$0	\$5	\$15	\$25	20%
Platinum HMO 0/30	\$0	\$30	\$2,700	\$250	\$0	\$5	\$15	\$25	20%
Gold HMO 0/30	\$0	\$30	\$6,750	\$325	\$0	\$15	\$35	\$55	20%
Gold HMO 500/35	\$500	\$35	\$7,500	\$300 ²	\$0	\$15	\$35	\$55	20%
Gold HMO 1000/35	\$1,000	\$35	\$7,500	\$300 ²	\$100	\$15	\$35 ²	\$55 ²	20% ²
Gold HMO 1500/35	\$1,500	\$35	\$8,150	\$300 ²	\$100	\$15	\$35 ²	\$55 ²	20% ²
Silver HMO 2350/65	\$2,350	\$65	\$8,150	50% ²	\$350	\$20 ²	\$85 ²	\$115 ²	45% ²

2021 Blue Shield of California Mirror Package for Small Business									
Mirror PPO plans									
Plan	Deductible ¹	Copay	Out-of-pocket maximum	Emergency room	Rx deductible ¹	Pharmacy benefits ³			Tier 4 & Specialty
						Tier 1	Tier 2	Tier 3	
Mirror Platinum 90 PPO 0/15	\$0	\$15	\$4,500	\$200	\$0	\$10	\$25	\$40	10%
Mirror Gold 80 PPO 350/25	\$350	\$25	\$7,800	20% ²	\$0	\$15	\$50	\$80	20%
Mirror Silver 70 PPO 2250/50	\$2,250	\$50	\$8,200	30% ²	\$300	\$17	\$70 ²	\$100 ²	30% ²
Mirror Bronze 60 PPO 6300/65	\$6,300	\$65 ²	\$8,200	40% ²	\$500	\$18 ²	40% ²	40% ²	40% ²

Mirror HMO plans									
Plan	Deductible ¹	Copay	Out-of-pocket maximum	Emergency room	Rx deductible ¹	Pharmacy benefits ³			Tier 4 & Specialty
						Tier 1	Tier 2	Tier 3	
Mirror Platinum 90 HMO 0/20	\$0	\$20	\$4,500	\$150	\$0	\$5	\$20	\$30	10%
Mirror Gold 80 HMO 250/35	\$250	\$35	\$7,800	\$250 ²	\$0	\$15	\$40	\$70	20%
Mirror Silver 70 HMO 2250/55	\$2,250	\$55	\$8,200	30% ²	\$300	\$17	\$80 ²	\$110 ²	30% ²

1 Calendar-year deductible shown is for an individual. See Summary of Benefits for family plan deductibles.

2 Subject to the calendar-year deductible.

3 Pharmacy benefits cost shares reflect fulfillment through network pharmacy and Level A pharmacies for Trio HMO and Tandem PPO plans.

4 Plan includes **Value Based Benefits**:

The following services are provided at \$0 Copay when you see a Participating Provider for treatment of diabetes, asthma, chronic obstructive pulmonary disease (COPD), or coronary artery disease (CAD); the Calendar Year Deductible does not apply to these services: Primary care or Specialist care office visits when your provider determines that the purpose of the visit is to treat a condition listed above; Lipid panel in a laboratory center or Outpatient Department of a Hospital (diabetes and CAD only); Metabolic panel in a laboratory center or Outpatient Department of a Hospital (diabetes and CAD only); Blood glucose, creatinine clearance, hemoglobin A1c, liver function, and microalbumin tests in a laboratory center or Outpatient Department of a Hospital (diabetes only); and Peak flow meter (asthma and COPD only).

Plan names for 2021 for small business with 1 to 100 eligible employees

Metal level name	2020 small business plan	Maps to	2021 small business plan
Off-Exchange PPO plans			
Platinum	Platinum Full PPO 0/0 OffEx		Platinum Full PPO 0/0 OffEx
Platinum	Platinum Tandem PPO 0/0 OffEx		Platinum Tandem PPO 0/0 OffEx
Platinum	Platinum Full PPO 250/15 OffEx		Platinum Full PPO 250/15 OffEx
Platinum	Platinum Tandem PPO 250/15 OffEx		Platinum Tandem PPO 250/15 OffEx
Gold	Updated: Gold Full PPO 0/20 OffEx		Gold Full PPO 0/25 OffEx
Gold	Updated: Gold Tandem PPO 0/20 OffEx		Gold Tandem PPO 0/25 OffEx
Gold	Gold Full PPO 500/30 OffEx		Gold Full PPO 500/30 OffEx
Gold	Gold Tandem PPO 500/30 OffEx		Gold Tandem PPO 500/30 OffEx
Gold	Gold Full PPO 750/30 OffEx		Gold Full PPO 750/30 OffEx
Gold	Gold Tandem PPO 750/30 OffEx		Gold Tandem PPO 750/30 OffEx
Gold	Gold Full PPO 1200/35 OffEx		Gold Full PPO 1200/35 OffEx
Gold	Gold Tandem PPO 1200/35 OffEx		Gold Tandem PPO 1200/35 OffEx
Silver	Updated: Silver Full PPO 1800/55 OffEx		Silver Full PPO 1950/50 OffEx
Silver	Updated: Silver Tandem PPO 1800/55 OffEx		Silver Tandem PPO 1950/50 OffEx
Silver	Updated: Silver Full PPO 2300/45 OffEx		Silver Full PPO 2400/55 OffEx
Silver	Updated: Silver Tandem PPO 2300/45 OffEx		Silver Tandem PPO 2400/55 OffEx
Bronze	Updated: Bronze Full PPO 5000/70 OffEx		Bronze Full PPO 6250/70 OffEx
Bronze	Updated: Bronze Tandem PPO 5000/70 OffEx		Bronze Tandem PPO 6250/70 OffEx
Bronze	Updated: Bronze Tandem PPO 6500/50 OffEx		Bronze Tandem PPO 7500/50 OffEx
Bronze	Bronze Full PPO 6850/65 OffEx		Bronze Full PPO 6850/65 OffEx
Bronze	Bronze Tandem PPO 6850/65 OffEx		Bronze Tandem PPO 6850/65 OffEx
Bronze	Updated: Bronze Full PPO 6500/50 OffEx		Bronze Full PPO 7500/50 OffEx
Off-Exchange PPO HSA plans			
Silver	Updated: Silver Full PPO Savings 2000/25% OffEx		Silver Full PPO Savings 2100/25% OffEx
Silver	Updated: Silver Full PPO Savings 2500/35% OffEx		Silver Full PPO Savings 2600/35% OffEx
Silver	Updated: Silver Tandem PPO Savings 2000/25% OffEx		Silver Tandem PPO Savings 2100/25% OffEx
Silver	Updated: Silver Tandem PPO Savings 2500/35% OffEx		Silver Tandem PPO Savings 2600/35% OffEx
Bronze	Updated: Bronze Full PPO Savings 5300/40% OffEx		Bronze Full PPO Savings 5700/40% OffEx

Metal level name	2020 small business plan	Maps to	2021 small business plan
Off-Exchange PPO HSA plans (continued)			
Bronze	Updated: Bronze Tandem PPO Savings 5300/40% OffEx		Bronze Tandem PPO Savings 5700/40% OffEx
Bronze	Updated: Bronze Full PPO Savings 6900 OffEx		Bronze Full PPO Savings 7000 OffEx
Bronze	Updated: Bronze Tandem PPO Savings 6900 OffEx		Bronze Tandem PPO Savings 7000 OffEx
Off-Exchange HMO plans			
Platinum	Platinum Access+ HMO® 0/20 OffEx		Platinum Access+ HMO® 0/20 OffEx
Platinum	Platinum Local Access+ HMO® 0/20 OffEx		Platinum Local Access+ HMO® 0/20 OffEx
Platinum	Platinum Trio HMO 0/20 OffEx		Platinum Trio HMO 0/20 OffEx
Platinum	Platinum Access+ HMO® 0/25 OffEx		Platinum Access+ HMO® 0/25 OffEx
Platinum	Platinum Local Access+ HMO® 0/25 OffEx		Platinum Local Access+ HMO® 0/25 OffEx
Platinum	Platinum Trio HMO 0/25 OffEx		Platinum Trio HMO 0/25 OffEx
Platinum	Platinum Access+ HMO® 0/30 OffEx		Platinum Access+ HMO® 0/30 OffEx
Platinum	Platinum Local Access+ HMO 0/30® OffEx		Platinum Local Access+ HMO® 0/30 OffEx
Platinum	Platinum Trio HMO 0/30 OffEx		Platinum Trio HMO 0/30 OffEx
Gold	Gold Trio HMO 0/30 OffEx		Gold Trio HMO 0/30 OffEx
Gold	Gold Access+ HMO® 0/30 OffEx		Gold Access+ HMO® 0/30 OffEx
Gold	Gold Local Access+ HMO® 0/30 OffEx		Gold Local Access+ HMO® 0/30 OffEx
Gold	Gold Access+ HMO® 500/35 OffEx		Gold Access+ HMO® 500/35 OffEx
Gold	Gold Access+ HMO® 1000/35 OffEx		Gold Access+ HMO® 1000/35 OffEx
Gold	Gold Local Access+ HMO® 500/35 OffEx		Gold Local Access+ HMO® 500/35 OffEx
Gold	Gold Local Access+ HMO® 1000/35 OffEx		Gold Local Access+ HMO® 1000/35 OffEx
Gold	Gold Trio HMO 1000/35 OffEx		Gold Trio HMO 1000/35 OffEx
Gold	Gold Trio HMO 500/35 OffEx		Gold Trio HMO 500/35 OffEx
Gold	Gold Access+ HMO® 1500/35 OffEx		Gold Access+ HMO® 1500/35 OffEx
Gold	Gold Local Access+ HMO® 1500/35 OffEx		Gold Local Access+ HMO® 1500/35 OffEx
Gold	Gold Trio HMO 1500/35 OffEx		Gold Trio HMO 1500/35 OffEx
Silver	Silver Access+ HMO® 2350/65 OffEx		Silver Access+ HMO® 2350/65 OffEx
Silver	Silver Local Access+ HMO® 2350/65 OffEx		Silver Local Access+ HMO® 2350/65 OffEx
Silver	Silver Trio HMO 2350/65 OffEx		Silver Trio HMO 2350/65 OffEx

Metal level name	2020 small business plan	Maps to	2021 small business plan
Mirror HMO plans			
Platinum	Updated: Blue Shield Trio Platinum 90 HMO 0/15 + Child Dental		Blue Shield Trio Platinum 90 HMO 0/20 + Child Dental
Gold	Updated: Blue Shield Trio Gold 80 HMO 250/25 + Child Dental		Blue Shield Trio Gold 80 HMO 250/35 + Child Dental
Silver	Updated: Blue Shield Trio Silver 70 HMO 2250/50 + Child Dental		Blue Shield Trio Silver 70 HMO 2250/55 + Child Dental
Mirror PPO plans			
Platinum	Blue Shield Platinum 90 PPO 0/15 + Child Dental		Blue Shield Platinum 90 PPO 0/15 + Child Dental
Gold	Updated: Blue Shield Gold 80 PPO 250/25 + Child Dental		Blue Shield Gold 80 PPO 350/25 + Child Dental
Silver	Blue Shield Silver 70 PPO 2250/50 + Child Dental		Blue Shield Silver 70 PPO 2250/50 + Child Dental
Bronze	Updated: Blue Shield Bronze 60 PPO 6300/75 + Child Dental		Blue Shield Bronze 60 PPO 6300/65 + Child Dental

Choosing the right plan for your small business

Our plan names make it easy to understand the benefits each medical plan offers by following this format:

Metal level + network name + product type
+ deductible + copay

Ex: *Platinum Access+ HMO 0/20 OffEx*

Blue Shield offers two plan packages to small businesses outside of Covered California for Small Business.* Groups can offer plans from the **Off-Exchange Package** or the **Mirror Package**, but not both. Off-Exchange Package plans' names end with "OffEx." Mirror Package plans' names begin with "Blue Shield" – this is to align with the naming conventions for Covered California.

To learn more about the health insurance marketplace, visit [HealthCare.gov](https://www.healthcare.gov) or call **(800) 318-2596** [TTY: **(855) 889-4325**].

The Blue Shield Off-Exchange Package for Small Business is our flagship package and includes up to 60 plans to offer employees. You may select plans combining a variety of products and networks to offer options meeting the range of employees' needs.

The Blue Shield Mirror Package offers the same seven standardized plans that are offered on Covered California for Small Business directly from Blue Shield. Mirror PPO plans use the same Full PPO Network as off-exchange plans, and mirror HMO plans use the Trio HMO network. Plans in the Mirror Package cannot be offered alongside any plans for the Off-Exchange Package.

Choosing product types within the plan packages

- Preferred provider organization (PPO) plans
- Health savings account (HSA)-compatible PPO high-deductible health plans (HDHPs)
- Health maintenance organization (HMO) plans

PPO plans

All of our off-exchange PPO plans are available with our Full PPO Network or our Tandem PPO Network and include providers in all 58 California counties. Tandem PPO Network is a statewide, high-performing subset of our Full PPO Network, providing the same plan benefits as the Full PPO plans at a lower price. Groups may offer Tandem PPO plans alongside Full PPO plans for added savings and flexibility. Visit blueshieldca.com/Tandem to see what makes Tandem such a great choice.

- Our Full PPO Network gives members access to more than 80,000 doctors and 380 hospitals (in-network).
- Our Tandem PPO Network gives members access to more than 55,000 doctors and 350 hospitals from the Full PPO network.

All off-exchange PPO plans offer the flexibility to visit a doctor or specialist without a referral. PPO members can also see non-network providers, but may incur higher costs.

* Federal tax credits are available through Covered California for Small Business to those small business employers that qualify and purchase their coverage on Covered California for Small Business. Talk to Covered California for Small Business at (877) 453-9198, your plan representative, or your broker to discuss your options.

† Although most consumers who enroll in an HDHP are eligible to open an HSA, members should consult with a financial adviser to determine if an HSA/HDHP is a good financial fit for them. Blue Shield does not offer tax advice or HSAs. HSAs are offered through financial institutions. For more information about HSAs, eligibility, and the law's current provisions, consumers should ask their financial or tax adviser. HSA plan features may vary by institution and may be subject to change by those institutions.

HSA-compatible HDHP plans[†]

Many small businesses opt for high-deductible PPO plan coverage for their employees. Deductibles are higher, but monthly rates are lower, and the plans come with an option of opening a health savings account (HSA) to help pay for qualified medical expenses.

HMO plans

Our eight off-exchange HMO plans for small business are each available with one of three HMO provider network options: Access+ HMO[®], Local Access+ HMO[®], or Trio HMO. Plan designs are identical, and all specialties and levels of care are included.

- Access+ HMO plans give members access to more than 44,000 doctors and 370 hospitals.*
- Local Access+ HMO plans give members access to more than 32,000 doctors and 330 hospitals.†
- Trio HMO plans are available in 26 counties and gives members access to 17,000 doctors from the Access+ provider network.‡

Trio HMO plans come with valuable bonus features not included with other HMO plans. Visit blueshieldca.com/aco to learn more about Trio HMO features and coverage areas.

You may offer Trio HMO plans alongside Access+ or Local Access+ plans, but Access+ cannot be offered alongside Local Access+. A business must be located in the plan's service area to offer an Access+ HMO, Local Access+ HMO, or Trio HMO plan,

and eligible employees must live or work in the service area.

Metal levels represent the level of coverage provided with that plan

These levels are standardized for all health carriers as part of the Affordable Care Act and are based on the "actuarial value,"[#] which indicates the average percentage of health costs that would be covered by Blue Shield for a member.

Platinum = 90%

Gold = 80%

Silver = 70%

Bronze = 60%

Deductible and copay are key components of a plan benefit design

A deductible is the amount a member pays each calendar year for most covered services before Blue Shield begins to pay. Specific covered services, such as preventive care, are covered before a member reaches the calendar-year deductible.

A copay is the fixed dollar amount a member pays for benefits after meeting any applicable calendar-year deductible.

Compare plan benefit details using our Digital Plan Comparison tool

Choose from any of our available health plans and compare the benefits side by side by visiting blueshieldca.com/employerplans.

* The Access+ HMO[®] network is subject to change without notice. For a complete up-to-date list of hospitals available in the Access+ HMO[®] network, please use Blue Shield's Find a Doctor tool at blueshieldca.com/networkHMO.

† The Local Access+ HMO[®] network is subject to change without notice. For a complete up-to-date list of hospitals available in the Local Access+ HMO[®] network, please use Blue Shield's Find a Doctor tool at blueshieldca.com/networklocalaccess.

‡ The Trio network is subject to change without notice. For a complete up-to-date list of hospitals available in the Trio network, please use Blue Shield's Find a Doctor tool at blueshieldca.com/networktrioHMO.

The Department of Health and Human Services (HHS) recognizes that health plans need some flexibility in meeting the metal levels. A plan can meet a particular metal level if its actuarial value is within 2 percentage points of the standard. For example, a silver plan may have an actuarial value between 68% and 72%.

Additional types of coverage

Infertility coverage

Infertility treatment benefits are available as supplemental coverage on all PPO, HSA-HDHP, and HMO plans. If your business offers multiple Blue Shield medical plans for employees, the supplemental coverage will be included on all medical plans.

Coverage includes authorized professional, hospital, ambulatory center, and ancillary services, as well as drugs for the treatment of infertility that are self-administered, and injectable drugs administered or prescribed by the provider during a course of treatment.

Specialty coverage – dental plans, vision plans,* and life insurance plans*

Our specialty plans offer whole-person coverage through Blue Shield for easier administration and premium savings. You can now take advantage of our bundling discount with 10% off dental and vision premiums when offered with a medical health plan.

When choosing Blue Shield specialty coverage, you can expect:

- Plan choices based on frequency of benefits, copayments, allowances, and contact lens coverage option.
- No waiting periods: employees can begin accessing care after the effective date.
- Streamlined administration: one bill, one renewal, and one point of administration for all of your plan information.

Dental plans

Our dental networks are among the largest in the state, giving your employees access to a wide range of dental benefits.

Vision plans

We have the largest vision network in California with nearly 7,000 providers and access to major retail chains with convenient evening and weekend hours.

Small business employers can offer two vision plan options to their employees. Groups will benefit by having more than one vision plan option, which will allow subscribers to choose the plan that best fits their needs.

Life insurance plans

Our life insurance portfolio includes flexible plan options to offer your employees the opportunity to obtain coverage for immediate expenses, as well as longer-term obligations.

Affordable life insurance underwritten by Blue Shield of California Life & Health Insurance Company gives your employees added security during uncertain economic times and life-changing events.

Life and accidental death and dismemberment (AD&D) plans are available with or without medical coverage.

Compare plan benefit details using our Digital Plan Comparison tool

Choose from any of our available dental or vision plans and compare benefits side by side by visiting blueshieldca.com/employerplans.

Dental plan design

Get more smiles with one of our PPO or HMO dental plans.

Dental PPO plan names are designed to help you and your employees choose the right level of coverage. Plan names correspond to: Deductible per person/calendar-year maximum/orthodontic coverage/non-network reimbursement level.

Dental HMO plans are available in four levels of coverage, for which you can pick the coverage and frequency of routine and major dental services.

Dual Option Dental enables you to offer any two dental plans, including voluntary plans.

Triple Option Dental allows employees the following selection capabilities:

- 3 HMOs
- 2 HMOs and 1 PPO
- 2 PPOs and 1 HMO*

For detailed plan benefit summaries, visit blueshieldca.com/smallbusiness/dental.

Vision plan design

Vision plans operate on a PPO network with three plan categories to choose from: Basic, Preferred, or Ultimate. Each category offers multiple combinations of benefit coverage for exam copayments, material copayments, frame allowances, and contact lens benefits.

Additionally, plan names correlate to the dollar amount for copayments and allowances to help guide you to the coverage you need.

All new groups receive a two-year initial rate guarantee on their vision coverage, giving you added financial predictability for your health coverage.

For detailed plan benefit summaries, visit blueshieldca.com/smallbusiness/vision.

Life and accidental death and dismemberment plan design options

Give your employees peace of mind by including life insurance with your medical coverage. Blue Shield combines life insurance with comprehensive accidental death and dismemberment (AD&D) benefits to layer coverage when your employees need it the most.

Plans are available in flat amounts, multiples of salary, or graded class. Guaranteed-issue amounts match coverage amounts.

Basic life insurance plans come with travel assistance services as a value-added program. Your employees will have access to a variety of general travel information assistance and medical assistance services when they travel over 100 miles from home or internationally.

AD&D benefits include provisions for: seat belt and airbag, special education for surviving dependents, disappearance, felonious assault, exposure, common carrier, surgical reattachment, and repatriation.

For detailed plan benefit summaries, visit blueshieldca.com/smallbusiness/life.

* Only available alongside medical. 2 DPPOs must have the same orthodontic benefit.

Small group employer eligibility requirements

To be eligible* for Blue Shield of California small group plans, a business must have 1 to 100 full-time and full-time equivalent employees for at least 50% of the preceding calendar quarter or preceding calendar year. In determining the number of employees, affiliated companies that are eligible to file a combined state tax return are considered to be one single employer.

Additional requirements are:

- The group must be a person, firm, proprietary or nonprofit corporation, partnership, public agency, association or guaranteed association.
- The employer's principal business address must be in California.
- The employer must employ at least one W-2 employee (not including a sole proprietor, partners of a partnership, or their spouses or registered domestic partners) that also meets the definition of an "eligible employee."
- The employer must offer Blue Shield coverage to all eligible employees.
- The group cannot be formed primarily for the purpose of obtaining health coverage.
- At least 51% of the group's full-time and full-time equivalent employees must be employed in California.
- The group must be actively engaged in business or service.
- The group must have and maintain applicable business license, permits, etc., allowing the company to conduct business in California.
- The employer must meet product contribution requirements†:
 - Medical: Either:
 - 1) A defined contribution of a minimum \$100 per employee (or the cost of the total employee rates, whichever is less), or
 - 2) A minimum of 50% of the total employee rates.
 - Dental: Must meet one of the following conditions:
 - 1) A defined contribution equivalent to a minimum of 50% of the lowest-cost plan per employee, or
 - 2) A minimum of 50% of the total employee rate.
 - Vision‡: At least 25% of the total employee rate.
 - Life‡: At least 25% of the total employee rate.
- The employer must meet the portfolio participation requirements:
 - Off-Exchange Package with or without Specialty: 65% participation; 25% when enrolling five or more employees.
 - Mirror Package: 70% participation.
 - Trio HMO-only groups: Participation requirements are waived when the group has at least one eligible employee enrolling.
 - Tandem PPO-only groups: Participation requirements are waived when the group has at least one eligible employee enrolling and is applying for 10/1/2020 or later effective date.
 - Specialty-only groups: 65% participation, 25% when enrolling five or more employees.
 - Life coverage requires at least two enrollees.
 - Voluntary plans require a minimum of one enrolling eligible employee.
- The employer must enroll 100% of the eligible employees if the employer contribution is 100%.

* All other Blue Shield of California underwriting guidelines and eligibility requirements still apply. Groups changing plans within the first 30 days must meet Blue Shield participation requirements to still be eligible for coverage. The waiver of participation requirements is guaranteed only for the contract term. Blue Shield reserves the right to apply participation requirements on renewal. Groups selecting Trio HMO only or Tandem PPO only for their medical health plans can also add dental or vision coverage with the same minimum participation requirements waived.

† When employer contribution for life insurance is 100%, 100% enrollment is required; no waivers are permitted, even for coverage through another employer.

‡ Blue Shield vision and life insurance plans are underwritten by Blue Shield of California Life & Health Insurance Company.

New group submission checklist

1. Every new group is required to submit the following:

- ✓ **Master Group Application** (either paper, Blue Shield MGA spreadsheet when used in conjunction with the Employee Enrollment spreadsheet, or online portal*).
- ✓ **Applications** from all enrolling employees and dependents (either paper, Blue Shield Employee Enrollment spreadsheet, or online portal*).
- ✓ **Refusal of Coverage forms** (for all eligible employees and any eligible dependents who refuse or waive coverage at the time of open enrollment – either paper, Blue Shield Employee Enrollment spreadsheet, or online portal*).
- ✓ Business check in the amount of the first month's premium or completed Initial Payment Authorization form for first month's premium with a copy of a voided check.†

2. New groups with 1 or 2 eligible employees or less than 3 full-time and full-time equivalent employees or more than 95 full-time and full-time equivalent employees are required to submit the following additional documentation to verify eligibility. Blue Shield reserves the right to require this documentation for new groups with 3 or more eligible or 3 or more full-time and full-time equivalent employees.

- ✓ **Most recently filed DE9C Quarterly State Tax Withholding Statement.**‡
- ✓ **Payroll register** for employees hired after the DE9C filing or if any employees are out of state. If a new hire has not been working long enough to be on payroll, please submit a W-4.

If the owner is eligible and is not on the DE9C, please provide a completed and signed Small Group Owner Eligibility Form.
- ✓ **Fictitious Business Name Filing** is required if the group uses a DBA name, or if there is more than one business name reflected on any document or ownership paperwork submitted. Note: A Fictitious Business Name Filing is not required when the DBA appears on the business check.
- ✓ **Legal documents (see UW Guidelines)** – Articles of Incorporation, Statement of Information, Partnership Agreement, etc., that list the names of **all corporate officers/owners/directors**.

Please be advised that this is just a guideline and that other documentation may be required. See underwriting guidelines for requirements for multiple employer groups, start-ups, spin-offs, employers with union and nonunion employees, and groups terminating a leasing arrangement with a PEO.

* Employer/broker retains these forms when applying through the online portal or using the MGA and/or Employee Enrollment spreadsheet.

† The Small Group Initial Payment form does not need to be uploaded in the Employer Enrollment tool, however, when submitting cases in ShieldLink please include the completed and signed Small Group Initial Payment form with the new group submission.

‡ Groups in business and employing at least one eligible common-law employee for longer than 6 weeks but not long enough to file their first DE9C must submit their payroll register covering the preceding 6 weeks.

Fliers that may be helpful to your employees:

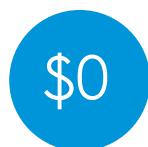
Added support for employees with specific health conditionspage 15

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Added support for employees with specific health conditions

Help your employees lower their condition-related healthcare costs with the Silver PPO 2225/50 plan, available on the Tandem PPO and Full PPO networks.



Physician office visits*



Lab tests and medical services

Benefits offered at no additional cost	Diabetes (type 1 or type 2)	Asthma	Chronic obstructive pulmonary disease (COPD)	Coronary artery disease (CAD)
Physician office visits	✓	✓	✓	✓
Lipid panel	✓			✓
Metabolic panel	✓			✓
Diabetes management tests [†]	✓			
Peak flow meter		✓	✓	

* When the provider determines that the purpose of the visit is to treat the member's condition.

† Includes blood glucose, creatinine clearance, hemoglobin A1c, liver function, and microalbumin tests.

Program benefits do not affect member eligibility for other plan benefits, including preventive services that are provided without cost sharing.

For more information about the plan,
contact your Blue Shield representative.

Tandem PPO – Great choice, plus new features

With Tandem PPO, you can go to many of the same doctors and hospitals in your current plan's network.

Plus, you'll have access to exclusive programs and features.



The choice is clear:

TANDEM PPO

CARE ON YOUR OWN TERMS

Even more
programs and features

FULL PPO NETWORK

LARGE NETWORK OF DOCTORS AND HOSPITALS

Great benefits

Make the switch during your employer's open enrollment

See if your current doctor is in the Tandem PPO network at blueshieldca.com/NetworkTandemPPO.

Compare plan options

In-state doctors and hospitals that accept your insurance (in network)

See a specialist without a primary care doctor (no referral)

Virtual doctor and telehealth appointments*

Preventive care covered at 100%

Online wellness platform to manage your health with Wellvolution®

Emergency care available worldwide with BlueCard® and Blue Shield Global Core

Connect with a team of health care experts through Shield Concierge

Primary doctor auto-assign to help manage your care

\$0 first visit for doctor house calls with Heal™

Discounts on groceries with Healthy Savings®

TANDEM PPO

55,240 doctors
355 hospitals

✓

\$0 copay

✓

✓

✓

✓

✓

✓

✓

FULL PPO NETWORK

81,119 doctors
382 hospitals

✓

\$0 copay

✓

✓

✓

* Primary care and mental health consultations provided remotely via virtual doctor and telehealth appointments through Teladoc.

Heal is a trademark of Get Heal, Inc.

Wellvolution is a registered trademark of Blue Shield of California. Wellvolution and all associated digital and in-person health programs, services, and offerings are managed by Solera, Inc., a health company committed to changing lives by guiding people to better health in their communities.

Healthy Savings is an independent entity that administers services on behalf of Blue Shield of California.

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Blue Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad.

Blue Shield of California 遵循適用的州法律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡或殘障為由而進行歧視。

For assistance in English at no cost, call 1-866-346-7198.

Para obtener asistencia en Español sin cargo, llame al 1-866-346-7198.

如果需要中文的免費幫助，請撥打這個號碼1-866-346-7198。

You can file a grievance online, by mail, or by phone. If you need help, call Member Services at (800) 393-6130.

Puede hacer un reclamo por internet, correo postal o por teléfono. Si necesita ayuda, llame a Servicio para Miembros al (800) 393-6130.

您可以通过在线、邮寄信件或电话提出申诉。如果您需要帮助，请致电 (800) 393-6130 联络客户服务部。

Which plan is right for you?

Explore the differences between HMO and PPO plans to feel confident about the next step in your healthcare journey.



Here's where to start:

HMO

Health Maintenance Organization

GUIDED CARE WITH YOUR DOCTOR

Partner with a doctor in your local network to coordinate your care at lower costs.

PPO

Preferred Provider Organization

CARE ON YOUR OWN TERMS

Enjoy the flexibility to see doctors in a larger network and the ability to customize your care.

Turn over to read more about each plan's details.

Compare plan options

What you pay per month (premium)¹

**TRIO
HMO**

PPO

\$

\$\$

See a specialist without a doctor referral

✓

In-state doctors and hospitals that accept your insurance

17,902 Doctors
303 Hospitals

56,212 Doctors
329 Hospitals

Emergency care available worldwide

✓

✓

Non-emergency care access

- > Local
- > California
- > United States

✓

✓

✓

What you pay per visit²

\$

\$\$

Virtual doctor and telehealth appointments³

✓

\$0 Copay

✓

\$0 Copay

Tax-savings options to help pay for care⁴

✓

Preventive care covered at 100%

✓

✓

Access to a wellness platform to manage your health

✓

✓

Additional support & benefits

- 24/7 access to registered nurses, doctors, and mental health support
- Dedicated support line to help you navigate your care (Shield Concierge)
- Discounts at local businesses⁵

✓

✓

✓

✓

✓

✓

For more information on specific plan options and to make the switch, visit blueshieldca.com/myplan2021.

This is for informational purposes only. ¹The average premium of all Trio HMO plans for 2021 is lower than the average premium of all PPO plans. ²The average out-of-pocket cost of all Trio HMO plans for 2021 is lower than the average out-of-pocket cost of all PPO plans. ³Primary care and behavioral health consultations provided remotely via virtual doctor and telehealth appointments available through Teladoc. ⁴Blue Shield does not offer tax advice. For information or questions, consult a financial or tax advisor. ⁵Discounts are not covered services or benefits under a Blue Shield of California health plan.

Our small business health plans are available for groups of up to 100 employees.

Regardless of what size your small business is, you'll find a large selection of plans to meet your employees' priorities. We understand no business is too small to offer coverage and that providing quality benefits is critical in attracting top talent and fueling productivity.

Thank you for selecting Blue Shield. You can count on our commitment to deliver the value and service you expect. Whether you're a business of one or 100, we want Blue Shield to be your first choice – today, tomorrow, and into the future.

blueshieldca.com/employerplans

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Wellvolution is a registered trademark of Blue Shield of California. Wellvolution and all associated digital and in-person health programs, services, and offerings are managed by Solera, Inc., a health company committed to changing lives by guiding people to better health in their communities.