

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

For groups with 2 to 50 enrolled employees
Effective January 1, 2012

Customer No. _____

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 DE9C 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 _____

Changes To The EOC/COI Booklet Distribution

- I elect to receive electronic, EOC/COI booklets. I understand that I am responsible for distributing the documents to my covered employees using one of the following methods; 1) posting on an employer intranet for employee access or, 2) emailing these documents directly to my employees.
- I elect to receive printed, not electronic, EOC/COI booklets. I understand that I am responsible for distributing the documents to my covered employees.

Please note: Electronic distribution will not apply to life insurance certificates. Printed versions of life insurance certificates will be mailed directly to employees.

Group Plan Structure Required:

- Single Medical Plan option**
- SimpleSelect plan package**² Groups with 2 to 50 enrolled employees, may select any number of plans between 2 and up to 28 from those listed on the next page, not including the Access Baja plan. Employers can offer Access Baja in addition to SimpleSelect.

Employers in certain areas: If you are located in, and your eligible employees live in, and/or work in the Local Access+ HMO service area³ you have the option of selecting a SimpleSelect package with either Access+ HMO plans or Local Access+ HMO plans. Local Access+ HMO plans are available as part of the SimpleSelect 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 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.³

- Selected plans** (designate plans from next page)
- All Plans except Local Access+ HMO plans** (includes Access+ HMO plans)
- All Plans except Access+ HMO plans** (includes Local Access+ HMO plans)
- SimpleSync plan package**^{4,5} Groups with 5 to 50 enrolling employees may select any number of the 9 designated plans within the SimpleSync package. Employers can offer Access Baja in addition to SimpleSync.
- Single Specialty Benefits Plan Option**
- Dual Option Dental** – Select any two dental plans

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

SimpleSelect plan package Groups with 2 to 50 enrolled employees, may select any number of plans between 2 and up to 28 from those listed below, not including the Access Baja plan. Employers can offer Access Baja in addition to SimpleSelect.

Add	Cancel	Premier PPO plans*†
<input type="checkbox"/>	<input type="checkbox"/>	Premier PPO 5
<input type="checkbox"/>	<input type="checkbox"/>	Premier PPO 15
<input type="checkbox"/>	<input type="checkbox"/>	Premier PPO 25
<input type="checkbox"/>	<input type="checkbox"/>	Premier PPO 35
<input type="checkbox"/>	<input type="checkbox"/>	Premier PPO 45
Add	Cancel	Enhanced PPO plans*†
<input type="checkbox"/>	<input type="checkbox"/>	Enhanced PPO 15
<input type="checkbox"/>	<input type="checkbox"/>	Enhanced PPO 25
<input type="checkbox"/>	<input type="checkbox"/>	Enhanced PPO 35
<input type="checkbox"/>	<input type="checkbox"/>	Enhanced PPO 45
Add	Cancel	Base PPO*†
<input type="checkbox"/>	<input type="checkbox"/>	Base PPO 30
<input type="checkbox"/>	<input type="checkbox"/>	Base PPO 40
<input type="checkbox"/>	<input type="checkbox"/>	Base PPO 50
Add	Cancel	Shield Spectrum PPO SM Plans*†
<input type="checkbox"/>	<input type="checkbox"/>	Value 750
<input type="checkbox"/>	<input type="checkbox"/>	Value 1000
<input type="checkbox"/>	<input type="checkbox"/>	Value 1500
<input type="checkbox"/>	<input type="checkbox"/>	Value 2500
Add	Cancel	Simple Savings plans*†,6
<input type="checkbox"/>	<input type="checkbox"/>	2500/5000
<input type="checkbox"/>	<input type="checkbox"/>	3500/7000
<input type="checkbox"/>	<input type="checkbox"/>	4500/9000
<input type="checkbox"/>	<input type="checkbox"/>	5500/11000

SimpleSync plan package^{4,5} Groups of 5-50 enrolled employees may select any number of the 9 plans from the list below. SimpleSync plans may not be combined with any other plans not listed below, except Access Baja. The SimpleSync package does not include a Local Access+ HMO plan option.

Add	Cancel	
<input type="checkbox"/>	<input type="checkbox"/>	Premier PPO 20
<input type="checkbox"/>	<input type="checkbox"/>	Enhanced PPO 30*†
<input type="checkbox"/>	<input type="checkbox"/>	Enhanced PPO 40*†
<input type="checkbox"/>	<input type="checkbox"/>	Simple Savings 3400/6800*†,6
<input type="checkbox"/>	<input type="checkbox"/>	Shield Spectrum PPO Value 750*†
<input type="checkbox"/>	<input type="checkbox"/>	Shield Spectrum PPO Value 1000*†
<input type="checkbox"/>	<input type="checkbox"/>	Shield Spectrum PPO Value 1500*†
<input type="checkbox"/>	<input type="checkbox"/>	Shield Spectrum PPO Value 2500*†
<input type="checkbox"/>	<input type="checkbox"/>	Access + HMO Enhanced 40
Add	Cancel	Other (Specify below)
<input type="checkbox"/>	<input type="checkbox"/>	_____

Add	Cancel	Access+ HMO Premier plans
<input type="checkbox"/>	<input type="checkbox"/>	Premier 15
<input type="checkbox"/>	<input type="checkbox"/>	Premier 25
<input type="checkbox"/>	<input type="checkbox"/>	Premier 35
<input type="checkbox"/>	<input type="checkbox"/>	Premier 45
Add	Cancel	Access+ HMO Enhanced plans
<input type="checkbox"/>	<input type="checkbox"/>	Enhanced 15
<input type="checkbox"/>	<input type="checkbox"/>	Enhanced 25
<input type="checkbox"/>	<input type="checkbox"/>	Enhanced 35
<input type="checkbox"/>	<input type="checkbox"/>	Enhanced 45

Local Access+ HMO products are available as part of SimpleSelect provided they are the exclusive HMO plan option. Local Access+ HMO plan options may not be combined with or offered alongside Access + HMO products.

Add	Cancel	Local Access+ HMO Premier plans
<input type="checkbox"/>	<input type="checkbox"/>	Premier 15
<input type="checkbox"/>	<input type="checkbox"/>	Premier 25
<input type="checkbox"/>	<input type="checkbox"/>	Premier 35
<input type="checkbox"/>	<input type="checkbox"/>	Premier 45
Add	Cancel	Local Access+ HMO Enhanced plans
<input type="checkbox"/>	<input type="checkbox"/>	Enhanced 15
<input type="checkbox"/>	<input type="checkbox"/>	Enhanced 25
<input type="checkbox"/>	<input type="checkbox"/>	Enhanced 35
<input type="checkbox"/>	<input type="checkbox"/>	Enhanced 45

Employers in certain counties and cities: If you are located and your eligible employees live and/or work in the Local Access+ HMO service area³ you have the option to select our Local Access+ HMO network. The Local Access+ HMO network is a select 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.

Add	Cancel	
<input type="checkbox"/>	<input type="checkbox"/>	Access Baja HMO Plan 10

The Access Baja HMO Plan 10 is not available as a single plan offering, or as part of any package but may be offered alongside SimpleSelect or SimpleSync.

Optional Benefits must be purchased for all medical plans selected, not available with Access Baja HMO

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 (HMO only)
<input type="checkbox"/>	<input type="checkbox"/>	Acupuncture/Chiropractic (HMO only)

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

† All Premier PPO plans (except the Premier PPO 20), Enhanced PPO, Shield Spectrum PPO, Base PPO, and Simple Savings plans and Smile In-Network Only dental plans are pending regulatory approval.

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Dental Coverage⁷ 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.

Add	Cancel	PPO Smile SM dental plans
<input type="checkbox"/>	<input type="checkbox"/>	Smile Deluxe Gold
<input type="checkbox"/>	<input type="checkbox"/>	Smile Deluxe Plus 2000
<input type="checkbox"/>	<input type="checkbox"/>	Smile Deluxe 2000
<input type="checkbox"/>	<input type="checkbox"/>	Smile Deluxe
<input type="checkbox"/>	<input type="checkbox"/>	Smile Plus Gold
<input type="checkbox"/>	<input type="checkbox"/>	Smile Plus
<input type="checkbox"/>	<input type="checkbox"/>	Smile
<input type="checkbox"/>	<input type="checkbox"/>	Smile Value
<input type="checkbox"/>	<input type="checkbox"/>	Smile Basic
<input type="checkbox"/>	<input type="checkbox"/>	Smile Basic Voluntary ⁸
Add	Cancel	Smile In-Network Only dental plans* ¹
<input type="checkbox"/>	<input type="checkbox"/>	50/2500/Endo-Perio Plus/Ortho
<input type="checkbox"/>	<input type="checkbox"/>	50/2500/Endo-Perio Plus/No Ortho
<input type="checkbox"/>	<input type="checkbox"/>	50/2500/Endo-Perio Basic/Ortho
<input type="checkbox"/>	<input type="checkbox"/>	50/2500/Endo-Perio Basic/No Ortho
Add	Cancel	Smile In-Network Only dental Voluntary plans** ^{1,8}
<input type="checkbox"/>	<input type="checkbox"/>	50/2500/Endo-Perio Plus/Ortho
<input type="checkbox"/>	<input type="checkbox"/>	50/2500/Endo-Perio Plus/No Ortho
<input type="checkbox"/>	<input type="checkbox"/>	50/2500/Endo-Perio Basic/Ortho
<input type="checkbox"/>	<input type="checkbox"/>	50/2500/Endo-Perio Basic/No Ortho

Add	Cancel	Dental HMO Smile plans
<input type="checkbox"/>	<input type="checkbox"/>	Deluxe
<input type="checkbox"/>	<input type="checkbox"/>	Plus
<input type="checkbox"/>	<input type="checkbox"/>	Basic
Add	Cancel	Dental HMO Smile Voluntary plans ⁸
<input type="checkbox"/>	<input type="checkbox"/>	Deluxe
<input type="checkbox"/>	<input type="checkbox"/>	Plus
<input type="checkbox"/>	<input type="checkbox"/>	Basic
Cancel	Dental HMO	
<input type="checkbox"/>		DHMO Deluxe
<input type="checkbox"/>		DHMO Plus
<input type="checkbox"/>		DHMO Basic
<input type="checkbox"/>		DHMO Voluntary ⁸

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.

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

To enroll in Vision Deluxe, Vision Plus or Vision Standard plans, please submit a Master Application for Specialty Benefits (C17607) 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

Group Term Life Insurance and AD&D*

Add	Cancel		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 \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Class Description _____
<input type="checkbox"/>	<input type="checkbox"/>	Graded \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Class Description _____
<input type="checkbox"/>	<input type="checkbox"/>	Graded \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Class Description _____
<input type="checkbox"/>	<input type="checkbox"/>	Dependent Life Insurance Only available with employee Life and AD&D Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$1,000 to plan
			<input type="checkbox"/>	<input type="checkbox"/>	\$2,000 to plan
			<input type="checkbox"/>	<input type="checkbox"/>	\$3,000 to plan
			<input type="checkbox"/>	<input type="checkbox"/>	\$4,000 to plan
			<input type="checkbox"/>	<input type="checkbox"/>	\$5,000 to plan
Employer Contribution	<input type="checkbox"/>	100% employer paid	<input type="checkbox"/>	<input type="checkbox"/>	Employer pays _____ % for employees (min 25%), _____ % for dependents
Eligibility	<input type="checkbox"/>	All full-time employees	<input type="checkbox"/>	<input type="checkbox"/>	Part time employees _____ Min hrs
	<input type="checkbox"/>		<input type="checkbox"/>	<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 to or from SimpleSync a current DE9C must be submitted with the request.

Employer Signature _____ **Date** _____

Broker/Agent Signature _____ **Date** _____

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

** Vision Basic plans are underwritten by Blue Shield of California or Blue Shield of California Life & Health Insurance Company (Blue Shield Life), depending on which health plan they accompany.

† Smile In-Network Only dental plans are pending regulatory approval.

END NOTES:

- Groups with less than two enrolling employees are limited to a single medical plan selection.
- 75% participation in Blue Shield plans is required for SimpleSelect.
- Local Access+ HMO products are only available in designated counties: portions of Orange, Contra Costa, Los Angeles, San Diego, San Bernardino, Riverside, Kern Sacramento, San Mateo and Ventura, as well as San Luis Obispo, Santa Clara, Santa Cruz, San Francisco, and Yolo counties. Please review the Benefit Summary Guide (form A16609) for detailed information regarding the Local Access+ HMO provider network and service area.
- 65% participation in SimpleSync required with a minimum of five enrolling employees.
- If offered alongside another carrier's benefit plan, 65% of the total number of eligible employees must enroll AND a minimum participation in the combined SimpleSync plans must be equal to the greater of five enrolled employees or 50% of the total number of enrolled employees.
- HSA-eligible high-deductible health plan.
- 75% participation is required for all dental plans except voluntary plans.
- When a non-voluntary dental plan is combined with a voluntary dental plan, 75% participation of eligible employees is required.