blue CALIFORNIA

Small Business medical sales guide

1–100 employees

Effective: January 1, 2027

What's inside

Why Blue Shield of California?	3
Understanding our plans	4
2027 Small Business package offerings	5
Off-exchange HMO plans	6
Off-exchange PPO plans	9
HSA-compatible HDHP PPO plans	12
Blue Shield Mirror Package for Small Business	14
Pharmacy care model	17
Other coverage	18
Small group employer eligibility and participation	19
New group submission checklist	21

i For more information, visit **blueshieldca.com/broker**.

Why Blue Shield of California

Our mission is to ensure all Californians have access to high-quality healthcare at an affordable price

As a nonprofit health plan, we answer to customers and members, not shareholders.

We are the only major health plan to voluntarily cap our income at two percent of revenue, returning the difference back to our customers and the communities we serve.

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.

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 San Diego surf shops, over 40,000 California small businesses choose Blue Shield.

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

Off-exchange package

Our flagship package includes over 60 plans to offer employees. Plans can combine a variety of products and networks to meet the range of employees' needs.

Mirror package

This offers the same seven standardized plans that are offered on Covered California for Small Business (CCSB) 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.

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

Understanding our plans

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 plan names end with "OffEx" while Mirror package plan names begin with "Blue Shield."

Metal levels represent the level of coverage provided with a plan

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

1	**Platinum** = 90%	2	**Gold** = 80%
3	**Silver** = 70%	4	**Bronze** = 60%

Deductible and copay

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) a member is responsible for paying is 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

2027 Small Business package offerings

Richest → Leanest

Off-exchange HMO plans	Mirror HMO plans
Platinum HMO 0/20	Mirror Platinum 90 HMO 0/25
Platinum HMO 0/25	Mirror Gold 80 HMO 325/40
Platinum HMO 0/30	Mirror Silver 70 HMO 2500/60
Gold HMO 0/35	Mirror Bronze 60 Trio HMO 7000/65
Gold HMO 500/35	
Gold HMO 1000/35	
Gold HMO 1500/35	
Silver HMO 2100/70	
Silver HMO 2850/70	
Bronze HMO 7000/65	

Off-exchange PPO plans	Off-exchange savings plans	Mirror PPO plans	Mirror savings plans
Platinum PPO 250/10	Gold PPO Savings 1900/15% HDHP PrevRx	Mirror Platinum 90 PPO 0/25	Mirror Silver 70 PPO Savings 2450/30%
Platinum PPO 0/0	Silver PPO Savings 2450/35%	Mirror Gold 80 PPO 500/30	Mirror Bronze 60 PPO Savings 7580/0%
Platinum PPO 0/10	Silver PPO Savings 2950/35% HDHP PrevRx	Mirror Silver 70 PPO 2500/60	
Platinum PPO 250/15	Bronze PPO Savings 6000/40%	Mirror Bronze 60 PPO 5800/60	
Gold PPO 0/35	Bronze PPO Savings 7850		
Gold PPO 500/30			
Gold PPO 750/35			
Gold PPO 1000/30			
Silver PPO 1800/65			
Silver PPO 2100/75			
Silver PPO 2550/75			
Bronze PPO 4500/65			
Bronze PPO 6500/70			
Bronze PPO 6850/55			
Bronze PPO 6250/65			
Bronze PPO 7500/65			

Off-exchange HMO plans

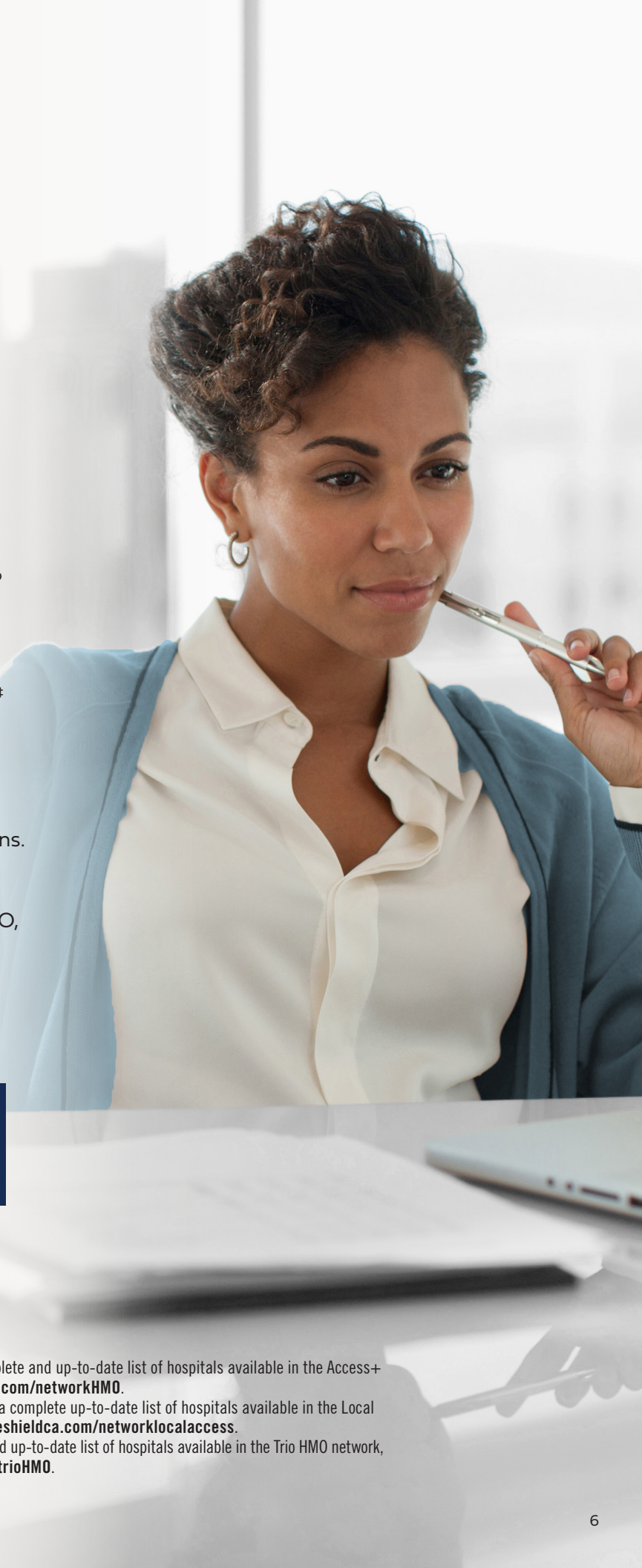
All of our off-exchange HMO plans for small businesses are available with one of three HMO provider network options: Access+ HMO, Local Access+ HMO®, or Trio HMO. Plan designs are identical, with all specialties and levels of care included.

1. Access+ HMO plans give members access to over 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 give members access to 21,000 doctors and 340 hospitals from the Access+ HMO provider network.‡

All three HMO networks can be sold alongside each other. Trio HMO plans come with valuable bonus features not included with other HMO plans.

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 and 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 HMO network is subject to change without notice. For a complete and up-to-date list of hospitals available in the Trio HMO network, please use BlueShield's *Find a doctor* tool at **blueshieldca.com/networktrioHMO**.

Off-exchange HMO plans

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

		Platinum coverage			Gold coverage			
Benefits		Platinum HMO 0/20 OffEx	Platinum HMO 0/25 OffEx	Platinum HMO 0/30 OffEx	Gold HMO 0/35 OffEx	Gold HMO 500/35 OffEx	Gold HMO 1000/35 OffEx	Gold HMO 1500/35 OffEx
Calendar-year medical deductible (individual / family)		$0	$0	$0	$0	$500 / $1,000	$1,000 / $2,000	$1,500 / $3,000
Calendar-year pharmacy deductible (individual / family)		$0	$0	$0	$0	$100 / $200	$100 / $200	$150 / $300
Calendar-year out-of-pocket maximum (individual / family)		$3,500 / $7,000	$3,500 / $7,000	$3,000 / $6,000	$8,100 / $16,200	$7,800 / $15,600	$7,500 / $15,000	$8,000 / $16,000
Preventive health benefits		No charge	No charge	No charge	No charge	No charge	No charge	No charge
Primary care		$20/visit	$25/visit	$30/visit	$35/visit	$35/visit	$35/visit	$35/visit
Teladoc Health		No charge	No charge	No charge	No charge	No charge	No charge	No charge
Prenatal and preconception physician office visits		No charge	No charge	No charge	No charge	No charge	No charge	No charge
Acupuncture		$15/visit	$15/visit	$15/visit	$15/visit	$15/visit	$15/visit	$15/visit
Chiropractic (up to 20 visits per member per calendar year)		$15/visit	$15/visit	$15/visit	$15/visit	$15/visit	$15/visit	$15/visit
Emergency room services (not resulting in admission)		$500/visit	$500/visit	$500/visit	$600/visit	$500/visit[2]	$500/visit[2]	$500/visit[2]
Ambulance		$150/ transport	$150/ transport	$150/ transport	$175/ transport	$175/ transport[2]	$175/ transport[2]	$175/ transport[2]
Inpatient hospitalization		$500/ admission	$250/day	$500/day	$600/day	20%[2]	20%[2]	20%[2]
Diagnostic lab and imaging services		$40/visit	$50/visit	$50/visit	$55/visit	$55/visit	$60/visit	$60/visit
Retail prescriptions (up to a 30-day supply)	Tier 1 drugs	$10 / $15[1]	$10 / $15[1]	$10 / $15[1]	$20 / $25[1]	$20 / $25[1]	$20 / $25[1]	$20 / $25[1]
	Tier 2 drugs	$25 / $40[1]	$25 / $40[1]	$25 / $40[1]	$50 / $70[1]	$50 / $70[1, 2]	$50 / $70[1, 2]	$50 / $70[1, 2]
	Tier 3 drugs	$30 / $50[1]	$30 / $50[1]	$30 / $50[1]	$70 / $100[1]	$70 / $100[1, 2]	$70 / $100[1, 2]	$70 / $100[1, 2]
	Tier 4 and specialty drugs	20%	20%	20%	20%	20%[2]	20%[2]	20%[2]

1 Trio HMO plan pharmacy benefits are offered on the Rx Spectrum network. Members have the choice of filling their prescriptions at a Level A Preferred or Level B Non-Preferred participating pharmacy. Higher cost share applies for prescriptions filled at a Level B Non-Preferred participating pharmacy.
2 Subject to the calendar-year deductible.

Off-exchange HMO plans

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

		Silver coverage		Bronze coverage
Benefits		Silver HMO 2100/70 OffEx	Silver HMO 2850/70 OffEx	Bronze HMO 7000/65 OffEx
Calendar-year medical deductible (individual / family)		$2,100 / $4,200	$2,850 / $5,700	$7,000 / $14,000
Calendar-year pharmacy deductible (individual / family)		$450 / $900	Integrated with medical deductible	Integrated with medical deductible
Calendar-year out-of-pocket maximum (individual / family)		$9,500 / $19,000	$9,500 / $19,000	$11,650/ $23,300
Preventive health benefits		No charge	No charge	No charge
Primary care		$70/visit	$70/visit	$65/visit
Teladoc Health		No charge	No charge	No charge
Prenatal and preconception physician office visits		No charge	No charge	No charge
Acupuncture		$15/visit	$15/visit	$15/visit
Chiropractic (up to 20 visits per member per calendar year)		$15/visit	$15/visit	$15/visit
Emergency room services (not resulting in admission)		50%[2]	50%[2]	50%[2]
Ambulance		$175/transport[2]	$175/transport[2]	50%[2]
Inpatient hospitalization		40%[2]	45%[2]	50%[2]
Diagnostic lab and imaging services		$115/visit	$115/visit	$115/visit[2]
Retail prescriptions (up to a 30-day supply)	Tier 1 drugs	$25 / $30[1]	$25 / $30[1]	$25 / $30[1]
	Tier 2 drugs	$85 / $110[1, 2]	$90 / $115[1, 2]	$115 / $145[1, 2]
	Tier 3 drugs	$115 / $155[1, 2]	$115 / $155[1, 2]	$160 / $210[1, 2]
	Tier 4 and specialty drugs	40%[2]	45%[2]	50%[2]

1 Trio HMO plan pharmacy benefits are offered on the Rx Spectrum network. Members have the choice of filling their prescriptions at a Level A Preferred or Level B Non-Preferred participating pharmacy. Higher cost share applies for prescriptions filled at a Level B Non-Preferred participating pharmacy.
2 Subject to the calendar-year deductible.

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. The Tandem PPO network is a statewide, high-performing subset of our Full PPO Network, providing the same plan benefits as Full PPO Network plans at a lower price. Groups may offer Tandem PPO plans alongside Full PPO Network 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.

All off-exchange PPO plans let you see any doctor or specialist without a referral, including out-of-network providers at higher cost. And now all PPOs include Virtual Blue℠, offering $0 copay virtual visits (subject to deductible for some plans) and provider selection by language, education, and demographics.

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 plans

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

		Platinum coverage				Gold coverage			
Benefits		Platinum PPO 250/10 OffEx	Platinum PPO 0/0 OffEx	Platinum PPO 0/10 OffEx	Platinum PPO 250/15 OffEx	Gold PPO 0/35 OffEx	Gold PPO 500/30 OffEx	Gold PPO 750/35 OffEx	Gold PPO 1000/30 OffEx
Calendar-year medical deductible (individual / family)		$250 / $500	$0	$0	$250 / $500	$0	$500 / $1,000	$750 / $1,500	$1,000 / $2,000
Calendar-year pharmacy deductible (individual / family)		$0	$0	$0	$0	$100 / $200	$200 / $400	$250 / $500	$300/ $600
Calendar-year out-of-pocket maximum (individual / family)		$3,500 / $7,000	$5,000 / $10,000	$4,700 / $9,400	$4,300 / $8,600	$7,900 / $15,800	$7,900 / $15,800	$7,900 / $15,800	$7,900 / $15,800
Preventive health benefits		No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Primary care		$10/visit	No charge	$10/visit	$15/visit	$35/visit	$30/visit	$35/visit	$30/visit
Teladoc Health		Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Prenatal and preconception physician office visits		No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Acupuncture		$25/visit[2]	$25/visit	$25/visit	$25/visit[2]	$25/visit	$25/visit[2]	$25/visit[2]	$25/visit[2]
Chiropractic (up to 20 visits per member per calendar year)		$10/visit	$10/visit	$10/visit	$10/visit	$10/visit	$10/visit	$10/visit	$10/visit
Emergency room services (not resulting in admission)		30%[2]	30%	30%	30%[2]	40%	30%[2]	30%[2]	30%[2]
Ambulance		10%[2]	10%	10%	10%[2]	30%	20%[2]	20%[2]	20%[2]
Inpatient hospitalization		10%[2]	10%	10%	10%[2]	30%	20%[2]	20%[2]	20%[2]
Diagnostic lab and imaging services		$35/visit[2]	$30/visit	$30/visit	$35/visit[2]	$50/visit	$50/visit	$50/visit	$50/visit
Retail prescriptions (up to a 30-day supply)	Tier 1 drugs	$60/visit[2]	15%	10%[1]	15%[2]	$100/visit	$100/visit[2]	$100/visit[2]	$100/visit[2]
	Tier 2 drugs	40% (up to $350/day)[2]	40% (up to $350/day)[2]	40% (up to $350/day)[2]	40% (up to $350/day)[2]	40% (up to $350/day)[2]	40% (up to $350/day)[2]	40% (up to $350/day)[2]	40% (up to $350/day)[2]
	Tier 3 drugs	$10 / $15[1]	$5 / $10[1]	$10 / $15[1]	$10 / $15[1]	$25 / $30[1]	$25 / $30[1]	$25 / $30[1]	$25 / $30[1]
	Tier 4 and specialty drugs	$35 / $50[1]	$35 / $50[1]	$35 / $50[1]	$35 / $50[1]	$50 / $70[1, 2]	$50 / $70[1, 2]	$50 / $70[1, 2]	$50 / $70[1, 2]

1 Tandem PPO plan pharmacy benefits are offered on the Rx Spectrum network. Members have the choice of filling their retail prescriptions at a Level A Preferred or Level B Non-Preferred participating pharmacy. Higher cost share applies for prescriptions filled at a Level B Non-Preferred participating pharmacy.
2 Subject to the calendar-year deductible.

Off-exchange PPO plans

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

		Silver coverage			Bronze coverage				
Benefits		Silver PPO 1800/65 OffEx	Silver PPO 2100/75[3] OffEx	Silver PPO 2550/75 OffEx	Bronze PPO 4500/65 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 (individual / family)		$1,800 / $3,600	$2,100 / $4,200	$2,550 / $5,100	$4,500 / $9,000	$6,500 / $13,000	$6,850 / $13,700	$6,250 / $12,500	$7,500 / $15,000
Calendar-year pharmacy deductible (individual / family)		$450 / $900	$400 / $800	$500 / $1000	$500 / $1,000	$300 / $600	$650 / $1,300	Integrated with medical deductible	Integrated with medical deductible
Calendar-year out-of-pocket maximum (individual / family)		$11,000 / $22,000	$11,000 / $22,000	$11,000 / $22,000	$11,000 / $22,000	$11,000 / $22,000	$11,000 / $22,000	$11,000 / $22,000	$11,000 / $22,000
Preventive health benefits		No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Primary care		$65/visit	$75/visit[3]	$75/visit	$65/visit[2]	$70/visit[2]	$55/visit[2]	$65/visit[2]	$65/visit[2]
Teladoc Health		Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Prenatal and preconception physician office visits		No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Acupuncture		$25/visit[2]	$25/visit[2]	$25/visit[2]	$25/visit[2]	$25/visit[2]	$25/visit[2]	$25/visit[2]	50%[2]
Chiropractic (up to 20 visits per member per calendar year)		$15/visit	$15/visit	$15/visit	$15/visit	$15/visit	$15/visit	$15/visit	50%[2]
Emergency room services (not resulting in admission)		50%[2]	50%[2]	50%[2]	50%[2]	50%[2]	50%[2]	50%[2]	50%[2]
Ambulance		35%[2]	40%[2]	40%[2]	50%[2]	50%[2]	35%[2]	40%[2]	50%[2]
Inpatient hospitalization		35%[2]	40%[2]	40%[2]	50%[2]	50%[2]	35%[2]	40%[2]	50%[2]
Diagnostic lab and imaging services		$80/visit	$80/visit	$85/visit	50%[2]	50%[2]	35%[2]	40%[2]	50%[2]
Retail prescriptions (up to a 30-day supply)	Tier 1 drugs	35%[2]	40%[2]	50%[2]	50%[2]	50%[2]	35%[2]	40%[2]	50%[2]
	Tier 2 drugs	50% (up to $350/day)[2]	50% (up to $350/day)[2]	50% (up to $350/day)[2]	50% (up to $350/day)[2]	50% (up to $350/day)[2]	50% (up to $350/day)[2]	50% (up to $350/day)[2]	50% (up to $350/day)[2]
	Tier 3 drugs	$30 / $35[1]	$30 / $35[1]	$30 / $35[1]	$25 / $30[1]	$25 / $30[1]	$20 / $25[1]	$20 / $25[1]	$20 / $25[1]
	Tier 4 and specialty drugs	$80 / $105[1, 2]	$80 / $105[1, 2]	$80 / $105[1, 2]	50%[2]	$130 / $160[1, 2]	$65 / $95[1, 2]	$65 / $95[1, 2]	50%[2]

1 Tandem PPO plan pharmacy benefits are offered on the Rx Spectrum network. Members have the choice of filling their retail prescriptions at a Level A Preferred or Level B Non-Preferred participating pharmacy. Higher cost share applies for prescriptions filled at a Level B Non-Preferred participating pharmacy.
2 Subject to the calendar-year deductible.
3 Value Based Program services are provided at $0 cost share when seeing a participating provider for treatment of diabetes, asthma, chronic obstructive pulmonary disease (COPD), or coronary artery disease (CAD).

HSA-compatible HDHP PPO plans

Many small businesses opt for high-deductible PPO plan coverage for their employees. The deductibles are higher, but monthly rates are lower. The plans come with the option to open an HSA to help pay for qualified medical expenses.

HDHPs paired with integrated HSAs offer numerous benefits:

1. Access a large network of providers.
2. Have lower monthly premiums.
3. HSA funds are tax-free.*
4. Funds can be used to pay for deductibles, copayments, coinsurance, dental services, vision services, prescription and over-the-counter medications, and 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**.

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

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 1900/15% HDHP PrevRx	Silver PPO Savings 2450/30% OffEx	Silver PPO Savings 2950/35% HDHP PrevRx	Bronze PPO Savings 6000/40% OffEx	Bronze PPO Savings 7850 OffEx
Calendar-year medical deductible (individual / family)		$1,900 / $3,800	$2,450 / $4,900	$2,950 / $5,900	$6,000 / $12,000	$7,850 / $15,700
Calendar-year pharmacy deductible (individual / family)		Integrated with medical deductible	Integrated with medical deductible	Integrated with medical deductible	Integrated with medical deductible	Integrated with medical deductible
Calendar-year out-of-pocket maximum (individual / family)		$5,000 / $10,000	$8,700 / $17,400	$8,700 / $17,400	$8,700 / $17,400	$7,850 / $15,700
Preventive health benefits		No charge	No charge	No charge	No charge	No charge
Primary care		15%[2]	30%[2]	35%[2]	40%[2]	No charge[2]
Teladoc Health		Not covered	Not covered	Not covered	Not covered	Not covered
Prenatal and preconception physician office visits		No charge	No charge	No charge	No charge	No charge
Acupuncture		$25/visit[2]	$25/visit[2]	$25/visit[2]	$25/visit[2]	No charge[2]
Chiropractic (up to 20 visits per member per calendar year)		15%[2]	30%[2]	35%[2]	50%[2]	No charge[2]
Emergency room services (not resulting in admission)		$150/visit + 15%[2]	30%[2]	$150/visit + 35%[2]	50%[2]	No charge[2]
Ambulance		15%[2]	30%[2]	35%[2]	40%[2]	No charge[2]
Inpatient hospitalization		15%[2]	30%[2]	35%[2]	40%[2]	No charge[2]
Diagnostic lab and imaging services		15%[2]	30%[2]	35%[2]	40%[2]	No charge[2]
Retail prescriptions (up to a 30-day supply)	Tier 1 drugs	15%[2]	30%[2]	35%[2]	40%[2]	No charge[2]
	Tier 2 drugs	40% (up to $350/day)[2]	50% (up to $350/day)[2]	50% (up to $350/day)[2]	50% (up to $350/day)[2]	50% (up to $350/day)[2]
	Tier 3 drugs	$15 / $20[1, 2]	$25 / $30[1, 2]	35% / 40%[1, 2]	40%[2]	No charge[2]
	Tier 4 and specialty drugs	$30 / $50[1, 2]	30% / 40%[1, 2]	35% / 40%[1, 2]	40%[2]	No charge[2]

1 Tandem PPO plan pharmacy benefits are offered on the Rx Spectrum network. Members have the choice of filling their retail prescriptions at a Level A Preferred or Level B Non-Preferred participating pharmacy. Higher cost share applies for prescriptions filled at a Level B Non-Preferred participating pharmacy.
2 Subject to the calendar-year deductible.

Blue Shield Mirror Package for Small Business

The Mirror Package for Small Business offers your clients the opportunity to purchase the same plans Blue Shield offers through CCSB.

This package includes several HMO and PPO options. These plans are also available for purchase on the CCSB online marketplace. Plans from this package can be sold individually, but cannot be offered alongside plans from the off-exchange 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 plans

Mirror HMO plans use the Access+ HMO and Trio HMO networks except for the Bronze plan which is only available on the Trio HMO network. Plans in the Mirror package cannot be offered alongside any plans from the off-exchange package.

		Platinum	Gold	Silver	Bronze
Benefits		Platinum 90 HMO 0/25	Gold 80 HMO 325/40	Silver 70 HMO 2500/60	Bronze 60 Trio HMO 7000/65
Calendar-year medical deductible (individual / family)		$0	$325 / $650	$2,500 / $5,000	$7,000 / $14,000
Calendar-year pharmacy deductible (individual / family)		$0	$0	$350 / $700	Integrated with medical deductible
Calendar-year out-of-pocket maximum (individual / family)		$5,000 / $10,000	$8,600 / $17,200	$9,200 / $18,400	$11,650 / $23,300
Preventive health benefits		No charge	No charge	No charge	No charge
Primary care		$25/visit	$40/visit	$60/visit	$65/visit
Teladoc Health		No charge	No charge	No charge	No charge
Prenatal and preconception physician office visits		No charge	No charge	No charge	No charge
Acupuncture		$25/visit	$40/visit	$60/visit	$15/visit
Chiropractic (up to 20 visits per calendar year)		Not covered	Not covered	Not covered	$15/visit
Emergency room services (not resulting in admission)		$250/visit	$300/visit[2]	40%[2]	50%[2]
Ambulance		$150/transport	$250/transport[2]	40%[2]	50%[2]
Inpatient hospitalization		$300/day	$600/day[2]	40%[2]	50%[2]
Diagnostic lab and imaging services		$35/visit	$60/visit	$90/visit	$115/visit[2]
Retail prescriptions (up to a 30-day supply)	Tier 1 drugs	$10 / $15[1]	$15 / $20[1]	$20 / $25[1]	$25 / $30[1]
	Tier 2 drugs	$25 / $40[1]	$50 / $70[1]	$90 / $115[1, 2]	$115 / $145[1, 2]
	Tier 3 drugs	$40 / $60[1]	$70 / $100[1]	$110 / $150[1, 2]	$160 / $210[1, 2]
	Tier 4 and specialty drugs	10%	20%	30%[2]	50%[2]

1 Trio HMO plan pharmacy benefits are offered on the Rx Spectrum network. Members have the choice of filling their prescriptions at a Level A Preferred or Level B Non-Preferred participating pharmacy. Higher cost share applies for prescriptions filled at a Level B Non-Preferred participating pharmacy.
2 Subject to the calendar-year deductible.

Mirror PPO and PPO savings 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.

		Mirror PPO plans				Mirror PPO savings plans	
Benefits		Platinum 90 PPO 0/25	Gold 80 PPO 500/30	Silver 70 PPO 2500/60	Bronze 60 PPO 5800/60	Silver 70 PPO Savings 2450/30%	Bronze 60 PPO Savings 7850/0%
Calendar-year medical deductible (individual / family)		$0	$500 / $1,000	$2,500 / $5,000	$5,800 / $11,600	$2,450 / $4,900	$7,850 / $15,700
Calendar-year pharmacy deductible (individual / family)		$0	$0	$350 / $700	$450 / $900	Integrated with medical deductible	Integrated with medical deductible
Calendar-year out-of-pocket maximum (individual / family)		$5,000 / $10,000	$8,600 / $17,200	$9,000 / $18,000	$11,650 / $23,300	$8,700 / $17,400	$7,850 / $15,700
Preventive health benefits		No charge	No charge	No charge	No charge	No charge	No charge
Primary care		$25/visit	$30/visit	$60/visit	$60/visit	30%[2]	No charge[2]
Teladoc Health		No charge	No charge	No charge	No charge	No charge	No charge
Prenatal and preconception physician office visits		No charge	No charge	No charge	No charge	No charge	No charge
Acupuncture		$25/visit	$30/visit	$60/visit	$60/visit	$25/visit[2]	No charge[2]
Chiropractic (up to 20 visits per calendar year)		Not covered	Not covered	Not covered	Not covered	30%[2]	No charge[2]
Emergency room services (not resulting in admission)		$250/visit	20%[2]	40%[2]	40%[2]	30%[2]	No charge[2]
Ambulance		$150/ transport	20%[2]	40%[2]	40%[2]	30%[2]	No charge[2]
Inpatient hospitalization		10%	20%[2]	40%[2]	40%[2]	30%[2]	No charge[2]
Diagnostic lab and imaging services		$45/visit	$65/visit	$90/visit	40%[2]	30%[2]	No charge[2]
Retail prescriptions (up to a 30-day supply)	Tier 1 drugs	$25/visit	$25/visit	$55/visit	$50/visit	30%[2]	No charge[2]
	Tier 2 drugs	50% (up to $350/day)[2]	50% (up to $350/day)[2]	50% (up to $350/day)[2]	50% (up to $350/day)[2]	50% (up to $350/day)[2]	50% (up to $350/day)[2]
	Tier 3 drugs	$10 / $15[1]	$20 / $25[1]	$25 / $30[1]	$20 / $25[1]	$25 / $30[1,2]	No charge[2]
	Tier 4 and specialty drugs	$30 / $45[1]	$50 / $70[1]	$80 / $105[1,2]	40%[2]	30% / 40%[1,2]	No charge[2]

1 Tandem PPO plan pharmacy benefits are offered on the Rx Spectrum network. Members have the choice of filling their retail prescriptions at a Level A Preferred or Level B Non-Preferred participating pharmacy. Higher cost share applies for prescriptions filled at a Level B Non-Preferred participating pharmacy.
2 Subject to the calendar-year deductible.

Pharmacy care model

Our integrated medical and pharmacy solution offers your clients:

1. Simplified account administration
2. Better coordinated care and health outcomes
3. Seamless, integrated member experience
4. Lower overall total cost of care

Get easy access and greater convenience through:

1. Broad retail pharmacy network, including national chains; independent pharmacies; and grocery, discount, and drug store locations
2. Amazon Pharmacy home delivery at no extra cost
3. Specialty pharmacies for more personalized care

Pharmacy network options

Blue Shield also offers a tiered pharmacy network option called Rx Spectrum that utilizes the same extensive retail pharmacy network as Rx Ultra. A significant advantage of the new Rx Spectrum option is that it uses Blue Shield's Level A pharmacies (Costco, CVS Pharmacy®, Safeway, Target, and Vons) to benefit your clients. Level B pharmacies include the in-network pharmacies that do not belong to these national and regional chains.

Creditable and noncreditable coverage

Under regulations issued by the Centers for Medicare & Medicaid Services (CMS), Medicare Part D–eligible individuals must be notified whether their current coverage is creditable prescription drug coverage each year. The following are definitions of creditable and noncreditable coverage:

> **Creditable coverage:** A health plan's prescription drug coverage is creditable when the amount the plan expects to pay for prescription drugs for individuals covered by the plan in the coming year is, on average, the same or more than what standard Medicare prescription drug coverage would be expected to pay.

> **Noncreditable coverage:** A health plan's prescription drug coverage is noncreditable when the amount the plan expects to pay for prescription drugs for individuals covered by the plan in the coming year is, on average, less than that which standard Medicare prescription drug coverage would be expected to pay.

Employers must notify Medicare-eligible members whether their current plan is or is not creditable prescription drug coverage by October 15. Members in Blue Shield plans who have been determined as creditable do not need to do anything if they're satisfied with the drug coverage they have through these plans.

Most of Blue Shield Small Business off-exchange plans contain creditable prescription drug coverage. You can visit **blueshieldca.com/broker** to view the full list of exempted plans.

Other coverage

Assisted reproductive technology
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, supplemental coverage will be included on all medical plans.

Coverage includes authorized professional, hospital, ambulatory center, and ancillary services. Also included are self-administered drugs for the treatment of infertility 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* (EOC).

Pediatric dental and vision
Pediatric services – including oral and vision care for children up to age 19 – are benefits the 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

Virtual Blue℠ program
All PPO plans are now enhanced with the Virtual Blue℠ care experience that empowers your clients with affordable access to care and enhanced member experience that include:

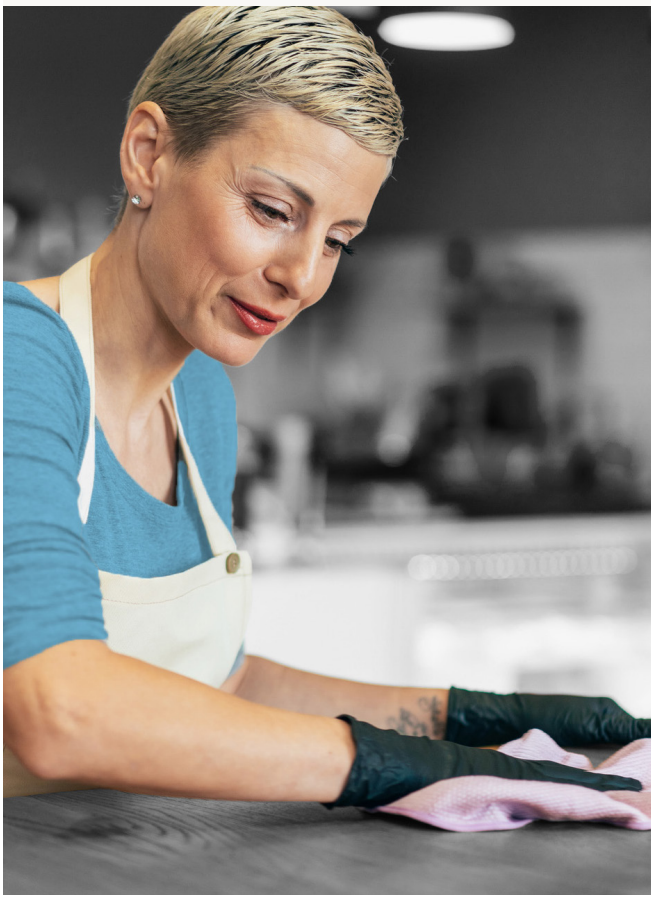
- Virtual primary care – convenient access to care for everyday health needs
- Virtual behavioral health support – integrated mental health support and guidance
- Virtual specialty care – access to over 20 specialists, including cardiologists and endocrinologists
- Dedicated care teams – connected support to help employees navigate care needs and next steps
- $0 Vitals Kit – helps with diagnostic during a virtual visit
- PPO in-person flexibility – employees continue to have access to the trusted PPO network and in-person care options
- A flexible solution that delivers high-value, high-satisfaction care designed to keep your workforce healthy and productive

Small group employer eligibility and participation

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

Additional requirements

- 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.
- The group must be a California-based employer.
- 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.



* All other Blue Shield of California underwriting guidelines and eligibility requirements still apply.

Small group employer participation and contribution

Additional requirements

- The employer must meet the following product-contribution requirements:

  Medical: One of the following conditions must be met:

  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: The following conditions must be met:

  1. Contributory dental: At least 50% of the total employee rate, and
  2. Voluntary dental: 0% to 100%.

  Vision: At least 25% of the total employee rate. The employer may contribute any amount from 0% to 100% for voluntary vision 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 with or without specialty: 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.

- When the employer contributes 100% of the employee premium, 100% of eligible employees must enroll, subject to applicable waiver rules.

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

New group submission checklist

Every new group is required to submit the following:

- **First payment:** Completed Small Group Initial Payment form or a business check in the amount of the first month's premium.†
- **Master Group Application (MGA)** (paper, Blue Shield MGA spreadsheet when used in conjunction with the Employee Enrollment spreadsheet, or online portal).††
- **Applications** from all enrolling employees and dependents (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 – paper, Blue Shield Employee Enrollment spreadsheet, or online portal).††

New groups with one or two eligible employees, less than three full-time or full-time-equivalent employees, or more than 95 full-time or full-time-equivalent employees are required to submit the following additional documentation to verify eligibility:

- Most recently filed **DE 9C quarterly state tax withholding statement.**‡‡
- **Payroll register** for employees hired after the DE 9C 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 DE 9C, please provide a completed and signed Small Group Owner Eligibility form.
- **Legal documents** are required to verify group and owner eligibility and are listed in the underwriting guidelines by legal entity type.

Blue Shield reserves the right to require this documentation for new groups with three or more eligible employees or three 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 Professional Employer Organization (PEO).

† 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.
†† Employer/broker retains these forms when applying through the online portal or using the MGA and/or Employee Enrollment spreadsheet.
‡‡ Groups in business and employing at least one eligible common-law employee for longer than six weeks but not long enough to file their first DE 9C must submit their payroll register covering the preceding six weeks.

Our Small Business health plans are available for groups of up to 100 employees.

Regardless of what size your small business is, providing quality health benefits is critical for attracting top talent and fueling productivity. We offer a large range of plan designs that meet the needs of your employees and your budget. Thank you for selecting Blue Shield. You can count on our commitment to deliver the value and service you expect – today, tomorrow, and into the future.

blueshieldca.com/employerplans

Amazon Pharmacy is independent of Blue Shield of California and is contracted to provide prescription home delivery services to members with Blue Shield pharmacy benefits. Members are responsible for their share of costs, as stated in their benefit plan details.

Access+ HMO is a registered trademark of Blue Shield of California.

Virtual Blue℠ is a service mark of Blue Shield of California.

Blue Shield of California is an independent member of the Blue Shield Association

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