

Small Business packages
1-100 employees



Effective April 1, 2022



Why Blue Shield of California?

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

For more than 80 years, Californians have trusted Blue Shield of California to protect them with health coverage. We continue to earn that trust every day with our 2% Pledge. We are the only major health plan that gives back over 2% of revenue. Because of our strong performance in 2019, we will give back \$120 million to 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.

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

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

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Blue Shield of California offers choices for small business

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

2022 Blue Shield of California Off-Exchange Package for Small Business

Off-exchange PPO plans									
Plan	Deductible	Copay	Out-of-pocket maximum	Emergency room	Rx deductible ¹	Pharmacy benefits ³			Tier 4 & Specialty
						Tier 1	Tier 2	Tier 3	
Platinum PPO 250/10	\$250	\$10	\$3,000	\$150 + 10% ²	\$0	\$10	\$25	\$40	20%
Platinum PPO 0/0	\$0	\$0	\$4,500	\$250 + 10%	\$0	\$0	\$35	\$50	30%
Platinum PPO 0/10	\$0	\$10	\$4,500	\$150 + 10%	\$0	\$5	\$30	\$50	30%
Platinum PPO 250/15	\$250	\$15	\$4,300	\$150 + 10% ²	\$0	\$5	\$30	\$50	30%
Gold PPO 0/25	\$0	\$25	\$8,100	\$250 + 30%	\$0	\$15	\$40	\$60	30%
Gold PPO 500/30	\$500	\$30	\$8,150	\$250 + 20% ²	\$100	\$15	\$50 ²	\$80 ²	30% ²
Gold PPO 750/30	\$750	\$30	\$8,150	\$250 + 20% ²	\$250	\$10	\$40 ²	\$70 ²	30% ²
Gold PPO 1000/35	\$1,000	\$35	\$8,150	\$250 + 20% ²	\$300	\$10	\$40 ²	\$70 ²	30% ²
Silver PPO 1800/45	\$1,800	\$45	\$8,350	\$300 + 35% ²	\$300	\$20	\$75 ²	\$115 ²	30% ²
Silver PPO 2400/55	\$2,400	\$55	\$8,200	\$350 + 40% ²	\$300	\$20	\$75 ²	\$115 ²	40% ²
Silver PPO 2225/50 ⁴	\$2,225	\$50	\$8,200	\$350 + 40% ²	\$300	\$20	\$50	\$115 ²	40% ²
Bronze PPO 5500/65	\$5,500	\$65 ²	\$8,350	50% ²	\$500	\$20	50% ²	50% ²	50% ²
Bronze PPO 6500/70	\$6,500	\$70 ²	\$8,350	50% ²	\$300	\$20	50% ²	50% ²	50% ²
Bronze PPO 6850/55	\$6,850	\$55 ²	\$8,350	50% ²	\$650	\$20	\$65 ²	\$90 ²	40% ²
Bronze PPO 6250/65	\$6,250	\$65 ²	\$8,350	50% ²	Integrated with medical	\$20	\$65 ²	\$90 ²	30% ²
Bronze PPO 7500/65	\$7,500	\$65 ²	\$8,350	50% ²	Integrated with medical	50% ²	50% ²	50% ²	50% ²

Off-exchange PPO Savings plans

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

Off-exchange HMO plans									
Plan	Deductible ¹	Copay	Out-of-pocket maximum	Emergency room	Rx deductible ¹	Pharmacy benefits ³			Tier 4 & Specialty
						Tier 1	Tier 2	Tier 3	
Platinum HMO 0/20	\$0	\$20	\$1,900	\$200	\$0	\$5	\$15	\$25	20%
Platinum HMO 0/25	\$0	\$25	\$2,350	\$250	\$0	\$5	\$15	\$25	20%
Platinum HMO 0/30	\$0	\$30	\$2,700	\$250	\$0	\$5	\$15	\$25	20%
Gold HMO 0/30	\$0	\$30	\$6,750	\$325	\$0	\$15	\$35	\$55	20%
Gold HMO 500/35	\$500	\$35	\$7,500	\$300 ²	\$0	\$15	\$35	\$55	20%
Gold HMO 1000/35	\$1,000	\$35	\$7,500	\$300 ²	\$100	\$15	\$35 ²	\$55 ²	20% ²
Gold HMO 1500/35	\$1,500	\$35	\$8,150	\$300 ²	\$100	\$15	\$35 ²	\$55 ²	20% ²
Silver HMO 2000/60	\$2,000	\$60	\$8,350	50% ²	\$400	\$20 ²	\$85 ²	\$115 ²	40% ²
Silver HMO 2750/65	\$2,750	\$65	\$8,350	50% ²	\$0	\$20	\$85	\$115	45% ²
Bronze HMO 7000/70	\$7,000	\$70	\$8,350	50% ²	\$0	\$25	\$115	\$160	50% ²

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

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

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

2 Subject to the calendar-year deductible.

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

4 Plan includes Value Based Benefits:

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

Plan names for 2022 for small business with 1 to 100 eligible employees

Metal level name	2021 small business plan	Maps to	2022 small business plan
Off-Exchange PPO plans			
Platinum	Platinum Full PPO 0/0 OffEx		Platinum Full PPO 0/0 OffEx
Platinum	Platinum Tandem PPO 0/0 OffEx		Platinum Tandem PPO 0/0 OffEx
Platinum	Platinum Full PPO 0/10 OffEx		Platinum Full PPO 0/10 OffEx
Platinum	Platinum Tandem PPO 0/10 OffEx		Platinum Tandem PPO 0/10 OffEx
Platinum	Platinum Full PPO 250/10 OffEx		Platinum Full PPO 250/10 OffEx
Platinum	Platinum Tandem PPO 250/10 OffEx		Platinum Tandem PPO 250/10 OffEx
Platinum	Platinum Full PPO 250/15 OffEx		Platinum Full PPO 250/15 OffEx
Platinum	Platinum Tandem PPO 250/15 OffEx		Platinum Tandem PPO 250/15 OffEx
Gold	Gold Full PPO 0/25 OffEx		Gold Full PPO 0/25 OffEx
Gold	Gold Tandem PPO 0/25 OffEx		Gold Tandem PPO 0/25 OffEx
Gold	Gold Full PPO 500/30 OffEx		Gold Full PPO 500/30 OffEx
Gold	Gold Tandem PPO 500/30 OffEx		Gold Tandem PPO 500/30 OffEx
Gold	Gold Full PPO 750/30 OffEx		Gold Full PPO 750/30 OffEx
Gold	Gold Tandem PPO 750/30 OffEx		Gold Tandem PPO 750/30 OffEx
Gold	Updated: Gold Full PPO 1200/35 OffEx		Gold Full PPO 1000/35 OffEx
Gold	Updated: Gold Tandem PPO 1200/35 OffEx		Gold Tandem PPO 1000/35 OffEx
Silver	Updated: Silver Full PPO 1950/50 OffEx		Silver Full PPO 1800/45 OffEx
Silver	Updated: Silver Tandem PPO 1950/50 OffEx		Silver Tandem PPO 1800/45 OffEx
Silver	Silver Full PPO 2225/50 OffEx		Silver Full PPO 2225/50 OffEx
Silver	Silver Tandem PPO 2225/50 OffEx		Silver Tandem PPO 2225/50 OffEx
Silver	Silver Full PPO 2400/55 OffEx		Silver Full PPO 2400/55 OffEx
Silver	Silver Tandem PPO 2400/55 OffEx		Silver Tandem PPO 2400/55 OffEx
Bronze	Updated: Bronze Full PPO 6250/70 OffEx		Bronze Full PPO 6250/65 OffEx
Bronze	Updated: Bronze Tandem PPO 6250/70 OffEx		Bronze Tandem PPO 6250/65 OffEx
Bronze	Updated: Bronze Tandem PPO 7500/50 OffEx		Bronze Tandem PPO 7500/65 OffEx
Bronze	Updated: Bronze Full PPO 6850/65 OffEx		Bronze Full PPO 6850/55 OffEx
Bronze	Updated: Bronze Tandem PPO 6850/65 OffEx		Bronze Tandem PPO 6850/55 OffEx
Bronze	Updated: Bronze Full PPO 7500/50 OffEx		Bronze Full PPO 7500/65 OffEx

Metal level name	2021 small business plan	Maps to	2022 small business plan
Off-Exchange PPO HSA plans			
Gold	Updated: Gold Full PPO Savings 1750/15%		Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx
Gold	Updated: Gold Tandem PPO Savings 1750/15%		Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx
Silver	Silver Full PPO Savings 2100/25% OffEx		Silver Full PPO Savings 2100/25% OffEx
Silver	Updated: Silver Full PPO Savings 2600/35% OffEx		Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx
Silver	Silver Tandem PPO Savings 2100/25% OffEx		Silver Tandem PPO Savings 2100/25% OffEx
Silver	Updated: Silver Tandem PPO Savings 2600/35% OffEx		Silver Tandem PPO Savings 2600/35% HDHP PrevRX OffEx
Bronze	Bronze Full PPO Savings 5700/40% OffEx		Bronze Full PPO Savings 5700/40% OffEx
Bronze	Bronze Tandem PPO Savings 5700/40% OffEx		Bronze Tandem PPO Savings 5700/40% OffEx
Bronze	Bronze Full PPO Savings 7000 OffEx		Bronze Full PPO Savings 7000 OffEx
Bronze	Bronze Tandem PPO Savings 7000 OffEx		Bronze Tandem PPO Savings 7000 OffEx
Off-Exchange HMO plans			
Platinum	Platinum Access+ HMO® 0/20 OffEx		Platinum Access+ HMO® 0/20 OffEx
Platinum	Platinum Local Access+ HMO® 0/20 OffEx		Platinum Local Access+ HMO® 0/20 OffEx
Platinum	Platinum Trio HMO 0/20 OffEx		Platinum Trio HMO 0/20 OffEx
Platinum	Platinum Access+ HMO® 0/25 OffEx		Platinum Access+ HMO® 0/25 OffEx
Platinum	Platinum Local Access+ HMO® 0/25 OffEx		Platinum Local Access+ HMO® 0/25 OffEx
Platinum	Platinum Trio HMO 0/25 OffEx		Platinum Trio HMO 0/25 OffEx
Platinum	Platinum Access+ HMO® 0/30 OffEx		Platinum Access+ HMO® 0/30 OffEx
Platinum	Platinum Local Access+ HMO 0/30® OffEx		Platinum Local Access+ HMO® 0/30 OffEx
Platinum	Platinum Trio HMO 0/30 OffEx		Platinum Trio HMO 0/30 OffEx
Gold	Gold Trio HMO® 0/30 OffEx		Gold Trio HMO® 0/30 OffEx
Gold	Gold Access+ HMO® 0/30 OffEx		Gold Access+ HMO® 0/30 OffEx
Gold	Gold Local Access+ HMO® 0/30 OffEx		Gold Local Access+ HMO® 0/30 OffEx
Gold	Gold Access+ HMO® 500/35 OffEx		Gold Access+ HMO® 500/35 OffEx
Gold	Gold Access+ HMO® 1000/35 OffEx		Gold Access+ HMO® 1000/35 OffEx
Gold	Gold Local Access+ HMO® 500/35 OffEx		Gold Local Access+ HMO® 500/35 OffEx
Gold	Gold Local Access+ HMO® 1000/35 OffEx		Gold Local Access+ HMO® 1000/35 OffEx
Gold	Gold Trio HMO 1000/35 OffEx		Gold Trio HMO 1000/35 OffEx

Metal level name	2021 small business plan	Maps to	2022 small business plan
Gold	Gold Trio HMO 500/35 OffEx		Gold Trio HMO 500/35 OffEx
Gold	Gold Access+ HMO® 1500/35 OffEx		Gold Access+ HMO® 1500/35 OffEx
Gold	Gold Local Access+ HMO® 1500/35 OffEx		Gold Local Access+ HMO® 1500/35 OffEx
Gold	Gold Trio HMO 1500/35 OffEx		Gold Trio HMO 1500/35 OffEx
Silver	Updated: Silver Access+ HMO® 2350/65 OffEx		Silver Access+ HMO® 2000/60 OffEx
Silver	Updated: Silver Local Access+ HMO® 2350/65 OffEx		Silver Local Access+ HMO® 2000/60 OffEx
Silver	Updated: Silver Trio HMO 2350/65 OffEx		Silver Trio HMO 2000/60 OffEx

Mirror HMO plans

Platinum	Blue Shield Trio Platinum 90 HMO 0/20 + Child Dental		Blue Shield Trio Platinum 90 HMO 0/20 + Child Dental
Gold	Blue Shield Trio Gold 80 HMO 250/35 + Child Dental		Blue Shield Trio Gold 80 HMO 250/35 + Child Dental
Silver	Blue Shield Trio Silver 70 HMO 2250/55 + Child Dental		Blue Shield Trio Silver 70 HMO 2250/55 + Child Dental

Mirror PPO plans

Platinum	Blue Shield Platinum 90 PPO 0/15 + Child Dental		Blue Shield Platinum 90 PPO 0/15 + Child Dental
Gold	Blue Shield Gold 80 PPO 350/25 + Child Dental		Blue Shield Gold 80 PPO 350/25 + Child Dental
Silver	Blue Shield Silver 70 PPO 2250/50 + Child Dental		Blue Shield Silver 70 PPO 2250/50 + Child Dental
Bronze	Blue Shield Bronze 60 PPO 6300/65 + Child Dental		Blue Shield Bronze 60 PPO 6300/65 + Child Dental

Choosing the right plan for your small business

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

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

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

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

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

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

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

Choosing product types within the plan packages

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

PPO plans

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

Visit blueshieldca.com/Tandem to see what makes Tandem such a great choice.

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

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

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

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

HSA-compatible HDHP plans†

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

HMO plans

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

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

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

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

Metal levels represent the level of coverage provided with that plan

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

Platinum = 90%

Gold = 80%

Silver = 70%

Bronze = 60%

Deductible and copay are key components of a plan benefit design

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

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

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

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

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

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

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

Additional types of coverage

Infertility coverage

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

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

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.

Small group employer eligibility requirements

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

Additional requirements are:

- The group must be a person, firm, proprietary or nonprofit corporation, partnership, public agency, association, or guaranteed association.
- The employer's principal business address must be in California.
- The employer must employ at least one W-2 employee (not including a sole proprietor, partners of a partnership, or their spouses or registered domestic partners) that also meets the definition of an "eligible employee."
- The employer must offer Blue Shield coverage to all eligible employees.
- The group cannot be formed primarily for the purpose of obtaining health coverage.
- At least 51% of the group's full-time and full-time equivalent employees must be employed in California.
- The group must be actively engaged in business or service.
- The group must have and maintain applicable business license, permits, etc., allowing the company to conduct business in California.
- The employer must meet product contribution requirements:†
 - Medical: Either:
 - 1) A defined contribution of a minimum \$100 per employee (or the cost of the total employee rates, whichever is less), or
 - 2) A minimum of 50% of the total employee rates.
 - Dental: Must meet one of the following conditions:
 - 1) A defined contribution equivalent to a minimum of 50% of the lowest-cost plan per employee, or
 - 2) A minimum of 50% of the total employee rate.
 - Vision‡: At least 25% of the total employee rate. The employer may contribute any amount from 0% to 100% for voluntary dental plan
 - Life: At least 25% of the total employee rate.†
- The employer must meet the portfolio participation requirements:
 - Off-Exchange Package with or without Specialty: 65% participation; 25% when enrolling five or more employees.
 - Mirror Package: 65% participation; 25% when enrolling five or more employees.
 - Trio HMO-only groups: Participation requirements are waived when the group has at least one eligible employee enrolling.
 - Tandem PPO-only groups: Participation requirements are waived when the group has at least one eligible employee enrolling.
 - Specialty-only groups: 65% participation, 25% when enrolling five or more employees.
 - Life coverage requires at least two enrolled eligible employees
 - Voluntary plans require a minimum of one enrolling eligible employee.
- The employer must enroll 100% of the eligible employees if the employer contribution is 100%.

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

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

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

New group submission checklist

1. Every new group is required to submit the following:
 - ✓ **Master Group Application** (either paper, Blue Shield MGA spreadsheet when used in conjunction with the Employee Enrollment spreadsheet, or online portal*).
 - ✓ **Applications** from all enrolling employees and dependents (either paper, Blue Shield Employee Enrollment spreadsheet, or online portal*).
 - ✓ **Refusal of Coverage forms** (for all eligible employees and any eligible dependents who refuse or waive coverage at the time of open enrollment – either paper, Blue Shield Employee Enrollment spreadsheet, or online portal*).
 - ✓ Business check in the amount of the first month's premium or completed Initial Payment Authorization form for first month's premium with a copy of a voided check.†
2. New groups with 1 or 2 eligible employees or less than 3 full-time and full-time equivalent employees or more than 95 full-time and full-time equivalent employees are required to submit the following additional documentation to verify eligibility. Blue Shield reserves the right to require this documentation for new groups with 3 or more eligible or 3 or more full-time and full-time equivalent employees.
 - ✓ **Most recently filed DE9C Quarterly State Tax Withholding Statement.**‡
 - ✓ **Payroll register** for employees hired after the DE9C filing or if any employees are out of state. If a new hire has not been working long enough to be on payroll, please submit a W-4.
If the owner is eligible and is not on the DE9C, please provide a completed and signed Small Group Owner Eligibility Form.
 - ✓ **Fictitious Business Name Filing** is required if the group uses a DBA name, or if there is more than one business name reflected on any document or ownership paperwork submitted. Note: A Fictitious Business Name Filing is not required when the DBA appears on the business check.
 - ✓ **Legal documents (see UW Guidelines)** – Articles of Incorporation, Statement of Information, Partnership Agreement, etc., that list the names of **all corporate officers/owners/directors**.

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

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

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

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

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.

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