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# Application Eligibility and Underwriting Process Guide

For individual and family off-exchange plans

## What you'll find inside

- Application processing information
- Eligibility
- Special enrollment periods
- Underwriting tips
- Broker resources

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**Speed dial**  
For fast answers to  
application/underwriting  
questions, contact:

Producer Services  
(800) 559-5905  
ProducerServices@  
blueshieldca.com

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# Introduction

We are pleased to present the latest edition of the Blue Shield Application Eligibility and Underwriting Process Guide — one of the many tools we regularly provide to assist the sale of Blue Shield of California and BlueShield of California Life & Health Insurance Company (BlueShield Life) (collectively, BlueShield) products.

This guide focuses on the application and enrollment process for our Individual and Family Plans (IFP), and vision, dental and term life insurance coverage. It also includes enrollment information for IFP grandfathered plans and information about special enrollment periods. Important note: This guide focuses on off-exchange IFP enrollment only; for information concerning on-exchange enrollment rules, please refer to CoveredCA.com.

Your IFP clients may be eligible for tax credits to help pay their monthly premiums, or even to enroll in a plan with lower cost-sharing for medical services. To take advantage of these subsidies, consumers who qualify must enroll through Covered California (CoveredCA.com). We can guide you through the qualification process to help you determine if your clients might be eligible for subsidies, and whether it makes sense for them to apply for a Blue Shield plan through Covered California or directly through Blue Shield.

## Blue Shield's enrollment process philosophy

The guidelines detailed here represent our application processing procedures and general approach to enrollment for new (non-grandfathered) business and existing (grandfathered) business.

Enrollment decisions for new plans are based on eligibility underwriting guidelines, which consist of the **applicant's residency, limiting age (for certain plans),\* and any qualifying events (also known as a "life event change").** Depending on the information provided on the application, as well as any additional information acquired during the enrollment period, the underwriter might request and consider additional documentation to validate eligibility (to establish California residency, limiting age, and any qualifying events) for a Blue Shield plan. Information related to medical or health history, lifestyle, or behavioral preferences are not requested or used to determine eligibility for enrollment in a new Blue Shield IFP medical plan.

\* Age limits are associated with pediatric dental and vision benefits (up to age 19); and for dependent status (up to age 26 if enrolling as a child dependent in an IFP plan).

Only Blue Shield can make the final decision to accept or decline an application, or to determine the effective date of coverage. Brokers are not authorized to bind or guarantee coverage or establish a specific rate or effective date. Please advise all prospective members to maintain their current coverage until Blue Shield notifies them in writing of our decision regarding their application for coverage.

Blue Shield will not refuse to enter into any contract, cancel, or decline to renew or reinstate any contract because of the race, color, national origin, ancestry, religion, sex, genetic history, marital status, sexual orientation, or age of any individual applicant or member. Blue Shield also will not modify the benefits or coverage of any contract because of race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, or age, except for premium, price, or charge differentials because of the age of any individual when based on objective, valid, and up-to-date statistical and actuarial data.

This guide provides a general description of Blue Shield's individual eligibility and enrollment process for grandfathered plan requests to add dependents to coverage. Other criteria and guidelines not contained in this guide may apply.

The guidelines provided in this guide are the proprietary business information of Blue Shield. No part of this document may be copied, reproduced, or redistributed in any form or by any means without the express prior written permission of a Blue Shield officer or a Blue Shield sales director. If you have any questions contact Producer Services at (800) 559-5905.

## Updates

In general, the information provided in this *Application Eligibility and Underwriting Process Guide* is updated and published annually. We make every effort to keep you updated on any interim changes to this information; however, policies and/or procedures may change without advance written notice.

Thank you for your support in making Blue Shield a popular choice among Californians.

# Application process

## The basics

Our internal tracking system monitors applications at each stage of the enrollment process when applying directly with Blue Shield —from receipt to determination. We notify you and your client in writing when a final determination is made on the application. In most cases, you and your client should receive notice of our final determination within 10 days of submission of a complete application.

Delays may occur when we need to request additional information from the applicant, such as verification of documented California residency, limiting age validation, proof that a qualifying event has occurred, or initial dues/premium payment. In such cases, **we can't estimate the length of time necessary to complete the application process** as it depends on several factors, including how long it takes for us to receive the requested information.

Important reminder: A complete IFP application requires the submission of the initial dues/premium payment.

Important for replacement of other coverage: If your clients are replacing other health plan coverage, please advise them not to cancel their existing coverage until they receive written notification that they have been accepted for Blue Shield coverage.

## Payment options

~~Blue Shield requires payment of the first month's~~ dues/premium with all application submissions for IFP coverage. ~~If the first month's dues/premium~~ is not included with the IFP application, the application will be delayed, or even returned. Payment will be processed only if the application is approved. If payment is received for IFP coverage via check, and the application is not approved by Blue Shield, the check will be destroyed.

The subscriber is responsible for payment of dues/ premiums to Blue Shield and only the subscriber can make changes to the contract/policy.

Note: Acceptance of payment by Blue Shield does not constitute an approval, or a declaration, of coverage.

Once coverage is approved, we offer three convenient payment options:

### 1. Automatic payment

This option lets your clients have their IFP plan dues/premiums automatically deducted from their checking or savings account.

Simply have your clients go online through the member portal to complete and submit their payment option. They may make a one-time or reoccurring payment at blueshieldca.com.

Clients can also make a payment over the phone using their bank account by calling Customer Service at (888) 256-3650.

### 2. Online payment

Members can choose to make a one-time payment or set up recurring payments from a bank account online. They can even view their billing statements and payment history online.

To use this tool, they need to register as a member at blueshieldca.com. Once registered and logged in, they will click on *Payment Center*, then *Pay My Bill*.

### 3. Paper billing

IFP plan members who prefer to receive and pay their bill by mail can choose our paper billing option. The payment due date will be included on each bill they receive. IFP members on paper billing will be set up for monthly billing.

All payments should be sent to:

[Blue Shield of California  
P.O. Box 4700  
Whittier, CA 90607-4700]

## Application process (continued)

### Cancellation and reinstatement

#### Cancellation —general provisions

Blue Shield coverage under the *Evidence of Coverage and Health Service Agreement* or Policy (both referred to as, Agreement) is guaranteed renewable by the individual subscriber, except as specifically set forth in the Agreement and as allowed by law. The following is only an overview: the information contained in the Agreement governs, so please refer to the Agreement for complete information.

Members who want to terminate the Agreement shall give Blue Shield 30 days' written notice.

Blue Shield may terminate the Agreement, together with all like Agreements/Policies, by giving 90 days' written notice.

Blue Shield may cancel an Agreement immediately upon written notice for the following reasons:

1. Member has moved and established permanent residence outside of California.
2. Fraud or deception in obtaining, or attempting to obtain, benefits under the Agreement.
3. Knowingly permitting fraud or deception by another person in connection with the Agreement, such as, without limitation, permitting someone else to seek benefits under the Agreement, or improperly seeking payment from Blue Shield for benefits provided.

Cancellation of the Agreement is effective as of the date listed on the Notice of End of Coverage sent to the subscriber. It is not retroactive to the original effective date of the Agreement except in cases of rescissions.

#### Cancellation for nonpayment of dues/premiums

Blue Shield requires pre-payment for the coverage period for Individual and Family Plans. If dues/premiums have not been received by the due date, Blue Shield will send a Notice of Start of Grace Period that states:

- a. Dues/premiums have not been paid, and that the Agreement will be cancelled if the required dues/premiums are not paid the day following the 30-day grace period.
- b. The specific date coverage will end if dues/premiums are not paid; and
- c. Information regarding the consequences of any failure to pay the dues/premiums.

Within five (5) business days of canceling or not renewing the Agreement, Blue Shield will send a Notice of End of Coverage, which will inform the subscriber of the following:

- a. That the Agreement has been cancelled, and the reasons for cancellation.
- b. The specific date coverage ended; and
- c. Information regarding the availability of any reinstatement of coverage under the Agreement.

#### Grace period for payment of dues/premiums

After payment of dues/premiums for the first period of coverage, the subscriber receives a 30-day grace period for payment of dues/premiums for subsequent periods of coverage. During the grace period, coverage remains in force; however, the subscriber is responsible for payment of all dues/premiums that accrue while coverage is in effect (including the period of coverage provided during the grace period). If dues/premiums are not paid by the end of the 30-day grace period, coverage is cancelled effective at the end of the grace period.

## Rescission

Blue Shield may, in accordance with state and federal law, be entitled to rescind coverage if the member or anyone acting on his or her behalf commits fraud or makes an intentional misrepresentation of material fact in the application for coverage or in other communications with Blue Shield prior to the issuance of the coverage. Rescission voids the coverage as if it never existed and, therefore, will be retroactive to the original effective date of coverage.

If Blue Shield rescinds coverage due to fraud or intentional misrepresentation of a material fact made by an applicant during the enrollment process, Blue Shield will take back the commissions paid to a broker.

Blue Shield expects that applicants will be provided a copy of the full application to carefully review. If you are assisting an applicant in completing the application, Blue Shield requires that the applicants review each question as it appears on the application. Do not skip questions, summarize them, or paraphrase them in any way.

In addition to English, Blue Shield offers its applications in several threshold languages: Spanish, Chinese, Korean, and Vietnamese. Please make certain that your clients are provided with an application written in their preferred language.

Never have your clients sign a blank application. They may only sign the application after it has been fully completed and they have carefully reviewed the answers.

Finally, please carefully review and complete the questions in the **“Policy Information”** section of the IFP plan application. Discrepancies and/or incomplete information will delay the processing of your ~~client's~~ application.

## Utilization review process

State law requires that health plans disclose to plan members and providers the process used to authorize or deny healthcare services under the plan. Blue Shield has documented this process (“Utilization Review”). For written information about Blue Shield’s Utilization Management Program, visit blueshieldca.com or call the appropriate customer service department toll-free at the number listed below to request a copy of this document:

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Blue Shield IFP plans	(888) 256-3650
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# IFP applications

## Eligibility

### Conditions of eligibility

To be eligible for a Blue Shield Individual and Family Plan, your client must be a resident of or work in California, must not be enrolled in Medicare coverage, and must submit a request for coverage during our annual open enrollment or experience a valid qualifying event and submit a request for coverage during a special enrollment period.

Dependent coverage is available for:

- Spouses
- Domestic partners
- Dependent children who are younger than age 26
- Qualifying Parent or Step-parent

### Grandfathered IFP health plans

Grandfathered health plans are those plans that were in effect on or before the date the Affordable Care Act (ACA) was signed into law (March 23, 2010). Grandfathered plans do not need to comply with all ACA reform provisions; however, grandfathered plans are required to comply with some of the health reform requirements (e.g., the elimination of the lifetime benefit maximum, and additional benefits for preventive services).

### Additional coverage considerations

Applications for coverage must be submitted during the annual open enrollment period. Unless there is a qualifying event, an applicant who does not apply during the annual open enrollment time frame will not be eligible for coverage until the next open enrollment period.

During the open enrollment period, Blue Shield will not require, request, or obtain medical history information from applicants for eligibility underwriting purposes. To be eligible for one of ~~Blue Shield's plans~~, an applicant must be a California resident or a valid dependent of a subscriber and reside in a ZIP code area or region in which Blue Shield offers coverage.

Enrollment in a health plan outside of an open enrollment period will be permitted only during a special enrollment period due to a qualifying event, such as the birth of a baby, marriage, etc. Qualifying events will be discussed in more detail later in this guide. For additional information concerning eligibility, please contact your Blue Shield

IFP Sales Specialist or Producer Services at (800) 559-5905.

Qualifying event period/special enrollment period  
**A qualifying event is also known as a "life event change" and is considered a personal modification** or change in status. A qualifying event generally allows enrollment in the health plan during a special enrollment period, which can occur year-round, even during an open enrollment period. Under the law, there are specific qualifying events scenarios that allow enrollment outside of the annual open enrollment period. Special enrollment periods are discussed in detail later in this guide.

### Adding dependents

Non-grandfathered Individual and Family Plans  
 Adding a dependent child, spouse, partner or qualifying parent or step-parent to an existing plan is allowed only during an open enrollment period. Open enrollment periods occur annually. The exception to this requirement may be due to a qualifying event, which is ~~discussed in this guide under "IFP special enrollment period"~~

Grandfathered Individual and Family Plans  
 If your clients want to add recently eligible dependents to their existing grandfathered coverage (newborn/ recently adopted children, new spouses, etc.), they should:

1. Fill out the IFP application (Form C54128)
2. Mark the box, **"Add dependent family member to existing coverage."**
3. Submit the application to the I&B – Applications Department

Members in grandfathered plans may add a dependent child to their contract without underwriting if Blue Shield receives the request to add the dependent within 31 days of birth, or for a dependent child placed for adoption within 31 days of the date on which **the adoptive child's birth parent or other** appropriate legal authority signs a written document – including but not limited to, a health

facility minor release report, a medical authorization form, or a relinquishment form granting the subscriber, spouse, or domestic partner the right to control the health care for the adoptive child. An enrollment request must accompany one of these forms to process the request appropriately. Coverage will be effective the date of birth, or in the case of adoption, the date on which the right to control the health care of the adoptive child is awarded. Absent written documentation regarding the right to control the health care of an adoptive child, coverage will become effective on the date there exists evidence of the **subscriber's, spouse's, or domestic partner's** right to control the health care of the child placed for adoption.

Tell your clients their rates may be adjusted to reflect the changes made to their plan. If higher monthly dues/premiums are assessed, Blue Shield will bill your clients for the difference or deduct it from their bank account (if your client has elected our automatic payment option).

### Deleting dependents

Requests to terminate or remove dependents from a family plan or from an application that is in process may be made by calling Producer Services at (800) 559-5905.

### Bundling/unbundling policy

Bundling or unbundling dependents may be made only during the annual open enrollment period. An exception may be made following a qualifying event. **Please refer to the "IFP special enrollment period" section of this guide for information** regarding plan changes outside of open enrollment.

If a dependent currently covered under a separate grandfathered plan wants to be bundled under the **parent's current Blue Shield grandfathered plan, a completed Application for Blue Shield Individual and Family Plans Grandfathered Products Dependent Adds Only (Form C54128)** must be submitted for review.

Exception: Family members, each of whom has coverage under the same grandfathered plan and tier, may be bundled with the same grandfathered plan and tier without review. These requests can be **made by phone or mail (see the "Key Contacts and Resources" section in the back of this guide).**

### IFP special enrollment period

Special enrollment periods allow individuals to apply for or change coverage outside of the annual open enrollment period due to a qualifying event. A qualifying event is a life change resulting in the need to obtain health coverage.

The special enrollment period, due to a qualifying event, may apply to the entire family or only to the person affected. For example, a family with a newborn infant may enroll the child as an individual effective **the child's date of birth, OR, the family** may be enrolled effective the **child's date of birth**.

A qualifying event affects the coverage needs of the family, as well as the individual affected. Special enrollment rules do not apply to adding dependents to IFP grandfathered plans. Refer to the current IFP Eligibility and Residency Policy for details on all qualifying events triggering a special enrollment period.

#### Requirements pertaining to special enrollment periods and qualifying events

To qualify for enrollment due to a qualifying event, the applicant must submit the application for consideration usually within 60 days after the qualifying event (known also as a triggering event). For loss of minimum essential coverage, an application may be submitted up to 60 days prior to the triggering event to avoid a gap in coverage. Specific eligibility documentation will be required.

Additional information concerning special enrollment periods and required documentation in support of the qualifying event may be obtained by contacting BlueShield Producer Services at (800) 559-5905.

## IFP applications (continued)

### IFP effective dates during open enrollment and special enrollment periods

Blue Shield IFP plan effective dates are dependent on several factors including the date we receive the application and the type of coverage being requested. Please refer to effective date rules below.

#### IFP open enrollment period effective dates

Applications with premium payment received between the 1st and the 15th of the month will be effective on the 1st of the next month. Applications with premium payment received between the 16th and the 31st of the month will be effective on the 1st of the month following the next month. For example, an application received December 5 will have an effective date of January 1, and an application received December 17 will have an effective date of February 1.

The bill date for new clients is the first of the month, so if your client is approved for an effective date other than the first of the month, the bill for the first month will be prorated.

#### IFP special enrollment period effective dates

The effective date assigned is based on the type of qualifying event. In most instances, the effective date is the 1st of the month following receipt of an application with notification that a qualifying event has occurred. For example, an applicant has gotten married and wishes to enroll both themselves and their spouse. The request for coverage (application) is received February 20, and therefore coverage is effective March 1. Or, for example, an applicant has given birth and wishes to enroll both themselves and the newborn. Coverage is effective on ~~the date of birth~~

Note, when there is enrollment in both IFP coverage and dental coverage due to a special enrollment period qualifying event for a new dependent child, the dental coverage will be effective on the same date as the IFP coverage.

A special enrollment period can apply to both new and existing contracts. The special enrollment period is usually limited to 60 days from the date of the qualifying event. Note, the first month's premium payment must be received by Blue Shield prior to activation of coverage.

### Transfer guidelines

- Plan transfers are permitted during open enrollment or during a special enrollment period.
- Members can transfer to any marketed (open) health plan.
- There is no age restriction for transfers. Members of all ages (including those age 65 and older) are eligible.
- A set of eligibility criteria must be met in order for a member to transfer during a special enrollment period.
- Grandfathered plan members will not be allowed to transfer back to their original plan once they have transferred out of the grandfathered plan to the plan requested.

## Final determination client conversations

When your clients and their dependents receive a final eligibility determination from Blue Shield, you may need to communicate some or all of the following information depending on the circumstances.

### Denied coverage

On family applications, if any of the ~~clients~~ family members are not eligible for Blue Shield coverage, the applicable portion of the initial payment will be applied toward future monthly dues/premiums for the approved member(s) on the application. If your client prefers to receive a refund of these dues/premiums, he or she must request it by calling Blue Shield Customer Service at (888) 256-3650.

### Right-to-return policy

If your clients find that they're not satisfied with their contract, they may return it to:

Blue Shield of California  
P.O. Box 272560 Chico,  
CA 95927-2560

If your client sends the contract back to us within 10 days of receiving it, we will treat the contract as if it **had never been issued and return all of your client's payments.**

## Appeal of an eligibility decision

Your clients can appeal an eligibility decision online at blueshieldca.com or by using the Blue Shield mobile app. They can also send a written request to Customer Service Appeals and Grievance. The request needs to include information pertinent to the appeal. Mailed requests should be sent to:

Blue Shield of California  
Customer Service Appeals and Grievance  
P.O. Box 5588  
El Dorado Hills, CA 95762

Your clients may write to us directly. Or they can provide you with the information to submit to us on their behalf.

If your clients have questions about appealing an underwriting decision, they may call us at (888) 256-3650.







# Dental and vision coverage

## Submitting an application for individual and family dental and vision plans

### Family dental and vision coverage with a medical plan

New health plan applicants do not need to complete a separate application for dental and vision coverage. When completing their health plan application, they can simply check the box for the dental and/or vision coverage they want. The application for health coverage and dental and vision coverage will be considered concurrently.

If a member has already been enrolled in a Blue Shield Individual and Family health plan and would like to add dental and/or vision coverage, the member can either submit a completed dental or vision plan enrollment application (Form C36144) or apply online at [bscapply.com](http://bscapply.com).

### Family dental and vision coverage without a medical plan

If your client is not enrolled in a Blue Shield health plan but would like to enroll in a Blue Shield dental and/or vision plan, a Blue Shield dental, vision and dental + vision plan application (Form C36144) must be completed.

Your clients can choose any of our dental, vision, or dental + vision plans\*.

### Pediatric dental benefits

Pediatric dental care is an essential health benefit and is now embedded in non-grandfathered individual and family medical plans on and off exchange. The benefit covers dependent children through the end of the month the child turns 19.

Pediatric dental benefit features include:

- One combined ID card for medical/dental/vision.
- No deductible.
- Orthodontics, dentally necessary only, at 50% coinsurance.
- No waiting period for child(ren).
- Once the maximum out-of-pocket is reached, the plan pays 100% of services incurred.

### Pediatric vision benefits

Pediatric vision care is an essential health benefit that is embedded in non-grandfathered IFP medical plans sold on and off exchange. The benefit covers dependent children through the end of the month the child turns 19.

### Eligibility for all vision plans

To be eligible for coverage, your client must reside in California.

Once coverage is approved, the coverage effective date will be the first of the month following receipt of the application.

### Eligibility for all dental plans

To be eligible for coverage, your client must reside in California.

Once coverage is approved, the coverage effective date will be the first of the month following receipt of the application for Dental PPO plans and Dental HMO plans. For example, if the application is received August 17, coverage will be effective September 1.

You can download dental and vision brochures with applications at [blueshieldca.com/producer/ifp/products/dental](http://blueshieldca.com/producer/ifp/products/dental), or request copies be mailed to you by calling Producer Services at (800) 559-5905.

\* Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life).





# Individual term life insurance

## Submitting an application

Individual term life insurance\* is available on a standalone basis. Any and all family members can request life insurance. Family members may even select different amounts of coverage for themselves.

Requests for individual term life insurance can no longer be made on the IFP medical plan application. If your client would like to apply for individual term life insurance, an Application for Individual Term Life Insurance Coverage must be completed for each applicant applying for coverage. You can download the form from [blueshieldca.com/LifeApplication](https://blueshieldca.com/LifeApplication), or request a copy by calling Producer Services at (800) 559-5905.

Your client simply completes the form indicating the amount of coverage and returns it to:

Blue Shield of California Life & Health  
Insurance Company  
c/o HOVIN Underwriting Partners, Inc.  
P.O. Box 249  
Simsbury, CT  
06070

If coverage is approved, the effective coverage date will be the first day of the month following approval.

Important: Your clients must also fill out the ITL Replacement section (Acknowledgement of Life Insurance Replacement Coverage) if they are replacing an existing life policy (located on page 4 of the application). This section needs to be signed and dated by both you and your client.

## Eligibility

Coverage is available to the primary applicant (ages 1 to 64) of any Blue Shield individual and family health plan. Applicants under age 19 may not apply for amounts over \$30,000.

\* Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life).

## Broker resources

Our *Application Eligibility and Underwriting Process Guide* makes selling Blue Shield easier than ever with these handy tools:

1. Application how-to tips
2. Key contacts and resources

### Application how-to tips

Non-grandfathered IFP plan applications should be submitted online via our IFP Quote & Apply tool, available at [bscapply.com](http://bscapply.com).

#### Forms to use

- Dependent addition to existing grandfathered plans: Use Application for Blue Shield Individual and Family Plans Grandfathered Products Dependent Adds Only – Form C54128.

### Checklist for completeness

You can help speed client applications through processing by doing a quick check to make sure each application is complete before you send it in. This checklist makes completed applications easy:

- Print clearly in all capital letters in black ink. Do not use pencil.
- Select a plan type.
- Complete gender and date of birth.
- Fill in all address information.
- Sign the application. The main applicant must sign the application.
- Write the date next to the signature.
- Submit applications within 30 days of the **applicant's signature date**.

Once completed, have your clients submit the application to Blue Shield. Submit the application along with a personal check or money order, payable to Blue Shield, **equal to one month's dues/premiums**.

### Save time with our online application

Try our online IFP Quote & Apply tool and see how much easier it is to close sales fast and smoothly.

### Where to submit dependent additions to grandfathered plans

Blue Shield of California Attn:  
I&B —Applications  
P.O. Box 3008  
Lodi, CA 95241-1912

Fax: (888) 386-3420

Email: [IFPapplications@blueshieldca.com](mailto:IFPapplications@blueshieldca.com)



## Sales support

Blue Shield of California is dedicated to helping you grow your IFP business by incorporating Blue Shield plans into your portfolio. Blue Shield can provide training on Blue Shield IFP plans via webinars and teleconferences and help answer any questions you might have about Blue Shield products and processes.

## Key contacts and resources

On these pages you'll find all the ways you can contact us, and whom to ask for what. For fast service, use the phone or fax number, address, or email address specific to your question.

### Individual and Family Plans

	Email	Phone	Fax
New applications —submissions	IFPapplications@blueshieldca.com		(888) 386-3420
Pend information – submissions, SEP supporting documents	eligibilityverification@blueshieldca.com	(800) 559-5905	(888) 386-3420
Application status	ProducerServices@blueshieldca.com	(800) 559-5905 Mon through Thurs: 8 a.m. to 6 p.m. Friday: 9 a.m. to 5 p.m. Automated information available after business hours	(209) 371-5830
Information sources Dues/premiums payment information Delinquent report fax-backrequests Underwriting guidelines Commissions information/issues Product information Supply orders Broker correspondence	ProducerServices@blueshieldca.com	(800) 559-5905	(209) 371-5830
Electronic claims submission help desk		(800) 480-1221	
Dental Member Services		(888) 271-4880	

### IFP addresses

IFP applications – Dependent additions to grandfathered plans Application updates Underwriting requests Letters from members/subscribers	Blue Shield of California Attn: I&B —Applications P.O. Box 3008 Lodi, CA 95241-1912	(800) 559-5905	
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### General addresses

License updates Errors and omissions updates New appointment paperwork Broker of record changes Commissions issues New group quotes Broker information updates	Blue Shield of California Producer Services P. O. Box 272540 Chico, CA 95927-2540		
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Online resources

Plans and rates	blueshieldca.com/producer
<ul style="list-style-type: none"> <li>• Product information including plan summaries</li> <li>• Underwriting guidelines</li> <li>• Applications and other forms</li> </ul>	
Tools	
<ul style="list-style-type: none"> <li>• Quoting</li> <li>• Online application</li> <li>• Application status</li> <li>• Client list</li> <li>• Supply ordering system</li> <li>• Advertising resources to help promote your business</li> </ul>	
Rewards	
<ul style="list-style-type: none"> <li>• Commission structures</li> <li>• Bonus programs</li> </ul>	
News	
<ul style="list-style-type: none"> <li>• Product and company information</li> <li>• Policy announcements</li> <li>• Press releases</li> </ul>	

For members

Blue Shield of California Network Provider Directory	blueshieldca.com
Blue Shield Life Network Provider Directory	bscalife.com
IFP member dues/premiums payment address	Blue Shield of California Attention: Plan Payment {P.O. Box 4700 Whittier, CA 90607-4700}
Dental Member Services	(888) 271-4880 yourdentalplan.com/bsc
Dental HMO claims address	Blue Shield of California Attention: Claims Unit P.O. Box 272540 Chico, CA 95927-2540
Dental PPO claims address	Blue Shield of California P.O. Box 272590 Chico, CA 95927-2590
Enhanced dental services for pregnant women	Blue Shield of California Periodontal Coverage for Women During Pregnancy 425 Market Street, 12th Floor San Francisco, CA 94105





## NOTICES AVAILABLE ONLINE

### Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: [blueshieldca.com/notices](https://blueshieldca.com/notices). You can also call for language assistance services: **(866) 346-7198 (TTY: 711)**.

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Care at **(888) 256-3650 (TTY: 711)**.

### Grievances

You can file a grievance online, by mail, or by phone. If you need help, call Customer Service at **(800) 393-6130 (TTY: 711)**. [blueshieldca.com/grievance](https://blueshieldca.com/grievance).

### Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en [blueshieldca.com/notices](https://blueshieldca.com/notices). Para obtener servicios de asistencia en idiomas, también puede llamar al **(866) 346-7198 (TTY: 711)**.

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Atención al Cliente al **(888) 256-3650 (TTY: 711)**.

### Reclamos

Puede hacer un reclamo por Internet, correo postal o por teléfono. Si necesita ayuda, llame a Servicio al Cliente al **(800) 393-6130 (TTY: 711)**. [blueshieldca.com/grievance](https://blueshieldca.com/grievance).

### 非歧視通知和語言協助服務

Blue Shield 遵守適用的州及聯邦政府的民權法。同時，我們免費提供語言協助服務。

如需檢視我司的非歧視通知和語言幫助通知，請造訪 [blueshieldca.com/notices](https://blueshieldca.com/notices)。您還可致電尋求語言協助服務：**(866) 346-7198 (TTY: 711)**。

如果您無法造訪上述網站，且希望收到一份非歧視通知和語言幫助通知的副本，請致電客戶服務部，電話：**(888) 256-3650 (TTY: 711)**。

### 申訴

線上：您可透過線上、郵遞或電話來提出申訴。如果您需要幫助，請致電客戶服務部，電話：**(800) 393-6130 (TTY: 711)**。[blueshieldca.com/grievance](https://blueshieldca.com/grievance)。

