

2021 Broker Sales Guide



Individual and Family Plans

Effective January 1, 2021

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Hello,

As the Vice President & General Manager, Individual & Family Plan Market, I want to thank you for all you do to help ensure that Californians have access to affordable health coverage.

I am especially proud that Blue Shield of California was recently named as one of the World's Most Ethical Companies by the Ethisphere Institute. This year's recognition is the eighth time we have received this honor from the institute. We are stepping up our efforts to retain this recognition during the COVID-19 pandemic.

Meeting the crisis

You can be confident in Blue Shield's response to the current health situation. As the financial toll of the pandemic worsens, we have responded with ways to help members maintain their coverage. Beyond premium assistance programs and extensive outreach, we've added critical staffing and helpful online resources to keep everyone informed with continued updates. We are even more dedicated to all our members as we face this difficult time.

Specialty keeps growing

We are excited to offer Blue Shield of California Dental PPO and Blue Shield of California Dental HMO plans on the Covered California exchange in 2021. And, don't forget: we continue to offer a range of affordable off-exchange plans with no waiting period with prior creditable coverage.

Rate news

You and your Blue Shield clients will be pleased to hear that while many competitors have increased their rates, we have lowered our rates. Overall, we are decreasing rates by an average of 3.4% for our Trio HMO plans and 2.4% for our PPO plans. That's welcome news when the state average is an increase of 0.6%*. We're committed to keeping coverage affordable for all Californians.

Always the right choice

As we prepare for the coming year, Blue Shield will strive to remain the right choice for your clients with a robust portfolio featuring the only statewide PPO network. That makes Blue Shield of California the smart choice, too.

Count on us to be here for you at [Broker Connection](#) to support your efforts during this open enrollment season.

Regards,



Steve Shearer
Vice President & General Manager
Individual & Family Plan Market

* Please consult our comprehensive rate book to see detailed rate information.

Key dates

Open enrollment for 2021 will begin **November 1, 2020**.

We will mail your clients information about any changes to their plan rates and benefits in September, which they should receive by October 1.

Starting October 1, Blue Shield members can renew their plan through our online renewal tool at blueshieldca.com/renew. Off-exchange members can change their plan on the same site, but on-exchange members will need to change their plan through Covered California.

New plan selections must be submitted by December 15, 2020, to ensure a January 1, 2021, effective date.

OCTOBER	1	Clients receive information on any changes to their plan's rates and benefits
		Blue Shield's online broker and member renewal tools are available
NOVEMBER	1	Open enrollment begins
DECEMBER	15	Final date for new members to obtain 1/1/2021 coverage
		Final date for renewing members wishing to change plans for a 1/1/2021 effective date
JANUARY	31	Final day of open enrollment and to apply for coverage effective 2/1/2021
FEBRUARY	1	Applications for enrollment will require a Qualifying Life Event (QLE)

New for 2021

New chiropractic services

Chiropractic coverage through the American Specialty Health (ASH) network will be included with our Silver 1950 PPO and Silver 2600 HDHP PPO plans. The Silver 1950 PPO will include this benefit with a \$15 copayment and the Silver 2600 HDHP PPO has a 35% coinsurance. Both plans have an annual limit of 15 visits. We are pleased to be the first off-exchange health plan to offer embedded chiropractic services to our members, especially when alternative medicine has become increasingly popular.

Teladoc and Teladoc mental health for \$0

Anytime your clients want to limit their physical contact, telemedicine offers a vital option for receiving care. Keep up with everything that [Teladoc](#) offers so you can share all the advantages with your clients.

Telemedicine is vital to providing access to your clients. Due to COVID-19, Teladoc mental health visits are available to all our non-grandfathered PPO members for a \$0 copay through the remainder of 2020. Beginning January 1, 2021, this will become a standard benefit for non-grandfathered PPO plans. Non-grandfathered HMO members already enjoy this great benefit.

Especially beneficial during this health emergency, Teladoc's services includes:

Virtual screenings: Get screened for COVID-19 and learn where to get tested.

Talk to a doctor: Reach a board-certified doctor, licensed in California, any day of the year. With an average of 20 years of experience, Teladoc doctors can safely address health concerns with a virtual visit.

Be sure to remind your clients about the many advantages, including time and convenience, with Teladoc's behavioral health benefit:

- Care from board-certified psychiatrists, psychologists, licensed clinical social workers, counselors, and therapists
- Assistance with coping with issues such as anxiety, addiction, depression, stress, domestic abuse, family and marriage issues, eating disorders, substance use disorders, grief, and more
- Psychiatrists can prescribe necessary medications from a limited formulary

Extending Heal to more of your clients

Heal offers your clients a licensed physician visit at their home, office, or elsewhere.

Some of your Blue Shield of California clients can take advantage of Heal™ benefits.

As of January 1, 2020, Heal has extended its service area to include Sacramento, El Dorado, Yolo, Placer, and Nevada counties. Because some counties may have limited service resources, we recommend you visit [heal.com/cities](https://www.heal.com/cities) for the latest update on where Heal is available.

Due to the coronavirus outbreak, Heal has launched a "telemedicine first" approach. This means that the physician visit takes place online. If the Heal physician decides during the telemedicine visit that the member is not at risk of COVID-19, lives in a Heal covered service area, and needs additional medical attention, the physician will schedule an in-person house call. All Blue Shield of California plan members have access to Heal telemedicine visits.

As restrictions are lifted, Heal will return to its original house-call model.

Your Blue Shield clients who have chronic conditions, such as diabetes and hypertension, can benefit from Heal's remote monitoring technology. This is especially convenient during the current lockdown. Your clients can visit www.blueshieldca.com/heal for more information.

Spotlight on Specialty

Now is an especially smart time to remind your clients how protecting their healthy smile and good vision are key to their total well-being. Encourage them to add Blue Shield of California specialty plans to their medical coverage.

Dental plans

Make sure your clients' coverage is complete with a Blue Shield of California dental plan. Offer your clients a high \$2,000 annual maximum dental benefit. Since December 2019, we have been waiving waiting periods for new members with existing coverage who qualify and enroll in any of our Blue Shield of California IFP dental plans. The new member simply submits a completed application with documentation of prior coverage meeting certain criteria within 60 days of leaving the plan. Another great reason to enroll in IFP dental plans? Coverage for implants for all ages, including members 65 years and older!

Vision plans

Starting at \$6.50 per month – a great value for the available benefits such as contact lens and frame allowances per year.

Life insurance

Help your clients prepare for the unexpected by purchasing an Individual Term Life and Accidental Death and Dismemberment (AD&D) policy ranging from \$10,000 to \$100,000 in coverage.

Dental products now offered on Covered California

New for 2021 open enrollment, Blue Shield will offer two new on-exchange family dental plans available to your on-exchange medical clients. We are proud to be a statewide carrier offering Blue Shield of California Family Dental PPO in all regions. Blue Shield of California Family Dental HMO coverage is available in all regions but region 1.

Your on-exchange clients can enjoy one of the largest dental PPO and HMO networks in California. And with our competitive pricing, there has never been a better time to buy a Blue Shield dental plan.

Grandfathered plan withdrawals

Due to enrollment levels below our membership thresholds, we will be withdrawing two of our grandfathered plans at the end of the year. Both the Shield Spectrum 2000-G and the Shield Savings 2400/4800-G plans will no longer be available for enrollment in 2021. To ensure your clients maintain continuous coverage, the Shield Spectrum 2000 plan members will be enrolled in the Silver 1950 PPO* and the Shield Savings 2400/4800 members will be enrolled in the Silver 2600 HDHP PPO* plan for 2021 coverage.

These new medical plans feature more modern member advantages such as \$0 copays for preventive services, Teladoc with \$0 copay for medical and mental health visits, and acupuncture benefits. Please see the Medical Benefit Changes Guide on pages 16 through 18 of the Sales Guide for complete details. As always, members can choose a different plan to suit their needs.

New administrator for pharmacy claims processing

Effective January 1, 2021, CVS Health (CVSH) will provide pharmacy claim processing and other pharmacy program services. Your clients will receive new ID cards to ensure appropriate claims processing on 1/1/2021.

This change does not affect your client's ability to use non-CVS network pharmacy networks, and will not impact any mail order drugs.

* For broker attached membership, you will continue to be the broker on the newly mapped plan.

Rate changes

[Visit the rates page](#) on Broker Connection to download the 2021 medical and specialty plans rate book for detailed rate information.

We are happy to announce there will be an average rate decrease for our non-grandfathered medical plans and a slight increase to our dental plans to keep our plans affordable. Vision, life insurance, and Accidental Death & Dismemberment (AD&D) rates, however, will not change.

Medical plan rate changes

Trio HMO plan rates will decrease an average of 3.4%, while our PPO plan rates will decrease an average of 2.4%. Our grandfathered plans rates will increase by an average of 8.9%.

Dental plan rate changes

Our currently marketed PPO dental plans will experience a modest average rate increase of 3.7% and our HMO dental plans will receive an average rate increase of 5.0%.

Vision plan rate changes

Our currently marketed vision plans will receive a rate pass for 2021.

Life and Accidental Death & Dismemberment Rates (AD&D) changes

Our currently marketed Individual Term Life and Accidental Death and Dismemberment (AD&D) plans will also receive a rate pass for 2021.

For Trio clients

Healthy Savings

The Healthy Savings program offers Trio HMO plan subscribers discounts on healthier foods that can save them up to \$2,500 annually on their grocery bill. The savings are great encouragement to help your clients eat a healthier diet by offering promotions on items like milk, whole-grain bread, lean meat, eggs, fruits, vegetables, and more.

We automatically enroll Trio HMO clients in the program and send them a membership card in the mail. When they scan their Healthy Savings card or app at the checkout counter of a participating grocery store, they instantly receive discounts on eligible healthy foods. That's it!

Once your clients navigate to blueshieldca.com/HealthySavings, they can log in to their account to view their discounts and see participating grocery stores, including Safeway, Vons, Ralphs, Walmart, and more. The Healthy Savings program is available at no extra cost for Trio HMO clients only.

Does your client live in or work a Trio HMO region?
Get an instant "yes" or "no"



Is Blue Shield's fastest-growing plan a possible option for your client? You can find out immediately if your prospect is located within the Trio HMO plan service area. Make a quick visit to blueshieldca.com/triocheck, and enter your client's ZIP code. It couldn't be easier!

Shield Concierge

Blue Shield of California's Shield Concierge offers the personalized customer service experience that your Trio HMO clients want. With just one call, members have access to a team of experts who can:

- Help resolve issues and answer questions
- Assist in transferring medical records and pharmacy information
- Find providers
- Provide information about benefits, doctors, and specialists
- Coordinate care

Your clients' Shield Concierge team is composed of:

- Registered nurses
- Social workers
- Health coaches
- Pharmacy technicians
- Pharmacists

LifeSpring

LifeSpring provides free meal delivery service for Trio HMO clients experiencing a serious illness.* This program provides your eligible clients with a convenient way to receive nutritious meals in support of their health condition. During the COVID-19 pandemic, Blue Shield has been reaching out to your clients who have tested positive and their families, encouraging them to utilize this service. As routines return to normal, we will resume having a Blue Shield Case Manager work with your clients to determine eligibility and meal service delivery frequency.

Call the Car

In addition to LifeSpring, seriously ill Trio HMO clients can also use Call the Car, a free, non-emergency medical transportation service. Call the Car will take them to medical appointments, dialysis centers, and other healthcare facilities as needed.

Additionally, clients who live alone or are unable to get reliable transportation to medical appointments and back may also be eligible. Please note that your clients will need to check with their Blue Shield Case Manager first to determine their eligibility.

Providing members peace of mind for our most vulnerable

Blue Shield of California's Case Managers work closely with clients enrolled in a Trio HMO plan to approve LifeSpring and Call the Car services, available at no extra cost to members.



* Serious illness may include, but is not limited to, chemotherapy treatments, substance abuse, dialysis, hospice, mental illness diagnosis, and client referral to home-based care/services.

Network updates

Don't forget to [download the new 2021 Trio HMO Plans at a Glance brochure](#) on Broker Connection for details on all our Trio HMO medical plans. It is available in English, Spanish, Chinese, Korean, and Vietnamese. You can also order print versions in English and Spanish through the [online ordering site](#).

Trio ACO HMO Network growth

Our Trio ACO HMO Network now has 344 hospitals, 5,000 primary care physicians, and 16,600 specialists.

PIH Health, a non-profit, regional healthcare network, is the latest major healthcare provider in South Los Angeles County we're adding to the Trio HMO network starting January 1, 2021.

Your clients in South Los Angeles who want to enroll in a Trio HMO plan will now have access to the entire PIH Health regional healthcare network which includes two hospitals – Whittier and Downey.

Trio continues to see significant growth throughout the state as members move to the plan. Many PPO plan members have switched to a Trio HMO plan, citing the dependable cost savings as well as the growing quality provider network. You can verify Trio HMO's availability for your clients at blueshieldca.com/triocheck. Simply enter your client's ZIP code for an instant answer.

Once your clients have enrolled in Trio HMO, they can take advantage of our Shield Concierge member service to assist in transferring their medical records and pharmacy information as well as having their plan-related questions answered.

Available in 26 counties throughout California



Areas of coverage

Alameda (F)	Orange (F)	San Mateo (F)
Contra Costa (F)	Placer (P)	Santa Clara (F)
El Dorado (P)	Riverside (P)	Santa Cruz (F)
Fresno (P)	Sacramento (P)	Solano (P)
Kern (P)	San Bernardino (P)	Stanislaus (P)
Kings (P)	San Diego (P)	Tulare (P)
Los Angeles (P)	San Francisco (F)	Ventura (P)
Marin (P)	San Joaquin (F)	Yolo (P)
Nevada (P)	San Luis Obispo (P)	

(F) = Full coverage

(P) = Partial coverage

PPO network

Our Exclusive PPO Network (EPPO) is still the only statewide PPO network in California for the IFP market and offers your clients more than 56,000 doctors and 325 hospitals. This robust network makes our PPO plans a great choice for clients who value their choice in providers.

Below are some of our premier hospitals in our EPPO network:



Make sure your clients aren't fooled by other plans on the market that seem to feature a low price. When they take a closer look at how many providers are actually available, they might have a new understanding of value in health coverage. Blue Shield's EPPO network offers your clients a wide range of doctors and facilities for greater freedom of choice. Blue Shield has the value your clients are looking for in a PPO plan.

Plan benefit changes

Medical plan changes

There are several benefit changes for 2021 – most of which are mandated by Covered California's standard plan design changes. You will find a summary of key changes by plan in the charts below. For a list of all benefit change details, visit the [2021 Medical Benefits Changes page](#).

Some notable changes include:

- Embedded chiropractic benefits added to Silver 1950 PPO and Silver 2600 HDHP PPO.
- We have eliminated the Teladoc copay for PPO members, allowing them to consult physicians 24/7 via phone or video for a \$0 copay.
- We have added Teladoc mental health visits at a \$0 copay for both Trio HMO and PPO members for 2021.

Please note: The following medical benefit plan changes do not reflect any network or non-network daily allowable amounts.

Non-Mirrored / Off-Exchange

PPO changes

	Silver 1950 PPO changes	
	2020	2021
	Network	Network
Radiological and nuclear imaging services (freestanding)	20% after deductible	25% after deductible
Calendar-year out-of-pocket maximum (individual/family)	\$7,800/\$15,600	\$8,200/\$16,400
Teladoc – Medical visit	\$5	\$0
Teladoc – Mental health visit	N/A	\$0 ←Added benefit!
Chiropractic	Not covered	\$15 ←Added benefit!
Tier 3 drugs (up to 30-day supply)	\$75 after deductible	\$80 after deductible

	Silver 2600 HDHP PPO	
	2020 Network	2021 Network
	Teladoc – Medical visit	35% after deductible
Teladoc – Mental health visit	N/A	\$0 ←Added benefit!
Chiropractic	Not Covered	35% after deductible ←Added benefit!

Mirrored / Off-Exchange

PPO changes

	Platinum 90 PPO changes	
	2020	2021
	Network	Network
Teladoc – Medical visit	\$5	\$0
Teladoc – Mental health visit	N/A	\$0 ←Added benefit!

	Gold 80 PPO changes			
	2020		2021	
	Network	Non-network	Network	Non-network
Calendar-year out-of-pocket maximum (individual/family)	\$7,800/\$15,600	N/A	\$8,200/\$16,400	N/A
Primary care office visit	\$30	N/A	\$35	N/A
Physician home visit	\$30	N/A	\$35	N/A
Teladoc – Medical visit	\$5	N/A	\$0	N/A
Teladoc – Mental health visit	N/A	N/A	\$0 ←Added benefit!	N/A
Acupuncture	\$30	N/A	\$35	N/A
Allergy injections / allergy testing	\$30	N/A	\$35	N/A
Mental health substance abuse office visit	\$30	N/A	\$35	N/A
Non-routine mental health / substance abuse outpatient services	20% coinsurance up to \$30	N/A	20% coinsurance up to \$35	N/A
Urgent care	\$30	N/A	\$35	N/A
Outpatient rehabilitation (hospital)	\$30	N/A	\$35	N/A
Outpatient habilitation (hospital)	\$30	N/A	\$35	N/A

	Silver 70 PPO and Silver 70 PPO off-exchange changes			
	2020		2021	
	Network	Non-network	Network	Non-network
Teladoc – Medical visit	\$5	N/A	\$0	N/A
Teladoc – Mental health visit	N/A	N/A	\$0 ←Added benefit!	N/A
Calendar-year out-of-pocket maximum (individual/family)	\$7,800/\$15,600	N/A	\$8,200/\$16,400	N/A

	Silver 70 Trio HMO off-exchange changes	
	2020	2021
	Network	Network
Non-routine mental health and substance abuse outpatient services	20% up to \$40 copay	No charge
Teladoc – Mental health visit	N/A	\$0 ←Added benefit!
Calendar-year out-of-pocket maximum (individual/family)	\$7,800/\$15,600	\$8,200/\$16,400

On-Exchange

PPO changes

	Silver 73 PPO changes			
	2020		2021	
	Network	Non-network	Network	Non-network
Teladoc – Medical visit	\$5	N/A	\$0	N/A
Teladoc – Mental health visit	N/A	N/A	\$0 ←Added benefit!	N/A

	Silver 87 PPO changes			
	2020		2021	
	Network	Non-network	Network	Non-network
Calendar-year out-of-pocket maximum (individual/family)	\$2,700/\$5,400	N/A	\$2,850/\$5,700	N/A
Teladoc – Medical visit	\$5	N/A	\$0	N/A
Teladoc – Mental health visit	N/A	N/A	\$0 ←Added benefit!	N/A

	Silver 94 PPO changes			
	2020		2021	
	Network	Non-network	Network	Non-network
Teladoc – Medical visit	\$5	N/A	\$0	N/A
Teladoc – Mental health visit	N/A	N/A	\$0 ←Added benefit!	N/A

Bronze 60 PPO changes				
2020		2021		
	Network	Non-network	Network	Non-network
Calendar-year out-of-pocket maximum (individual/family)	\$7,800/\$15,600	20,000/\$40,000	\$8,200/\$16,400	20,000/\$40,000
Teladoc – Medical visit	\$0 after deductible	N/A	\$0	N/A
Teladoc – Mental health visit	N/A	N/A	\$0 ←Added benefit!	N/A

Bronze 60 HDHP PPO changes				
2020		2021		
	Network	Non-network	Network	Non-network
Calendar-year medical deductible (individual/family)	\$6,900/\$13,800	\$13,800/\$27,600	\$7,000/\$14,000	\$14,000/\$28,000
Calendar-year out-of-pocket maximum (individual/family)	\$6,900/\$13,800	N/A	\$7,000/\$14,000	N/A
Teladoc – Medical visit	\$0 after deductible	N/A	\$0	N/A
Teladoc – Mental health visit	N/A	N/A	\$0 ←Added benefit!	N/A

Minimum Coverage PPO changes				
2020		2021		
	Network	Non-network	Network	Non-network
Calendar-year medical deductible (individual/family)	\$8,150/\$16,300	\$16,300/\$32,600	\$8,550/\$17,100	\$17,100/\$34,200
Calendar-year out-of-pocket maximum (individual/family)	\$8,150/\$16,300	N/A	\$8,550/\$17,100	N/A

Trio HMO changes

Platinum 90 Trio HMO changes	
2020	2021
Network	Network
Teladoc – Mental health visit	\$0 ←Added benefit!

	Gold 80 Trio HMO changes	
	2020	2021
	Network	Network
Calendar-year out-of-pocket maximum (individual/family)	\$7,800/\$15,600	\$8,200/\$16,400
Primary care office visit	\$30	\$35
Physician home visit	\$30	\$35
Acupuncture	\$30	\$35
Allergy injections/allergy testing	\$30	\$35
Mental health and substance abuse office visit	\$30	\$35
Outpatient rehabilitation (hospital)	\$30	\$35
Non-routine mental health and substance abuse outpatient services	20% coinsurance up to \$30	20% coinsurance up to \$35
Teladoc – Mental health visit	N/A	\$0 ←Added benefit!
Urgent care physician services	\$30	\$35
Radiological and nuclear imaging services (freestanding)	\$275	\$150

	Silver 73 Trio HMO changes	
	2020	2021
	Network	Network
Non-routine mental health and substance abuse outpatient services	20% coinsurance up to \$30	No charge
Teladoc – Mental health visit	N/A	\$0 ←Added benefit!

	Silver 87 Trio HMO changes	
	2020	2021
	Network	Network
Non-routine mental health and substance abuse outpatient services	15% coinsurance up to \$15	No charge
Teladoc – Mental health visit	N/A	\$0 ←Added benefit!
Calendar-year out-of-pocket maximum (individual/family)	\$2,700/\$5,400	\$2,850/\$5,700

	Silver 94 Trio HMO changes	
	2020	2021
	Network	Network
Non-routine mental health and substance abuse outpatient services	10% coinsurance up to \$5	No charge
Teladoc – Mental health visit	N/A	\$0 ←Added benefit!

Mapped Benefit Changes

	Current Grandfathered 2020 Plan		Mapped 2021 plan	
	Shield Spectrum PPO Plan 2000-G		Silver 1950 PPO	
	2020 Network	2020 Non-Network	2021 Network	2021 Non-Network
Calendar-year medical deductible	\$2,000 per individual / \$4,000 per family		\$ 1,950 per individual / \$ 3,900 per family	\$ 6,500 per individual / \$ 13,000 per family
Calendar-year out-of-pocket maximum (included in deductible)	\$5,000 per individual / \$10,000 per family	\$10,000 per individual / \$ 20,000 per family	\$ 8,200 per individual / \$ 16,400 per family	\$ 20,000 per individual / \$ 40,000 per family
Office visit – primary care doctor	\$45	50% after deductible	\$45	50% after deductible
Office visit – specialist doctor	\$45	50% after deductible	\$75	50% after deductible
Teladoc – Medical visit	Not covered	N/A	\$0	N/A
Teladoc – Mental health visit	N/A	N/A	\$0	N/A
Urgent care visit	\$45	50% after deductible	\$45	50% after deductible
Preventive health services	\$45	Not Covered	\$0	N/A
Lab - Laboratory center	30% after deductible	50% after deductible	35% after deductible	50% after deductible
X-ray – Radiology center	30% after deductible	50% after deductible	35% after deductible	50% after deductible
Outpatient hospital surgery – Facility fee	30% after deductible	50% of up to \$600 per day plus 100% of additional charges	35% after deductible	50% after deductible up to \$500 per day plus all charges above \$500 per day

	Current Grandfathered 2020 Plan		Mapped 2021 plan	
	Shield Spectrum PPO Plan 2000-G		Silver 1950 PPO	
	2020 Network	2020 Non-Network	2021 Network	2021 Non-Network
Inpatient hospitalization – Facility fee	\$250 + 30% after deductible	50% of up to \$600 per day plus 100% of additional charges	35% after deductible	50% after deductible up to \$500 per day plus all charges above \$500 per day
Emergency room services not resulting in admission – Facility fee	\$100 + 30% after deductible		35% after deductible	
Chiropractic	\$25	Not Covered	\$15 ←Added benefit!	N/A
Acupuncture	Not Covered	Not Covered	\$45	N/A
Calendar-year pharmacy deductible	\$500	Not Covered	\$300	Not Covered
Tier 1 drugs (up to 30-day supply)	\$10	Not Covered	\$15 after prescription deductible	Not Covered
Tier 2 drugs (up to 30-day supply)	\$35 after prescription deductible	Not Covered	\$60 after prescription deductible	Not Covered
Tier 3 drugs (up to 30-day supply)	The greater of \$50 or 50% of Blue Shield of California's contracted rate after deductible	Not Covered	\$80 after prescription deductible	Not Covered
Tier 4 drugs* (up to 30-day supply)	30% of the contracted rate/ prescription after deductible	Not Covered	35% up to \$250 after prescription deductible	Not Covered

* Specialty drugs are limited to a 30-day supply and covered at Tier 4. Specialty drugs are only dispensed by a network specialty pharmacy and are not covered from non-participating pharmacies except in emergency situations.

	Current Grandfathered 2020 Plan		Mapped 2021 plan	
	Shield Savings 2400/4800-G		Silver 2600 HDHP PPO	
	2020 Network	2020 Non-Network	2021 Network	2021 Non-Network
Calendar-year medical deductible	\$2,400 per individual/ \$4,800 per family		\$2,600 per individual/ \$5,200 per family	\$5,200 per individual/ \$10,400 per family
Calendar-year out-of-pocket maximum (included in deductible)	\$4,000 per individual/ \$6,000 per family	\$7,200 per individual/ \$10,000 per family	\$6,850 per individual/ \$13,700 per family	\$20,000 per individual/ \$40,000 per family
Office visit – primary care doctor	\$35 after deductible	50% after deductible	35% after deductible	50% after deductible
Office visit – specialist doctor	\$35 after deductible	50% after deductible	35% after deductible	50% after deductible
Teladoc – Medical visit	Not covered	N/A	\$0	N/A
Teladoc – Mental health visit	N/A	N/A	\$0	N/A
Urgent care visit	\$35 after deductible	50% after deductible	35% after deductible	50% after deductible
Preventive health services	\$35	Not Covered	\$0	N/A
Lab - Laboratory center	30% after deductible	50% after deductible	35% after deductible	50% after deductible
X-ray – Radiology center	30% after deductible	50% after deductible	35% after deductible	50% after deductible
Outpatient hospital surgery – Facility fee	30% after deductible	50% of up to \$600 per day plus 100% of additional charges	35% after deductible	50% after deductible up to \$500 per day plus all charges above \$500 per day
Inpatient hospitalization – Facility fee	30% after deductible	50% of up to \$600 per day plus 100% of additional charges	35% after deductible	50% after deductible up to \$500 per day plus all charges above \$500 per day
Emergency room services not resulting in admission – Facility fee	\$75 + 30% after deductible		35% after deductible	
Chiropractic	Not Covered	Not Covered	35% after deductible	Not Covered
Acupuncture	Not Covered	Not Covered	35% after deductible	N/A
Calendar-year pharmacy deductible	Integrated	N/A	Integrated	N/A
Tier 1 drugs (up to 30-day supply)	\$10 after deductible	Not Covered	35% after deductible	Not Covered
Tier 2 drugs (up to 30-day supply)	\$35 after deductible	Not Covered	35% after deductible	Not Covered
Tier 3 drugs (up to 30-day supply)	The greater of \$50 for 50% of contracted rate	Not Covered	35% after deductible	Not Covered
Tier 4 drugs* (up to 30-day supply)	30% after deductible	Not Covered	35% after deductible up to \$250	Not Covered

* Specialty drugs are limited to a 30-day supply and covered at Tier 4. Specialty drugs are only dispensed by a network specialty pharmacy and are not covered from non-participating pharmacies except in emergency situations.

Specialty plan updates

Vision

We're making all our vision plans even more attractive with a new retinal imaging benefit, at a \$39 copayment. This benefit is available only with network providers and takes advantage of new technology. Retinal imaging involves taking a digital picture of the back of the eye, showing the retina, the optic disk (where the retina holds the optic nerve), and blood vessels. This technology replaces pupil dilation, allowing the physician to check the health of the eyes with less discomfort for the patient.

Improvements for you and your clients

We're committed to investing in tools and resources and improving processes to help you grow your business and minimize your administrative burden. We have implemented several enhancements for this year to better serve your needs as well as your clients'.

Online Client List (OLCL) Enhancements

Our redesigned Online Client List, now taking advantage of a modernized platform, gives you a more consistent user experience, matching the Application Status Tool. You'll especially appreciate how the Online Client List no longer takes two to three business days to reflect updates. You'll now see your clients' most current status updated daily.

Some key OLCL features:

- Covered California Case ID column (also known as Household case IDs) is now listed on the Excel file for on-exchange subscribers.
- Continued ability to download your client lists to Excel now including dependent information.
- The default view gives you immediate access to all your associated clients without having to perform a search or take any action.
- Improved search and filter capabilities to access more customized client list views, which means better service for your clients.
- Expanded Enhanced Excel data signifying date of subscriber's original effective or enrollment date.

Updated Enrollment Platform

Blue Shield rolled out our new enrollment sites for consumers and brokers in February 2020. Over the summer, we have continued enhancing those sites to prepare for the upcoming 2021 open enrollment.

Prior to the 2021 open enrollment, you will see the following new improvements:

- Simplified dashboard, with a focus on your clients' applications, including those submitted by individuals using your personalized URL. The application ID added to the view will make it easier to work with Blue Shield on your client's application.
- Share an Application feature, allowing you to select products for your clients and then send them a secure link to an application you've started. Your clients can easily and securely provide their payment and electronic signature, and then submit the application. You're ensured to get credit for the sale.
- Coming soon, an innovative new self-service renewal experience that lets your clients see their current and future year plan information and easily keep or change their plan for the 2021 open enrollment period available on 10/1/2020.

Educational webinars - stay informed

Renewal webinars:

Let us help you educate your existing clients on policy changes so you can focus on selling and growing your business.

To help your clients better understand what's changing in 2021, we are offering numerous renewal webinars for existing members in mid-October. These webinars will instruct your client on plan and policy changes as well as how they can use self-service tools to renew their plan for 2021. We'll send you additional details regarding dates and times. Please encourage your clients to attend one of these webinars.

Open enrollment webinars:

Keep yourself current with our plans and the latest smart marketing opportunities. We can help you grow your book of business with our [open enrollment webinars](#). Our experts will share the most up-to-date ways to meet your clients' needs with Blue Shield of California individual and family plans.

Customized fliers that work

We realize that success doesn't just arrive at your door. It takes hard work and smart work. We're ready to help you work smarter with proven customized fliers. Adding your personalized information to sharp, professionally created marketing materials is an especially brilliant move. Make your move today on the [Broker Sales Collateral page](#).

State premium assistance update

California's tax penalty imposed on individuals for not having minimum essential coverage through the year continues for 2021, as do the state's programs to provide premium assistance to residents who need help paying for their coverage.

What it means for your clients

California continues to provide state-funded premium assistance, called the California Premium Subsidy, to help Californians pay for healthcare coverage. For those eligible, the California Premium Subsidy sets a limit on their medical premium based on a percentage of their annual income. The amount of premium assistance that Californians can qualify for depends on age, household income and size, and the cost of affordable healthcare coverage in their region. State and federal premium assistance are available only for medical plans purchased through Covered California.

As a reminder:

- Californians who earn between **400% to 600% of the Federal Poverty Level (FPL)** (see the chart below) may qualify for the California Premium Subsidy even if they are not eligible for federal premium assistance or the Advanced Premium Tax Credit (APTC).
- Californians who earn between **200% to 400% of FPL** may be eligible for both federal and state premium assistance and may receive an additional California Premium Subsidy in addition to the APTC to further lower their costs for coverage.
- Californians who make **under 138% of FPL** but are not eligible for Medi-Cal or Medicare, may be eligible for the California Premium Subsidy.

Household size ¹	Annual Income ²					
	600% of FPL	500% of FPL	400% of FPL	300% of FPL	200% of FPL	Up to 138% of FPL
Individual	\$76,560	\$63,800	\$51,040	\$38,280	\$25,520	\$0 - \$17,609
Couple/ 2 people	\$103,440	\$86,200	\$68,960	\$51,720	\$34,480	\$0 - \$23,791
Family of 4	\$157,200	\$131,000	\$104,800	\$78,600	\$52,400	\$0 - \$36,156
Premium contribution level ³	Up to 18% of income	Up to 16% of income	Up to 10% of income	Up to 9% of income	Up to 6% of income	\$1/month

Source: <https://www.coveredca.com/PDFs/FPL-chart.pdf>

¹ Based on number of people reported on their tax return.

² Based on modified adjusted gross income (MAGI).

³ How much your client is expected to contribute toward premium cost. Should not exceed this limit.

How do your clients qualify for the California Premium Subsidy?

The California Premium Subsidy sets a limit on how much your clients pay for their medical premium based on a percentage of their annual income (see table above). To be eligible for the California Premium Subsidy, your client must meet the following criteria: earn 600% of the Federal Poverty Level or less, and affordable coverage (the second-lowest-cost silver plan) in their region costs more than their premium contribution level set by the government.

You and your clients can use our [subsidy eligibility calculator](#) to find out if they might qualify for a state and/or federal premium assistance and get an estimation of their potential subsidy amount.

We've been serving Californians for more than 80 years –
and we couldn't do it without you.

Thank you for all your hard work during an especially
challenging 2020. We're focused on the future and ready to
help you grow at [Broker Connection](#).