



MOVING FORWARD TOGETHER

A graphic consisting of two overlapping chevrons pointing to the right. The front chevron is blue and the back chevron is white.

2022 Broker Sales Guide
Individual and Family Plans

Effective January 1, 2022

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HELLO,

As the new Vice President and General Manager for Individual and Family Plans, I am excited to get to know you in the coming months. I am focused on helping you sell Blue Shield products in 2022. We have made some changes that will make it easier for you to grow your business with Blue Shield of California.

Here are several highlights I am proud to share with you:

- **A new Bronze-level HMO plan for our Trio portfolio.** The Bronze 7500 Trio HMO is a \$7,500 deductible, low-cost health plan that is only available off-exchange. It offers some of the richest Bronze-level benefits in the California market.
- **Rate reduction on Platinum and Gold plans.** We are lowering Platinum 90 Trio HMO rates by 27% and Gold 80 Trio HMO rates by 12% statewide to make our plans even more competitive in the market.
- **Trio service area/network is growing.** Trio HMO is expanding to Monterey and Santa Barbara counties effective January 1.
- **Expanded subsidies continue through 2022.** Your clients could qualify for more financial help, thanks to the American Rescue Plan Act. We appreciate your role in helping to educate them so they can get more affordable health coverage. For our part, we've made the transition from off-exchange to on-exchange smoother by transferring any paid portion of your client's deductible to their new on-exchange plan. Your clients can keep their same doctors, and you will get paid the same commission percentage for the new plan.

If you are not already certified as an agent with Covered California, we encourage you to do so. We want to ensure that you remain the broker of record for any clients who move from off-exchange to on-exchange to take advantage of the new subsidies.

As you can see, many great things lie in 2022 and beyond. These have been extraordinary times for all of us. I hope you, your family, and all your loved ones continue to stay healthy and safe. Here's to a healthy and brighter year ahead in 2022.

Sincerely,

Patrice Bergman
Vice President & General Manager
Individual & Family Plans

KEY DATES

Open enrollment for 2022 will begin on **November 1, 2021**.

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 make any changes through Covered California.

New plan selections must be submitted by December 31, 2021, to ensure a January 1, 2022 effective date.

OCTOBER	1	Clients are notified of any rate or benefit changes to their plan
		Blue Shield's online broker and member renewal tools are available
NOVEMBER	1	Open enrollment begins
DECEMBER	31	Final date for new members to obtain coverage effective 1/1/2022
		Final date for renewing members to change plans for a 1/1/2022 effective date
JANUARY	31	Final day of open enrollment and to apply for coverage effective 2/1/2022
FEBRUARY	1	Applicants must experience a Qualifying Life Event (QLE) to be eligible for coverage

NEW FOR 2022

New Bronze Trio HMO plan

We are pleased to introduce a Bronze-level HMO plan to our Trio portfolio: the Bronze 7500 Trio HMO. This low-cost health plan is only available off-exchange, and offers your clients some of the richest Bronze-level benefits in the California market:

- The only Bronze HMO plan to offer:
 - chiropractic benefits
 - unlimited number of office visits before meeting the deductible for a fixed \$70 copay
 - X-ray benefits before meeting the deductible
- The Bronze 7500 Trio HMO also offers:
 - Laboratory benefits at a fixed copay before meeting the deductible
 - Tier 1 prescriptions for a \$25 copay before meeting the deductible

Ideal for those who:

- Want a lower monthly premium
- Who can afford a high deductible
- Are relatively healthy and don't expect to use a lot of services
- Want access to commonly utilized benefits before meeting the deductible

A snapshot of plan benefits can be found below. For full details, see the [Summary of Benefits](#).

BLUE SHIELD BRONZE 7500 TRIO HMO	
BENEFIT	WITH PARTICIPATING PROVIDERS, MEMBERS PAY: ¹
Preventive health benefits	\$0
Office visit – primary care physician	\$70
Office visit – specialist	\$80
Urgent care visit	\$70
Tier 1 drugs (up to 30-day supply)	\$25
Tier 2 drugs (up to 30-day supply)	\$115 ²
Tier 3 drugs (up to 30-day supply)	\$160 ²
Tier 4 drugs (up to 30-day supply)	50% (up to \$500) ²
Laboratory	\$65
X-ray	\$115
Inpatient hospitalization	50%
Outpatient surgery	50%
Emergency room services not resulting in hospital admission	50%
Ambulance	50%
Maternity – delivery (hospital)	50%
Pediatric dental exam	\$0
Pediatric eye exam	\$0
Pediatric eyeglasses	1 pair per year
Chiropractic (from an American Specialty Health Plans network chiropractor)	\$20
Acupuncture (from an American Specialty Health Plans network acupuncturist)	\$50
Calendar-year medical deductible ³	\$7,500 per individual / \$15,000 per family
Calendar-year out-of-pocket maximum (includes deductible)	\$8,350 per individual / \$16,700 per family
Calendar-year pharmacy deductible	Included in the medical deductible

☐ Benefit is available prior to meeting the deductible

☒ Benefit is subject to the deductible

NEW FOR 2022 continued

Reminder: Increased federal subsidies available through the American Rescue Plan Act

The American Rescue Plan Act provided additional funding to help make health coverage more affordable for millions of Californians. Many of those who were not previously eligible for a subsidy are now eligible, and many of those who were previously eligible can get increased financial help today.

This is a great opportunity to sell a Blue Shield plan to those who are currently uninsured. With our wide range of HMO and statewide PPO plans, our competitive pricing, and our robust provider networks featuring marque providers such as Cedars Sinai, Hoag Memorial, UCSF, UCLA Health, and Scripps, enrolling your clients in a Blue Shield plan is the smart and easy choice this open enrollment.

Covered California certification

To take advantage of the subsidies, your clients must apply through Covered California. To get credit for the sale, you must be certified as a Covered California agent. To get certified, visit coveredca.com/agents.

Off-exchange clients

If you have Blue Shield off-exchange clients that can take advantage of the new financial assistance through Covered California, remember to cancel their off-exchange medical plan once they make their initial payment and their new on-exchange plan is active. They do not need to cancel their dental or vision plan. They can have an on-exchange medical plan with an off-exchange dental plan or vision plan.

If your clients were using AutoPay to pay their monthly premiums, they will need to re-register for a new online account and set up AutoPay again for their new on-exchange medical plan. They can do so through their Blue Shield member account at blueshieldca.com/login.

Heal is a trademark of Get Heal, Inc.

- 1 The amounts indicated are a percentage of the allowed charges amounts. Network providers accept Blue Shield's allowed charges amounts as payment in full for covered services.
- 2 Subject to the calendar-year medical deductible.
- 3 Family coverage has an individual deductible within the family deductible. Blue Shield will pay benefits for an individual member on the family plan once the member meets the individual deductible amount. Blue Shield will pay benefits for all covered family members once the family deductible is satisfied. The family deductible can be satisfied when two family members meet their individual deductibles, or when the combined deductible contributions of three or more members reaches the family deductible limit.

Reminder: Heal is no longer available in California

Heal™ is a service that lets your clients see a doctor at a location of their choosing. Unfortunately, Heal decided to leave the California market effective September 1, 2021 to focus on long-term senior care. As a result, this service is no longer available to Blue Shield members. Clients who used Heal have already been notified of this change.

RATE CHANGES

[Visit the rates page](#) on Broker Connection to download the 2022 medical and specialty plans rate book and regional rate sheets.

We have been working hard to keep costs down and rate increases to a minimum. Last year, we were able to decrease rates, on average, for our non-grandfathered medical plans. This year, rates will only increase an average of 1.6% statewide, but many members will experience rate decreases.

For specialty products, there will be a modest rate increase for off-exchange dental plans and vision* plans. On-exchange dental plans, life insurance,* and AD&D* rates will get a rate pass.



MEDICAL PLAN RATE CHANGES

Medical plan rates will increase an average of 1.6% statewide: Trio HMO plan rates will increase an average of 0.9% (1.5% in northern regions and 0.8% in southern regions), and our non-grandfathered PPO plan rates will increase an average of 1.8% (1.1% reduction in the north and 3.3% increase in the south).

Some regions will see significant rate reductions. Our Trio HMO products are experiencing an average rate decrease of 10% or more in the following regions:

- 2 (wine country)
- 4 (San Francisco)
- 8 (San Mateo)
- 10 (central valley north)
- 16 (Los Angeles west)
- 18 (Orange County)

Other regions, including 1 (rural north/Sierra), 5 (Contra Costa County), 9 (Monterey Bay), and 14 (Kern County) will also experience average rate decreases under 10%.

We are also reducing Platinum 90 Trio HMO plan rates by 27% and Gold 80 Trio HMO rates by 12% statewide.

Our PPO products are experiencing an average rate decrease ranging from 0.3% to 9.9% in the following regions:

- 1 (rural north/Sierra)
- 5 (Contra Costa County)
- 6 (Alameda County)
- 9 (Monterey Bay)
- 14 (Kern County)



DENTAL PLAN RATE CHANGES

Our marketed, off-exchange dental plans will experience a modest rate increase this year. Rates for PPO dental plans will increase an average of 2.9%, while rates for HMO dental plans will increase an average of 3.2%. Your clients' plan premiums will only increase approximately \$1 per month or less.

The on-exchange HMO and PPO dental plans will receive a rate pass for 2022.



VISION PLAN RATE CHANGES

Our vision* plans will experience an average rate increase of 7.8%, which is less than \$1 per month in additional cost. Your clients can still get a Blue Shield vision plan for as low as \$6.90 per month.

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

NETWORK UPDATES

Trio expands to Monterey and Santa Barbara counties

Our Trio HMO network continues to grow. Starting January 1, Trio will be available in Monterey and Santa Barbara counties.

MONTEREY COUNTY ZIP CODES	93933, 93940, 93942, 93943, 93944, 93950, 93953, 93955
SANTA BARBARA COUNTY ZIP CODES	93013, 93014, 93067, 93101, 93102, 93103, 93105, 93106, 93107, 93108, 93109, 93110, 93111, 93116, 93117, 93118, 93120, 93121, 93130, 93140, 93150, 93160, 93190, 93199, 93460, 93463, 93464

We have contracted with Sansum Clinic for Santa Barbara County, which includes Cottage Health Hospital. For Monterey County, we have contracted with Aspire Health Plan, which includes Montage Medical Group and Salinas Valley Memorial Healthcare System. Contracted hospitals for Monterey County include Community Hospital of the Monterey Peninsula and Salinas Valley Medical Center.

Available in 28 counties throughout California



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

PPO network

The value of our PPO plans lies in our robust provider network. Our Exclusive PPO Network (EPPO) is still the only statewide PPO network in California for the IFP market, offering your clients access to more than 59,000 doctors, 770 urgent care centers, and 330 hospitals. The network includes premier hospitals such as:



Our PPO plans also include coverage for non-network providers, giving your clients more value than lower-cost EPO plan options with narrow provider networks. If your clients value their choice of providers, a Blue Shield PPO plan may be the right choice for them.

PLAN BENEFIT CHANGES

Don't forget to [download the new 2022 PPO and Trio HMO Plans at a Glance brochures](#) on Broker Connection. They are available in English, Spanish, Chinese, Korean, and Vietnamese. You can also order print versions in English and Spanish through the [online ordering site](#).

Medical plan changes

There are several benefit changes for 2022 – 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 beginning on the next page. For a list of all benefit change details, and to see copies of the notifications your clients will receive, visit the 2022 [Client Notifications page](#).

Some notable changes include:

- The pharmacy deductible will be reduced from \$300 to \$10 per member on the Silver 70 PPO and Trio HMO plans, and from \$275 to \$10 per member on the Silver 73 PPO and Trio HMO plans.
- The Silver 1950 PPO plan medical deductible is being reduced by \$200 per member from \$1,950 to \$1,750, which necessitates a plan name change to the Silver 1750 PPO plan.
- Lab services are changing from a 35% coinsurance after the deductible to a \$45 copay before the deductible on the Silver 1750 PPO plan.
- Members who use a manufacturer copay discount card to purchase a specialty drug at a CVS Specialty pharmacy will no longer have the full copay amount applied to their deductible or out-of-pocket maximum. Only the portion of the copay paid for by the member will be applied to the deductible or out-of-pocket maximum. For example, if the member's copay for a specialty drug is \$250, and the member uses a manufacturer discount card that lowers the member's out-of-pocket cost to \$5, only \$5 will be applied to the member's deductible or out-of-pocket maximum.

OFF-EXCHANGE ONLY PLANS (NON-MIRRORED)

PPO changes

	SILVER 70 OFF-EXCHANGE PPO CHANGES	
	2021	2022
	IN-NETWORK	IN-NETWORK
Medical deductible	\$4,000 per person / \$8,000 per family	\$3,700 per person / \$7,400 per family
Pharmacy deductible	\$300 per person / \$600 per family	\$10 per person / \$20 per family
Tier 1 prescription drugs	\$16	\$15
Tier 2 prescription drugs	\$60	\$55
Tier 3 prescription drugs	\$90	\$85
Primary care office visits	\$40	\$35
Other practitioner office visits	\$40	\$35
Rehabilitative and habilitative services – outpatient department of a hospital	\$40	\$35
Mental health and substance use disorder – office visit, including physician office visit	\$40	\$35
Specialist office visits	\$80	\$70
Urgent care	\$40	\$35
Acupuncture	\$40	\$35

	SILVER 1750 PPO CHANGES (FORMERLY SILVER 1950 PPO)	
	2021	2022
	IN-NETWORK	IN-NETWORK
Medical deductible	\$1,950 per person / \$3,900 per family	\$1,750 per person / \$3,500 per family
Primary care office visit	\$45	\$40
Urgent care	\$45	\$40
Acupuncture	\$45	\$40
Outpatient laboratory testing	35% subject to deductible	\$40 not subject to deductible

	SILVER 2600 PPO CHANGES	
	2021	2022
	IN-NETWORK	IN-NETWORK
Teladoc	\$0 (not subject to deductible)	\$0 (subject to deductible)

Trio HMO changes

	SILVER 70 OFF-EXCHANGE TRIO HMO CHANGES	
	2021	2022
	IN-NETWORK	IN-NETWORK
Medical deductible	\$4,000 per person / \$8,000 per family	\$3,700 per person / \$7,400 per family
Pharmacy deductible	\$300 per person / \$600 per family	\$10 per person / \$20 per family
Tier 1 prescription drugs	\$16	\$15
Tier 2 prescription drugs	\$60	\$55
Tier 3 prescription drugs	\$90	\$85
Primary care office visits	\$40	\$35
Other practitioner office visits	\$40	\$35
Rehabilitative and habilitative services – outpatient department of a hospital	\$40	\$35
Mental health and substance use disorder – office visit, including physician office visit	\$40	\$35
Specialist office visits	\$80	\$70
Urgent care	\$40	\$35
Acupuncture	\$40	\$35

ON-EXCHANGE ONLY PLANS (NON-MIRRORED)

PPO changes

	SILVER 70 PPO CHANGES	
	2021	2022
	IN-NETWORK	IN-NETWORK
Medical deductible	\$4,000 per person / \$8,000 per family	\$3,700 per person / \$7,400 per family
Pharmacy deductible	\$300 per person / \$600 per family	\$10 per person / \$20 per family
Tier 1 prescription drugs	\$16	\$15
Tier 2 prescription drugs	\$60	\$55
Tier 3 prescription drugs	\$90	\$85
Primary care office visits	\$40	\$35
Other practitioner office visits	\$40	\$35
Rehabilitative and habilitative services – outpatient department of a hospital	\$40	\$35
Mental health and substance use disorder – office visit, including physician office visit	\$40	\$35
Specialist office visits	\$80	\$70
	SILVER 70 PPO CHANGES, CONTINUED	
	2021	2022

	IN-NETWORK	IN-NETWORK
Urgent care	\$40	\$35
Acupuncture	\$40	\$35

	SILVER 73 PPO CHANGES	
	2021	2022
	IN-NETWORK	IN-NETWORK
Out-of-pocket maximum	\$6,500 per person / \$13,000 per family	\$6,300 per person / \$12,600 per family
Pharmacy deductible	\$275 per person / \$550 per family	\$10 per person / \$20 per family
Specialist office visits	\$75	\$70
Tier 1 prescription drugs	\$16	\$15

	SILVER 87 PPO CHANGES	
	2021	2022
	IN-NETWORK	IN-NETWORK
Medical deductible	\$1,400 per person / \$2,800 per family	\$800 per person / \$1,600 per family
Pharmacy deductible	\$100 per person / \$200 per family	\$0
Tier 2 prescription drugs	\$25 subject to the prescription deductible	\$25 not subject to the prescription deductible
Tier 3 prescription drugs	\$45 subject to the prescription deductible	\$45 not subject to the prescription deductible
Tier 4 prescription drugs	15% (up to \$150 per prescription) subject to the deductible	15% (up to \$150 per prescription) not subject to the deductible

	SILVER 94 PPO CHANGES	
	2021	2022
	IN-NETWORK	IN-NETWORK
Out-of-pocket maximum	\$1,000 per person / \$2,000 per family	\$800 per person / \$1,600 per family

Trio HMO changes

	SILVER 70 TRIO HMO CHANGES	
	2021	2022
	IN-NETWORK	IN-NETWORK
Medical deductible	\$4,000 per person / \$8,000 per family	\$3,700 per person / \$7,400 per family
Pharmacy deductible	\$300 per person / \$600 per family	\$10 per person / \$20 per family
Tier 1 prescription drugs	\$16	\$15
Tier 2 prescription drugs	\$60	\$55
Tier 3 prescription drugs	\$90	\$85
Primary care office visits	\$40	\$35
Other practitioner office visits	\$40	\$35
Rehabilitative and habilitative services – outpatient department of a hospital	\$40	\$35
Mental health and substance use disorder – office visit, including physician office visit	\$40	\$35
Specialist office visits	\$80	\$70
Urgent care	\$40	\$35
Acupuncture	\$40	\$35

	SILVER 73 TRIO HMO CHANGES	
	2021	2022
	IN-NETWORK	IN-NETWORK
Out-of-pocket maximum	\$6,500 per person / \$13,000 per family	\$6,300 per person / \$12,600 per family
Pharmacy deductible	\$275 per person / \$550 per family	\$10 per person / \$20 per family
Specialist office visits	\$75	\$70
Tier 1 prescription drugs	\$16	\$15

SILVER 87 TRIO HMO CHANGES		
	2021	2022
	IN-NETWORK	IN-NETWORK
Medical deductible	\$1,400 per person / \$2,800 per family	\$800 per person / \$1,600 per family
Pharmacy deductible	\$100 per person / \$200 per family	\$0
Tier 2 prescription drugs	\$25 subject to the prescription deductible	\$25 not subject to the prescription deductible
Tier 3 prescription drugs	\$45 subject to the prescription deductible	\$45 not subject to the prescription deductible
Tier 4 prescription drugs	15% (up to \$150 per prescription) subject to the deductible	15% (up to \$150 per prescription) not subject to the deductible

SILVER 94 TRIO HMO CHANGES		
	2021	2022
	IN-NETWORK	IN-NETWORK
Out-of-pocket maximum	\$1,000 per person / \$2,000 per family	\$800 per person / \$1,600 per family

OFF-EXCHANGE AND ON-EXCHANGE PLANS (MIRRORED)

PPO changes

MINIMUM COVERAGE PPO CHANGES				
	2021		2022	
	IN-NETWORK	NON-NETWORK	IN-NETWORK	NON-NETWORK
Medical deductible	\$8,550 per person / \$17,100 per family	\$17,100 per person / \$34,200 per family	\$8,700 per person / \$17,400 per family	\$17,400 per person / \$34,800 per family
Out-of-pocket maximum	\$8,550 per person / \$17,100 per family	\$20,000 per person / \$40,000 per family	\$8,700 per person / \$17,400 per family	\$20,000 per person / \$40,000 per family

BRONZE 60 HDHP PPO CHANGES		
	2021	2022
	IN-NETWORK	IN-NETWORK
Teladoc	\$0 (not subject to deductible)	\$0 (not subject to deductible)

SPECIALTY PLAN UPDATES

Don't forget to download the new 2022 [Specialty Plans at a Glance](#) brochures on Broker Connection. 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](#).

Plan closure

We will no longer offer the Enhanced Dental PPO 25/500 to new members in 2022. Existing members, however, can remain in the plan.

This plan closure does not impact the other Enhanced Dental PPO plans: Enhanced Dental PPO 50/1250, Enhanced Dental PPO 50/2000, and Enhanced Dental PPO 50/2000 Lifetime Ortho 1500.

Spotlight on Specialty

Vision and dental health are key to your clients' total well-being. Blue Shield offers affordable care starting at \$12 for our dental plans and \$6.90 for vision. And with on-exchange and off-exchange dental plan options, it has never been easier to bundle your clients' coverage.

Dental plans

Make sure your clients' coverage is complete with a Blue Shield of California HMO or PPO dental plan. We have a variety of HMO and PPO plans, for both on- and off-exchange members. All plans offer \$0 copays for exams, cleanings, and X-rays. Most plans offer orthodontic coverage, as well as implants for all ages (including members 65 years and older). HMO plans have no calendar-year benefit maximum, while PPO plans offer up to \$2,000 in benefits per year per member.

If your client had dental coverage with another carrier and meets certain criteria, all waiting periods for their new Blue Shield dental plan can be waived. Just have your client submit proof of their prior coverage with the Blue Shield application.

Vision* plans

Starting at \$6.90, our vision plans are a great value to your clients, offering them benefits like exams, contact lens and frame allowances with the largest vision network in California.

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. [Download](#) our fillable PDF application today.

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

TOOLS TO SIMPLIFY YOUR SALES

We're committed to investing in tools and improving processes that help you grow your business and minimize your administrative burden.

Application status and initial payments

It's easy to check the status of your Blue Shield applications. You can view both on-exchange and off-exchange applications using our Application Status tool on Broker Connection. Just log in to Broker Connection, click "Individual & Family" from the top navigation, and select "View All Submitted Applications."

If your on-exchange clients need to make their initial payment, they can do so online at blueshieldca.com/PaymentBSC or by calling us at **(855) 836-9705**.

Maximize your sales with our webinars

Client renewal webinars:

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

Our informational renewal webinars will guide your Blue Shield clients through plan and policy changes as well as how they can use self-service tools to renew their plan for 2022. Check our cycle page and broker newsletters for the complete list of webinar dates and times.

Open enrollment broker selling webinars:

Keep current with our plans and get the latest competitive and market insights at one of our [broker sales webinars](#). Our expert sales team will share important plan and pricing information, regional and competitive insights, as well as exciting news about commission and bonus programs. This is the best place to get up to speed, get your questions answered, and get selling!

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 with proven customized fliers to streamline your marketing and sales efforts. Simply add your personalized information to sharp, professionally created marketing materials which can be easily emailed to clients and watch your business grow. Get started today on the [broker Sales Collateral page](#).



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 in 2021. We're
focused on the future and ready to help you grow at
[Broker Connection](#).