

Blue Shield of California and Blue Shield of California Life & Health Insurance Company

For groups with 2 to 50 enrolled employees

Effective July 1, 2011

This form should be used to expedite change requests for your client's renewing group contracts. A signed Verification and Statement of Understanding (C20283) is also required when submitting contract change requests.

Missing information may delay processing, please ensure all necessary forms are returned and complete.

Please remember to fax in pages 1 through 3 of this document.

Once approval and processing is completed, your client's subsequent billing will reflect the corresponding adjustments.

PLEASE SEE IMPORTANT END NOTES AT THE BOTTOM OF PAGE 3.

To: **Blue Shield of California** Fax: (209) 367-6603 No. of pages faxed _____

From: Broker Name: _____ Group Name: _____

Broker Tax ID No.: _____ Group Tax ID No.: _____

Broker Phone No.: _____ Group No. (S): _____

Broker Fax No.: _____ Renewal Date: _____

Requested Effective Date: _____

REQUIRED INFORMATION

Total No. of employees _____ Total No. of eligible _____ Total No. of enrolled _____

ARE YOU REQUIRED TO COMPLY WITH THE FEDERAL MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008 (HR1424)? Yes No

If yes, please provide at least two quarters DE6 from the prior calendar year showing more than 50 total employees with your requested changes. Blue Shield will modify the plan's mental health and/or substance abuse coverage to be at parity with medical coverage once the requirement to comply is verified. Plan selection(s) should be included on Page 2. If you have any questions regarding this requirement, please contact your Broker for more information.

Changes To Employer Medical Plan Contribution

Select either (1) a defined contribution (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. For employees ____% or \$_____ For dependents ____% or \$_____

Group Plan Structure Required:

Single Medical Plan option

Dual Choice – Select 1 HMO/POS plan and 1 other – PPO, Shield SavingsSM or Active Choice plan (except Access Baja)

Suite Deal – This package includes the following plans: Shield Spectrum PPO 500 Standard*, Shield Spectrum PPO 500 Value*, Shield Spectrum PPO 1000 Value*†, Shield Spectrum PPO 1500 Value*†, Shield Spectrum PPO 2000 Value*†, Shield SavingsSM 2000/4000*†, Shield SavingsSM QS 2000/4000, Shield SavingsSM 3000/6000*, Shield SavingsSM QS 3000/6000, Access+ HMO 20 Value, and Access+ HMO 30, OR Local Access+ HMO Plan 20 Value and Local Access+ HMO Plan 30

Employers in certain areas: If you are located in, and your eligible employees live in, and/or work in the Local Access+ HMO service area² you have the option of choosing the Suite Deal medical plan package with either the Access+ HMO plans or the Local Access+ HMO plans but not both. The Local Access+ HMO plans have the same benefits as our Access+ HMO plans, at a reduced rate.

One HMO plan option must be selected; both options are not available to combine.

Access+ HMO Plan 20 Value and Access+ HMO Plan 30 OR Local Access+ HMO Plan 20 Value and Local Access+ HMO Plan 30

PlanSelectSM – Groups with 2 to 50 enrolled employees, select between 2 and up to 35 plans from those listed on the next page, not including Access Baja HMO plans.

Employers in certain areas: If you are located in, and your eligible employees live in, and/or work in the Local Access+ HMO service area² you have the option of selecting a PlanSelect package with either Access+ HMO plans or Local Access+ HMO plans. Local Access+ HMO plans are available as part of the PlanSelect Package provided they are the exclusive HMO plan option. Local Access+ HMO plan options may not be combined with or offered alongside any other full network HMO or POS product except Access Baja HMO. The Local Access+ plans have the same benefits as our Access+ HMO plans, at a reduced rate. The Local Access+ HMO plans offer access to a select network of providers that is not as broad as the Access+ HMO network. Please review the *Benefit Summary Guide* (form A16609) for detailed information regarding the Local Access+ HMO service area.

All plans w/Access+ HMO/POS plan options

All plans w/Access+ HMO/POS plan options (except SS1800/SS2250/PPO3000)

All plans w/Local Access+ HMO plan options (excludes Access+ HMO and POS plans)

All plans w/Local Access+ HMO plan options (except SS1800/SS2250/PPO3000, Access+ HMO and POS plans)

Selected plans (choose two or more plans from next page)

Single Specialty Benefits Plan Option

Dual Option Dental – Select any two dental plans

Suite Deal Dental – This package includes the following five plans: Dental PPO Smile Basic, Dental PPO Smile Value, Dental PPO Smile Deluxe Plus 2000, Dental HMO Basic, Dental HMO Plus

* Underwritten by Blue Shield of California Life & Health Insurance Company

† The Shield Spectrum PPO Plan 750 Value, Shield Spectrum PPO Plan 1000 Value, Shield Spectrum PPO Plan 1500 Value, Shield Spectrum PPO Plan 2000 Value, and Shield SavingsSM 2000/4000 plans are pending regulatory approval.

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From: Broker Name: _____ Group Name: _____
 Broker Phone No.: _____ Requested Effective Date: _____

Add	Cancel	Shield Spectrum PPO SM Plans
<input type="checkbox"/>	<input type="checkbox"/>	Zero Deductible
<input type="checkbox"/>	<input type="checkbox"/>	250 Premier
<input type="checkbox"/>	<input type="checkbox"/>	250 Standard
<input type="checkbox"/>	<input type="checkbox"/>	500 Premier
<input type="checkbox"/>	<input type="checkbox"/>	500 Standard*
<input type="checkbox"/>	<input type="checkbox"/>	1000
<input type="checkbox"/>	<input type="checkbox"/>	500 Value*
<input type="checkbox"/>	<input type="checkbox"/>	750 Value*†
<input type="checkbox"/>	<input type="checkbox"/>	3000*
<input type="checkbox"/>	<input type="checkbox"/>	1000 Value*†
<input type="checkbox"/>	<input type="checkbox"/>	1500 Value*†
<input type="checkbox"/>	<input type="checkbox"/>	2000 Value*†, 1

Add	Cancel	Shield Savings SM Plans
<input type="checkbox"/>	<input type="checkbox"/>	1800/3600*†
<input type="checkbox"/>	<input type="checkbox"/>	2000/4000*†
<input type="checkbox"/>	<input type="checkbox"/>	2250/4500
<input type="checkbox"/>	<input type="checkbox"/>	QS 2000/4000
<input type="checkbox"/>	<input type="checkbox"/>	3000/6000*
<input type="checkbox"/>	<input type="checkbox"/>	2500*
<input type="checkbox"/>	<input type="checkbox"/>	4800*
<input type="checkbox"/>	<input type="checkbox"/>	QS 3000/6000
<input type="checkbox"/>	<input type="checkbox"/>	QS 4800*

Add	Cancel	Base PPO*†
<input type="checkbox"/>	<input type="checkbox"/>	30
<input type="checkbox"/>	<input type="checkbox"/>	40
<input type="checkbox"/>	<input type="checkbox"/>	50

Add	Cancel	Active Choice SM Plans
<input type="checkbox"/>	<input type="checkbox"/>	750 SG*
<input type="checkbox"/>	<input type="checkbox"/>	500 SG*

Optional benefits: Available along with Blue Shield medical plans, Dual Choice, Suite Deal, or PlanSelect.

Add	Cancel	
<input type="checkbox"/>	<input type="checkbox"/>	Inpatient substance abuse
<input type="checkbox"/>	<input type="checkbox"/>	Infertility
<input type="checkbox"/>	<input type="checkbox"/>	Chiropractic (Access+ HMO, Local Access+ HMO & POS only)
<input type="checkbox"/>	<input type="checkbox"/>	Acupuncture/chiropractic (Access+ HMO, Local Access+ HMO & POS only)
Add	Cancel	Other (Specify below)
<input type="checkbox"/>	<input type="checkbox"/>	_____

Add	Cancel	Access+ HMO [®] Plans
<input type="checkbox"/>	<input type="checkbox"/>	5
<input type="checkbox"/>	<input type="checkbox"/>	10
<input type="checkbox"/>	<input type="checkbox"/>	15
<input type="checkbox"/>	<input type="checkbox"/>	20
<input type="checkbox"/>	<input type="checkbox"/>	20 Value
<input type="checkbox"/>	<input type="checkbox"/>	30
<input type="checkbox"/>	<input type="checkbox"/>	25
<input type="checkbox"/>	<input type="checkbox"/>	40

Add	Cancel	Local Access+ HMO Plans
<input type="checkbox"/>	<input type="checkbox"/>	5
<input type="checkbox"/>	<input type="checkbox"/>	10
<input type="checkbox"/>	<input type="checkbox"/>	15
<input type="checkbox"/>	<input type="checkbox"/>	20
<input type="checkbox"/>	<input type="checkbox"/>	20 Value
<input type="checkbox"/>	<input type="checkbox"/>	30
<input type="checkbox"/>	<input type="checkbox"/>	25
<input type="checkbox"/>	<input type="checkbox"/>	40

Local Access+ HMO plans are available as part of the PlanSelect Package provided they are the exclusive HMO plan option. Local Access+ HMO plan options may not be combined with or offered alongside any other full network HMO or POS product except Access Baja HMO.

Note: Local Access+ HMO plans are only available in designated counties: portions of Orange, Los Angeles, San Diego, San Bernardino, Riverside, Kern, Sacramento, San Mateo and Ventura as well as San Luis Obispo, Santa Clara, Santa Cruz and Yolo counties. Please review the *Benefit Summary Guide* (form A16609) for detailed information regarding the Local Access+ HMO service area.

Add	Cancel	Added Advantage POS SM Plan
<input type="checkbox"/>	<input type="checkbox"/>	\$500 Deductible
Add	Cancel	Access Baja [®] HMO Plans
<input type="checkbox"/>	<input type="checkbox"/>	Plan 5
<input type="checkbox"/>	<input type="checkbox"/>	Plan 10

Note: Access Baja HMO plans can be offered alongside those chosen through the Suite Deal and PlanSelect, but they do not count toward PlanSelect restrictions.

Vision plan contracts: Vision Basic plans must be purchased alongside a medical plan and enrollment in the Vision Basic plans must match that of the medical plan enrollment.

Add	Cancel	
<input type="checkbox"/>	<input type="checkbox"/>	Vision Basic 0/25/100*
<input type="checkbox"/>	<input type="checkbox"/>	Vision Basic 0/15/120*
<input type="checkbox"/>	<input type="checkbox"/>	Vision Basic 0/0/130*
<input type="checkbox"/>	<input type="checkbox"/>	Vision Basic Plus 0/15/120*

To enroll in Vision Standard, Vision Plus or Vision Deluxe plans, please submit a Master Group application (C15385) and a Vision enrollment plan application, (ABU1189) for each employee. For additional information regarding the addition of a Vision plan, please contact your Account Manager

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† Shield Spectrum PPO Plan 750 Value, Shield Spectrum PPO Plan 1000 Value, Shield Spectrum PPO Plan 1500 Value, Shield Spectrum PPO Plan 2000 Value, Base PPO 30, Base PPO 40, Base PPO 50, Shield SavingsSM 1800/3600, and Shield SavingsSM 2000/4000 are pending regulatory approval.

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Dental Coverage – When adding dental coverage please include the names of the subscribers and their eligible dependents who are electing dental coverage in the additional comments section below. If electing a Dental HMO, please list the dental provider name and number for each member.

Dental PPO

Add	Cancel		Add	Cancel	
<input type="checkbox"/>	<input type="checkbox"/>	Smile Basic	<input type="checkbox"/>	<input type="checkbox"/>	Smile Basic Voluntary ³
<input type="checkbox"/>	<input type="checkbox"/>	Smile Value	<input type="checkbox"/>	<input type="checkbox"/>	Smile Deluxe
<input type="checkbox"/>	<input type="checkbox"/>	Smile	<input type="checkbox"/>	<input type="checkbox"/>	Smile Deluxe 2000
<input type="checkbox"/>	<input type="checkbox"/>	Smile Plus	<input type="checkbox"/>	<input type="checkbox"/>	Smile Deluxe Plus 2000
<input type="checkbox"/>	<input type="checkbox"/>	Smile Plus Gold	<input type="checkbox"/>	<input type="checkbox"/>	Smile Deluxe Gold

Dental HMO

Add	Cancel		Add	Cancel	
<input type="checkbox"/>	<input type="checkbox"/>	Dental HMO Basic	<input type="checkbox"/>	<input type="checkbox"/>	Dental HMO Deluxe
<input type="checkbox"/>	<input type="checkbox"/>	Dental HMO Plus	<input type="checkbox"/>	<input type="checkbox"/>	Dental HMO Voluntary ³

Group Term Life Insurance and AD&D*

Add	Cancel			
<input type="checkbox"/>	<input type="checkbox"/>	Flat \$ _____ (minimum \$15,000)		
<input type="checkbox"/>	<input type="checkbox"/>	_____ X salary to a maximum of \$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Graded \$ _____	Class Description _____	
		Graded \$ _____	Class Description _____	
		Graded \$ _____	Class Description _____	
<input type="checkbox"/>	<input type="checkbox"/>	Dependent Life Insurance Only available with employee Life and AD&D Insurance	<input type="checkbox"/> \$1,000 to plan	<input type="checkbox"/> \$2,000 to plan <input type="checkbox"/> \$3,000 to plan <input type="checkbox"/> \$4,000 to plan <input type="checkbox"/> \$5,000 to plan
Employer Contribution	<input type="checkbox"/>	100% employer paid	<input type="checkbox"/>	Employer pays _____ % for employees (min 25%), _____ % for dependents
Eligibility	<input type="checkbox"/>	All full-time employees	<input type="checkbox"/>	Part time employees _____ Min hrs
			<input type="checkbox"/>	Only those employees enrolled in Blue Shield medical plans

Additional comments, dental coverage enrollment detail or any changes in group name, billing address or contact person.

Please note, if the request is to change employee eligibility hours or to change from Suite Deal a current DE-6 must be submitted with the request.

Employer Signature _____ **Date** _____

Broker/Agent Signature _____ **Date** _____

Endnotes:

- 75% participation in Blue Shield plans is required for all plan combinations except Suite Deal. Suite Deal requires a minimum participation of 65% of eligible employees. 75% participation is required for all dental plans except the Suite Deal Dental package and voluntary plans. 65% participation in the Suite Deal Dental package is required. A voluntary vision plan requires a minimum of 10 enrolling employees.
- 1 Prescription drug coverage for this plan only provides coverage for generic drugs and specifically excludes coverage for brand name prescriptions.
- 2 Local Access+ HMO plans are only available in designated counties: portions of Orange, Los Angeles, San Diego, San Bernardino, Riverside, Kern Sacramento, San Mateo and Ventura, as well as San Luis Obispo, Santa Clara, Santa Cruz, and Yolo counties. Please review the *Benefit Summary Guide* (form A16609) for detailed information regarding the Local Access+ HMO service area.
- 3 When a non-voluntary dental plan is combined with a voluntary dental plan, 75% participation of eligible employees is required.