

# BeneFits from Blue Cross

Small Business Solutions. A Package that Fits.



**BlueCross**  
of California



SMALL BUSINESS  
SOLUTIONS  
A PACKAGE THAT FITS



Because the challenges of small businesses are anything but small

*"I just talked with our Blue Cross agent. They've got a new health coverage package that's going to work for all of us."*



**Something for Everybody**

# The Value of a Good Fit Just Got Clearer.



In the past year, the BeneFits portfolio has proven to be a clear fit for California small businesses wanting affordable plans and easy eligibility. With five targeted plans priced right for cost-sensitive businesses, employer contributions as low as 25% or \$50, and participation requirements as low as 60%, BeneFits can help you offer health coverage for the first time or continue offering coverage in a time of rising costs. And BeneFits just got better!

**Beginning December 1, 2005, the Hospital BeneFits Preferred Plan from BC Life & Health Insurance Company (BCL&H) will be enhanced for new groups with valuable vision coverage designed especially for small businesses. Existing groups renewing on or after December 1, 2005 will automatically receive this enhanced benefit.** The current vision benefit will be improved from a maximum Blue Cross payment of \$100 per year to richer coverage through Blue View Vision<sup>SM</sup> from BCL&H. The Blue View Plan includes an eye exam every 12 months (for a low \$25 copay) as well as lenses, frames and contact lenses every 24 months. It also features:

**A Broad, Convenient Network** – Your employees can choose from an extensive network of participating providers, including ophthalmologists and optometrists as well as LensCrafters<sup>SM</sup>, Target Optical, most Sears Optical and most Pearle Vision locations. They can easily choose eye care providers or locations by going to [www.bluecrossca.com](http://www.bluecrossca.com) and clicking on the "Provider Finder" link or by calling Blue View Vision at **(866) 723-0515**.

**Value-Added Savings** – The Blue View Plan provides additional savings of 15-40% on non-covered materials such as extra pairs of eyewear.

**Easy-to-Use Benefits** -- Employees simply make an appointment with a Blue View Vision eye care provider, present their I.D. card, and pay the copayment and any balance to the provider at the time of the service. The provider takes care of all the paperwork.

Blue View Vision will not affect the plan's rates in any way ... and it clearly makes the Hospital BeneFits Preferred Plan even better.

**BeneFits from Blue Cross. Easier to afford. Easier to qualify. And now, even easier to see why it's the Package that Fits.**

Questions?  
Call Blue Cross  
Small Group  
Services at



**(800) 627-8797**



Sources: U.S. Secretary of Health and Human Services and National Association of Health Underwriters.  
BC Life & Health Insurance Company (BCL&H) is an Independent Licensee of the Blue Cross Association (BCA).  
Blue View Vision and the Blue Cross name and symbol are registered service marks of the BCA. Blue View Vision  
and the Hospital BeneFits Preferred Plan are offered by BCL&H. SC1590 9/05

# Introducing BeneFits from Blue Cross Small Business Solutions. A Package that Fits.

At Blue Cross of California, we understand that small businesses face tough challenges, and you deserve our best ideas and support. That's why we've developed a new way to offer health coverage ... giving you a simple, affordable solution you've never had before.

## **BeneFits from Blue Cross**

Small Business Solutions. A Package that Fits.

- **Five plans - you choose how many to offer**
- **Guaranteed coverage for your group**
- **Potential tax advantages for your company**
- **Employer contributions as low as 25% or \$50**
- **Employee participation requirement reduced to 60%**
- **Affordable rates - guaranteed for 12 months**
- **Option to add Life, Dental and Vision coverage**
- **Discount on integrated Workers' Compensation**

*All plans start with hospital coverage up to \$5 million during your lifetime. Additional benefits expand or vary from plan to plan.*

When you choose BeneFits from Blue Cross, your business is backed by one of the industry's most respected and stable carriers. You and your employees gain access to the vast Blue Cross provider network, with negotiated savings on doctor visits and prescriptions. Blue Cross membership also includes valuable resources and free wellness programs to help your employees stay healthy.

Medical and Dental coverage from Blue Cross of California (BCC) and/or BC Life & Health Insurance Company (BCL&H). Life insurance from BCL&H. Workers' Compensation coverage from Employers Compensation Insurance Company, not affiliated with BCC/BCL&H.



Call your agent  
or Blue Cross at  
(800) 627-8797

**easier to afford. easier to control. easier to qualify.**

# Quality Coverage ... at a Price You Can Control

The BeneFits package throws out the old rules in order to give small businesses more room to control monthly costs – making health coverage cheaper than ever before. The tax advantages don't hurt either.

## Lower Rates and Guarantees

We've carefully designed the BeneFits plans to have the lowest possible rates. And when you sign up, your rates are guaranteed for 12 full months.

## Save on Company Taxes

Employers' costs to offer health coverage may be 100 percent tax-deductible as ordinary business expenses on California and federal income taxes. And, with a P.O.P. administrative option, you can save even more. For details, see the "Save Even More on Taxes" section on this page. For all of your tax questions, be sure to talk with your tax advisor.

## Control Costs with Flexible Employer Contributions

For the BeneFits program, our normal employer contributions have been cut in half. For each employee each month, you can contribute as little as:

- 25% or more** (in 5% increments)
- or**
- \$50 or more** (in \$5 increments)

(Dependent contributions are optional.) Each employee pays the rest of the monthly premium amount for the plan selected through payroll deductions. Sharing premium costs with your employees makes coverage easier to afford for both of you.

## Save 10% on Workers' Compensation

You've got to have it ... and you can save by integrating Workers' Compensation with your BeneFits medical coverage! See page 6 for details.

## Save Even More on Taxes

A Premium Only Program (P.O.P.) can reduce your company's payroll taxes and increase your employees' take-home pay. P.O.P. is an administrative option that adjusts your payroll process so you can receive tax advantages authorized by Section 125 of the IRS code. Employees use pre-tax dollars to pay their premiums, which increases their take-home pay and decreases your payroll taxes. Everybody wins – and saves.

It's easy to use this program in conjunction with the health coverage you select. And, if five or more employees enroll in a BeneFits plan, Blue Cross gives you the first year of P.O.P. free! (Otherwise it's just \$125 per year.)



***Normally, you'd pay a modest \$125 per year for P.O.P. – but when you enroll in the BeneFits program with five or more employees, Blue Cross makes your first year FREE.***

P.O.P. is offered through an arrangement with Ceridian Benefits Services.

easier to afford



## Healthy Workers Keep Your Company Fit

Offering health coverage can help you hire quality workers ... and they can help make your business more successful. According to a survey of small businesses, employers say that coverage makes a difference.

- 80% report that it helps hire and keep the right workers
- 70% say that better employee health improves productivity
- 68% note reduced absenteeism

Source: EBRI/CHEC/BCBSA 2000 Small Employer Health Benefits Survey

# One Package. Five Plans. You Choose.

The five BeneFits plans are illustrated on these two pages showing amounts member is responsible to pay for covered, in-network charges. When you choose BeneFits from Blue Cross, you decide how many of the plans to offer your employees. You can offer all five, just one, or any number you like.

Cut-out flyers are included in the back of this booklet with more detailed information. Each is printed in English on one side and Spanish on the other (Chinese and Korean versions are available online) ... providing hand-outs you can copy for your employees.

## Hospital BeneFits

1

- **Annual Deductible:** \$1,250 per member, 2-family member maximum
- **Hospital Coinsurance:** 30% after deductible
- **Annual Out-of-Pocket Maximum:** Deductible + \$2,500 per member, 2-family member maximum
- **Generic-Only Drug Benefit:** \$15 copay

*"In case I have to be hospitalized, with this plan I'll be protected. After I reach my out-of-pocket maximum, Blue Cross will pay the rest of my covered hospital charges that year if I use in-network providers – up to \$5 million. I also get a break on prescription drugs. My copay is only \$15 for generic drugs if I use a Blue Cross network pharmacy."*

## Hospital BeneFits Plus ... lower deductible and enhanced benefits

2

- **Annual Deductible:** \$1,000 per member, 2-family member maximum
- **Hospital Coinsurance:** 30% after deductible
- **Annual Out-of-Pocket Maximum:** Deductible + \$2,500 per member, 2-family member maximum
- **Generic-Only Drug Benefit:** \$15 copay
- **Professional Services:** 50% coinsurance for first \$1,000

*"With this plan I get everything from Hospital BeneFits ... **plus** Blue Cross and I split up to \$1,000 for doctor services – even before I meet my deductible."*

## Hospital BeneFits Preferred ... even lower deductible, and more enhanced benefits

3

- **Annual Deductible:** \$750 per member, 2-family member maximum
- **Hospital Coinsurance:** 30% after deductible
- **Annual Out-of-Pocket Maximum:** Deductible + \$2,500 per member, 2-family member maximum
- **Generic-Only Drug Benefit:** \$15 copay
- **Office Visits and Related Services:** 50% coinsurance for first \$1,500
- **Dental:** 2 free cleanings + up to \$500 benefit; **Vision:** up to \$100 benefit

*"This plan gives me everything from Hospital BeneFits Plus ... **and even more.** Blue Cross and I split up to \$1,500 for doctor services, and I get dental and vision benefits, too."*

easier to choose



## HELPFUL DEFINITIONS

**Annual Deductible** – the amount you have to pay first, before your health plan starts to pay.

**Annual Out-of-Pocket Maximum** – the most you pay in any one year for qualified covered services before your plan pays 100% of your eligible covered costs for the rest of the year. (In-network; you will pay more out-of-network).

**Coinsurance** – percentage you pay when you receive covered services.

**Copay** – dollar amount you pay when you see the doctor or receive another covered service.

**2-Family Member Maximum** – two covered members of the family must meet this amount separately to satisfy the requirement for all covered family members.

**Family Aggregate** – all covered family members' eligible expenses can be combined to satisfy the family maximum requirement.

**Generic Drug** – a generic drug is identical to its brand-name equivalent in active ingredient, dosage form, strength, quality and intended uses, as well as its physiological and pharmacological effect.

**In-Network** – an in-network doctor, dentist, specialist, hospital or pharmacy has a contract with Blue Cross to provide our members with services at a reduced fee. If you go out-of-network, you pay more.

**HMO** – a “health maintenance organization” offers comprehensive health care to enrolled members in a particular geographic area, by member physicians with referrals to specialists when medically necessary.

**PPO** – a “preferred provider organization” is a comprehensive medical insurance plan that lets members receive more coverage if they choose health care providers in the plan’s network.

Hospital BeneFits, Hospital BeneFits Plus, Hospital BeneFits Preferred, and PPO \$35 Copay GenRx plans offered by BC Life & Health Insurance Company. Power Select HMO Plan offered by Blue Cross of California.

# 4

## Comprehensive PPO BeneFits: \$35 Copay GenRx Plan

Comprehensive PPO coverage made more affordable with a safe and simple trade-off: generic-only drug benefits

- **Annual Deductible:** \$500 per member, 2-family member maximum
- **Annual Out-of-Pocket Maximum:** \$4,000 including deductible, 2-family member maximum
- **Doctor Office Visits:** \$35 copay for first 12 visits, then 45% coinsurance
- **Hospital & Professional Services:** 35% coinsurance after deductible
- **Generic-only Drug Benefit:** \$15 copay

*“By moving up to this plan, I get comprehensive coverage for both hospitalization and doctor visits.”*

# 5

## Comprehensive HMO BeneFits: Power Select HMO Plan

Access to more than 6,000 primary care physicians and specialists in 22 California counties

- **Annual Deductible:** \$500 per member
- **Annual Out-of-Pocket Maximum:** \$2,250 per member, \$4,500 family aggregate
- **Doctor Office Visits:** \$25 copay primary care physician / \$35 copay specialist or referral care
- **Hospital Coverage:** 10% inpatient/20% outpatient facility copay; no charge for professional services
- **Prescription Drugs:** \$15 generic copay / \$25 brand copay after \$150 brand deductible

*“With this comprehensive HMO plan, I can depend on predictable costs. Blue Cross coverage for my eligible expenses in the Select Network is unlimited.”*

# BeneFits Plans Have Extra Value ... Built Right In

Your plans automatically include free wellness programs, discounts for products and services, and other valuable resources. For details, go to [www.bluecrossca.com](http://www.bluecrossca.com) and click on the "Healthy Living" link; you'll find all this and more:

- **HealthyExtensions** ... offering information about 10-50% discounts on health/wellness products and services offered by independent vendors: Fitness club memberships. Teeth whitening services. Eyewear and contact lenses. Yoga and massage therapy. All-inclusive Club Med vacations. Smoking, alcohol and weight management programs.
- **Health Improvement Programs** ... free support to help members live well while managing asthma, diabetes or congestive heart failure conditions.
- **MedCall®** ... 24-hour nurse access by phone, toll-free, any time of the day or night, to answer questions and provide assistance.

*With BeneFits as a foundation, you can also offer other types of valuable coverage ... whenever you're ready.*



## Brighten Your Benefits with Dental Coverage

Convenient, affordable Dental coverage will help keep your employees smiling. Consider adding these plans to your BeneFits package (or ask your agent about other options):

- **Dental BeneFits Plan** - PPO coverage from BC Life & Health - free cleanings, exams and X-rays, as well as significant savings on fillings when you visit one of Blue Cross' 12,500 contracted dentists (maximum Blue Cross payment \$500)... *this plan is included in the Hospital BeneFits Preferred Plan.*
- **Dental Net Plan** - HMO coverage from Blue Cross of California - coverage for a wide range of Dental services, including orthodontics, from Blue Cross network providers

Employers must contribute 50% or more (in 5% increments) to each employee's monthly premium. Contributions to employees' dependents' premiums are optional.

See the "Dental Plan Options" comparison matrix in the back of this brochure for more details. Ask your Blue Cross agent if a savings opportunity may be available when you add Dental coverage.

## Workers' Compensation – you need it, and we can help you save

Blue Cross and Employers Compensation Insurance Company (ECIC) have joined forces to offer integrated Medical coverage and Workers' Compensation insurance. Integrated MediComp helps you meet State requirements, offers the convenience of a single monthly billing, and gives your employees access to Blue Cross network physicians for both work-related and personal injuries and illnesses.

And you receive special savings when you integrate Workers' Compensation with your BeneFits Medical coverage:

- **Save 10% automatically** on the ECIC Workers' Compensation portion of your integrated bill
- **Additional savings** on your Medical premium with Integrated MediComp, if your group qualifies

easier to expand

## Adding Life May Help You Save More

You can provide additional peace of mind for your employees and their families by offering Basic Term Life and Accidental Death and Dismemberment insurance from BC Life & Health.

- Choose a coverage amount ... from \$15,000 to \$50,000 (in \$5,000 increments)
- Specify your employer contribution amount ... 25% or more (in 5% increments)

And ... for BeneFits groups that select \$25,000 or more of Life coverage, you may qualify for **1% savings on your medical premiums**. In many cases, this medical savings may cover a significant portion of your Life premium. Ask your Blue Cross agent for all the details.

***For more information about Dental and Vision coverage, consult your Blue Cross agent.***



BeneFits ... a flexible foundation

# BeneFits opens the door ... so more groups can qualify

Your small business has big clout when it comes to enrollment. California law clears the way, and the BeneFits program goes an extra mile to help groups qualify.

## Guarantee Issue Coverage

State law requires insurance carriers to issue coverage to qualifying small businesses with 2-50 employees. Laws also protect you from being charged more than 10% above a carrier's standard small group rate, regardless of employee health history.

## You Can't Afford to Be Without It

Health coverage protects you and your employees from high financial costs that may result from an unforeseen health crisis. The following examples represent amounts for a single hospitalization; some of these conditions might involve multiple hospitalizations:

<b>Appendectomy</b>	<b>\$14,304</b>
<b>Adult pneumonia</b>	<b>\$18,262</b>
<b>Heart attack, no bypass</b>	<b>\$20,292</b>
<b>Heart bypass operation</b>	<b>\$130,865</b>

BeneFits puts affordable coverage in reach ... helping to provide peace of mind, health protection and financial security.

Source: 2001 Hospital Discharge Data Reported to the California Office of Statewide Health Planning and Development (OSHPD).

## Fewer Employees Need to Participate

For the BeneFits program, required participation is **only 60% of eligible employees**. Blue Cross also gives participation waivers for employees who don't want to participate for allowable reasons. Here's an example that shows how that might work for a small business with 8 employees (including owner):

<b>TOTAL EMPLOYEES</b>	8
Waive those who don't participate for allowable reasons: <i>one employee already has coverage through MediCal</i> <i>one employee is covered by spouse's employer group plan</i>	-1 -1
<b>ELIGIBLE EMPLOYEES</b>	6
Subtract those who don't participate for other reasons: <i>one wants to keep existing Individual plan instead</i> <i>one just doesn't want to participate</i>	-1 -1
<b>ELIGIBLE ENROLLING EMPLOYEES</b>	4

To calculate required participation, the number of eligible enrolling employees is divided by the number of eligible employees, resulting in a participation percentage. In this example:

$$\frac{\text{Eligible Enrolling Employees}}{\text{Eligible Employees}} \quad \text{or} \quad \frac{4}{6} = 66\%$$

**With the BeneFits program, this group meets the 60% participation requirement** (under the traditional 75% participation requirement, the group would not qualify).

easier to qualify

## Expanded Access

BeneFits can also help companies extend access to workers who have never before been eligible for coverage. Blue Cross has broken ground to give employers the option of covering:

- Part-time employees who work as few as 15 hours a week
- Seasonal workers in selected SIC code agricultural industries

## Easy Administration, Too

Blue Cross stands behind you with unparalleled service and support to make sure your BeneFits program is easy to administer.

- Web support with mybcclink for Small Group Employers: secure access to your account for point-and-click account maintenance ... making it fast and easy to order ID cards, download forms, review invoices and much more
- Automated phone support guides you through self-service options
- Dedicated service representatives are specially trained to assist your small business and your employees



Once again, Blue Cross has broken new ground ... helping employers extend access to workers never before eligible for coverage.

# Enrollment Guidelines

## **Eligible Employees**

• **Full-Time:** Employees must be employed on a permanent, full-time basis and have a normal work schedule of at least 30 hours per week. In addition, they must be compensated for that work by the employer (subject to withholding appearing on a W-2 form).

• **Part-Time:** Employees must be employed on a permanent, part-time basis and be compensated for that work by the employer (subject to withholding appearing on a W-2 form). Minimum hours per week for eligibility is 20. The employee must have worked at least 20 hours, but not more than 29 hours per normal work week for at least 50% of the previous calendar quarter and must have completed the probationary period selected by the employer. Additional part-time eligibility is available to part-time employees working 15-29 hours per week only if this option is selected by the employer. It is the employer's option to offer health coverage to part-time employees. If that option is exercised, all similarly situated individuals must be offered coverage under the employer's benefit plan.

• **Other:** Seasonal workers in selected SIC code agricultural industries, and private household staff may be considered eligible employees subject to underwriting approval.

• **Sole Proprietors/Partners/Corporate Officers:** Must work at least 20 hours per week to be eligible for coverage.

• **Cal-COBRA-, COBRA-, FMLA-Eligible Groups:** For employees who are qualified for coverage under Cal-COBRA (California law SB719), COBRA (the Federal Consolidated Omnibus Budget Reconciliation Act) or FMLA (Family and Medical Leave Act), employer must complete a questionnaire, indicating the qualifying event and the date continuation coverage began.

## **Ineligible Employees**

Temporary, leased or substitute workers and persons compensated on a 1099 basis are not eligible to enroll in a Blue Cross Small Group plan.

**Eligible Dependents** have one of the following relationships with an eligible employee:

- Lawful spouse

- Domestic partner (restrictions apply)
- Unmarried natural child
- Legally adopted child
- Newborn child
- Wards of legal guardian
- Children of enrolled spouse or domestic partner

## **Effective Date**

The date coverage takes effect for a group, subject to underwriting approval, must be the first or 15th of a month.

## **Employer Waiting Periods**

After employees are hired, there may be a specific period they must be employed, known as an employer waiting period, before they and their dependents become eligible for group coverage. The employee's eligibility date is the first of the month after the waiting period ends. Employers may choose a waiting period of the first of the month following an employee's date of hire, or one, two, three, four, five or six months of employment before an employee becomes eligible for benefits. (Seasonal workers must have a zero month waiting period).

## **Spouses**

A husband and wife employed at the same company may both be covered as employees. Children may be considered the dependents of either one or both of the employees.

## **Term of Coverage**

Coverage remains in force as long as the group pays the required premium on time and remains eligible for membership. Coverage will cease if the group becomes ineligible for reasons including, but not limited to, the following:

- Failure to provide accurate eligibility information or other breach of contract
- Material misrepresentations
- Nonpayment of premium
- Failure to meet minimum contribution and participation requirements

## **Adding Employees and Dependents**

New employees and dependents must submit completed applications to Blue Cross within 30 days of becoming eligible for coverage. Applications must be received no later than the last day of the month prior to the requested effective date.

## **Declining Coverage**

Employees who choose not to participate in a group's health plan must decline coverage by completing Sections 3 and 5 of the Benefits Employee Application within 30 days of becoming eligible.

## **Late Enrollment/Open Enrollment**

Employees and dependents eligible for coverage who choose to enroll at a later date may be considered late enrollees. Late enrollees who initially declined coverage are eligible to enroll on their group's anniversary date. This process is known as Open Enrollment.

## **Waiting Period for Pre-Existing Conditions**

A pre-existing condition is an illness, disease or physical condition for which medical advice, diagnosis, care or treatment was recommended or received from a licensed health practitioner during the six months before the effective date of coverage or the first day of the waiting period, whichever is earlier. If an employee or dependent applies for coverage within 63 days of terminating membership in an individual health care plan, or within 180 days of terminating coverage in a group health care plan, Blue Cross will credit the time enrolled in the previous plan toward the pre-existing condition waiting period.

## **Out-of-State Employees**

The majority of eligible employees (at least 51 percent) must be employed within the state of California. Residents of Hawaii are not eligible. Out-of-state employees may not choose HMO plans.

## **Rate Guarantees**

AB1672 – qualifying groups will receive rate guarantees of 12 months. The rating formula for the group will not change during the guarantee period. Beyond the guarantee period, Blue Cross reserves the right to change rates, change coverage or amend the group's contract with 30 days' notice, as permitted by law. A group member's rate may be adjusted at any time because of changes in age, residence or number of dependents.

## **Changes in Coverage**

A group may request changes in its waiting

period, contribution approach, coverage, plans or benefits six months after the original effective date or once in a 12-month period. Requests for coverage changes must be received 30 days prior to the requested effective date, and these requests are subject to underwriting review. Certain other change requests can only become effective on the group's anniversary date and may be subject to underwriting review, including the following:

- Risk Adjustment Factor (RAF) review initiated by employer
- Adding domestic partner coverage
- Adding part-time employee coverage

Note: A benefit modification does not initiate a new rate guarantee period.

## **MEDICAL PLANS EXCLUSIONS & LIMITATIONS**

*Exclusions and Limitations Common to All Medical Plans*

- Any amounts in excess of the maximum amounts as stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Services or supplies determined by Blue Cross not to be medically necessary.
- Services received before your effective date.
- Services received after your coverage ends.
- Any conditions for which benefits are recovered or can be recovered either by adjudication, settlement or otherwise, under any workers' compensation, employers' liability law or occupational disease law, even if you do not claim those benefits.
- Services you actually receive for which you are not legally obligated to pay or services for which no charge is made to you in the absence of insurance coverage.
- Services not specifically listed in the Combined Evidence of Coverage and Disclosure Form/Certificate as covered services.
- Professional services provided in the home by a person who lives in the member's home or who is related to the member by blood, marriage or adoption.
- Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses and eye refractions, except as specifically stated

in the Combined Evidence of Coverage and Disclosure Form/Certificate.

- Eye surgeries performed solely for the purpose of correcting refractive defects such as near-sightedness (myopia), astigmatism and far-sightedness (presbyopia). Except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Hearing aids.
- Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical or psychiatric treatment or study related to sex changes.
- All dental services, including diagnostic, preventive, X-rays, dentures, bridges, crowns, caps, orthodontic services, braces and other orthodontic appliances and supplies, dental implants and related procedures, except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Cosmetic surgery or other services that are performed to alter or reshape normal structures of the body in order to improve appearance.
- Routine physical examinations, except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Treatment of mental or nervous disorders (including nicotine use) or psychological testing, except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Custodial care.
- Services which are experimental or investigational in nature.
- Services you actually received that were provided by a local, state or federal government agency, except when payment is expressly required by federal or state law.
- Inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis unless the inpatient stay is medically necessary.
- Consultations provided by telephone or facsimile machines.
- Items which are furnished primarily for

personal comfort or convenience including, but not limited to, air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, shoes, spas, elevators, hair pieces, diapers and supplies for hygiene or beautification as stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.

- Services or supplies furnished and billed by a provider outside the U.S., unless for medical emergencies.
- Health club memberships.
- Any services to the extent you are entitled to receive Medicare benefits for those services without payment of additional premium for Medicare coverage. For parts of Medicare requiring additional premium payment, services are excluded for those parts of Medicare the member has enrolled in.
- Food supplements, except for formulas and special food products that are prescribed by a physician in consultation with a metabolic disease specialist if it is deemed medically necessary to prevent complications of phenylketonuria (PKU).
- Genetic testing for non-medical reasons or when there is no medical indication or no family history of genetic abnormality.
- Outdoor Treatment Programs.
- Replacement of prosthetics and durable medical equipment when lost, stolen or damaged.
- Any services or supplies provided in connection with a surrogate pregnancy.
- Immunizations for travel outside the United States.

#### **Additional Exclusions and Limitations Applicable Only to the PPO GenRx Plan**

- Inpatient or outpatient services of a private duty nurse, except as specifically stated in the Certificate.
- Pre-existing conditions, except as specifically stated in the Certificate.
- Care and treatment furnished in a non-contracting hospital, except for medical emergencies or as specifically stated in the Certificate.
- Routine hearing exams, except as specifically stated in the Certificate.
- Services primarily for weight reduction or treatment of obesity or any care which

involves weight reduction as the main method of treatment, except medically necessary treatment of morbid obesity (which requires preservice review).

- Sterilization reversal and any other services for infertility, except as specifically stated in the Certificate. Any amounts in excess of the lifetime maximum for infertility services.
- Educational services, except as specifically provided or arranged by BC Life and Health (BCL&H).
- Nutritional counseling, except as specifically provided or arranged by BCL&H.

#### **Additional Exclusions and Limitations Applicable Only to the Power Select HMO Plan**

- Care not authorized by your PMG or IPA.
- Amounts in excess of customary and reasonable charges for care rendered by a non-participating provider without a referral from your PMG or IPA.
- Routine immunizations and immunizations for foreign travel.
- Rehabilitative care, such as physical therapy, occupational therapy and speech therapy, unless provided by a Home Health Agency, a Visiting Nurse Association, or except as specifically stated in the Combined Evidence of Coverage and Disclosure Form.
- Conditions of the jaw or teeth secondary to malocclusion or orthognathic conditions.
- Growth hormone treatment.
- Acupuncture/acupressure.
- Services primarily for weight reduction or treatment of obesity or any care which involves weight reduction as the main method of treatment, except medically necessary treatment of morbid obesity.
- In vitro fertilization, artificial insemination, gamete intrafallopian transfer (GIFT) or similar procedures to induce fertilization. Sterilization reversal. Any amounts in excess of the lifetime maximum for infertility drugs.
- Contraceptive devices unless your physician determines that oral contraceptive drugs are not medically appropriate.

#### **Additional Exclusions and Limitations Applicable Only to the BeneFits PPO Plans**

- Inpatient or outpatient services of a private duty nurse, except as specifically stated in the Certificate.

- Pre-existing conditions, except as specifically stated in the Certificate.
- Outpatient drugs, medications or other substances dispensed or administered in any outpatient setting.
- Physical or occupational medicine or chiropractic services, except when provided during an inpatient hospital confinement.
- Outpatient speech therapy.
- Care and treatment furnished in a non-contracting hospital, except for medical emergencies or as specifically stated in the Certificate.
- Routine hearing exams, except as specifically stated in the Certificate.
- Services primarily for weight reduction or treatment of obesity or any care which involves weight reduction as the main method of treatment, except medically necessary treatment of morbid obesity (which requires preservice review).
- Sterilization reversal and any other services for infertility, except as specifically stated in the Certificate. Any amounts in excess of the lifetime maximum for infertility services.
- Educational services, except as specifically provided or arranged by BCL&H.
- Nutritional counseling, except as specifically provided or arranged by BCL&H.
- Contraceptive devices unless your physician determines that oral contraceptive drugs are not medically appropriate.

## **DENTAL PLAN EXCLUSIONS & LIMITATIONS**

*This is only a summary of the Exclusions & Limitations. Please refer to the Evidence of Coverage or Certificate for complete details on the Exclusions & Limitations.*

*Exclusions and Limitations Common to All Dental Plans:*

- Any amounts in excess of the maximum amounts stated in this Plan.
- Services received before your Effective Date or services received after your coverage ends. For individual procedures in a prescribed treatment plan, no benefits will be provided for treatment BEGUN before your Effective Date and/or COMPLETED after your coverage ends.
- Services for which no charge is made to you

- in the absence of insurance coverage.
- Any services performed for cosmetic purposes (including but not limited to external bleaching, bleaching of non-vital discolored teeth, composite restorations, veneers, crowns on teeth not exhibiting pathology and facings on crowns on posterior teeth).
- Charges for treatment by other than a licensed Dentist, except charges for dental prophylaxis performed by a licensed dental hygienist.
- Diagnosis or Treatment of the Joint of the Jaw and/or Occlusion
- Procedures requiring restorations (other than those for replacement of structure loss from caries) that are necessary to alter, restore or maintain occlusions.
- Correction of Congenital or Development Malformation
- All hospital costs and any additional fees charged by the Dentist for hospital treatment.
- Implants: Materials implanted into or on bone or soft tissue and all adjunctive services
- Services or Supplies That Are Not Medically Necessary.
- Replacement of existing fillings for any purpose other than restoring active decay.

### Exclusions and Limitations for Dental Net ONLY:

- Replacement of an Existing Prosthesis which has been lost or stolen; or which in the opinion of the Dentist is or can be made satisfactory.
- Treatment by a Non-Participating Dentist.
- Surgical Services: Tooth implantation or transplantation, orthognathic surgery, soft tissue or osseous grafts, hemisection, or root amputation, apexification, alveoloplasty, vestibuloplasty, or ostectomy procedures.
- Prosthetic Services Age Limitations: Inlays, onlays, crowns, fixed bridges, or removable cast partials for Members under sixteen (16) years of age.
- Space Maintainers for Members under sixteen (16) years of age.
- Extensive Oral Rehabilitation
- Periodontal Splinting: Dental treatment or expenses incurred in connection with periodontal splinting.
- General Anesthesia: General anesthesia, inhalation sedation, intravenous sedation or

- intramuscular sedation.
- Composite Resin and Porcelain Restorations: Porcelain or composite labial veneers for fixed prosthodontics, posterior to the second bicuspid and composite fillings posterior to the cuspid.
- Waiting Period for Surgical Periodontics and Fixed Prosthodontics or Individual Crown Restorations: A Member must be enrolled for a period of six (6) consecutive months under this Combined Evidence of Coverage and Disclosure Form to be eligible for benefits for services related to surgical periodontics and fixed prosthodontics or individual crown restorations.

### Exclusions and Limitations for Dental Net Orthodontic:

- Authorized Orthodontic Services Only
- Orthodontic Retention Phase of Care – The retention services fee of \$250.00 is the Member's responsibility and is payable at the beginning of the retention phase of treatment
- Orthodontic Consultation/Observation Fees – If treatment is not required or you choose not to start treatment after a diagnosis and consultation have been completed by the provider, you may be charged a consultation fee of \$30.00 in addition to diagnostic record fees.

### Orthodontic Exclusions:

- Myofunctional Therapy
- Replacement of Orthodontic Appliances
- Orthopaedic/Orthodontic Treatment
- Orthodontic Treatment Incidental to Surgical Procedures
- Surgical Procedures Incidental to Orthodontic Treatment
- Treatment of orthodontic cases begun prior to the Member's Effective Date of eligibility or after the termination of eligibility for coverage.
- Changes in Treatment
- T.M.J. or Hormonal Imbalance Orthodontic Services
- Orthodontic Records
- Special Orthodontic Appliances
- The retreatment of a previously treated orthodontic case is not covered.

### Exclusions and Limitations for BeneFits Dental PPO ONLY:

- Orthodontic services, Braces, appliances and all related services.
- Oral examinations exceeding two per Insured per Year.
- Prophylaxis (teeth cleaning) exceeding two treatments per Insured per Year.
- More than one set of full-mouth X-rays or a panorex in a three (3) Year period.
- Periapical and bite wing X-rays submitted singly will be combined and paid up to the amount of a full mouth series and are subject to the full-mouth X-ray limitation. No more than two (2) bite wing X-ray series for standard in a calendar Year will be covered. No more than eight (8) films for vertical bite wings in a 36 month period will be covered.
- Fluoride applications are limited to twice per calendar Year through the age of 18.
- Prescribed drugs, pre-medication or analgesia (including nitrous oxide) are excluded.
- Fillings exceeding one per Year per surface per tooth if you are under the age of 19 and one every three (3) Years per surface per tooth if you are over the age of 19.
- If a tooth or teeth can be restored with amalgam (with the exception of composite resin on anterior teeth) any amount exceeding the cost of that material is not covered if another material is used. Anterior teeth exhibiting pathology eligible for composite restorations are central incisors, lateral incisors, cuspids and the facial surface of bicuspids.
- Services for oral surgery, for example, tooth extractions.
- Services for endodontics. Endodontics means the branch of dentistry dealing with diseases of the tooth pulp, for example, root canals.
- Services for periodontics. Periodontics is the dental specialty of treating periodontal disease, for example, scaling and root planning.
- Services for prosthodontics, for example, crowns. Prosthodontics is the branch of dentistry dealing with the construction of artificial appliances for the mouth, especially for the purpose of replacing missing teeth with bridges and dentures.
- Space maintainers. Space maintainers are appliances that are designed to prevent tooth movement.

### GENERAL PROVISIONS

#### Workers' Compensation Coverage

To obtain a Workers' Compensation quote, submit the items listed below to Employers Compensation Insurance Company at the following fax number: (805) 499-7214.

- Completed Integrated MediComp Workers' Compensation Application, form # IS 2343
- Copies of your company loss run statements for all years in business (maximum three years)
- Copies of your company Experience Modification, if available

To accept a quote for Workers' Compensation coverage, submit a company check for the required deposit premium listed on your quote cover letter to the following address:

Employers Compensation Insurance Company  
P.O. Box 9057  
Oxnard, CA 93031

*Workers' Compensation coverage is provided through Employers Compensation Insurance Company*

#### Member Privacy

Our complete **Notice of Privacy Practices** provides a comprehensive overview of the policies and practices we enforce to preserve our members' privacy rights and control use of their health care information, including: the right to authorize release of information; the right to limit access to medical information; protection of oral, written and electronic information; use of data; and information shared with employers. This notice can be downloaded from our Web site at [www.bluecrossca.com](http://www.bluecrossca.com) or obtained by calling Small Group Customer Service at (800) 627-8797.

#### Utilization Management

Blue Cross uses a process called Utilization Management (UM) to help members receive coverage for appropriate treatment in the appropriate setting. It monitors the care provided to detect patterns of over- and under-utilization, then works with practitioners and providers to explore these issues. Some UM activities include prior authorization, concurrent review and retrospective review. Prior authorization assesses benefit eligibility before services are provided, concurrent review performs this function as services are provided, and retrospective review makes these benefit determinations after care has been provided.

UM is not the practice of medicine or the provision of medical care to you. Remember, only your doctor can provide you with medical advice and medical care.

### **Grievances**

All complaints and disputes relating to a member's coverage must be resolved in accordance with Blue Cross' grievance procedure. You can report your grievance by phone or in writing; see your Blue Cross ID card for the appropriate contact information. All grievances received by Blue Cross that cannot be resolved by phone (when appropriate) to the mutual satisfaction of the member and Blue Cross will be acknowledged in writing, together with a description of how Blue Cross proposes to resolve the grievance. Grievances that cannot be resolved by these procedures shall be resolved as indicated through binding arbitration, or if the plan you are covered under is subject to the Employee Retirement Income Security Act of 1974 (ERISA), in compliance with ERISA rules. If the group is subject to ERISA, and a member disagrees with Blue Cross' proposed resolution of a grievance, the member may submit an appeal by phone or in writing, by contacting the phone number or address printed on the letterhead of the Blue Cross response letter. For the purposes of ERISA, there is one level of appeal. For urgent care requests for benefits, Blue Cross will respond within 72 hours from the date the appeal is received. For pre-service requests for benefits, the member will receive a response within 30 calendar days from the date the appeal is received. If the member disagrees with Blue Cross' decision on the appeal, the member may elect to have the dispute settled through alternative resolution options, such as mediation.

### **Department of Managed Health Care**

The California Department of Managed Health Care (DMHC) is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at (800) 627-8797 and use your health plan's grievance process before contacting the DMHC. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has

remained unresolved for more than 30 days, you may call the DMHC for assistance. Your case may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent medical services. The DMHC also has a toll-free telephone number (888-HMO-2219), and TDD line (877-688-9891) for the hearing- and speech- impaired. The department's Internet Web site, [www.hmohelp.ca.gov](http://www.hmohelp.ca.gov), has complaint forms, IMR application forms and instructions online.

### **Department of Insurance**

Overseeing the industry and protecting the state's insurance consumers is the responsibility of the California Department of Insurance (DOI). The DOI regulates, investigates and audits insurance business to ensure that companies remain solvent and meet their obligations to insurance policyholders. If you have a problem regarding your coverage, please contact Blue Cross first to resolve the issue. If contacts between you (the complainant) and BC Life & Health Insurance Company (the Insurer) have failed to produce a satisfactory solution to the problem, you may wish to contact the DOI. They can be reached by writing to the Department of Insurance, Consumer Affairs Bureau 300 South Spring St. - South Tower, Los Angeles, CA 90013. The DOI also has a toll free phone number (800) 927-HELP (4357) that you may call for assistance.

### **Binding Arbitration**

If the plan is subject to ERISA, any dispute involving a request or claim for medical services must be resolved under ERISA claims procedure rules, and is not subject to mandatory binding arbitration. Members may pursue voluntary binding arbitration after they have completed an appeal under ERISA rules. If the member has another dispute that does not involve a request or claim for medical services, or if the group is not subject to ERISA, the following provisions apply: Any dispute between the employer and/or the member and Blue Cross must be resolved by binding arbitration (not by lawsuit or trial by jury or

other court process, except as California law provides for judicial review of arbitration proceedings), if the amount in dispute exceeds the jurisdictional limit of the Small Claims Court. Under this coverage, both the member and Blue Cross are giving up the right to participate in class arbitration or have any dispute decided in a court of law before a jury.

### **Medicare**

Under TEFRA/DEFRA, Medicare is the primary coverage for groups of less than 20 employees. Blue Cross coverage is considered primary coverage for groups of 20 or more employees. This Blue Cross coverage is not a supplement to Medicare, but provides benefits according to the non-duplication of Medicare claims. Blue Cross will not provide benefits that duplicate any benefits you are entitled to receive under Medicare. This means that when Medicare is the primary health coverage, benefits are provided in accordance with the benefits of the plan, less any amount paid by Medicare. If you are entitled to Part A and B of Medicare, you will be eligible for non-duplicate Medicare coverage, with supplemental coordination of benefits. However, if you are required to pay the Social Security Administration an additional premium for any part of Medicare, then the above policy will only apply if you are enrolled in that part of Medicare. Note: Medicare-eligible employees/dependents enrolled in plans where Medicare is primary may obtain an Individual Blue Cross of California Medicare Supplement plan with the pre-existing condition exclusion waived.

### **Coordination of Benefits**

The benefits of a member's plan may be reduced if the member has other group health, dental, drug or vision coverage, so that benefits and services the member receives from all group coverages do not exceed 100 percent of the covered expense.

### **Third-Party Liability**

If a member is injured, the responsible party may be legally obligated to pay for medical expenses related to that injury. Blue Cross may recover benefits paid for medical expenses if the member recovers damages from a legally liable third-party. Examples of third-party liability situations include car accidents and work-related injuries.

### **Voiding Coverage for False and Misleading Information**

False or misleading information or failure to submit any required enrollment materials may form the basis for voiding coverage from the date a plan was issued or retroactively adjusting the premium to what it would have been if the correct information had been furnished. No benefits will be paid for any claim submitted if coverage is made void. Premiums already paid for the time period for which coverage was rescinded will be refunded, minus any claims paid.

### **Incurred Medical Care Ratio**

As required by law, we are advising you that Blue Cross of California and its affiliated companies' incurred medical care ratio for 2003 was 80.81 percent. This ratio was calculated after provider discounts were applied.

### **Mental Health Coverage**

Blue Cross provides the same level of coverage as other medical diagnoses for the medically necessary treatment of severe mental illnesses in persons of any age. Severe mental illness, as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual (DSM), includes certain specific diagnoses such as schizophrenia, bipolar disorder and anorexia nervosa. An expanded list of mental illnesses defined as severe is contained in your Evidence of Coverage and Disclosure Form/Certificate. Blue Cross also provides the same level of coverage for certain other mental health conditions, as it does for medical conditions, including serious emotional disturbances in children. Your EOC contains additional information about your coverage for health conditions in this category.



Employer aids...cut-out sheets to tell your employees about their BeneFits



Cut Here

Cut Here



# Hospital Benefits

"In case I have to be hospitalized, with this plan I'll be protected. After I reach my out-of-pocket maximum, Blue Cross will pay the rest of my covered hospital charges that year if I use in-network providers - up to \$5 million. I also get a break on prescription drugs. My copay is only \$15 for generic drugs if I use a Blue Cross network pharmacy."

*Enjoy a healthy (and fun!) life with FREE access to a wealth of services*

Member is responsible for all amounts listed unless otherwise noted.

*Always use in-network providers and save with Blue Cross negotiated prices*

**Benefits for eligible covered services:**

	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Annual Deductible</b> <i>First, you pay for eligible covered charges up to this amount, and then plan benefits begin</i>	\$1,250 per member Once 2 family members meet their deductible, the deductible is met for the family	Once 2 family members meet their deductible, the deductible is met for the family
<b>Hospital Coinsurance</b> <i>After meeting your Annual Deductible, you pay this percentage of covered inpatient hospital charges</i>	Facility Fees: 30% Professional Fees: 30%	Facility Fees: All charges except \$650 per day Professional Fees: 50%
<b>Annual Out-of-Pocket Maximum</b> <i>Once you have paid this amount for eligible covered charges during the year, the plan pays all your covered charges at in-network hospitals for the rest of that year</i>	Annual Deductible plus \$2,500 per member Once 2 family members meet their maximum, the maximum is met for the family	Annual Deductible plus \$2,500 per member Once 2 family members meet their maximum, the maximum is met for the family
<b>Lifetime covered charges paid by Blue Cross</b>	<b>\$5,000,000</b>	
<b>Generic Prescription Drugs</b> <i>Benefits available immediately; amount shown is the copay per 30-day supply</i>	\$15	50% reimbursement per Drug Limited Fee Schedule if filled in CA
<b>Professional Services</b> <b>Related to covered hospital charges only</b>	30%	50%
<b>HealthyCheck<sup>SM</sup> Screenings</b> <i>Two levels of health screenings including lab work &amp; immunizations</i>	Choose \$25 or \$75 Screening Option	Not available
<b>Emergency Room</b> <i>You are also responsible for \$100 copay - waived if admitted</i>	30%	30%
<b>Dental Coverage</b>	No benefits	No benefits
<b>Vision Coverage</b>	No benefits	No benefits

Blue Cross expands the value of your coverage every day with many additional resources:

- **HealthyExtensions ...** gives you information about 10-50% discounts on health/wellness products and services offered by independent vendors: *Fitness club memberships. Health and nutritional supplements. Teeth whitening services. Eyewear and contact lenses. Yoga, massage therapy and hypnotherapy. All-inclusive Club Med vacations. Smoking, alcohol and weight management programs, and more*
- **Health Improvement Programs ...** free support to help members live well while managing asthma, diabetes or congestive heart failure conditions
- **MedCall ...** free 24-Hour nurse access by phone, toll-free, any time of the day or night, to answer questions and provide assistance
- **Mail Service Pharmacy ...** order generic medications by mail or online at [www.PrecisionRx.com](http://www.PrecisionRx.com)  
You'll find more details online...just start at [www.bluecrossca.com](http://www.bluecrossca.com) or call Customer Service at (800) 627-8797.

*Remind doctors that your plan covers generic medication only*  
Generics must meet the same FDA standards for safety and effectiveness as brand-name drugs, and cost much less. If the doctor believes a brand-name drug is necessary, you will receive Blue Cross-negotiated savings if you use a network pharmacy, but you will pay more.

**This is a high level overview only; refer to the Certificate for a comprehensive description of coverage, benefits, special circumstances and limitations. Please note that in-network providers accept Blue Cross negotiated fee rates as payment in full for covered services. Benefits listed are based on the negotiated fee rate for In-Network providers (Out-of-Network providers can charge more than the Negotiated Fee Rate). Benefits listed are based on Customary and Reasonable charges (in cases of medical emergencies) for Out-of-Network providers. When members use an Out-of-Network provider, they must pay the applicable copayment or coinsurance, plus any charges that exceed that allowable amount.**

**ESTE RESUMEN COINCIDE CON EL PLAN #1 EN LA PÁGINA 4.** Por favor note las exclusiones y limitaciones importantes en las páginas 10-13. Puede cortar estas páginas por las líneas perforadas y hacer copias para sus empleados para informarles sobre los valiosos beneficios que ofrece su compañía. Cada resumen está impreso en inglés de un lado y en español del otro; las versiones en chino y coreano están disponibles en [www.bluecrossca.com](http://www.bluecrossca.com) - si necesita asistencia pregunte a su agente o llame al Servicio al Cliente para Grupos Pequeños al (800) 627-8797.

Corta Aquí



Corta Aquí



## Beneficios de Hospital

"Si tengo que hospitalizarme, con este plan estaré protegido." Después de que alcance mi desembolso máximo Blue Cross pagará ese año el resto de mis cargos cubiertos de hospital si uso proveedores de la red - hasta \$5 millones. También obtengo un descuento en mis medicamentos recetados. Mi copago es sólo de \$15 para los medicamentos genéricos si uso una farmacia de la red de Blue Cross."

*Disfrute una vida sana (y divertida) con un acceso GRATIS a una gran cantidad de servicios*

El miembro es responsable de todas las cantidades listadas excepto cuando se indica.

**Siempre use proveedores de la red y ahorre con los precios negociados de Blue Cross**

Beneficios para servicios cubiertos elegibles:	Dentro de la red	Fuera de la red
	Deducible anual <i>Primero esta paga los cargos cubiertos elegibles hasta esta cantidad y luego comienzan los beneficios del plan</i>	\$1,250 por miembro  Una vez que 2 miembros de la familia pagan sus deducibles se satisface el deducible para la familia
Coseguro de hospital <i>Después de pagar su deducible anual, usted paga este porcentaje de los cargos cubiertos de internación en el hospital</i>	Tariffas por establecimiento: 30% Honorarios profesionales: 30%	Tariffas por establecimiento: Todos los cargos excepto por \$650 por día Honorarios profesionales: 50%
Desembolso anual máximo <i>Una vez que ha pagado esta cantidad para los cargos elegibles cubiertos durante el año, el plan paga todos sus cargos cubiertos en los hospitales de la red por el resto de ese año</i>	Deducible anual más \$2,500 por miembro  Una vez que 2 miembros de la familia pagan sus máximos se satisface el máximo para la familia	Tariffas por establecimiento: Todos los cargos excepto por \$650 por día Honorarios profesionales: 50%
<b>Cargos cubiertos vitalicios pagados por Blue Cross</b>	<b>\$5,000,000</b>	
Medicamentos recetados genéricos <i>Beneficios disponibles inmediatamente; la cantidad indicada es el copago para 30 días de suministro</i>	\$15	50% de reembolso según el Esquema de Tariffas Limitadas de Medicamentos si se expende en CA
<b>Servicios profesionales relacionados con los cargos cubiertos de hospital solamente</b>	30%	50%
Exámenes HealthyCheck <sup>SM</sup> <i>Dos niveles de exámenes médicos incluyendo análisis de laboratorio y vacunas</i>	Elija la opción de exámenes de \$25 o \$75	No disponible
Sala de emergencias <i>Usted también es responsable de un copago de \$100 - no se cobra si lo ingresan</i>	30%	30%
Cobertura dental	No hay beneficios	
Cobertura de visión	No hay beneficios	

Blue Cross amplía el valor de su cobertura todos los días con muchos recursos adicionales:

- **HealthyExtensions** ... le brinda información sobre descuentos del 10 al 50% en productos y servicios para la salud y el bienestar ofrecidos por proveedores independientes: *Afilaciones a gimnasios. Suplementos alimenticios y para la salud. Servicios de blanqueo de dientes. Anteojos y lentes de contacto. Yoga, masaje e hipoterapia. Vacaciones del Club Med que incluyen todo. Programas para dejar de fumar, beber alcohol, manejar el peso y más*
  - Programas para mejorar la salud... apoyo o gratis para ayudar a que los miembros vivan bien mientras manejan enfermedades como asma, diabetes e insuficiencia cardiaca congestiva
  - **MedCall**... acceso telefónico a enfermeras las 24 horas del día, gratis a cualquier hora del día o la noche, para responder preguntas y proporcionar asistencia
  - Servicio de farmacia por correo... pida medicamentos genéricos por correo o en línea en [www.PrecisionRx.com](http://www.PrecisionRx.com)
- Encontrará más detalles en línea... simplemente comience en [www.bluecrossca.com](http://www.bluecrossca.com) o llame al Servicio al Cliente al (800) 627-8797.

*Recuérdale a sus médicos que su plan sólo cubre medicamentos genéricos*

Los medicamentos genéricos deben cumplir con las mismas normas de seguridad y eficacia de la FDA que los medicamentos de marca y cuestan mucho menos. Si el médico cree que usted necesita un medicamento de marca, recibirá los ahorros negociados de Blue Cross si usa una farmacia de la red pero pagará más.

Esta es sólo una perspectiva general de alto nivel para obtener una descripción completa de la cobertura, los beneficios, las circunstancias especiales y las limitaciones consulte el Certificado. Por favor note que los proveedores de la red aceptan las tarifas negociadas de Blue Cross como el pago completo para los servicios cubiertos. Los beneficios listados se basan en la tarifa negociada para los proveedores de la red (los proveedores fuera de la red pueden cobrar más que la tarifa negociada). Los beneficios listados se basan en los cargos acostumbrados y razonables (en los casos de emergencias médicas) para proveedores fuera de la red. Cuando los miembros usan un proveedor fuera de la red, deben pagar el copago o coseguro correspondiente más todos los cargos que exceden la cantidad permitida.



# Hospital Benefits Plus

"If I ever have to be hospitalized, with this plan I'll be protected. After I reach my out-of-pocket maximum, Blue Cross will pay the rest of my covered hospital charges that year if I use in-network providers - up to \$5 million. I also get a break on prescription drugs. My copay is only \$15 for generic drugs if I use a Blue Cross network pharmacy. PLUS, Blue Cross and I split up to \$1,000 for doctor services - even if I haven't met my deductible."

*Enjoy a healthy (and fun!) life with FREE access to a wealth of services*

Member is responsible for all amounts listed, unless otherwise noted.

*Always use in-network providers and save with Blue Cross negotiated prices*

**Benefits for eligible covered services:**

	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Annual Deductible</b> <i>First you pay for eligible covered hospital charges up to this amount, and then plan benefits begin</i>	\$1,000 per member	Once 2 family members meet their deductible, the deductible is met for the family
<b>Hospital Coinsurance</b> <i>After meeting your Annual Deductible, you pay this amount of covered inpatient hospital charges</i>	Facility Fees: 30% Professional Fees: 30%	Facility Fees: All charges except \$650 per day Professional Fees: 50%
<b>Annual Out-of-Pocket Maximum</b> <i>Once you have paid this amount for eligible covered charges during the year, the plan pays all your covered charges at in-network hospitals for the rest of that year</i>	Annual Deductible plus \$2,500 per member	Once 2 family members meet their maximum, the maximum is met for the family
<b>Lifetime covered charges paid by Blue Cross</b>	<b>\$5,000,000</b>	
<b>Generic Prescription Drugs</b> <i>Benefits available immediately; amount shown is the copay per 30-day supply</i>	\$15	50% reimbursement per Drug Limited Fee Schedule if filled in CA
<b>Professional Services</b> <i>Benefits available immediately; amount shown applies to covered charges for doctor visits and related services (maternity, lab, X-ray, etc.)</i>	50% coinsurance for first \$1,000 and 100% after that (maximum Blue Cross payment \$500 per year)	Not available
<b>HealthyCheck<sup>SM</sup> Screenings</b> <i>Two levels of health screenings including lab work &amp; immunizations</i>	Choose \$25 or \$75 Screening Option	30%
<b>Emergency Room</b> <i>You are also responsible for \$100 copay - waived if admitted</i>	30%	No benefits
<b>Dental Coverage</b>	No benefits	No benefits
<b>Vision Coverage</b>	No benefits	No benefits

Blue Cross expands the value of your coverage every day with many additional resources:

- HealthyExtensions ... gives you information about 10-50% discounts on health/wellness products and services offered by independent vendors:  
*Fitness club memberships. Health and nutritional supplements. Teeth whitening services. Eyewear and contact lenses. Yoga, massage therapy and hypnotherapy. All-inclusive Club Med vacations. Smoking, alcohol and weight management programs, and more*
- Health Improvement Programs ... free support to help members live well while managing asthma, diabetes or congestive heart failure conditions
- MedCall ... free 24-Hour nurse access by phone, toll-free, any time of the day or night, to answer questions and provide assistance
- Mail Service Pharmacy ... order generic medications by mail or online at [www.PrecisionRx.com](http://www.PrecisionRx.com)

You'll find more details online...just start at [www.bluecrossca.com](http://www.bluecrossca.com) or call Customer Service at (800) 627-8797.

*Remind doctors that your plan covers generic medication only*

Generics must meet the same FDA standards for safety and effectiveness as brand-name drugs, and cost much less. If the doctor believes a brand-name drug is necessary, you will receive Blue Cross-negotiated savings if you use a network pharmacy, but you will pay more.

**This is a high level overview only; refer to the Certificate for a comprehensive description of coverage, benefits, special circumstances and limitations. Please note that In-network providers accept Blue Cross negotiated fee rates as payment in full for covered services. Benefits listed are based on the negotiated fee rate for In-Network providers (Out-of-Network providers can charge more than the Negotiated Fee Rate). Benefits listed are based on Customary and Reasonable charges (in cases of medical emergencies) for Out-of-Network providers. When members use an Out-of-Network provider, they must pay the applicable copayment or coinsurance, plus any charges that exceed that allowable amount.**



## Beneficios de Hospital Plus

"Si alguna vez tengo que hospitalizarme, con este plan estaré protegido. Después de que alcance mi desembolso máximo Blue Cross pagará ese año el resto de mis cargos cubiertos de hospital si uso proveedores de la red - hasta \$5 millones. También obtengo un descuento en mis medicamentos recetados. Mi copago es sólo de \$15 para los medicamentos genéricos si uso una farmacia de la red de Blue Cross. Además, Blue Cross y yo dividiremos hasta \$1,000 para los servicios de médicos, incluso si no he satisfecho mi deducible."

El miembro es responsable de todas las cantidades listadas excepto cuando se indica.

**Siempre use proveedores de la red y ahorre con los precios negociados de Blue Cross**

### Beneficios para servicios cubiertos elegibles:

	Dentro de la red	Fuera de la red
<b>Deducible anual</b> <i>Primero usted paga los cargos cubiertos de hospital elegibles hasta esta cantidad y luego comienzan los beneficios del plan</i>	\$1,000 por miembro	Una vez que 2 miembros de la familia pagan sus deducibles se satisface el deducible para la familia
<b>Coseguro de hospital</b> <i>Después de pagar su deducible anual, usted paga esta cantidad de los cargos cubiertos de internación en el hospital</i>	Tarifas por establecimiento: 30% Honorarios profesionales: 30%	Tarifas por establecimiento: Todos los cargos excepto por \$650 por día Honorarios profesionales: 50%
<b>Desembolso anual máximo</b> <i>Una vez que ha pagado esta cantidad para los cargos elegibles cubiertos durante el año, el plan paga todos sus cargos cubiertos en los hospitales de la red por el resto de ese año</i>	Deducible anual más \$2,500 por miembro	Una vez que 2 miembros de la familia pagan sus máximos se satisface el máximo para la familia
<b>Cargos cubiertos vitalicios pagados por Blue Cross</b>	<b>\$5,000,000</b>	
<b>Medicamentos recetados genéricos</b> <i>Beneficios disponibles inmediatamente: la cantidad indicada es el copago para 30 días de suministro</i>	\$15	50% de reembolso según el Esquema de Tarifas Limitadas de Medicamentos si es expendido en CA
<b>Servicios profesionales</b> <b>Beneficios inmediatamente disponibles: la cantidad indicada corresponde a los cargos cubiertos para visitas al médico y servicios relacionados (maternidad, análisis de laboratorio, radiografías, etc.)</b>	50% de coseguro para los primeros \$1,000 y 100% de ahí en más (máximo pago de Blue Cross de \$500 por año)	No disponible
<b>Exámenes HealthyCheck<sup>SM</sup></b> <i>Dos niveles de exámenes médicos incluyendo análisis de laboratorio y vacunas</i>	Elija la opción de exámenes de \$25 o \$75	
<b>Sala de emergencias</b> <i>Usted también es responsable de un copago de \$100 si no se cobra si lo ingresan</i>	30%	30%
<b>Cobertura dental</b>	No hay beneficios	
<b>Cobertura de visión</b>	No hay beneficios	

**Disfrute una vida sana (y divertida) con un acceso GRATIS a una gran cantidad de servicios**

Blue Cross amplía el valor de su cobertura todos los días con muchos recursos adicionales:

- HealthExtensions... le brinda información sobre descuentos del 10 al 50% en productos y servicios para la salud y el bienestar ofrecidos por proveedores independientes:
  - Afiliaciones a gimnasios.*
  - Suplementos alimenticios y para la salud.*
  - Servicios de blanqueo de dientes.*
  - Anteojos y lentes de contacto.*
  - Yoga, masaje e hipnoterapia.*
  - Vacaciones del Club Med que incluyen todo.*
  - Programas para dejar de fumar, beber alcohol, manejar el peso y más*
- Programas para mejorar la salud... apoyo gratis para ayudar a que los miembros vivan bien mientras manejan enfermedades como asma, diabetes e insuficiencia cardíaca congestiva
- MedCall... acceso telefónico a enfermeras las 24 horas del día, gratis a cualquier hora del día o la noche, para responder preguntas y proporcionar asistencia
- Servicio de farmacia por correo... pida medicamentos genéricos por correo o en línea en [www.PrecisionRx.com](http://www.PrecisionRx.com)

Encontrará más detalles en línea... simplemente comience en [www.bluecrossca.com](http://www.bluecrossca.com) o llame al Servicio al Cliente al (800) 627-8797.

**Recérdele a sus médicos que su plan sólo cubre medicamentos genéricos**

Los medicamentos genéricos deben cumplir con las mismas normas de seguridad y eficacia de la FDA que los medicamentos de marca y cuestan mucho menos. Si el médico cree que usted necesita un medicamento de marca, recibirá los ahorros negociados de Blue Cross si usa una farmacia de la red pero pagará más.

Esta es sólo una perspectiva general de alto nivel para obtener una descripción completa de la cobertura, los beneficios, las circunstancias especiales y las limitaciones consulte el Certificado. Por favor note que los proveedores de la red aceptan las tarifas negociadas de Blue Cross como el pago completo para los servicios cubiertos. Los beneficios listados se basan en la tarifa negociada para los proveedores de la red (los proveedores fuera de la red pueden cobrar más que la tarifa negociada). Los beneficios listados se basan en los cargos acostumbrados y razonables (en los casos de emergencias médicas) para proveedores fuera de la red. Cuando los miembros usan un proveedor fuera de la red, deben pagar el copago o coseguro correspondiente más todos los cargos que exceden la cantidad permitida.



# Hospital BeneFits Preferred

"In case I'm hospitalized, with this plan I'll be protected. After I reach my out-of-pocket maximum, Blue Cross will pay the rest of my covered hospital charges that year if I use in-network providers - up to \$5 million. I also get a break on prescription drugs. My copay is only \$15 for generic drugs if I use a Blue Cross network pharmacy. PLUS, Blue Cross and I split up to \$1,500 for doctor services even if I haven't met my deductible, AND I get dental and vision benefits, too."

**Enjoy a healthy (and fun!) life with FREE access to a wealth of services**

Blue Cross expands the value of your coverage every day with many additional resources:

- HealthyExtensions ... gives you information about 10-50% discounts on health/wellness products and services offered by independent vendors:
  - Fitness club memberships. Health and nutritional supplements. Teeth whitening services. Eyewear and contact lenses. Yoga, massage therapy and hypnotherapy.*
  - All-inclusive Club Med vacations. Smoking, alcohol and weight management programs, and more*
- Health Improvement Programs ... free support to help members live well while managing asthma, diabetes or congestive heart failure conditions
- MedCall ... free 24-hour nurse access by phone, toll-free, any time of the day or night, to answer questions and provide assistance
- Mail Service Pharmacy ... order generic medications by mail or online at [www.PrecisionRx.com](http://www.PrecisionRx.com)

You'll find more details online ... just start at [www.bluecrossca.com](http://www.bluecrossca.com) or call Customer Service at (800) 627-8797.

*Remind doctors that your plan covers generic medication only*

Generics must meet the same FDA standards for safety and effectiveness as brand-name drugs, and cost much less. If the doctor believes a brand-name drug is necessary, you will receive Blue Cross-negotiated savings if you use a network pharmacy, but you will pay more.

	<i>Always use in-network providers and save with Blue Cross negotiated prices</i>	
	<b>In-Network</b>	<b>Out-of-Network</b>
Member is responsible for all amounts listed, unless otherwise noted.		
<b>Benefits for eligible covered services:</b>		
<b>Annual Deductible</b> <i>First you pay for eligible covered hospital charges up to this amount, and then plan benefits begin</i>	\$750 per member	Once 2 family members meet their deductible, the deductible is met for the family
<b>Hospital Coinsurance</b> <i>After meeting your Annual Deductible, you pay this amount of covered inpatient hospital charges</i>	Facility Fees: 30% Professional Fees: 30%	Facility Fees: All charges except \$650 per day Professional Fees: 50%
<b>Annual Out-of-Pocket Maximum</b> <i>Once you have paid this amount for eligible covered charges during the year, the plan pays all your covered charges at in-network hospitals for the rest of that year</i>	Annual Deductible plus \$2,500 per member	Once 2 family members meet their maximum, the maximum is met for the family
<b>Lifetime covered charges paid by Blue Cross</b>	<b>\$5,000,000</b>	
<b>Generic Prescription Drug s</b> <i>Benefits available immediately; amount shown is the copay per 30-day supply</i>	\$15	50% reimbursement per Drug Limited Fee Schedule if filled in CA
<b>Professional Services</b> <b>Benefits available immediately; amount shown applies to covered charges for doctor visits and related services (maternity, lab, X-ray, etc.)</b>	50% coinsurance for first \$1,500 and 100% after that (maximum Blue Cross payment \$750 per year)	
<b>HealthyCheck<sup>SM</sup> Screenings</b> <i>Two levels of health screenings including lab work &amp; immunizations</i>	Choose \$25 or \$75 Screening Option	Not available
<b>Emergency Room</b> <i>You are also responsible for \$100 copay - waived if admitted</i>	30%	30%
<b>Dental Coverage</b> <i>Annual deductible \$25 per member</i>	2 free cleanings (in-network providers only); plus maximum Blue Cross payment(s) of \$500 per year	
<b>Vision Coverage</b>	Maximum Blue Cross payment(s) of \$100 per year	

**This is a high level overview only; refer to the Certificate for a comprehensive description of coverage, benefits, special circumstances and limitations. Please note that In-Network providers accept Blue Cross negotiated fee rates as payment in full for covered services. Benefits listed are based on the negotiated fee rate for In-Network providers (Out-of-Network providers can charge more than the Negotiated Fee Rate). Benefits listed are based on Customary and Reasonable charges (in cases of medical emergencies) for Out-of-Network providers. When members use an Out-of-Network provider, they must pay the applicable copayment or coinsurance, plus any charges that exceed that allowable amount.**

Blue Cross of California (BC) and BC Life & Health Insurance Company (BCL&H) are Independent Licensees of the Blue Cross Association (BCA). The Blue Cross name and symbol are registered service marks of the BCA.



## Beneficios de Hospital Preferidos

"En el caso de que me hospitalicen, con este plan estaré protegido. Después de que alcance mi desembolso máximo Blue Cross pagará ese año el resto de mis cargos cubiertos de hospital si uso proveedores de la red - hasta \$5 millones. También obtengo un descuento en mis medicamentos recetados. Mi copago es sólo de \$15 para los medicamentos genéricos si uso una farmacia de la red de Blue Cross. Además, Blue Cross y yo dividiremos hasta \$1,500 para los servicios de médicos, incluso si no he satisfecho mi deducible y ADEMÁS obtengo beneficios dentales y de visión."

El miembro es responsable de todas las cantidades listadas excepto cuando se indica.

**Siempre use proveedores de la red y ahorre con los precios negociados de Blue Cross**

**Disfrute una vida sana (y divertida) con un acceso GRATIS a una gran cantidad de servicios**

Beneficios para servicios cubiertos elegibles:		Dentro de la red	Fuera de la red
Deducible anual	Primero usted paga los cargos cubiertos de hospital elegibles hasta esta cantidad y luego comienzan los beneficios del plan	\$750 por miembro	Una vez que 2 miembros de la familia pagan sus deducibles se satisface el deducible para la familia
Coseguro de hospital	Después de pagar su deducible anual, usted paga esta cantidad de los cargos cubiertos de internación en el hospital	Tarifas por establecimiento: 30% Honorarios profesionales: 30%	Tarifas por establecimiento: Todos los cargos excepto por \$650 por día Honorarios profesionales: 50%
Desembolso anual máximo	Una vez que ha pagado esta cantidad para los cargos elegibles cubiertos durante el año, el plan paga todos sus cargos cubiertos en los hospitales de la red por el resto de ese año	Deducible anual más \$2,500 por miembro	Una vez que 2 miembros de la familia pagan sus máximos se satisface el máximo para la familia
Cargos cubiertos vitalicios pagados por Blue Cross	Medicamentos recetados genéricos Beneficios disponibles inmediatamente: la cantidad indicada es el copago para 30 días de suministro	\$15	50% de reembolso según el Esquema de Tarifas Limitadas de Medicamentos si es expendido en CA
Beneficios profesionales	Beneficios inmediatamente disponibles: la cantidad correspondiente a los cargos cubiertos para visitas al médico y servicios relacionados (maternidad, análisis de laboratorio, radiografías, etc.)	50% de coseguro para los primeros \$1,500 y 100% de ahí en más (máximo pago de Blue Cross de \$750 por año)	
Exámenes HealthCheck <sup>SM</sup>	Dos niveles de exámenes médicos incluyendo análisis de laboratorio y vacunas	Elija la opción de exámenes de \$25 o \$75	No disponible
Sala de emergencias	Usted también es responsable de un copago de \$100 ñ no se cobra si lo ingresan	30%	30%
Cobertura dental	Deducible anual de \$25 por miembro	2 limpiezas gratis (sólo con proveedores de la red) ; más el pago máximo de Blue Cross de \$500 por año	
Cobertura de visión		Máximo pago de Blue Cross de \$100 por año	

Blue Cross amplia el valor de su cobertura todos los días con muchos recursos adicionales:

- HealthyExtensions... le brinda información sobre descuentos del 10 al 50% en productos y servicios para la salud y el bienestar ofrecidos por proveedores independientes:
  - **Afiliaiones a gimnasios.**
  - **Suplementos alimenticios y para la salud.**
  - **Servicios de blanqueo de dientes.**
  - **Anteojos y lentes de contacto.**
  - **Yoga, masaje e hipnoterapia.**
  - **Vacaciones del Club Med que incluyen toda.**
  - **Programas para dejar de fumar, beber alcohol, manejar el peso y más**
  - **Programas para mejorar la salud...**
  - **apoyo gratis para ayudar a que los miembros vivan bien mientras manejan enfermedades como asma, diabetes e insuficiencia cardiaca congestiva**
  - **MedCall... acceso telefónico a enfermeras las 24 horas del día, gratis a cualquier hora del día o la noche, para responder preguntas y proporcionar asistencia**
  - **Servicio de farmacia por correo... pida medicamentos genéricos por correo o en línea en [www.PrecisionRx.com](http://www.PrecisionRx.com)**
- Encontrará más detalles en línea... simplemente comience en [www.bluecrossca.com](http://www.bluecrossca.com) o llame al Servicio al Cliente al (800) 627-8797.
- Recuérdle a sus médicos que su plan sólo cubre medicamentos genéricos**
- Los medicamentos genéricos deben cumplir con las mismas normas de seguridad y eficacia de la FDA que los medicamentos de marca y cuestan mucho menos. Si el médico cree que usted necesita un medicamento de marca, recibirá los ahorros negociados de Blue Cross si usa una farmacia de la red pero pagará más.

Esta es sólo una perspectiva general de alto nivel para obtener una descripción completa de la cobertura, los beneficios, las circunstancias especiales y las limitaciones consulte el Certificado. Por favor note que los proveedores de la red aceptan las tarifas negociadas de Blue Cross como el pago completo para los servicios cubiertos. Los beneficios listados se basan en la tarifa negociada para los proveedores de la red (los proveedores fuera de la red pueden cobrar más que la tarifa negociada). Los beneficios listados se basan en los cargos acostumbrados y razonables (en los casos de emergencias médicas) para proveedores fuera de la red. Cuando los miembros usan un proveedor fuera de la red, deben pagar el copago o coseguro correspondiente más todos los cargos que excedan la cantidad permitida.



# Comprehensive PPO Benefits: PPO \$35 Copay GenRx Plan

"With this PPO plan, I have comprehensive coverage for both hospitalization and doctor visits, too."

Member is responsible for all amounts listed, unless otherwise noted.	<i>Always use in-network providers and save with Blue Cross negotiated prices</i>		<i>Enjoy a healthy (and fun!) life with FREE access to a wealth of services</i>
<b>Benefits for eligible covered services:</b>	<b>In-Network</b>	<b>Out-of-Network</b>	
<b>Annual Deductible</b> <i>First you pay for eligible covered charges up to this amount, and then plan benefits begin</i>	\$500 per member Once 2 family members meet their deductible, the deductible is met for the family	\$500 per member Once 2 family members meet their deductible, the deductible is met for the family	Blue Cross expands the value of your coverage every day with many additional resources:
<b>Hospital Coinsurance</b> <i>After meeting your Annual Deductible, you pay this amount for covered inpatient hospital charges</i>	Facility Fees: 35% Professional Fees: 35%	Facility Fees: All charges except \$650 per day Professional Fees: 50%	<ul style="list-style-type: none"> <li>HealthyExtensions ... gives you information about 10-50% discounts on health/wellness products and services offered by independent vendors:</li> <li><i>Fitness club memberships. Health and nutritional supplements. Teeth whitening services. Eyewear and contact lenses. Yoga, massage therapy and hypnotherapy. All-inclusive Club Med vacations. Smoking, alcohol and weight management programs, and more</i></li> <li>Health Improvement Programs ... free support to help members live well while managing asthma, diabetes or congestive heart failure conditions</li> <li>MedCall ... free 24-Hour nurse access by phone, toll-free, any time of the day or night, to answer questions and provide assistance</li> <li>Mail Service Pharmacy ... order generic medications by mail or online at <a href="http://www.PrecisionRx.com">www.PrecisionRx.com</a></li> </ul>
<b>Annual Out-of-Pocket Maximum</b>	\$4,000 per member 2 family member max	Blue Cross payment(s) of \$10,000	
<b>Lifetime covered charges paid by Blue Cross</b>	<b>\$5,000,000</b>		
<b>Generic Prescription Drugs</b> <i>Benefits available immediately; amount shown is the copay per 30-day supply</i>	\$15	50% reimbursement per Drug Limited Fee Schedule if filled in CA	
<b>Doctor Office Visits</b> <i>In-network office visits not subject to deductible</i>	\$35 copay for first 12 visits; 45% for additional visits	50%	
<b>Other Professional Services</b> <i>After meeting your Annual Deductible; includes maternity, diagnostic lab, X-rays</i>	35%	50%	
<b>HealthyCheck<sup>SM</sup> Screenings</b> <i>Two levels of health screenings including lab work &amp; immunizations</i>	Choose \$25 or \$75 Screening Option	Not available	
<b>Emergency Room</b> <i>You are also responsible for \$100 copay - waived if admitted</i>	35%	35%	<i>Remind doctors that your plan covers generic medication only</i> Generics must meet the same FDA standards for safety and effectiveness as brand-name drugs, and cost much less. If the doctor believes a brand-name drug is necessary, you will receive Blue Cross-negotiated savings if you use a network pharmacy, but you will pay more.
<b>Dental Coverage</b>	No benefits		
<b>Vision Coverage</b>	No benefits		

This is a high level overview only; refer to the PPO \$35 Copay GenRx Plan Summary of Features (form #10025) for more detail and to the Certificate for a comprehensive description of coverage, benefits, member payments that do not apply to annual out-of-pocket maximum, services that require Preservice Review, and other limitations. Please note that In-network providers accept Blue Cross negotiated fee rates as payment in full for covered services. Benefits listed are based on the negotiated fee rate for In-Network providers (Out-of-Network providers can charge more than the Negotiated Fee Rate). Benefits listed are based on Customary and Reasonable charges (in cases of medical emergencies) for Out-of-Network providers. When members use an Out-of-Network provider, they must pay the applicable copayment or coinsurance, plus any charges that exceed that allowable amount.



## Beneficios PPO completos: Plan PPO \$35 Copay GenRx

"Con este plan PPO también tengo cobertura completa para las hospitalizaciones y las visitas al médico."

El miembro es responsable de todas las cantidades listadas excepto cuando se indica.

*Siempre use proveedores de la red y ahorre con los precios negociados de Blue Cross*

*Disfrute una vida sana (y divertida) con un acceso GRATIS a una gran cantidad de servicios*

Blue Cross amplía el valor de su cobertura todos los días con muchos recursos adicionales:

- **HealthyExtensions**... le brinda información sobre descuentos del 10 al 50% en productos y servicios para la salud y el bienestar ofrecidos por proveedores independientes:

*Afilaciones a gimnasios.*

*Suplementos alimenticios y para la salud. Servicios de blanqueo de dientes. Anteojos y lentes de contacto.*

*Yoga, masaje e hipnoterapia.*

*Vacaciones del Club Med que incluyen todo. Programas para dejar de fumar, beber alcohol, manejar el peso y más*

- Programas para mejorar la salud... apoyo gratis para ayudar a que los miembros vivan bien mientras manejan enfermedades como asma, diabetes e insuficiencia cardíaca congestiva
- **MedCall**... acceso telefónico a enfermeras las 24 horas del día, gratis a cualquier hora del día o la noche, para responder preguntas y proporcionar asistencia
- Servicio de farmacia por correo... pida medicamentos genéricos por correo o en línea en [www.PrecisionRx.com](http://www.PrecisionRx.com)

Encontrará más detalles en línea...

simplemente comience en [www.bluecrossca.com](http://www.bluecrossca.com) o llame al Servicio al Cliente al (800) 627-8797.

### **Recuérdale a sus médicos que su plan sólo cubre medicamentos genéricos**

Los medicamentos genéricos deben cumplir con las mismas normas de seguridad y eficacia de la FDA que los medicamentos de marca y cuestan mucho menos. Si el médico cree que usted necesita un medicamento de marca, recibirá los ahorros negociados de Blue Cross si usa una farmacia de la red pero pagará más.

		<i>Siempre use proveedores de la red y ahorre con los precios negociados de Blue Cross</i>	
<i>Beneficios para servicios cubiertos elegibles:</i>	<b>Dentro de la red</b>	<b>Fuera de la red</b>	
<b>Deducible anual</b> <i>Primero usted paga los cargos cubiertos elegibles hasta esta cantidad y luego comienzan los beneficios del plan</i>	\$500 por miembro	Una vez que 2 miembros de la familia pagan sus deducibles se satisface el deducible para la familia	
<b>Coseguro de hospital</b> <i>Después de pagar su deducible anual, usted paga esta cantidad para los cargos cubiertos de internación en el hospital</i>	Tarifas por establecimiento: 35% Honorarios profesionales: 35%	Tarifas por establecimiento: Todos los cargos excepto por \$650 por día Honorarios profesionales: 50%	
<b>Desembolso anual máximo</b>	\$4,000 por miembro máximo de 2 miembros de la familia	Pago(s) de Blue Cross de \$10,000	
<b>Cargos cubiertos vitalicios pagados por Blue Cross</b>	<b>\$5,000,000</b>		
<b>Medicamentos recetados genéricos</b> <i>Beneficios disponibles inmediatamente; la cantidad indicada es el copago para 30 días de suministro</i>	\$15	50% de reembolso según el Esquema de Tarifas Limitadas de Medicamentos si es expandido en CA	
<b>Visitas al consultorio médico</b> <i>Las visitas a consultorios de la red no están sujetos al deducible</i>	Copago de \$35 para las primeras 12 visitas; 45% para las visitas adicionales	50%	
<b>Otros servicios profesionales</b> <i>Después de satisfacer su deducible anual, incluye maternidad, análisis de laboratorio y radiografías de diagnóstico</i>	35%	50%	
<b>Exámenes HealthyCheck<sup>SM</sup></b> <i>Dos niveles de exámenes médicos incluyendo análisis de laboratorio y vacunas</i>	Elija la opción de exámenes de \$25 o \$75	No disponible	
<b>Sala de emergencias</b> <i>Used también es responsable de un copago de \$100 - no se cobra si lo ingresan</i>	35%	35%	
<b>Cobertura dental</b>	No hay beneficios		
<b>Cobertura de visión</b>	No hay beneficios		

Esta es sólo una perspectiva general de alto nivel; para obtener más detalles consulte el Resumen de Beneficios del Plan PPO \$35 Copay GenRx (formulario #10025), y consulte el Certificado para obtener una descripción completa de la cobertura, los beneficios, los pagos de los miembros que no se aplican al desembolso anual máximo, servicios que requieren Revisión Previa y otras limitaciones. Por favor note que los proveedores de la red aceptan las tarifas negociadas de Blue Cross como el pago completo para los servicios cubiertos. Los beneficios listados se basan en la tarifa negociada para los proveedores fuera de la red (los proveedores fuera de la red pueden cobrar más que la tarifa negociada). Los beneficios listados se basan en los cargos acostumbrados y razonables (en los casos de emergencias médicas) para proveedores fuera de la red. Cuando los miembros usan un proveedor fuera de la red, deben pagar el copago o coseguro correspondiente más todos los cargos que exceden la cantidad permitida.



## Comprehensive HMO BeneFits: Power Select HMO Plan

"With this comprehensive HMO plan, I can depend on predictable costs. Blue Cross coverage for my eligible expenses in the Select Network is unlimited."

Member is responsible for all amounts listed, unless otherwise noted.

Benefits for eligible covered services:	Select Network is served by 6,000 primary care physicians and specialists in 22 California counties	
	In-Select Network	Out-of-Select Network
<b>Annual Deductible</b> First you pay for eligible covered hospital charges up to this amount, and then plan benefits begin	\$500 per member	Not applicable
<b>Annual Out-of-Pocket Maximum</b> Once you have paid this amount for eligible covered charges during the year, the plan pays all covered charges for the rest of that year	\$2,250 per member \$4,500 per family (aggregate)	Not applicable
<b>Lifetime covered charges paid by Blue Cross</b>	<b>Unlimited</b>	Not applicable
<b>Prescription Drugs</b> Amounts shown are copays per 30-day supply	Generic: \$15 Copay Brand: \$25 Copay (after \$150 annual brand deductible)	50% of Drug Limited Fee Schedule if filled in California (after \$150 annual brand deductible)
<b>Doctor Office Visits</b> Includes office visits for maternity	\$25 copay for Primary Care Physician visits \$35 copay for Specialist or Referral Care visits	Not covered
<b>Other Professional Services</b> Includes maternity, diagnostic lab and X-rays	No charge	Not covered
<b>Inpatient Hospital Coverage</b> After annual deductible	Facility: 10% copay Lab, Physician, Anesthesia: no charge	Not covered, except for emergency services
<b>Outpatient Facility Services</b> After annual deductible	20% copay	Not covered, except for emergency services
<b>Emergency Care</b>	\$100 Emergency Room copay (waived if admitted)	See Summary of Features
<b>Dental Coverage</b>	No benefits	No benefits
<b>Vision Coverage</b>	No benefits	No benefits

Enjoy a healthy (and fun!) life with FREE access to a wealth of services

Blue Cross expands the value of your coverage every day with many additional resources:

- **HealthyExtensions** ... offering 10-50% discounts on health/wellness products and services offered by independent vendors:  
*Fitness club memberships. Health and nutritional supplements. Teeth whitening services. Eyewear and contact lenses. Yoga, massage therapy and hypnotherapy. All-inclusive Club Med vacations. Smoking, alcohol and weight management programs, and more*
- **Health Improvement Programs** ... free support to help members live well while managing asthma, diabetes or congestive heart failure conditions
- **MedCall** ... free 24-Hour nurse access by phone, toll-free, any time of the day or night, to answer questions and provide assistance
- **Mail Service Pharmacy** ... order generic medications by mail or online at [www.PrecisionRx.com](http://www.PrecisionRx.com)

You'll find more details online...just start at [www.bluecrossca.com](http://www.bluecrossca.com) or call Customer Service at (800) 627-8797.

### Ask your doctor for generic medications

Generics must meet the same FDA standards for safety and effectiveness as brand-name drugs, and cost much less. If the doctor believes a brand-name drug is necessary, you will receive Blue Cross-negotiated savings if you use a network pharmacy, but you will pay more.

**This is an overview only; refer to the Power Select HMO Plan Summary of Features (form #1000) for more detail and to the Combined Evidence of Coverage and Disclosure Form for a comprehensive description of coverage, benefits and limitations.**



## Beneficios HMO completos: Plan Power Select HMO

"Con este plan HMO completo puedo depender en costos predecibles. La cobertura de Blue Cross es ilimitada para mis gastos elegibles dentro de la red Select."

El miembro es responsable de todas las cantidades listadas excepto cuando se indica.

*La red Select consta de 6,000 médicos de atención primaria y especialistas en 22 condados de California*

Beneficios para servicios cubiertos elegibles:	Dentro de la red Select	Fuera de la red Select
<b>Deducible anual</b> <i>Primero usted paga los cargos cubiertos de hospital elegibles hasta esta cantidad y luego comienzan los beneficios del plan</i>	\$500 por miembro	No corresponde
<b>Desembolso anual máximo</b> <i>Una vez que ha pagado esta cantidad para los cargos elegibles cubiertos durante el año, el plan paga todos los cargos por el resto de ese año</i>	\$2,250 por miembro \$4,500 por familia (agregado)	No corresponde
<b>Cargos cubiertos vitales</b> <b>pagados por Blue Cross</b>	<b>Ilimitado</b>	No corresponde
<b>Medicamentos recetados</b> <i>Las cantidades indicadas son copagos para 30 días de suministro</i>	Genéricos: \$15 de copago De marca Copago de \$25 (después del deducible de marca de \$150)	50% del Esquema de Tarifas Limitadas de Medicamentos si se expende en California (después del deducible anual de \$150 por medicamento de marca)
<b>Visitas al consultorio médico</b> <i>Incluye visitas al consultorio por maternidad</i>	Copago de \$25 para las visitas al médico de atención primaria Copago de \$35 para especialistas o visitas de cuidado referido	No cubierto
<b>Otros servicios profesionales</b> <i>Incluye maternidad, análisis de laboratorio y radiografías de diagnóstico</i>	Sin cargo	No cubierto
<b>Cobertura de paciente internado en el hospital</b> <i>Después del deducible anual</i>	Establecimiento: Copago del 10% Laboratorio, médico, anestesia: sin cargo	No cubierto, excepto para servicios de emergencia
<b>Servicios en establecimiento de paciente externo</b> <i>Después del deducible anual</i>	Copago del 20%	No cubierto, excepto para servicios de emergencia
<b>Atención de Emergencia</b>	Copago de \$100 por Sala de Emergencias (no se cobra si lo ingresan)	Vea el Resumen de Características
<b>Cobertura dental</b>	No hay beneficios	No hay beneficios
<b>Cobertura de visión</b>	No hay beneficios	No hay beneficios

*Disfrute una vida sana (y divertida) con un acceso GRATIS a una gran cantidad de servicios*

Blue Cross amplía el valor de su cobertura todos los días con muchos recursos adicionales:

- **HealthyExtensions...** le brinda información sobre descuentos del 10 al 50% en productos y servicios para la salud y el bienestar ofrecidos por proveedores independientes: *Afilaciones a gimnasios. Suplementos alimenticios y para la salud. Servicios de blanqueo de dientes. Anteojos y lentes de contacto. Yoga, masaje e hipnoterapia. Vacaciones del Club Med que incluyen todo. Programas para dejar de fumar, beber alcohol, manejar el peso y más*
  - **Programas para mejorar la salud...** apoyo gratis para ayudar a que los miembros vivan bien mientras manejan enfermedades como asma, diabetes e insuficiencia cardíaca congestiva
  - **MedCall...** acceso telefónico a enfermeras las 24 horas del día, gratis a cualquier hora del día o la noche, para responder preguntas y proporcionar asistencia
  - **Servicio de farmacia por correo...** pida medicamentos genéricos por correo o en línea en [www.PrecisionRx.com](http://www.PrecisionRx.com)
- Encontrará más detalles en línea... simplemente comience en [www.bluecrossca.com](http://www.bluecrossca.com) o llame al Servicio al Cliente al (800) 627-8797.

### **Pídale a su médico medicamentos genéricos**

Los medicamentos genéricos deben cumplir con las mismas normas de seguridad y eficacia de la FDA que los medicamentos de marca y cuestan mucho menos. Si el médico cree que usted necesita un medicamento de marca, recibirá los ahorros negociados de Blue Cross si usa una farmacia de la red pero pagará más.

**Esta es sólo una perspectiva general; para obtener más detalles consulte el Resumen de Características del Plan Power Select HMO (formulario #1000), y consulte el Documento Combinado de Evidencia de Cobertura y Revelación de Información para obtener una descripción completa de la cobertura, los beneficios y las limitaciones.**

THIS SUMMARY COVERS DENTAL OPTIONS DISCUSSED ON PAGE 6. Please note important exclusions and limitations on pages 11-12. You may want to detach these pages at the perforated lines and make copies for your employees if you have added dental coverage to your Benefits. This summary is printed in English on one side and Spanish on the other; Chinese and Korean versions are available at [www.bluecrossca.com](http://www.bluecrossca.com) - ask your agent or call Customer Service for assistance (800) 627-8797.

Cut Here

Cut Here



Blue Cross of California (BCC) is a health care service plan regulated by the Department of Managed Health Care



BC Life & Health (BCL&H) is an insurance company regulated by the Department of Insurance

# Dental Plan Options

Note:  
The Dental Benefits Plan is included with Hospital Benefits Preferred Plan.

	Dental Benefits Plan		Dental Net Plan*	
	PPO coverage offered by BCL&H		HMO coverage offered by BCC	
	PLAN pays amounts shown	MEMBER pays amounts shown	In-Network	Out-of-Network
Annual Maximum paid by Plan	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$500	\$500	Unlimited	Unlimited
<i>Member must pay this amount first, before plan benefits begin</i>	\$25	\$25	None	None
Preventive & Diagnostic Services	Deductible waived for In-Network Preventive & Diagnostic procedures			
Teeth Cleaning - Adult	100%	\$39	No Charge	Not Covered
Teeth Cleaning - Child		\$30		
Child Fluoride with Cleaning		\$35		
Oral Exams				
Periodic Oral Exam	100%	\$18	No Charge	Not Covered
Comprehensive Oral Exam		\$25		
X-rays				
Intraoral - complete series	100%	\$60	No Charge	Not Covered
Bitewing - single film		\$16		
Minor Services				
Fillings - Amalgam (two surfaces)	80%	\$55	\$16	Not Covered
Fillings - Resin (two surfaces)				
Oral Surgery				
Extraction - Impacted tooth, complete bony	Not Covered	Not Covered	\$85	Not Covered
Endodontic Services				
Root canal therapy - molar	Not Covered	Not Covered	\$120	Not Covered
Periodontic Services				
Scaling (root planning)	Not Covered	Not Covered	\$34	Not Covered
Removable Prosthodontics				
Dentures - Complete (maxillary)	Not Covered	Not Covered	\$280	Not Covered
Fixed Prosthodontics				
Crowns - porcelain (high noble)	Not Covered	Not Covered	\$190	Not Covered
Orthodontics				
Adult (age 18 and over)	Not Covered	Not Covered	\$1,850	Not Covered
Child (through age 17)			\$1,450	

\*These copays apply only when services are rendered by a participating dentist. Specialty services provided by a specialty dentist are included on a separate schedule in your Evidence of Coverage and Disclosure Form/Certificate.

**This is an overview only; refer to the Evidence of Coverage and Disclosure Form/Certificate for a comprehensive description of coverage, frequency and benefit limitations.**

**ESTE RESUMEN CUBRE OPCIONES DENTALES QUE SE DISCUTEN EN LA PÁGINA 6.** Por favor note las exclusiones y limitaciones importantes en las páginas 11-12. Puede cortar estas páginas por las líneas perforadas y hacer copias para sus empleados si tiene cobertura dental añadida a sus beneficios. Este resumen está impreso en inglés de un lado y en español del otro; las versiones en chino y coreano están disponibles en [www.bluecrossca.com](http://www.bluecrossca.com) - si necesita asistencia pregunte a su agente o llame al Servicio al Cliente al (800) 627-8797.

Corta Aquí



Corta Aquí



Blue Cross of California (BCC) es un plan de servicio de atención médica regulado por el Departamento de Atención Médica Administrada

BC Life & Health (BCL&H) es una compañía de seguro regulada por el Departamento de Seguros



# Opciones de Planes Dentales

	Plan de Beneficios Dentales		Plan Dental Net*	
	Cobertura PPO ofrecida por BCL&H		Cobertura HMO ofrecida por BCC	
	El PLAN paga las cantidades indicadas		El MIEMBRO paga las cantidades indicadas	
	Dentro de la red	Fuera de la red	Dentro de la red	Fuera de la red
Máximo anual que el Plan paga	\$500	\$25	Ilimitado	
Deducible anual <i>El miembro debe pagar primero esta cantidad antes de que comiencen los beneficios</i>	No se cobra el deducible para procedimientos preventivos y diagnósticos dentro de la red		Ninguno	
Servicios preventivos y diagnósticos	Limpeza dental - Adulto	\$39		
	Limpeza dental - Niño	\$30	Sin cargo	No cubierto
	Flúor con limpeza para el niño	\$35		
Exámenes bucales	Examen bucal periódico	\$18	Sin cargo	No cubierto
	Examen bucal completo	\$25		
Radiografías	Intraoral - serie s completas	\$60	Sin cargo	No cubierto
	Radiografía de la mordida - una placa	\$16		
Servicios menores	Empastes - Am algama (dos superficies)	80%	\$16	No cubierto
	Empastes - Resi na (dos superficies)			
Cirugía bucal	Extracción - Diente impactado, óseo completo	No cubierto	\$85	No cubierto
	Servicios de endodoncia			
Servicios de periodo	Tratamiento de conducto radicular - molar	No cubierto	\$120	No cubierto
	Raspado (alisado radicular)	No cubierto	\$34	No cubierto
Prótesis removibles	Dentaduras postizas - Completa (maxilar)	No cubierto	\$280	No cubierto
	Coronas - porce lana (metal noble alto)	No cubierto	\$190	No cubierto
Ortodoncia	Adulto (de 18 años en adelante)	No cubierto	\$1,850	No cubierto
	Niño (hasta los 17 años)	No cubierto	\$1,450	No cubierto

\*Estos copagos sólo se aplican cuando los servicios son proporcionados por un dentista participante. Los servicios especializados proporcionados por un dentista especialista se incluyen en un esquema separado en su Documento de Evidencia de Cobertura y Revelación de Información/Certificado.

**Esta es sólo una perspectiva general; para obtener una descripción completa de la cobertura, la frecuencia y las limitaciones de los beneficios consulte el Documento de Evidencia de Cobertura y Revelación de Información/Certificado.**

Cut Here



Blue Cross of California (BCC) is a health care service plan regulated by the Department of Managed Health Care

# Benefits from Blue Cross

## Plan Comparison & Overview



BC Life & Health (BCL&H) is an insurance company regulated by the Department of Insurance

Member pays all amounts unless noted.  
Amounts cover in-network services only; member pays more out-of-network.

	Hospital PPO Plans offered by BCL&H			Comprehensive PPO Plan offered by BCL&H	Comprehensive HMO Plan offered by BCC
	1 Hospital Benefits	2 Hospital Benefits Plus	3 Hospital Benefits Preferred	4 PPO \$35 Copay GenRx Plan	5 Power Select HMO Plan
<b>Lifetime Covered Charges Paid by Blue Cross</b>	<b>\$5,000,000</b>				<b>Unlimited</b>
Annual Deductible <i>Amount member pays first for covered services before plan benefits start; waived for some services</i>	\$1,250 per member (2 family member maximum*)	\$1,000 per member (2 family member maximum*)	\$750 per member (2 family member maximum*)	\$500 per member (2 family member maximum*)	\$500 per member
Annual Out-of-Pocket Maximum <i>The most a member pays in a year for qualified covered services before plan pays 100% for most in-network services</i>	Annual Deductible plus \$2,500			\$4,000 per member (includes deductible) (2 family member maximum*)	\$2,250 per member \$4,500 family aggregate* (includes deductible)
Prescription Drugs <i>Amounts shown are copays per 30-day supply</i>	\$15 - Generic Only				Generic: \$15 Brand: \$25 (after \$150 brand deductible)
Doctor Visits and Related Professional Services	No benefits	50% coinsurance for first \$1,000 of covered expenses and 100% after that (maximum Blue Cross payment of \$500 per year)	50% coinsurance for first \$1,500 of covered expenses and 100% after that (maximum Blue Cross payment of \$750 per year)	Doctor Visits: \$35 copay first 12 visits; then 45%  Professional Services including lab & maternity: 35%	Doctor Visits: \$25 copay Primary Care Physician; \$35 copay Specialist or Referral Care  Professional Services including lab & maternity: no charge
HealthyCheck <sup>SM</sup> Screening - Preventive health screenings; includes lab & immunizations	Choose \$25 or \$75 screening option				Not available
Inpatient Hospital Coverage	30% after deductible			35% after deductible	Facility: 10% Professional Services: no charge
Emergency Care <i>Member is also responsible for \$100 copay on all plans - waived if admitted</i>	30% after deductible			35% after deductible	\$100 Emergency Room copay - waived if admitted
Dental Coverage	None	None	2 free cleanings & up to \$500 benefit** after \$25 deductible	None	None
Vision Coverage	None	None	Up to \$100 benefit**	None	None

\* 2 family member maximum means that two covered members of the family must meet this amount *separately* to satisfy the requirement for all covered family members; aggregate means that all covered family members' eligible expenses can be *combined* to meet the family requirement.  
\*\* Dental and Vision benefit amounts cover Blue Cross payments for eligible expenses only as outlined in the Certificate.

**IMPORTANT: This overview should be used only for high level benefit comparisons using in-network providers; refer to the Summaries of Features, Certificates and/or Combined Evidence of Coverage and Disclosure Forms for comprehensive descriptions of coverage, benefits, special circumstances and limitations. Please note that In-network providers accept Blue Cross negotiated fee rates as payment in full for covered services. PPO plans: benefits listed are based on the negotiated fee rate for In-Network providers (Out-of-Network providers can charge more than the Negotiated Fee Rate); benefits listed are based on Customary and Reasonable charges (in cases of medical emergencies) for Out-of-Network providers; when members use an Out-of-Network provider, they must pay the applicable copayment or coinsurance, plus any charges that exceed that allowable amount.**

Blue Cross of California (BCC) and BC Life & Health Insurance Company (BCL&H) are Independent Licensees of the Blue Cross Association (BCA). The Blue Cross name and symbol are registered service marks of the BCA. SC1339

Cut Here



Blue Cross of California (BCC) es un plan de servicio de atención médica regulado por el Departamento de Atención Médica Administrada

# Beneficios de Blue Cross

## Comparación y perspectiva general del plan

BC Life & Health (BCL&H) es una compañía de seguro regulada por el Departamento de Seguros



El miembro paga todas las cantidades excepto cuando se indica.

Las cantidades cubren los servicios de la red solamente; el miembro paga más cuando son servicios fuera de la red.

	Planes PPO de Hospital ofrecidos por BCL&H			Ofrecido por BCL&H	Ofrecido por BCC
	1 Beneficios de Hospital	2 Beneficios de Hospital Plus	3 Beneficios de Hospital Preferidos	4 Plan PPO \$35 Copay GenRx	5 Plan Power Select HMO
<b>Cargos cubiertos vitales pagados por Blue Cross</b>	<b>\$5,000,000 Ilimitado</b>				
Deducible anual <i>La cantidad que el miembro paga por los servicios cubiertos antes que comiencen los beneficios del plan; no se cobra para algunos servicios</i>	\$1,250 por miembro (máximo de 2 miembros de la familia*)	\$1,000 por miembro (máximo de 2 miembros de la familia*)	\$750 por miembro (máximo de 2 miembros de la familia*)	\$500 por miembro (máximo de 2 miembros de la familia*)	\$500 por miembro
Desembolso anual máximo <i>El máximo que paga un miembro en un año para los servicios cubiertos que califican antes de que el plan pague el 100% para la mayoría de los servicios de la red</i>	Deducible anual más \$2,500			\$4,000 por miembro (incluye el deducible) (máximo de 2 miembros de la familia*)	\$2,250 por miembro \$4,500 familiar agregado* (incluye el deducible)
Medicamentos recetados <i>Las cantidades indicadas son copagos para 30 días de suministro</i>	\$15 - Genéricos solamente				Genéricos: \$15 De marca \$25 (después del deducible de marca de \$150)
Visitas al médico y servicios profesionales relacionados	No hay beneficios	50% de coseguro para los primeros \$1,000 de gastos cubiertos y 100% de ahí en más (máximo pago de Blue Cross de \$500 por año)	50% de coseguro para los primeros \$1,500 de gastos cubiertos y 100% de ahí en más (máximo pago de Blue Cross de \$750 por año)	Visitas al médico: Copago de \$35 para las primeras 12 visitas; luego 45%  Servicios profesionales incluyendo laboratorio y maternidad: 35%	Visitas al médico: Copago de \$25 para médico de atención primaria; copago de \$35 para especialista o atención referida  Servicios profesionales incluyendo laboratorio y maternidad: sin cargo
Exámenes HealthyCheck <sup>SM</sup> - Exámenes médicos preventivos; incluye laboratorio y vacunas	Elija la opción de exámenes de \$25 o \$75				No disponible
Cobertura de paciente internado en el hospital	30% después del deducible			35% después del deducible	Establecimiento: 10% Servicios profesionales: sin cargo
Atención de Emergencia <i>El miembro también es responsable de un copago de \$100 en todos los planes - no se cobra si lo ingresan</i>	30% después del deducible			35% después del deducible	Copago de \$100 por Sala de Emergencias - no se cobra si lo ingresan
Cobertura dental	Ninguna	Ninguna	2 limpiezas gratis y hasta \$500 de beneficio** después del deducible de \$25	Ninguna	Ninguna
Cobertura de visión	Ninguna	Ninguna	Hasta \$100 de beneficio**	Ninguna	Ninguna

\* Máximo de 2 miembros de la familia significa que dos miembros cubiertos de la familia deben pagar esta cantidad separadamente para satisfacer el requisito para todos los miembros de la familia cubiertos; agregado significa que todos los gastos elegibles de los miembros familiares cubiertos se pueden combinar para satisfacer el requisito familiar.

\*\* Las cantidades de los beneficios dentales y de visión cubren los pagos de Blue Cross para los gastos elegibles sólo como se describen en el Certificado.

**IMPORTANTE:** Esta perspectiva general sólo se deberá usar para comparar beneficios de alto nivel usando proveedores de la red; para obtener descripciones completas de la cobertura, los beneficios, las circunstancias especiales y las limitaciones, consulte el Resumen de Características, los Certificados y/o el Documento Combinado de Revelación y Evidencia de Cobertura. Por favor note que los proveedores de la red aceptan las tarifas negociadas de Blue Cross como el pago completo para los servicios cubiertos. **Planes PPO:** Los beneficios listados se basan en la tarifa negociada por los proveedores de la red (los proveedores fuera de la red pueden cobrar más que la tarifa negociada); los beneficios listados se basan en los cargos acostumbrados y razonables (en los casos de emergencias médicas) para proveedores fuera de la red; cuando los miembros usan un proveedor fuera de la red, deben pagar el copago o coseguro correspondiente más todos los cargos que exceden la cantidad permitida.

ESTA ES UNA COMPARACION DE ALTO NIVEL PARA TODOS LOS PLANES PRESENTADOS EN LA PAGINA 4. Note las exclusiones y limitaciones importantes en las páginas 10-13. Note que esta página está impresa en inglés en un lado y en español en el otro; las versiones en chino y coreano pueden obtenerse en <http://www.bluecrossca.com> - si necesita asistencia pregunte a su agente o llame al Servicio al Cliente al (800) 627-8797.

Corta Aquí

Corta Aquí

# BeneFits from Blue Cross

Small Business Solutions. A Package that Fits.



The **value** of a **good fit** is obvious.



everyone deserves a **good fit**.



A **good fit** allows room to **grow**.



For a **good fit** you need **choices**.



**BlueCross**  
of California



**BC Life & Health**  
Insurance Company

## ***The Power of Blue<sup>SM</sup>***

Blue Cross of California (BCC) is a health care service plan regulated by the Department of Managed Health Care (DMHC).

BC Life & Health Insurance Company (BCL&H) is an insurance company regulated by the California Department of Insurance (DOI).

BCC and BCL&H are Independent Licensees of the Blue Cross Association (BCA). The Power of Blue is a service mark and the Blue Cross name and symbol are registered service marks of the BCA.

BCC offers: Power Select HMO plan and the Dental Net plan.

BCL&H offers: The three Hospital Benefits plans and the PPO \$35 Copay GenRx plan; the Dental Benefits plan; Term Life and AD&D products.

Workers' Compensation coverage is provided through Employers Compensation Insurance Company.

HealthyExtensions: These programs are provided by Blue Cross as a service to our members. These services do not constitute benefits under Blue Cross plans and are subject to change or cancellation without notice. Goods and services available through discount programs are not benefits of coverage. Blue Cross does not endorse or recommend any goods or services provided at a discount by these vendors or practitioners. These programs may be changed or withdrawn at any time without notice by the offering vendor or practitioner.

Prescription Benefits: For detailed information about your prescription drug benefits, please refer to your Prescription Drug Benefit Summary or your Evidence of Coverage (EOC) and Disclosure Form. Please call Pharmacy Customer Service at the toll-free number printed on your member ID card to obtain copies of a Prescription Drug Benefit Summary and/or Evidence of Coverage.

Blue Cross of California  
Small Group Services  
2000 Corporate Center Drive  
Newbury Park, CA 91320

[www.bluecrossca.com](http://www.bluecrossca.com)