small business packages
1-100 employees

choice, confidence, and coverage start here.
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 start-ups, 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.
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.

### 2019 Blue Shield of California Off-Exchange Package for Small Business

#### Off-exchange PPO plans

<table>
<thead>
<tr>
<th>Plan</th>
<th>Deductible¹</th>
<th>Copay</th>
<th>Out-of-pocket maximum</th>
<th>Emergency room</th>
<th>Rx deductible¹</th>
<th>Pharmacy benefits²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Tier 1  Tier 2  Tier 3  Tier 4 &amp; Specialty</td>
</tr>
<tr>
<td><strong>Platinum PPO 0/10</strong></td>
<td>$0</td>
<td>$10</td>
<td>$3,600</td>
<td>$100 + 10%</td>
<td>$0</td>
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<tr>
<td><strong>Gold PPO 0/20</strong></td>
<td>$0</td>
<td>$20</td>
<td>$7,000</td>
<td>$250 + 30%</td>
<td>$0</td>
<td>$15      $40     $60       30%</td>
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<tr>
<td><strong>Gold PPO 500/30</strong></td>
<td>$500</td>
<td>$30</td>
<td>$7,550</td>
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<td>$0</td>
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<td>$10      $30     $50       30%</td>
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<tr>
<td><strong>Gold PPO 1200/35</strong></td>
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<td>$35</td>
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<td>$300</td>
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<td>$300</td>
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<tr>
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<tr>
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<td>50%</td>
<td>$7,550</td>
<td>50%</td>
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<td>$50      $50     $50       50%</td>
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#### Off-exchange PPO Savings plans

<table>
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<tr>
<th>Plan</th>
<th>Deductible¹</th>
<th>Copay</th>
<th>Out-of-pocket maximum</th>
<th>Emergency room</th>
<th>Rx deductible¹</th>
<th>Pharmacy benefits²</th>
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<td></td>
<td></td>
<td>Tier 1  Tier 2  Tier 3  Tier 4 &amp; Specialty</td>
</tr>
<tr>
<td><strong>Silver PPO Savings 2000/20%</strong></td>
<td>$2,000</td>
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<td>$6,500</td>
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<tr>
<td><strong>Bronze PPO Savings 6650</strong></td>
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<td>$6,650</td>
<td>$0 after deductible</td>
<td></td>
<td>$0       $0     $0         $0</td>
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#### Off-exchange HMO plans

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<thead>
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<th>Plan</th>
<th>Deductible¹</th>
<th>Copay</th>
<th>Out-of-pocket maximum</th>
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<td></td>
<td></td>
<td></td>
<td>Tier 1  Tier 2  Tier 3  Tier 4 &amp; Specialty</td>
</tr>
<tr>
<td><strong>Platinum HMO 0/20</strong></td>
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<td>$7,650</td>
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<tr>
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<td>$5       $15     $25       20%</td>
</tr>
<tr>
<td><strong>Platinum HMO 0/30</strong></td>
<td>$0</td>
<td>$30</td>
<td>$2,500</td>
<td>$250</td>
<td>$0</td>
<td>$5       $15     $25       20%</td>
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<tr>
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<td>$250</td>
<td>$0</td>
<td>$5       $15     $25       20%</td>
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<tr>
<td><strong>Gold HMO 500/35</strong></td>
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<td>$35</td>
<td>$6,500</td>
<td>$250</td>
<td>$0</td>
<td>$15      $30     $50       20%</td>
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<tr>
<td><strong>Gold HMO 1500/35</strong></td>
<td>$1,500</td>
<td>$35</td>
<td>$7,000</td>
<td>$200</td>
<td>$250</td>
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<td><strong>Silver HMO 1975/55</strong></td>
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<td>$7,550</td>
<td>40%</td>
<td></td>
<td>$20      $50     $85       40%</td>
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</tbody>
</table>

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

2 Not 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.
Choosing the right plan for your small business

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

Metal tier + 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 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 43 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

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.

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.

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.

* 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.
HMO plans

Our seven off-exchange HMO plans for small business offered 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 gives members access to more than 38,000 doctors and 320 hospitals.

• Local Access+ HMO plans gives members access to more than 17,000 doctors and 320 hospitals.

• Trio HMO plans are available in 24 counties and give members access to 10,000 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 Access+ HMO and Trio HMO plans together, but Local Access+ HMO plans cannot be offered alongside either. 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

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.

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.

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* 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*

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: this means 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.

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 (Blue Shield Life) 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.

* Underwritten by Blue Shield of California Life & Health Insurance Company.
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 by including the deductible per person/calendar-year out-of-pocket maximum/orthodontic coverage.
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 your clients 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, comatose, common carrier, surgical reattachment, and repatriation.
For detailed plan benefit summaries, visit blueshieldca.com/smallbusiness/life.
Access to care

From routine checkups to emergencies and everything in between, we give our Blue Shield members access to a quality network of healthcare providers. Here’s how our members can find the most cost-effective care, when they need it, where they need it.

NurseHelp 24/7SM $$$
Immediate, non-emergency health advice from a registered nurse over the phone. No cost or copay for Blue Shield members.

Teladoc $$$
Board-certified, licensed doctors available 24/7 by phone or video to treat non-emergency medical issues and provide prescriptions when needed.

Urgent care $$$
Licensed medical doctors, nurses, and medical personnel on call for walk-in, non-emergency care.

BlueCard® $$$
Access to covered services when a member and their family are away from home.

Emergency room $$$
Immediate care for emergencies.

Primary care physician (PCP) $$$
A member’s main healthcare provider for routine medical needs.

CVS MinuteClinic® $$$
Walk-in health care at CVS retail locations by nurse practitioners.

HealTM $$$
On-demand physician house calls to a member’s house, office, or hotel.

Virtual Care $$$
Rural and urban access to specialists via interactive video teleconferencing.

Go to blueshieldca.com/care to see all care options in one place.

If you are experiencing an emergency, call 911 immediately.
Wellness programs

Employee wellness

Our plans offer on-the-go tools and personalized programs that help members get engaged in their own health.

All Blue Shield small business plans include Wellvolution® Next services to help members create positive lifestyle choices that stick. Easy-to-use online and mobile programs help your employees learn about their health and provide support in improving their well-being.

To make it easier for your employees to take care of themselves, we offer a wide range of wellness services at reduced or even no additional costs. Employees can save on gym membership fees, receive nutrition support, explore alternative care options, and enjoy a variety of discounts on vision care.

Explore the many ways Blue Shield helps promote employee well-being at blueshieldca.com/wellness.
Requirements

New group eligibility requirements
A small employer is defined as employing 1 to 100 employees, at least 30 hours per week, on at least 50% of its working days during the preceding calendar quarter or calendar year.

Owner-only (no employees) businesses are not eligible for small group medical coverage. To qualify as a small employer, a business must employ at least one eligible W-2 “common-law employee.”

Small employer specialty* benefits-only plan eligibility:
• An owner-only small group (no employees) is eligible for dental, vision, and life insurance policies when purchased without Blue Shield medical plans.
• Two eligible employees or owners are required for life coverage.
• Sole proprietor businesses continue to be eligible for stand-alone small group specialty benefits coverage.

Our dental plans (except voluntary plans) require a 50% employer contribution and 65% employee participation (except during promotional 25% participation periods). Voluntary dental plans don’t require employer contributions.

Our small business vision plans (except voluntary plans) require only a 25% employer contribution and 65% employee participation. Voluntary vision plans don’t require employer contributions and require at least three participating employees.

Trio HMO plan participation requirements
We’re waiving our minimum participation requirements for groups enrolling membership in Trio HMO plans only. No counting or calculating to meet membership minimums – just select Trio HMO plans on the Master Group Application and you can enroll with Blue Shield with a single member.*

Mirror Package participation requirements
A minimum of one eligible employee and at least 70% of all eligible employees must enroll in the Blue Shield mirror plan(s), including any specialty benefits plan offered. Life insurance plans require a minimum of two eligible employees.

Off-Exchange Package medical and specialty participation requirements
Specialty benefits plan participation requirements are the same as the off-exchange medical plan participation requirement and have been reduced from 65% to 25% for groups enrolling five or more employees of the total number of employees enrolled. If a group contributes 100% of premiums for specialty benefits,† then 100% of eligible employees must enroll (except for those waiving due to other group specialty coverage through another employer). Blue Shield dental, vision,‡ and life‡ insurance plans must be the sole carrier for these plans, even when Blue Shield medical plans are offered alongside another carrier’s medical plans.

½ 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 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

Please be advised that this is just a guideline and that other documentation may be required.

Business check in the amount of the first month’s premium or completed check-by-fax form for first month’s premium with a copy of the voided business check drawn on the group’s business account.

Master Group Application (please use current version – outdated versions will not be accepted).

Enrollment Spreadsheet with MGA (please use current version – outdated versions will not be accepted)

Sole proprietor, partner, or corporate officer statement (Owner Affidavit) – to be completed by all eligible owners.

Employee application (please use current version – outdated versions will not be accepted).

Refusal of Coverage form (for eligible employees declining coverage or employees declining coverage for eligible dependents).

Prior carrier bill when not submitting a DE 9C under promotion including the page that lists all members on the previous policy (if applicable) and then submit a signed Eligibility/Participation Attestation form.

Most recently filed DE 9C. Please reconcile to note each employee’s status; if any employee is terminated, please indicate the employee’s termination date.

If there is a new hire who is not listed on the DE 9C, please provide payroll from date of hire or W-4 if new hire has not been working long enough to be on payroll yet.

If owner is not on the DE 9C, please provide most recent K-1 or Schedule C (if they have filed an extension, please provide a copy of the extension and the previous year’s K-1 or Schedule C).

Fictitious Business Name Filing is required if the group uses a DBA name, or if there is more than one business name reflecting 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.

Standalone specialty benefits

The new group submission checklist applies to dental, vision,* and life insurance* when provided alongside Blue Shield medical plans. For a simplified checklist of submission requirements when purchasing dental, vision, or life insurance without a Blue Shield medical plan offering, contact your Blue Shield sales representative.

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