

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

For groups with 2 to 50 enrolled employees
Effective October 1, 2010

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.

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: Producer Name: _____ Group Name: _____
Producer Tax ID No.: _____ Group Tax ID No.: _____
Producer Phone No.: _____ Group No. (S): _____
Producer Fax No.: _____ Renewal Date: _____
Requested Effective Date: _____

Required Information

Total No. of employees _____ Total No. of eligibles _____ 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. If you have any questions regarding this requirement, please contact your Producer for more information.

Select employer defined contribution level, a minimum of: \$100 or _____ %

Group Structure required:

Stand-Alone Plan

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*^{†,1}, Shield SavingsSM 2000/4000*[†], Shield SavingsSM QS2000/4000, 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 Southern California counties and cities: If you are a Southern California Employer whose eligible employees live 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 32 plans from those listed on the next page, not including Access Baja HMO plans.

Employers in certain Southern California counties and cities: If you are a Southern California Employer whose eligible employees live 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 products 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 network is an exclusive network of providers and not as broad as the Access+ HMO network. Please review the Benefit Summary Guide (form A16609) for detailed information regarding the Local Access+ HMO provider network and 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)

Stand-Alone Specialty Benefits Plan

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.

From: Producer Name: _____ Group Name: _____

Producer Phone No.: _____ Requested Effective Date: _____

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

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.

If Blue Shield is offered with another HMO plan, a minimum participation in the combined Blue Shield plans must be equal to the greater of five enrolled employees or **50% of the total number of enrolled employees. (PlanSelect requires the greater of 5 enrolled employees or 75% of the total number of enrolled employees).**

Waivers are required for employees that are enrolling in another carrier's plan.

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.

When a non-voluntary plan is combined with a voluntary plan, 75% participation of eligible employees is required.

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

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"/>	20 Value
<input type="checkbox"/>	<input type="checkbox"/>	30

Note: Local Access+ HMO products are only available in designated Southern California counties: portions of Orange, Los Angeles, San Diego, San Bernardino, and Riverside, as well as San Luis Obispo. Please review the *Benefit Summary Guide* (form A16609) for detailed information regarding the Local Access+ HMO provider network and 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.

Add	Cancel	Other [Specify below]
<input type="checkbox"/>	<input type="checkbox"/>	

Add/Delete 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)

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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, Shield SavingsSM 1800/3600, and Shield SavingsSM 2000/4000 are pending regulatory approval.

No. of pages faxed _____



From: Producer Name: _____ Group Name: _____

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Add/Delete Dental plan contracts:

Available to groups with or without Blue Shield medical plans.

Add	Delete	
<input type="checkbox"/>	<input type="checkbox"/>	DPPO Smile Basic
<input type="checkbox"/>	<input type="checkbox"/>	DPPO Smile Value
<input type="checkbox"/>	<input type="checkbox"/>	DPPO Smile
<input type="checkbox"/>	<input type="checkbox"/>	DPPO Smile Plus
<input type="checkbox"/>	<input type="checkbox"/>	DPPO Smile Plus Gold
<input type="checkbox"/>	<input type="checkbox"/>	DPPO Smile Deluxe
<input type="checkbox"/>	<input type="checkbox"/>	DPPO Smile Deluxe 2000
<input type="checkbox"/>	<input type="checkbox"/>	DPPO Smile Deluxe Plus 2000
<input type="checkbox"/>	<input type="checkbox"/>	DPPO Smile Deluxe Gold
<input type="checkbox"/>	<input type="checkbox"/>	DPPO Smile Basic Voluntary
<input type="checkbox"/>	<input type="checkbox"/>	Dental HMO Basic
<input type="checkbox"/>	<input type="checkbox"/>	Dental HMO Plus
<input type="checkbox"/>	<input type="checkbox"/>	Dental HMO Deluxe
<input type="checkbox"/>	<input type="checkbox"/>	Dental HMO Voluntary
<input type="checkbox"/>	<input type="checkbox"/>	Other [specify] _____

Note: When adding dental coverage please include which subscribers will be electing dental coverage.

Add/Delete Group Term Life Insurance and AD&D*

Add	Delete	Group Term Life Insurance and AD&D
<input type="checkbox"/>	<input type="checkbox"/>	
Benefit:		
<input type="checkbox"/>		Flat \$ _____ (minimum \$15,000)
<input type="checkbox"/>		_____ times salary to a maximum of \$ _____
<input type="checkbox"/>		Graded \$ _____ Class description _____
		\$ _____ Class description _____
		\$ _____ Class description _____
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
Add	Delete	Add Dependent Life Insurance: \$ _____,000
<input type="checkbox"/>	<input type="checkbox"/>	to plan (between \$1,000 and \$5,000 in \$1,000 increments) Only available with employee Life and AD&D insurance

Additional comments 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 _____

Producer/Agent Signature _____ Date _____

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END NOTES:

- 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 products are only available in designated Southern California counties: portions of Orange, Los Angeles, San Diego, San Bernardino, and Riverside as well as San Luis Obispo. Please review the Benefit Summary Guide (form A16609) for detailed information regarding the Local Access+ HMO provider network and service area.