



SMALL BUSINESS MEDICAL SALES GUIDE

1-100 EMPLOYEES

Effective January 1, 2023





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For more information, visit blueshieldca.com/broker

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 80 years, Californians have trusted Blue Shield of California to protect them with health coverage. We continue to earn that trust every day with our 2% Pledge. We are the only major health plan that gives back over 2% of revenue.

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.

WHAT WE OFFER YOUR SMALL BUSINESS?



THE BLUE SHIELD OFF-EXCHANGE PACKAGE

for Small Business is our flagship package and includes over 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.



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 in the Off-Exchange Package.

UNDERSTANDING OUR PLAN NAMES, BENEFIT DESIGN, AND PRODUCT TYPES



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



EXAMPLE

Platinum Access+ HMO 0/20 OffEx

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.

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.

1

Platinum = 90%

2

Gold = 80%

3

Silver = 70%

4

Bronze = 60%

Deductible and copay are key components of a plan benefit design

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

A member may have two kinds of deductibles: medical and pharmacy. The medical deductible applies to covered services such as physician office visits. The pharmacy deductible applies to outpatient prescription drugs obtained from a participating provider.

The predetermined amount (copayment) or percentage of the cost (coinsurance) that a member is responsible for paying, based on their plan benefits.

Product types within the plan packages

1

Preferred provider organization (PPO) plans

2

Health savings account (HSA)—compatible PPO high-deductible health plans (HDHPs)

3

Health maintenance organization (HMO) plans

OFF-EXCHANGE HMO PLANS

Our off-exchange HMO plans for small business are 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.

- 1 Access+ HMO plans give members access to more than 45,000 doctors and 370 hospitals.*
- 2 Local Access+ HMO plans give members access to more than 32,000 doctors and 330 hospitals.†
- 3 Trio HMO plans are available in 47 counties and gives members access to 21,000 doctors and 340 hospitals from the Access+ provider network.‡

Trio HMO plans come with valuable bonus features not included with other HMO plans. Visit groupcoverage.blueshieldca.com/brokertrio 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.



Compare plan benefit details using our Digital Plan Comparison tool. Choose from any of our plans and compare 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%.

OFF-EXCHANGE HMO PLAN NAMES 2023

Metal level name	2022 small business plan	maps to	2023 Small business plan
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® 2000/60 OffEx	→	Updated Silver Access+ HMO® 2300/70 OffEx
Silver	Silver Access+ HMO® 2750/65 OffEx	→	Updated Silver Access+ HMO® 2750/70 OffEx
Silver	Silver Local Access+ HMO® 2000/60 OffEx	→	Updated Silver Local Access+ HMO® 2300/70 OffEx
Silver	Silver Local Access+ HMO® 2750/65	→	Updated Silver Local Access+ HMO® 2750/70 OffEx
Silver	Silver Trio HMO® 2000/60 OffEx	→	Updated Silver Trio HMO® 2300/70 OffEx
Silver	Silver Trio HMO® 2750/65 OffEx	→	Updated Silver Trio HMO® 2750/70 OffEx
Bronze	Bronze Trio HMO 7000/70 OffEx	→	Bronze Trio HMO 7000/70 OffEx

OFF-EXCHANGE HMO PLANS

HMO plans are available on the Access+ HMO®, Local Access+ HMO®, or Trio ACO networks.

BENEFITS*	PLATINUM COVERAGE			GOLD COVERAGE			
	Platinum HMO 0/20 OffEx	Platinum HMO 0/25 OffEx	Platinum HMO 0/30 OffEx	Gold HMO 0/30 OffEx	Gold HMO 500/35 OffEx	Gold HMO 1000/35 OffEx	Gold HMO 1500/35 OffEx
Calendar-year medical deductible	\$0	\$0	\$0	\$0	\$500	\$1,000	\$1,500
Calendar-year out-of-pocket maximum	\$2,000	\$2,350	\$2,700	\$7,000	\$7,500	\$7,500	\$8,150
Primary Care	\$20	\$25	\$30	\$30	\$35	\$35	\$35
Preventive health benefits	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Inpatient hospitalization	\$500	\$250	\$500	\$600	20%†	20%†	20%†
Emergency room services (not resulting in admission)	\$200	\$250	\$250	\$325	\$300†	\$300†	\$300†
Prenatal and preconception physician office visits	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Calendar-year pharmacy deductible	\$0	\$0	\$0	\$0	\$0	\$100	\$100
	Tier 1 drugs	\$5	\$5	\$5	\$15	\$15	\$15
Retail prescriptions† (up to a 30-day supply)	Tier 2 drugs	\$15	\$15	\$15	\$35	\$35	\$35†
	Tier 3 drugs	\$25	\$25	\$25	\$55	\$55	\$55†
	Tier 4 and specialty drugs	20%	20%	20%	20%	20%†	20%†
Chiropractic (up to 15 visits per member per calendar year)	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Acupuncture	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Teladoc	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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

† Subject to the calendar-year deductible.

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

OFF-EXCHANGE HMO PLANS

BENEFITS*	SILVER COVERAGE		BRONZE COVERAGE	
	Silver HMO 2300/70 OffEx	Silver HMO 2750/70 OffEx	Bronze Trio HMO 7000/70 OffEx	
Calendar-year medical deductible	\$2,300	\$2,750	\$7,000	
Calendar-year out-of-pocket maximum	\$8,750	\$8,350	\$8,350	
Primary Care	\$70	\$70	\$70	
Preventive health benefits	No charge	No charge	No charge	
Inpatient hospitalization	45% [†]	45% [†]	50% [†]	
Emergency room services (not resulting in admission)	50% [†]	50% [†]	50% [†]	
Prenatal and preconception physician office visits	No charge	No charge	No charge	
Calendar-year pharmacy deductible	\$400	\$0	\$0	
	Tier 1 drugs	\$20 [†]	\$20	\$25
Retail prescriptions[†] (up to a 30-day supply)	Tier 2 drugs	\$85 [†]	\$85	\$115
	Tier 3 drugs	\$115 [†]	\$115	\$160
	Tier 4 and specialty drugs	40% [†]	45% [†]	50%
Chiropractic (up to 15 visits per member per calendar year)	\$15	\$15	\$15	
Acupuncture	\$15	\$15	\$15	
Teladoc	\$0	\$0	\$0	

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

[†] Subject to the calendar-year deductible.

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

OFF-EXCHANGE 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.

- 1 Our Full PPO Network gives members access to more than 80,000 doctors and 380 hospitals (in-network).
- 2 Our Tandem PPO Network gives members access to more than 55,000 doctors and 350 hospitals from the Full PPO network.
- 3 Visit groupcoverage.blueshieldca.com/brokercontandem to see what makes Tandem such a great choice.

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.



Compare plan benefit details using our Digital Plan Comparison tool. Choose from any of our plans and compare benefits side by side by visiting blueshieldca.com/employerplans.

OFF-EXCHANGE PPO PLAN NAMES 2023

Metal level name	2022 small business plan	maps to	2023 Small business plan
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 0/10 OffEx	→	Platinum Full PPO 0/10 OffEx
Platinum	Platinum Tandem PPO 0/10 OffEx	→	Platinum Tandem PPO 0/10 OffEx
Platinum	Platinum Full PPO 250/10 OffEx	→	Platinum Full PPO 250/10 OffEx
Platinum	Platinum Tandem PPO 250/10 OffEx	→	Platinum Tandem PPO 250/10 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	Gold Full PPO 0/25 OffEx	→	Gold Full PPO 0/25 OffEx
Gold	Gold Tandem PPO 0/25 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 1000/35 OffEx	→	Gold Full PPO 1000/35 OffEx
Gold	Gold Tandem PPO 1000/35 OffEx	→	Gold Tandem PPO 1000/35 OffEx
Silver	Silver Full PPO 1800/45 OffEx	→	Updated Silver Full PPO 2000/60 OffEx
Silver	Silver Tandem PPO 1800/45 OffEx	→	Updated Silver Tandem PPO 2000/60 OffEx
Silver	Silver Full PPO 2225/50 OffEx	→	Updated Silver Full PPO 2350/65 OffEx
Silver	Silver Tandem PPO 2225/50 OffEx	→	Updated Silver Tandem PPO 2350/65 OffEx
Silver	Silver Full PPO 2400/55 OffEx	→	Updated Silver Full PPO 2550/70 OffEx
Silver	Silver Tandem PPO 2400/55 OffEx	→	Updated Silver Full PPO 2550/70 OffEx
Bronze	Bronze Full PPO 5500/65 OffEx	→	Bronze Full PPO 5500/65 OffEx
Bronze	Bronze Tandem PPO 5500/65 OffEx	→	Bronze Tandem PPO 5500/65 OffEx
Bronze	Bronze Full PPO 6500/70 OffEx	→	Bronze Full PPO 6500/70 OffEx
Bronze	Bronze Tandem PPO 6500/70 OffEx	→	Bronze Tandem PPO 6500/70 OffEx
Bronze	Bronze Full PPO 6250/65 OffEx	→	Bronze Full PPO 6250/65 OffEx
Bronze	Bronze Tandem PPO 6250/65 OffEx	→	Bronze Tandem PPO 6250/65 OffEx
Bronze	Bronze Full PPO 6850/55 OffEx	→	Bronze Full PPO 6850/55 OffEx
Bronze	Bronze Tandem PPO 6850/55 OffEx	→	Bronze Tandem PPO 6850/55 OffEx
Bronze	Bronze Full PPO 7500/65 OffEx	→	Bronze Full PPO 7500/65 OffEx
Bronze	Bronze Tandem PPO 7500/65 OffEx	→	Bronze Tandem PPO 7500/65 OffEx

OFF-EXCHANGE PPO PLANS

PPO plans are available on the Full PPO Network or Tandem PPO Network. Groups may offer plans from both networks.

BENEFITS*	PLATINUM COVERAGE				GOLD COVERAGE			
	Platinum PPO 250/10 OffEx	Platinum PPO 0/0 OffEx	Platinum PPO 0/10 OffEx	Platinum PPO 250/15 OffEx	Gold PPO 0/25 OffEx	Gold PPO 500/35 OffEx	Gold PPO 750/30 OffEx	Gold PPO 1000/35 OffEx
Calendar-year medical deductible	\$250	\$0	\$0	\$250	\$0	\$500	\$750	\$1,000
Calendar-year out-of-pocket maximum	\$3,000	\$5,000	\$4,700	\$4,300	\$8,500	\$8,500	\$8,150	\$8,150
Primary Care	\$10	\$0	\$10	\$15	\$25	\$30	\$30	\$35
Preventive health benefits	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Inpatient hospitalization	10% [†]	10%	10%	10% [†]	30%	20% [†]	20% [†]	20% [†]
Emergency room services (not resulting in admission)	\$150+ 10% [†]	\$250+ 10%	\$150+ 10%	\$150+ 10% [†]	\$250+ 30%	\$250+ 20% [†]	\$250+ 20% [†]	\$250+ 20% [†]
Prenatal and preconception physician office visits	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Calendar-year pharmacy deductible	\$0	\$0	\$0	\$0	\$0	\$100	\$250	\$300
Retail prescriptions[‡] (up to a 30-day supply)								
Tier 1 drugs	\$10	\$0	\$5	\$5	\$15	\$15	\$10	\$10
Tier 2 drugs	\$25	\$30	\$30	\$30	\$45	\$50 [†]	\$40 [†]	\$40 [†]
Tier 3 drugs	\$40	\$50	\$50	\$50	\$60	\$80 [†]	\$70 [†]	\$70 [†]
Tier 4 and specialty drugs	20%	30%	30%	30%	30%	30% [†]	30% [†]	30% [†]
Chiropractic (up to 15 visits per member per calendar year)	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Acupuncture	\$25 [†]	\$25	\$25	\$25 [†]	\$25	\$25 [†]	\$25 [†]	\$25 [†]
Teladoc	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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

[†] Subject to the calendar-year deductible.

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

OFF-EXCHANGE PPO PLANS

BENEFITS*	SILVER COVERAGE			BRONZE COVERAGE				
	Silver PPO 2000/60 OffEx	Silver PPO 2350/65 OffEx	Silver PPO 2500/70 OffEx	Bronze PPO 5500/65 OffEx	Bronze PPO 6500/70 OffEx	Bronze PPO 6850/55 OffEx	Bronze PPO 6250/65 OffEx	Bronze PPO 7500/65 OffEx
Calendar-year medical deductible	\$2,000	\$2,000	\$2,500	\$5,500	\$6,500	\$6,850	\$6,250	\$7,500
Calendar-year out-of-pocket maximum	\$3,000	\$5,000	\$4,700	\$8,750	\$8,750	\$8,750	\$8,350	\$8,750
Primary Care	\$10	\$0	\$10	\$65 [†]	\$70 [†]	\$55 [†]	\$65 [†]	\$65 [†]
Preventive health benefits	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Inpatient hospitalization	10% [†]	10%	10%	50% [†]	50% [†]	35% [†]	40% [†]	50% [†]
Emergency room services (not resulting in admission)	\$150+ 10% [†]	\$250+ 10%	\$150+ 10%	50% [†]	50% [†]	50% [†]	50% [†]	50% [†]
Prenatal and preconception physician office visits	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Calendar-year pharmacy deductible	\$0	\$0	\$0	\$500	\$300	\$650	Integrated with medical	Integrated with medical
Retail prescriptions[†] (up to a 30-day supply)	Tier 1 drugs	\$10	\$0	\$5	\$20	\$20	\$20	\$20
	Tier 2 drugs	\$25	\$30	\$30	\$130 [†]	50% [†]	\$65 [†]	\$65 [†]
	Tier 3 drugs	\$40	\$50	\$50	\$160 [†]	50% [†]	\$90 [†]	\$90 [†]
	Tier 4 and specialty drugs	20%	30%	30%	50% [†]	50% [†]	30% [†]	30% [†]
Chiropractic (up to 15 visits per member per calendar year)	\$10	\$10	\$10	\$15	\$15	\$15	\$15	50% [†]
Acupuncture	\$25 [†]	\$25	\$25	\$25 [†]	\$25 [†]	\$25 [†]	\$25 [†]	50% [†]
Teladoc	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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

[†] Subject to the calendar-year deductible.

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

[∞] Plan includes Value Based Benefits:

The following services are provided at \$0 Copay/Share 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).

HSA-COMPATIBLE HDHP PPO 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.

HDHPs paired with integrated HSAs offer numerous benefits:

- 1 Access to a great network of providers
- 2 Out-of-pocket maximums
- 2 Lower monthly premiums
- 3 HSA funds are tax free¹
- 4 Funds can be used to pay for deductibles, copayments, coinsurance, dental services, vision services, prescription & over-the-counter medications, & menstrual care products



Compare plan benefit details using our Digital Plan Comparison tool. Choose from any of our plans and compare benefits side by side by visiting blueshieldca.com/employerplans.

¹In California, HSA payroll contributions are still taxed at the state level, but they are not subject to federal tax.

HSA-COMPATIBLE HDHP PPO PLAN NAMES 2023

Metal level name	2022 small business plan	Maps to	2023 small business plan
Gold	Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx	→	Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx
Gold	Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx	→	Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx
Silver	Silver Full PPO Savings 2100/25% OffEx	→	Updated Silver Full PPO Savings 2300/25% OffEx
Silver	Silver Full PPO Savings 2600/35% OffEx HDHP PrevRx OffEx	→	Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx
Silver	Silver Tandem PPO Savings 2100/25% OffEx	→	Updated Silver Tandem PPO Savings 2300/25% OffEx
Silver	Silver Full PPO Savings 2600/35% OffEx HDHP PrevRx OffEx	→	Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx
Bronze	Bronze Full PPO Savings 5700/40% OffEx	→	Bronze Full PPO Savings 5700/40% OffEx
Bronze	Bronze Tandem PPO Savings 5700/40% OffEx	→	Bronze Tandem PPO Savings 5700/40% OffEx
Bronze	Bronze Full PPO Savings 7000 OffEx	→	Bronze Full PPO Savings 7000 OffEx
Gold	Bronze Tandem PPO Savings 7000 OffEx	→	Bronze Tandem PPO Savings 7000 OffEx

HSA-COMPATIBLE HDHP PPO PLANS

PPO plans are available on both the Full PPO Network and Tandem PPO Network. Groups may offer plans from both networks.

	GOLD	SILVER		BRONZE		
BENEFITS*	Gold PPO Savings 1750/15% HDHP PrevRx	Silver PPO Savings 2300/25% OffEx	Silver PPO Savings 2600/35% HDHP PrevRx	Bronze PPO Savings 5700/40% OffEx	Bronze PPO Savings 7000 OffEx	
Calendar-year medical deductible	\$1,750	\$2,300	\$2,600	\$5,700	\$7,000	
Calendar-year out-of-pocket maximum	\$3,300	\$7,500	\$7,500	\$7,000	\$7,000	
Primary Care	15% [†]	25% [†]	35% [†]	40% [†]	\$0 [†]	
Preventive health benefits	No charge	No charge	No charge	No charge	No charge	
Inpatient hospitalization	15% [†]	25% [†]	35% [†]	40% [†]	\$0 [†]	
Emergency room services (not resulting in admission)	\$150 + 15% [†]	\$150 + 25% [†]	\$150 + 35% [†]	\$250 + 40% [†]	\$0 [†]	
Prenatal and preconception physician office visits	No charge	No charge	No charge	No charge	No charge	
Calendar-year pharmacy deductible	Integrated with medical	Integrated with medical	Integrated with medical	Integrated with medical	Integrated with medical	
	Tier 1 drugs	\$10 [†]	\$25 [†]	35% [†]	40% [†]	\$0 [†]
Retail prescriptions[‡] (up to a 30-day supply)	Tier 2 drugs	\$30 [†]	\$70 [†]	35% [†]	40% [†]	\$0 [†]
	Tier 3 drugs	\$50 [†]	\$100 [†]	35% [†]	40% [†]	\$0 [†]
	Tier 4 and specialty drugs	\$30% [†]	\$30% [†]	35% [†]	40% [†]	\$0 [†]
Chiropractic (up to 15 visits per member per calendar year)	15% [†]	25% [†]	35% [†]	50% [†]	\$0 [†]	
Acupuncture	\$25 [†]	\$25 [†]	\$25 [†]	\$25 [†]	\$0 [†]	
Teladoc	\$0 [†]	\$0 [†]	\$0 [†]	\$0 [†]	\$0 [†]	

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

[†] Subject to the calendar-year deductible.

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

BLUE SHIELD OF CALIFORNIA MIRROR PACKAGE FOR SMALL BUSINESS

The Mirror Package for Small Business offers your clients the opportunity to purchase the same plans that Blue Shield is offering through Covered California for Small Business (CCSB).

This package includes several HMO and PPO options and may be sold individually. These plans are also available for purchase on Covered California for Small Business (CCSB) online marketplace. Plans from this package can be sold individually, but cannot be offered alongside plans from any other Blue Shield package.



Compare plan benefit details using our Digital Plan Comparison tool. Choose from any of our plans and compare benefits side by side by visiting blueshieldca.com/employerplans.

MIRROR HMO AND MIRROR PPO PLAN NAMES 2023

MIRROR HMO PLAN NAMES 2023

Metal level name	2022 small business plan	Maps to	2023 small business plan
Platinum	Blue Shield Trio Platinum 90 HMO 0/20 + Child Dental	→	Blue Shield Trio Platinum 90 HMO 0/20 + Child Dental
Gold	Blue Shield Trio Gold 80 HMO 250/35 + Child Dental	→	Blue Shield Trio Platinum 80 HMO 250/35 + Child Dental
Silver	Blue Shield Trio Silver 70 HMO 2250/55 + Child Dental	→	Blue Shield Trio Platinum 70 HMO 2250/55 + Child Dental

MIRROR PPO PLAN NAMES 2023

Metal level name	2022 small business plan	Maps to	2023 small business plan
Platinum	Blue Shield Platinum 90 PPO 0/15 + Child Dental	→	Blue Shield Platinum 90 PPO 0/15 + Child Dental
Gold	Blue Shield Trio Gold 80 PPO 350/25 + Child Dental	→	Blue Shield Trio Gold 80 PPO 350/25 + Child Dental
Silver	Blue Shield Trio Silver 70 PPO 2250/50 + Child Dental	→	Updated Blue Shield Trio Silver 70 PPO 2500/55 + Child Dental
Bronze	Blue Shield Trio Bronze 60 PPO 6300/65 + Child Dental	→	Blue Shield Trio Bronze 60 PPO 6300/65 + Child Dental

MIRROR HMO PLANS

Mirror HMO plans use the Trio HMO network. Plans in the Mirror Package cannot be offered alongside any plans from the Off-Exchange Package.

	PLATINUM	GOLD	SILVER	
BENEFITS*	Platinum 90 HMO 0/20	Gold 80 HMO 250/35	Silver 70 HMO 2500/55	
Calendar-year medical deductible	\$0	\$250	\$2,500	
Calendar-year out-of-pocket maximum	\$4,500	\$7,800	\$8,600	
Primary Care	\$20	\$35	\$55	
Preventive health benefits	No charge	No charge	No charge	
Inpatient hospitalization	\$250	\$600 [†]	40% [†]	
Emergency room services (not resulting in admission)	\$150	\$250 [†]	35% [†]	
Prenatal and preconception physician office visits	No charge	No charge	No charge	
Calendar-year pharmacy deductible	\$0	\$0	\$300	
	Tier 1 drugs	\$5	\$15	\$19
Retail prescriptions[‡] (up to a 30-day supply)	Tier 2 drugs	\$20	\$40	\$85
	Tier 3 drugs	\$30	\$70	\$110 [†]
	Tier 14 and specialty drugs	10%	20%	30%
Chiropractic (up to 15 visits per member per calendar year)	Not covered	Not covered	Not covered	
Acupuncture	\$20	\$35	\$55	
Teladoc	\$0	\$0	\$0	

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

[†] Subject to the calendar-year deductible.

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

MIRROR PPO PLANS

Mirror PPO plans use the same Full PPO Network as off-exchange plans. Plans in the Mirror Package cannot be offered alongside any plans from the Off-Exchange Package.

	PLATINUM	GOLD	SILVER	BRONZE
BENEFITS*	Platinum 90 PPO 0/15	Gold 80 PPO 350/25	Silver 70 PPO 2500/55	Bronze 60 PPO 6300/65
Calendar-year medical deductible	\$0	\$350	\$2,500	\$6,300
Calendar-year out-of-pocket maximum	\$4,500	\$7,800	\$8,600	\$8,200
Primary Care	\$15	\$25	\$55	\$65 [†]
Preventive health benefits	No charge	No charge	No charge	No charge
Inpatient hospitalization	10%	20% [†]	30% [†]	40% [†]
Emergency room services (not resulting in admission)	\$200	20% [†]	30% [†]	40% [†]
Prenatal and preconception physician office visits	No charge	No charge	No charge	No charge
Calendar-year pharmacy deductible	\$0	\$0	\$300	\$500
Retail prescriptions[‡] (up to a 30-day supply)				
Tier 1 drugs	\$10	\$15	\$20	\$18 [†]
Tier 2 drugs	\$25	\$50	\$75 [†]	40% [†]
Tier 3 drugs	\$40	\$80	\$105 [†]	40% [†]
Tier 4 and specialty drugs	10%	20%	30% [†]	40% [†]
Chiropractic (up to 15 visits per member per calendar year)	Not covered	Not covered	Not covered	Not covered
Acupuncture	\$15	\$25	\$55	\$65 [†]
Teladoc	\$0	\$0	\$0	\$0

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

[†] Subject to the calendar-year deductible.

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



OTHER 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. Self-administered, injectable drugs are covered at the applicable drug tier copayment or coinsurance under the Prescription Drug Benefits section of the Evidence of Coverage.

PEDIATRIC DENTAL AND VISION FAQs

Pediatric services – including oral and vision care for children up to age 19 – are among the benefits that the Affordable Care Act (ACA) mandated to be included in all health plans offered to small businesses as essential health benefits.

At Blue Shield, for businesses of one to 100 employees, pediatric dental and vision coverage is an embedded benefit within our small business medical plans.

SMALL GROUP EMPLOYER ELIGIBILITY REQUIREMENTS

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.



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.



SMALL GROUP EMPLOYER ELIGIBILITY REQUIREMENTS

ADDITIONAL REQUIREMENTS ARE:

- ▶ **The employer must meet product contribution requirements:[†]**

Medical: Must meet one of the following conditions

- 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.

The employer may contribute any amount from 0% to 100% for voluntary dental plan.

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: 65% participation; 25% when enrolling five or more employees.

Specialty-only groups: 65% participation, 25% when enrolling five or more employees.

- 1 Life coverage requires at least two enrolled eligible employees.
- 2 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.

[†] 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 CHECK LIST

Every new group is required to submit the following:

- ✓ First Payment Completed Initial Payment Authorization form with a copy of a voided check or a business check in the amount of the first month's premium.
- ✓ 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).*

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.

- ✓ 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.

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. 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.



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](https://blueshieldca.com/employerplans)