



**BlueCross**  
of California



**BC Life & Health**  
Insurance Company



# Get the Whole Picture from One Source

**Your Guide to Dental, Vision and Life Coverage**

For small businesses with 2-50 employees

# Picture the

● advantages

● savings

● benefits



# Dental



**Did you know** that employed adults lose more than 164 million hours of work each year due to dental disease or dental visits?

Picture your healthy workforce.



Picture your increased productivity.

# Vision

\*Special Report by the National Eye Institute and Prevent Blindness America, Vision Problems in the U.S., © 2002.

**Did you know** that more than 65% of today's workforce wears eyeglasses or contact lenses — that's approximately 147 million people nationwide.\*

## Blue Cross gives you **the Whole Picture** from One Source.

If you're only offering Medical coverage to your employees, you're only getting part of the picture. Let us show you how our Dental, Vision and Life plans complete the picture.

### **Time is Money. And We Save You Both.**

When you help your employees enjoy a healthy smile, healthy vision, and a healthy financial future, you'll actually contribute to your company's overall good health. These benefits brighten employee satisfaction and well-being, which means your employees can be even more productive.

And, when you purchase Dental, Vision and Life coverage with Medical from Blue Cross of California and/or BC Life & Health Insurance Company, you'll have an opportunity to get the greatest savings possible and simplify benefit administration at the same time.

### **With One Complete Package, Everyone Wins.**

Our "whole picture" health benefits package offers you:

- One trusted and reliable source with over 65 years of experience and outstanding customer service, financial stability and priceless integrity
- One point of contact
- One consolidated bill (which means just one premium check)
- One more way to make your business successful

**... and some of the best savings opportunities you'll ever find.**

Dental, Vision & Life—now isn't that picture perfect!



# Life

**Did you know** that Life insurance is one of the easiest, most inexpensive ways to help your employees improve their families' financial security?

Picture your employees' security.



# DENTAL COVERAGE

From Blue Cross of California and BC Life & Health Insurance Company

Research continues to establish links between periodontal disease and several serious health conditions such as heart disease and stroke, osteoporosis, low birth-weight pregnancy, diabetes, and respiratory infection.\* Good oral health and early disease detection, then, can play an important role in helping your employees maintain their overall health. Preventive care benefits, including regular Dental check-ups, can make a difference in your employees' productivity and help reduce the number of work days lost due to Dental and health problems – potentially saving your company time and money.

## Give Your Business the Advantage with Our Dental Plans.

Spending just a little on a complete health care package may save you a lot, especially when Dental coverage is part of the picture. Blue Cross of California and BC Life & Health Insurance Company offer a variety of PPO, HMO and Voluntary Dental plans – all designed to allow small businesses like yours the opportunity to provide the whole “picture perfect” benefit package. You can pick what works best for you and your employees, and be confident you made the right choice, as all of our plans offer:

- **Selection:** You get to decide how much you want to contribute and which of our many affordable plans you want to offer
- **Ease:** You'll enjoy simple administration, with one bill and one premium check
- **Access:** Your employees will have access to a network of 4,000 HMO providers and 13,000 PPO providers in California
- **Experience:** Along with our affiliated Dental companies, we are the 7th largest Dental company in the nation, serving more than 5.2 million customers
- **Service:** With more than 500 associates dedicated to serving our Dental customers, your employees can be assured of outstanding customer service

## Controlling Costs is Easy.

Simply decide how much you want to contribute toward Dental premiums, and your employees pay the rest through payroll deductions. You can pay a minimum percentage or a flat amount. It's up to you.\*\* For details on Dental contributions and participation, consult your Blue Cross agent.

\*Surgeon General's Report on Oral Health

\*\*Contributory and Voluntary Dental plans cannot be combined. \*SmileNet<sup>SM</sup> Dental Discount Program does not qualify.

When you purchase any of our insured Dental plans<sup>†</sup> with \$25,000 or more of Group Life coverage, you'll **save 6%** on your Dental premium and **save 6%** on your Life premium.

...and more

# PPO Dental Plans

## Want to give your employees lots of options?

Then a BC Life & Health Insurance Company PPO Dental plan may fit into your picture quite well. Our PPO Dental plans feature:

- The freedom to choose any dentist or specialist
- Access to quality care at discounted fees
- One of the largest provider networks in California
- Coverage for both routine visits and more extensive procedures
- The HealthyExtensions<sup>SM</sup> program, which provides information and discounts of 10-50% on health/wellness products and services from independent vendors/practitioners

## Group size pricing for larger groups:

Prefer pricing based on your company's size? Then you may want to consider our BCL&H Silver, Gold and Platinum product series. These five plans (Silver 1000, Gold 1500, Gold Preferred 1500, Platinum 2000 and Platinum Preferred 2000) offer pricing based on three group size ranges. The larger the group, the lower the rate!



# HMO Dental Plans

## Think your employees might prefer the predictable costs of an HMO Dental plan?

A Blue Cross of California HMO Dental plan offers affordable, easy-to-use coverage, including:

- No deductibles or annual maximums
- Low out-of-pocket costs
- No waiting periods
- Orthodontic services for children and adults
- The HealthyExtensions<sup>SM</sup> program, which provides information about discounts of 10-50% on health/wellness products and services from independent vendors/practitioners

To take advantage of plan benefits, an employee simply chooses a participating provider from our HMO network. The provider will coordinate all of the employee's care, including referrals to specialists. Only services received from a participating provider are covered by our HMO Dental plans.

WHAT THE PLAN PAYS:		Group Size Priced PPO Plans					Basic Option PPO	Standard Option PPO	High Option PPO	
		Silver 1000	Gold 1500	Gold Preferred 1500	Platinum 2000	Platinum Preferred 2000				
<b>Annual Deductible - per member/3-member family maximum</b>		\$50/3					\$75/3	\$50/3		
Waived in-network for Preventive & Diagnostic Services <sup>1</sup>										
<b>Annual Maximum - per member</b>		\$1,000	\$1,500	\$2,000	\$2,000	\$2,000	\$1,000	\$2,000		
<b>Preventive &amp; Diagnostic Services</b>	In-Network <sup>2</sup>	100%								
	Out-of-Network <sup>3</sup>	80%		100%		50%	80%			
Cleanings										
Fluoride Application										
Oral Exams, X-rays & Consultations										
<b>Minor Restorative Services</b>	In-Network <sup>2</sup>	80%		90%		50%	80%			
	Out-of-Network <sup>3</sup>	60%		80%		50%	80%			
Filling of cavities (Amalgam/Resin)										
<b>Major Restorative Services</b>	In-Network <sup>2</sup>	50%	80%	60%	90%	50%	80%			
	Out-of-Network <sup>3</sup>	40%	60%	50%	80%	50%	80%			
Oral Surgery: tooth extraction										
Endodontics:	In-Network <sup>2</sup>	50%	80%	60%	90%	50%	80%			
	Out-of-Network <sup>3</sup>	40%	60%	50%	80%	50%	80%			
Root canal therapy										
Periodontics: <sup>4</sup>	In-Network <sup>2</sup>	50%		60%		50%				
	Out-of-Network <sup>3</sup>	40%		60%		50%				
Scaling (root planing)										
Prosthetic: <sup>4</sup>	In-Network <sup>2</sup>	50%		60%		50%				
	Out-of-Network <sup>3</sup>	40%		50%		50%				
Crowns										
Removable and fixed										
<b>Orthodontic Services</b>	In-Network <sup>2</sup> or Out-of-Network <sup>3</sup>	50%					Not Covered		50%	
	Lifetime Maximum Per Member	\$1,000	\$1,500		Not Covered		\$1,500			

<sup>1</sup>Not applicable to Basic Option PPO.

<sup>2</sup>Percentage applies to negotiated provider fee after the deductible is met.

<sup>3</sup>Percentage applies to covered expenses after the deductible is met. The covered expense on the Group Size Priced PPO Plans are based on the following: We purchase claims data from an outside vendor, which determine amounts dentists charge in a given area for various services. Out-of-network reimbursement is based on the 80th percentile of that data (80 percent of the dentists included in the data charge that amount or less). Covered expense on the Basic, Standard and High Option PPO Plans is based on a dental limited fee schedule. Members are responsible for costs in excess of covered expenses, in addition to their copays and deductibles.

<sup>4</sup>There is a 12-month waiting period for these services under the Basic, Standard and High Option PPO Plans.

Refer to the Summaries of Features for each plan, and go to the Exclusions and Limitations in this brochure. Applicants are advised to review the Exclusions and Limitations prior to applying for coverage, and to refer to the comprehensive description of coverage, benefits and limitations contained in their Certificates for full plan provisions.

**Note:** Shading is used to indicate change, if applicable, from plan to plan.

Benefits	Member's Copay	
	Dental SelectHMO	Dental Net
	Participating Dental Office Only*	Participating Dental Office Only*
<b>Diagnostic</b>		
Oral examinations	No charge	No charge
X-rays	No charge	No charge
<b>Preventive</b>		
Prophylaxis: adult	No charge **	No charge
Prophylaxis: child	No charge **	No charge
Topical Fluoride: child	No charge	No charge
<b>Restorative</b>		
Fillings: amalgams and 1-3 surface anterior composites	No charge	No charge
Stainless steel crowns: primary teeth	\$106	\$30
<b>Endodontics</b>		
Pulp cap: direct	\$32	No charge
Root canal: anterior	\$289	\$110
Root canal: bicuspid	\$341	\$145
Root canal: molar	\$459	\$240
Pulpotomy	\$62	\$28
<b>Periodontics</b>		
Gingivectomy: one to three teeth per quadrant	\$72	\$22
Gingivectomy: four or more contiguous teeth per quadrant	\$194	\$85
Scaling/root planing: per quadrant	\$101	\$50
Osseous surgery: per quadrant	\$520	\$225

\* 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 contract or Evidence of Coverage. \*\* First two cleanings in 12 consecutive months. All additional cleanings in 12 consecutive months require a copay.

Benefits (cont'd)	Member's Copay	
	Dental SelectHMO	Dental Net
	Participating Dental Office Only*	Participating Dental Office Only*
<b>Oral Surgery</b>		
Extraction of erupted tooth or exposed root	\$60	No charge
Impaction: soft tissue	\$136	\$50
Impaction: partial bony	\$176	\$80
Impaction: full bony	\$200	\$95
<b>Prosthetic</b>		
Crown: porcelain fused to high noble metal	\$432	\$230
Post/core prefabrication	\$121	\$50
Complete denture	\$577	\$250
Partial denture	\$430	\$300
Denture relines: chairside	\$103	\$35
Denture: broken tooth repair	\$57	\$25
<b>Other Services</b>		
Out-of-area emergency care maximum payment: \$50	All charges over \$50 including applicable copay(s)	All charges over \$50 including applicable copay(s)
Office visit: after hours	\$56	\$45
Local anesthesia	\$14	No charge
<b>Orthodontics</b>		
24 months of standard orthodontic care, exclusive of records fees	Services Rendered at Participating Orthodontists	Services Rendered at Participating Orthodontists
Adult (age 18 and over)	\$3,045	\$1,850
Child (through age 17)	\$2,870	\$1,850

All listed amounts are the member's responsibility to pay. See contract or refer to pages 17-18 in this brochure for Benefits, Exclusions and Limitations.

Dental Net and Dental SelectHMO Plans are offered by Blue Cross of California, a health care service plan regulated by the Department of Managed Health Care (DMHC).

## HMO Dental Plans Network Availability:

The Blue Cross Dental SelectHMO Plan has participating Dental providers in the following counties: San Diego, Orange, Los Angeles, Santa Barbara, San Luis Obispo, Solano, Sonoma, San Francisco, Marin, Contra Costa, Alameda, Santa Clara, Sacramento and San Joaquin. Counties with limited availability: Ventura, Riverside, El Dorado, San Bernardino, Kern, Fresno, Kings, Monterey, Placer, San Mateo, Santa Cruz and Tulare.

# Voluntary Dental Plans

The **Voluntary PPO and HMO Dental Plans** allow you to offer quality, comprehensive Dental coverage at little or no cost to you. You choose to pay from 0-49% of the premiums, and your employees can pay up to 100% through payroll deductions.

The **Voluntary PPO Dental Plan** gives employees a choice of any dentist and many services offered at a very low or even no cost. Preventive and diagnostic care starts immediately after approval.

The **Voluntary Dental Saver SelectHMO Plan** gives employees a chance to enjoy unlimited benefits with participating dentists, low office copays, and no annual maximums or deductibles. And, just like with our PPO Voluntary Plan, preventive and diagnostic care begin immediately after approval.

Want to offer Dental coverage at even less cost to you? With our Voluntary Plans, your employees can pay up to 100% of the cost – and you can pay nothing at all!

## To enroll in our Voluntary PPO or Voluntary HMO Plan:

- Two or more eligible employees must be enrolled in Blue Cross Medical coverage
- A minimum of three participating employees or 25% of eligible employees (whichever is greater) must enroll in the Voluntary PPO Dental Plan and/or Voluntary Dental Saver SelectHMO Plan
- Premiums must be paid through payroll deductions



## Rating Areas & Rates

<b>Area 1:</b> Del Norte, Lassen, Modoc, Monterey (except 93451, 95076), Plumas (except 95981), San Benito (93930, 95004 only), San Luis Obispo (93426 only), Shasta, Sierra (except 95922, 95960), Siskiyou, Tehama (except 95963, 95973), Trinity (except 95526)	<b>Area 3:</b> Alameda (except 95304, 95377, 95391), Butte, Colusa, Contra Costa, Glenn, Humboldt, Lake, Mendocino, Monterey (95076 only), Napa, Nevada (95977 only), Placer (95668, 95692 only), Plumas (95981 only), Sacramento (94571 only), San Francisco, San Joaquin (94514 only), Santa Clara (except 94303, 95023), Santa Cruz, Sierra (95922 only), Solano (except 95690), Sonoma, Sutter (except 95626, 95648, 95837), Tehama (95963, 95973 only), Trinity (95526 only), Yolo, Yuba (except 95960)	<b>Area 7:</b> Fresno (93245, 93313, 93618 only), Inyo (93527 only), Kern (except 93536, 93558), Kings (except 93242, 93631, 93656), Los Angeles (93243, 93560 only), San Bernardino (93516, 93555 only), San Luis Obispo (93252 only), Santa Barbara (93252 only), Tulare (except 93631, 93641, 93646, 93654), Ventura (93252 only)
<b>Area 2:</b> Alameda (95304, 95377, 95391 only), Alpine, Amador, Calaveras, El Dorado, Fresno (except 93245, 93313, 93618), Inyo (except 93527), Kings (93242, 93631, 93656 only), Madera, Marin, Mariposa, Merced, Mono, Nevada (except 95977), Placer (except 95668, 95692), Sacramento (except 94571), San Benito (except 93930, 95004), San Joaquin (except 94514), San Mateo, Santa Clara (94303, 95023 only), Sierra (95960 only), Solano (95690 only), Stanislaus, Sutter (95626, 95648, 95837 only), Tulare (93631, 93641, 93646, 93654 only), Tuolumne, Yuba (95960 only)	<b>Area 4:</b> Los Angeles (90623, 90630, 90631 only), Orange (except 90638), Riverside (92883 only)	<b>Area 8:</b> Monterey (93451 only), San Luis Obispo (except 93252, 93426), Santa Barbara (except 93252), Ventura (except 90265, 93252 and ZIP codes beginning with 913)
	<b>Area 5:</b> Los Angeles (except 93243 and except ZIP codes beginning with 906-912, 915, 917, 918 & 935), Ventura (90265 and ZIP codes beginning with 913 only)	<b>Area 9:</b> Kern (93536 only), Los Angeles (ZIP codes beginning with 906-912, 915, 917, 918 & 935 except 90623, 90630, 90631, 91709, 93560), Orange (90638 only), San Bernardino (91766, 91792 only)
	<b>Area 6:</b> Imperial, Kern (93558 only), Los Angeles (91709 only), Riverside (except 92883), San Bernardino (except 91766, 91792, 93516, 93555), San Diego	

	Member's Copay	Insurance Plan Pays	
	Dental Saver SelectHMO	PPO Dental Plan	
Benefits	Participating Dental Office Only*	Participating Dental Office	Non-Participating Dental Office
<b>Diagnostic Care</b>			
Periodic oral examinations	No charge	100%	\$16
Full mouth X-rays	No charge	100%	\$45
<b>Preventive Care</b>			
Prophylaxis: adult/child	No charge**	100%	\$35/\$22
Topical fluoride: child	No charge	100%	\$15
<b>Restorative: Filling - Permanent</b>			
6-month waiting period			
1 surface	\$54	\$28	\$28
2 surfaces	\$64	\$37	\$37
3 surfaces	\$75	\$42	\$42
4 or more surfaces	\$89	\$50	\$50
<b>Oral Surgery</b>			
6-month waiting period			
Single extraction	\$60	\$60	\$60
Impaction: soft tissue	\$136	\$80	\$80
Impaction: partial bony	\$176	\$95	\$95
Impaction: complete bony	\$200	\$120	\$120
<b>Endodontic Care</b>			
12-month waiting period			
Root canal: anterior	\$289	\$120	\$120
Root canal: bicuspid	\$341	\$145	\$145
Root canal: molar	\$459	\$185	\$185
<b>Periodontics</b>			
12-month waiting period			
Scaling/root planing: per quadrant	\$101	\$36	\$36
Gingivectomy: one to three contiguous teeth per quadrant	\$72	\$32	\$32
Gingivectomy: four or more contiguous teeth per quadrant	\$194	\$115	\$115

	Member's Copay	Insurance Plan Pays	
	Dental Saver SelectHMO	PPO Dental Plan	
Benefits (cont'd)	Participating Dental Office Only*	Participating Dental Office	Non-Participating Dental Office
<b>Prosthodontic Care</b>			
12-month waiting period			
Crown: porcelain with high noble metal	\$432	\$200	\$200
Complete upper or lower dentures	\$577	\$260	\$260
Partial denture	\$430	\$240	\$240
<b>Orthodontic Care</b>			
Child	\$2,870	See note***	See note***
Adult	\$3,045	Not covered	Not covered
Retention	\$300	Not covered	Not covered
<b>Cosmetic Care – Resin Filling</b>			
Permanent, one surface, posterior	\$75	No charge	No charge
Labial veneer (laminare) – chairside	\$187	No charge	No charge
<b>Other Services</b>			
Office visit	\$5	N/A	N/A
Annual deductible	None	\$50 per person 3-member maximum	
Annual maximum benefit	Unlimited	\$1,000 per member	

\*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 contract or Evidence of Coverage.

See contract or refer to pages 17-18 in this brochure for Benefits, Exclusions and Limitations.

\*\*First two cleanings in 12 consecutive months. All additional cleanings in 12 consecutive months require a copay.

\*\*\*If a combined total of 10 or more employees enroll in the Small Group Voluntary PPO Dental Plan and/or the Dental Saver SelectHMO Plan, child orthodontic benefits (up to \$500 lifetime maximum per child) will be added to the Voluntary PPO Dental Plan at no additional cost. Please refer to the Certificate for more information.

### Dental Network Availability:

The Voluntary Dental Saver SelectHMO Plan has participating Dental providers in the following counties: San Diego, Orange, Los Angeles, Santa Barbara, San Luis Obispo, Solano, Sonoma, San Francisco, Marin, Contra Costa, Alameda, Santa Clara, Sacramento and San Joaquin. Counties with limited availability: Ventura, Riverside, El Dorado, San Bernardino, Kern, Fresno, Kings, Monterey, Placer, San Mateo, Santa Cruz and Tulare.

AREAS:	Group Size	Silver 1000			Gold 1500			Gold Preferred 1500			Platinum 2000			Platinum Preferred 2000		
		1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9
Employee Only	2-9	\$39	\$43	\$46	\$40	\$45	\$49	\$45	\$52	\$56	\$54	\$57	\$61	\$62	\$66	\$71
	10-24	\$35	\$39	\$42	\$36	\$41	\$45	\$41	\$47	\$50	\$48	\$51	\$55	\$55	\$59	\$63
	25-50	\$32	\$35	\$38	\$33	\$37	\$41	\$37	\$42	\$46	\$46	\$48	\$51	\$52	\$56	\$60
Employee & Spouse	2-9	\$76	\$84	\$90	\$79	\$89	\$98	\$89	\$101	\$111	\$107	\$112	\$122	\$123	\$132	\$141
	10-24	\$69	\$76	\$81	\$72	\$81	\$89	\$80	\$91	\$100	\$96	\$100	\$109	\$110	\$118	\$126
	25-50	\$62	\$68	\$73	\$65	\$74	\$81	\$73	\$83	\$91	\$90	\$94	\$103	\$104	\$111	\$119
Employee & Child	2-9	\$72	\$79	\$85	\$73	\$84	\$91	\$83	\$95	\$103	\$100	\$107	\$114	\$114	\$123	\$131
	10-24	\$65	\$71	\$77	\$67	\$77	\$83	\$75	\$86	\$93	\$89	\$96	\$102	\$102	\$110	\$117
	25-50	\$59	\$64	\$69	\$60	\$69	\$75	\$68	\$78	\$84	\$84	\$90	\$96	\$96	\$104	\$110
Employee & Children	2-9	\$108	\$117	\$127	\$110	\$125	\$137	\$124	\$141	\$154	\$148	\$159	\$170	\$172	\$184	\$196
	10-24	\$97	\$106	\$115	\$100	\$114	\$125	\$112	\$127	\$139	\$132	\$142	\$152	\$153	\$164	\$175
	25-50	\$88	\$95	\$104	\$91	\$103	\$113	\$101	\$115	\$126	\$125	\$134	\$143	\$145	\$155	\$165
Family	2-9	\$130	\$142	\$155	\$133	\$153	\$167	\$151	\$172	\$187	\$181	\$194	\$207	\$208	\$222	\$238
	10-24	\$117	\$128	\$139	\$121	\$138	\$151	\$136	\$155	\$168	\$162	\$173	\$185	\$185	\$198	\$212
	25-50	\$106	\$116	\$126	\$110	\$126	\$137	\$123	\$141	\$153	\$153	\$164	\$174	\$175	\$187	\$201

AREAS:	Basic Option PPO/FFS			Standard Option PPO/FFS			High Option PPO/FFS			Dental Net			Dental SelectHMO		
	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 7	3, 6, 8	4, 5, 9	1, 2, 3, 7	4, 5, 6, 9	8	All Areas Same Rate - Limited Service Areas		
Employee Only	\$26	\$28	\$30	\$34	\$41	\$44	\$51	\$55	\$58	\$20	\$15	\$18	\$13	\$13	\$13
Employee & Spouse	\$49	\$55	\$59	\$72	\$77	\$86	\$101	\$108	\$117	\$31	\$24	\$28	\$27	\$27	\$27
Employee & Child	\$40	\$43	\$46	\$58	\$66	\$72	\$95	\$102	\$108	\$31	\$24	\$28	\$27	\$27	\$27
Employee & Children	\$57	\$63	\$68	\$90	\$98	\$108	\$141	\$152	\$162	\$47	\$36	\$42	\$40	\$40	\$40
Family	\$79	\$88	\$95	\$113	\$126	\$138	\$171	\$184	\$197	\$47	\$36	\$42	\$40	\$40	\$40

	Voluntary PPO Dental Plan		
Employee Only	\$28	\$28	\$28
Employee & Spouse	\$57	\$57	\$57
Employee & Child	\$42	\$42	\$42
Employee & Children	\$60	\$60	\$60
Family	\$84	\$84	\$84
	Voluntary Dental Saver SelectHMO Plan		
Single	\$9	\$9	\$9
Two-party	\$19	\$19	\$19
Three-party-employee, spouse and child(ren), or employee and child(ren)	\$28	\$28	\$28

# VISION COVERAGE

From BC Life & Health Insurance Company

## The Value of Vision.

Comprehensive, inexpensive Vision plans can play a role in managing the overall health and well-being of your employees. Regular eye exams and wearing corrective eyewear can greatly decrease the risk of more serious, long-term eye diseases and can even result in early detection of other health conditions\* – increasing your employees' productivity and performance. You get the picture, and so do we. That's why we've created Blue View Vision.<sup>SM</sup>

## The Advantages are Clear.

When you offer your employees Blue View Vision as part of a complete benefits package, you're giving them one of the strongest vision coverage choices in sight. Our cost-effective Vision plans include comprehensive eye exams, fast delivery of eyewear and an attractive frame allowance.

## Blue View and Blue View Plus Feature:

- **A Broad, Convenient Network** – Employees have access to an extensive network of participating providers (more than 40,000 across the U.S. and 3,900 in California alone), including independent ophthalmologists and optometrists as well as LensCrafters,<sup>®</sup> Target Optical, and most Sears Optical and Pearle Vision retail locations. Many locations are conveniently open in the evenings and on weekends, allowing your employees to schedule appointments outside their normal work day.
- **Value-Added Savings** – Employees save an additional 15-40% on purchases of non-covered materials even after they've exhausted their covered benefits – and there's no limit to how often they can take advantage of these savings!
- **Easy-to-Use Benefits** – Employees simply choose a provider in the network, make an appointment, present their ID card, and pay any applicable copayments and any balance for non-covered services. The provider verifies eligibility and takes care of any necessary paperwork.

Take a closer look at the value of Vision in your comprehensive benefits package.

● savings

\*American Optometric Association, [www.aoanet.org](http://www.aoanet.org)

...and **more**

With Blue View Vision, your employees can save up to **40%** — even beyond their covered benefits — on extra pairs of eyewear, a number of nonprescription sunglasses and other popular accessories.

+

● advantages



## Vision Plans

	Blue View Plus	Blue View
<b>Eye Examination</b>	Every 12 months	Every 12 months
<b>Lenses</b>	Every 12 months	Every 24 months
<b>Contact Lenses*</b>	Every 12 months	Every 24 months
<b>Frames</b>	Every 12 months	Every 24 months
<b>In-Network Copayment</b>		
<b>EYE EXAMINATION COPAY</b>	\$15	\$25
<b>In-Network Benefits</b>		
<b>EYE EXAMINATION</b>	Covered up to a comprehensive level exam with dilation as necessary after exam copay	
<b>LENSES (Standard)</b>	Plastic lenses in single vision, bifocal or trifocal	
Single vision	Covered in full	
Bifocal lenses	Covered in full	
Progressive lenses	Covered up to the bifocal amount for standard progressive lenses	
Trifocal lenses	Covered in full	
<b>FRAME</b>	Covered up to \$120 retail value. Members receive a 20% discount on the amount over the allowance	
<b>CONTACT LENSES</b>	Benefit allowance applies to fit, follow-up and materials	
<b>Elective</b>		
Conventional	Covered up to \$115 allowance, 15% off balance over allowance	
Disposable	Covered up to \$115 allowance	
<b>Non-elective**</b>	Covered in full	
<b>ADDITIONAL DISCOUNTS</b>	Discounts available from Participating Providers	
<b>Out-of-Network Reimbursement</b>		
<b>EYE EXAMINATION</b>	Reimbursed up to \$49	
<b>LENSES (Standard)</b>		
Single vision	Reimbursed up to \$35	
Bifocal lenses	Reimbursed up to \$49	
Progressive lenses	Reimbursed up to \$49	
Trifocal lenses	Reimbursed up to \$74	
<b>FRAME</b>	Reimbursed up to \$50	
<b>CONTACT LENSES</b>		
<b>Elective</b>		
Conventional	Reimbursed up to \$92	
Disposable	Reimbursed up to \$92	
<b>Non-elective**</b>	Reimbursed up to \$250	
<b>Rate Structure</b>	<b>Monthly Premium</b>	<b>Monthly Premium</b>
Employee Only	\$13	\$7
Employee & Spouse	\$23	\$11
Employee & Child(ren)	\$24	\$12
Family	\$36	\$18

This chart shows you a simple explanation of rates and a summary of benefits for Blue View and Blue View Plus. For complete Benefit information, Limitations and Exclusions, consult your Certificate of Coverage or see page 19 of this brochure.

\*Coverage for these PPO Vision plans include choice of eyeglass lenses OR contact lenses, not both.

\*\* Non-elective contacts are those prescribed following cataract surgery or for extreme visual acuity or other functional problems not treatable by eyeglass lenses.

# LIFE COVERAGE

From BC Life & Health Insurance Company

## Get More – and Give More – with Life.

Consider the big picture. Your employees depend on you, and their families depend on them. Life insurance is an easy, inexpensive way to help your employees improve their families' financial security. Your employees will appreciate that you took the time to include their families' future in your company's benefits package. It's a priceless gift of security and peace of mind that keeps on giving for a lifetime.

## Save with Composite Life Rates

Enroll 11 or more employees in BCL&H Life insurance, and you'll automatically receive our Composite Life Rates. Composite Rates mean your group will receive a single rate per \$1,000 of Life coverage regardless of the age and sex of those enrolling – so your older employees will pay the same rate as your younger employees. What's in it for you? Easier administration and yet another way to get potentially lower rates.

## Convenience

Only one application form is required for both Medical coverage and Life insurance, and you'll have the added convenience of one consolidated monthly bill.

## Strength, Stability and Service

Together with our affiliated Life companies, we are collectively one of the Top 15 Group Life insurance carriers in the U.S. and the #1 Group Life insurance carrier in the under-100 employee market.\*\* BCL&H is rated "A (Excellent)" for financial strength by AM Best Company and "A+ (Superior)" for claims paying ability by Standard & Poor's. So, you can provide this valuable benefit knowing it is backed by the strength and stability of one of the most respected names in the industry.

The availability of Group Life insurance is subject to underwriting, and the rates are subject to change. See your Certificate for Exclusions and Limitations. For a copy of the Certificate, call (800) 627-8797. \*.90 is the best Risk Adjustment Factor available. \*\*The Top 15 is based on a 2004 LIMRA study based on Inforce Premium, and the #1 is based on the combination of Gen Re's 2004 U.S. Group Life Inforce Cases Study and WellPoint Internal Data. Each affiliated Life company is a separate, independent legal entity for financial purposes and is solely responsible for its own contractual obligations and liabilities.

**Save 1%** on your Medical premium\* when you purchase \$25,000 or more of Group Life coverage along with Medical at the same time. As you will see, Life often pays for itself.



# LIFE COVERAGE

## Basic Term Life

When you offer Basic Term Life, your employees and their families will gain extra peace of mind and financial support in the event of untimely death or great physical loss. You can select a level of Basic Term Life coverage from \$15,000 to \$250,000. With any level of coverage, Accidental Death & Dismemberment (AD&D) benefits are included automatically. The Life benefit is payable in the event of death at any time, with the automatic AD&D feature providing employees with an additional benefit, equal to the amount of the Life benefit, in case of an accidental death or a serious qualifying accident.

## Extras Included with AD&D Coverage

- An annual \$3,000 college education benefit for eligible dependents
- A seat belt provision that adds 10% of the coverage amount or \$25,000 to the AD&D benefit
- A \$5,000 maximum repatriation benefit to transport mortal remains should death occur more than 75 miles from home

## Accelerated Death Benefit

Enrollees diagnosed with a 12-month life expectancy due to a terminal condition may request up to 50% of their death benefit.

## Dependent and Supplemental Life

You can make these options available to your employees — at no additional cost to you — allowing employees to purchase Life insurance for their family members or additional coverage for themselves.

AGE	Basic Term Life and AD&D rates per \$1,000 of coverage for groups of 2-10 enrolling employees:	Supplemental Life Rates per:			
		\$15,000	\$25,000	\$50,000	\$100,000
Under 30	.20	\$3.00	\$5.00	\$10.00	\$20.00
30-39	.25	\$3.75	\$6.25	\$12.50	\$25.00
40-44	.41	\$6.15	\$10.25	\$20.50	\$41.00
45-49	.58	\$8.70	\$14.50	\$29.00	\$58.00
50-54	.86	\$12.90	\$21.50	\$43.00	\$86.00
55-59	\$1.53	\$22.95	\$38.25	\$76.50	\$153.00
60-64	\$2.27	\$34.05	\$56.75	\$113.50	\$227.00
65-69	\$3.77	\$56.55	\$94.25	\$188.50	\$377.00
70-74	\$5.36	\$80.40	\$134.00	\$268.00	\$536.00
75-79	\$8.44	\$126.60	\$211.00	\$422.00	\$844.00
80-84	\$12.12	\$181.80	\$303.00	\$606.00	\$1212.00

# LIFE COVERAGE



This chart provides details about Basic Term Life and adding Dependent and/or Supplemental Life benefits so your employees get the whole picture.

	Benefit Amounts Available	Employer Contributions & Participation Requirements	Guarantee Issue Guidelines
<b>Basic Term Life</b> – choose one of three options:			
<ul style="list-style-type: none"> <li>• <b>Schedule A: Flat dollar amounts for all employees</b> You select one flat dollar amount for all employees</li> <li>• <b>Schedule B: Life benefits graded by job title*</b> You select one amount in \$1,000 increments for Class I employees (officers, managers, supervisors) and another amount for Class II employees (all others)</li> <li>• <b>Schedule C: Salary Based Life Insurance</b> You select either 1 or 2 times the employee's annual salary. All employees must have the same salary schedule.                             <ul style="list-style-type: none"> <li>– Minimum benefit: \$15,000</li> <li>– Maximum benefit: \$250,000</li> </ul> </li> </ul> <p><small>* Job title descriptions shown are examples. You may use them as a guideline or provide your own; there must be at least one person in each class (job description). Only one benefit schedule may be offered. The benefit amount for Class I cannot exceed \$250,000 per employee and cannot exceed 2.5 times the benefit amount for Class II.</small></p>	\$15,000 to \$250,000	<p>If employer pays between 25% and 99%, then 75% employee participation is required.</p> <p>If employer pays 100%, then 100% employee participation is required.</p>	<p>For groups with 100% participation, two levels of Guarantee Issue are available, depending on number of enrolling employees.</p> <p>11-24 employees: \$50,000</p> <p>25-50 employees: \$100,000</p>
<b>Dependent Life</b> – employers choose whether or not to offer Dependent Life coverage; two levels of optional Dependent Life coverage are available:			
<ul style="list-style-type: none"> <li>• <b>\$10,000 / \$1,000 Option:</b> \$10,000 for spouse, \$10,000 for children 6 months to 19 years of age (age 24 if full-time student), and \$1,000 for children under 6 months of age. Available only if employee Life benefit is \$20,000 or more. Employee monthly rate is \$4 per family</li> <li>• <b>\$5,000 / \$500 Option:</b> \$5,000 for spouse, \$5,000 for children 6 months to 19 years (age 24 if full-time student), and \$500 for children under 6 months of age. Employee monthly rate is \$4 per family</li> </ul> <p>AD&amp;D benefits are not available with Dependent Life coverage.</p>	\$10,000 / \$1,000 or \$5,000 / \$500	<p>Employer is not required to contribute toward the cost of Dependent Life coverage.</p> <p>If employees are paying part of the premium, at least 75% of all eligible employees' dependents must participate in Dependent Life coverage.</p>	<p>Guarantee Issue is available for groups with 11-50 enrolling employees and at least 75% participation.</p>
<b>Supplemental Life</b>			
<p>Employees who are enrolled in their group's Basic Term Life coverage also have the flexibility to purchase additional Life coverage. Supplemental Life insurance enables employees to customize their Life insurance coverage to provide additional peace of mind and financial security. Supplemental Life coverage is:</p> <ul style="list-style-type: none"> <li>• 100% employee paid</li> <li>• Available in four benefit amounts: \$15,000, \$25,000, \$50,000 or \$100,000 (\$100,000 level only available to groups with 11 or more eligible employees)</li> </ul>	\$15,000 \$25,000 \$50,000 or \$100,000	<p>Premiums are 100% employee paid. Required participation depends on group size:</p> <ul style="list-style-type: none"> <li>• 2-3 employees: 100% participation</li> <li>• 4-10 employees: 25% participation</li> <li>• 11-50 employees: 25% participation</li> </ul>	<p>\$15,000 is available for groups with 11-50 eligible employees and at least 25% participation.</p>



# THE **WHOLE PICTURE** GIVES YOU **ULTIMATE SAVINGS**

**Now that you have the whole picture, you can see how you and your employees can benefit from offering Dental, Vision and Life with your Medical package. It's time to give your employees one completely sensational package – from one spectacular source.**

Here's a quick wrap-up of our discounts and savings:

- **1% Medical savings** – When you purchase \$25,000 or more of Life along with Medical (at the same time), you may qualify for **1% savings** on your Medical premiums ... making Life insurance more affordable than ever.
- **6% Life savings** and **6% Dental savings** – When you purchase both \$25,000 or more of Life and any of our insured Dental plans at the same time, receive 6% savings on your Life premium and 6% savings on your Dental premium.
- **Composite Life Rates** – Enroll 11 or more employees in Life coverage, and you'll automatically get the **advantages of a single rate** per \$1,000 of Life.

Quite simply, you can save a lot of time and a lot of money when you purchase Medical, Dental, Vision and Life together from one convenient, trusted source. Blue Cross of California and BC Life & Health Insurance Company are dedicated to serving your unique health benefit needs.

**Give us a call today! We want to help make your company an even brighter picture of success.**

This is an overview only. A comprehensive description of Exclusions and Limitations is contained in the Combined Evidence of Coverage and Disclosure Form.

**Exclusions and Limitations Common to All Dental Plans:**

- Services or supplies that are not medically necessary.
- Any services in excess of the maximum amounts stated in the plan.
- Services received before your effective date or after your coverage ends.
- Services for which you are not legally obligated to pay or for services which no charge is made to you in the absence of insurance coverage.
- Any condition for which benefits are recovered or can be recovered either by adjudication, settlement or otherwise, under any workers' compensation, or similar law, even if you do not claim those benefits.
- Any services you actually received that were provided by a local, state or federal government agency except when payment under this Plan is expressly required by federal or state law. Blue Cross will not cover payment for these services if you are not required to pay for them or they are given to you for free. Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
- Any services to the extent that you are entitled to receive Medicare benefits for those services, whether or not Medicare benefits are actually paid.
- Services for treatment of cysts and neoplasms.
- All hospital costs and any additional fees charged by the dentist for hospital treatment.
- Professional services received from a person who lives in the insured's home or who is related to the insured by blood, marriage or adoption.
- Prescription drugs, prescribed drugs, pre-medication or analgesia (including nitrous oxide).
- Charges for treatment by other than a licensed dentist or physician, except charges for dental prophylaxis performed by a licensed dental hygienist.
- Dental treatment or procedures (other than those for replacement of structure lost due to dental decay) required in conjunction with opening a bite or replacing tooth structure lost by wear, erosion or abrasion or due to bruxism. (Does not apply to alteration by removable prosthodontics.)
- Gold or porcelain fillings on primary teeth.

**Orthodontic Exclusions and Limitations Common to all Dental Plans which include Orthodontic Benefits:**

- Replacement of lost or stolen orthodontic appliances or repair of orthodontic appliances broken due to negligence of the insured.
- Surgical procedures incidental to orthodontic treatment, including but not limited to, extraction of teeth, solely for orthodontic reasons, exposure of impacted teeth, correction of micrognathia or macrogathia, or repair of cleft palate.
- Changes in treatment necessitated by an accident of any kind.
- Myofunctional therapy and related services. (Myofunctional therapy involves the use of muscle exercises as an adjunct to orthodontic mechanical correction or malocclusion.)
- Treatment of orthodontic cases begun prior to the insured's effective date of coverage or after the termination of eligibility for coverage.
- Treatment related to the joint of the jaw (temporomandibular joint, TMJ) and/or hormonal imbalance.

**Additional Orthodontic Exclusions and Limitations Specific to the High Option PPO, FFS, Silver, Gold, Gold Preferred, Platinum, Platinum Preferred and Dental Net Plans:**

- Any orthopedic/orthodontic treatment which may be deemed advantageous or necessary by the participating orthodontist prior to standard active treatment. Orthodontic treatment for malocclusions, which in the opinion of the participating orthodontist will not produce beneficial results.
- The re-treatment of a previously treated orthodontic case (whether treated under this coverage, at fee-for-service, or under another benefit plan) is not covered.
- Special orthodontic appliances including but not limited to lingual or invisible braces, sapphire or clear braces, or ceramic braces are considered cosmetic and not included as covered benefits under the Certificate.
- Orthodontic records including, but not limited to, cephalometric tracing, photographs, study models, and diagnostic radiographs.

**Exclusions and Limitations Common to All PPO Plan/FFS and Dental Net:**

- Diagnosis or treatment of the joint of the jaw and/or occlusion (the way the upper and lower teeth meet) services, supplies or appliances provided in connection with any treatment to alter, correct, fix, improve, remove, replace, reposition, restore or otherwise treat the joint of the jaw (temporomandibular joint) or associated musculature, nerves and other tissues for any reason or by any means.
- Any treatment, including crowns, caps and/or bridges to change the way the upper and lower teeth meet (occlusion).
- Dental treatment or procedures (other than those for replacement of structure lost due to dental decay) required in conjunction with opening a bit or replacing tooth structure lost by wear, erosion or abrasion or due to bruxism. (Does not apply to alteration by removable prosthodontics.)
- Oral examinations including prophylaxis (teeth cleaning) exceeding two visits per member per calendar year.
- Any services performed for cosmetic purposes, including but not limited to bleaching of non-vital discolored teeth, veneers and all other cosmetic procedures (unless specifically shown as a covered benefit).
- Replacement of an existing prosthesis which in the opinion of the dentist can be made satisfactory or one that has been lost or stolen.
- Procedures requiring appliances or restorations (other than those for replacement of structure loss from caries) that are necessary to alter, restore or maintain occlusions. These include but are not limited to: changing the vertical dimension; replacing or stabilizing lost tooth structure by attrition, abrasion, erosion or bruxism; realignment of teeth; gnathological recording; occlusal equilibration; splinting.
- Dental treatment to correct a congenital or developmental malformation of the maxilla and/or mandible (including but not limited to supernumery and/or over retained deciduous teeth).
- Fixed bridges, removable cast partials and/or cast/crown with or without veneers and inlays for members under sixteen (16) years of age. Space maintainers for members under sixteen (16) years of age.
- Replacement of crowns and cast restorations including porcelain inlays and porcelain crowns, if such replacement occurs within five (5) years of the original placement.
- Services on teeth that appear to have a poor prognosis, or that are not reasonably necessary or customarily performed are not covered.
- Temporary services are considered an integral part of the final services rather than a separate service, and are therefore not eligible for benefits.
- In cases where multiple acceptable methods of treatment exist, the least expensive professionally acceptable treatment is considered the covered benefit.
- Dental procedures and charges incurred as part of implants or the removal of same.

**Exclusions and Limitations Common to All PPO/FFS Plans:**

- Services not included as a covered procedure, unless they are similar in nature to an included procedure; in such event the benefit payable will be based on the most nearly comparable services included.
- More than one set of full-mouth X-rays or a panorex in a three-year period.
- Fluoride applications are limited to once per member per calendar year up to the age of 18.
- Adjustment, repairs or relines of prostheses for a period of six months from initial placement if the prostheses were paid for under the Certificate.
- If a principle member transfers from the care of one dentist to another dentist during the course of treatment, or if more than one dentist renders services for one dental procedure, BC Life & Health shall be liable only for the amount it would have been liable for had one dentist rendered the services.
- Oral hygiene instruction.
- Materials implanted into or on bone or soft tissue and all adjunctive services (including, but not limited to, surgery, prostheses, cleaning, etc.) performed in conjunction with the placement or removal of implants.
- Replacement of teeth missing prior to the effective date of coverage with partial dentures, complete dentures or fixed bridges.
- If multiple endodontic treatments are necessary on the same tooth within a period of one year, the allowance will be made for only one procedure.
- The extraction of immature erupting third molars and nonpathologic, asymptomatic third molar extractions.
- Sealants are limited to one treatment every 36 months for children under 15 years of age for unrestored permanent first and second molars.
- Periodontal scaling and root planing will be limited to once per quadrant per 24 months. Polishing of all teeth is considered part of this treatment.
- Osseous and mucogingival surgery will be limited to once per quadrant per 36 months.
- Gross debridement allowed one time at the beginning of a periodontal treatment plan, prior to pocket depth charting. Subsequent requirement for debridement is considered patient neglect and would be the financial responsibility of the member.
- Crown lengthening is not covered.
- Replacement of a fixed or removable prosthesis if such replacement occurs within five (5) years of the original placement, unless used during the healing period for recently extracted anterior teeth. Initial placement of prosthetics if teeth being replaced have been missing before insured was covered by the plan.

**Additional Exclusions and Limitations Specific to the Basic and Standard Option PPO and FFS Dental Plans and PPO Voluntary Plan without Orthodontic Benefits:**

- Braces, appliances and all related orthodontic services and surgery necessary in conjunction with orthodontic treatment are not covered.

**Exclusions and Limitations Common to All HMO Dental Plans:**

- Dental services must be received from the member's participating dental office unless an exception is specifically authorized by the member's selected participating dental office and/or Blue Cross in writing.
- In the event of a member's loss of coverage, for any reason, and at the time of loss of coverage the member is still receiving orthodontic treatment during the 24 month treatment period, the member and NOT Blue Cross will be responsible for the remainder of the cost for that treatment, at the contracted fee for the months of treatment remaining.
- Any treatment to correct a dental condition that resulted from dental services performed by a non-participating dentist while this coverage is in effect, and any dental services started by a non-participating dentist will not be the responsibility of the participating dental office or Blue Cross for completion.
- Treatment of fractures or dislocations.
- Histopathological exams, and/or removal of tumors, cysts, neoplasms and foreign bodies.
- Teeth with questionable, guarded or poor prognosis are not covered for endodontic, periodontal surgery, or crown and bridge.

**Orthodontic Exclusions and Limitations Common to All HMO Dental Plans:**

- Orthodontic services must be received from a participating orthodontic office.

**Additional Exclusions and Limitations Specific to the Dental Net Plan:**

- Any procedure not specifically listed as a covered service.
- Periodontal scaling and root planing and/or gingival curettage are limited to one course of therapy per quadrant in a 12-month period.
- Partial dentures are not eligible for replacement within five (5) years of original placement unless required as a result of additional tooth loss which cannot be restored by modification of the existing partial denture.
- For crowns, nonremovable bridges and periodontal surgery, the member must meet the six-month waiting period described in the Exclusions and Limitations section of the Evidence of Coverage before any of these services are covered.
- Complete and/or partial denture relines are limited to one per denture in a 12-month period.
- The use of alloys with 25 percent or more noble metal content for any restorative procedure is considered optional and if used, the additional cost for such alloy is the member's responsibility.
- Removal of impacted teeth is limited to impactions which show radiographic evidence of pathologic condition or for which the member experiences symptoms of infection, swelling or chronic pain.
- Pediatric dental specialist services are limited to \$500 in a 12-month period. Charges exceeding \$500 in a 12-month period are the member's responsibility.
- For active orthodontic treatment extending beyond the 24-month period, but before the retention phase begins, the member will be required to pay the participating orthodontist up to \$55 for each additional month of active treatment.
- Retention services include initial fabrication, placement, observation and adjustment of passive retention appliances for a 12-month period. The retention services fee of \$250 is the member's responsibility and is payable at the beginning of the retention phase of treatment.
- Coverage for any dental treatment which, because of the member's general health, or mental, emotional, behavioral or physical limitations cannot be performed in the participating dental office.
- Tooth implantation or transplantation, orthognathic surgery, soft tissue or osseous grafts, hemisection, root amputation, apexification, alveoloplasty, vestibuloplasty or ostectomy procedures.
- Dental treatment or expenses incurred in connection with periodontal splinting.
- General anesthesia, inhalation sedation, intravenous sedation or intramuscular sedation.

**Exclusion and Limitations for Vision Plans**

**We do not provide Vision benefits for the following services, supplies or charges:**

- Any amounts in excess of the maximum amounts stated in this plan.
- Services which are experimental or investigative in nature.
- Services received before your effective date or services received after your coverage ends.
- Services for which no charge is made to you in the absence of insurance coverage.
- Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation law or similar law, even if you do not claim those benefits. If there is a dispute or substantial uncertainty as to whether benefits may be recovered for those conditions pursuant to any worker's compensation law or similar law, we will provide the benefits of this plan for such conditions, subject to our right to a lien or other recovery under Section 4903 of the California Labor Code, or other applicable law.
- Any services you actually received that were provided by a local, state, county or federal government agency except when payment under this plan is expressly required by federal or state law. BC Life & Health will not cover payment for these services if you are not required to pay for them or they are given to you for free. Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
- Any services to the extent that you are entitled to receive Medicare benefits for those services, whether or not Medicare benefits are actually paid. Any services for which payment may be obtained from any local, state or federal government agency (except Medi-Cal). If you are eligible for Part B of Medicare and do not enroll in it, we will still reduce the benefits payable under this Certificate as if you were enrolled in Part B, and Medicare Part B benefits were paid. It is therefore important that you enroll in Part B Medicare if you are eligible. Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
- Received from an individual or entity that is not a provider, as defined in this Certificate.
- Received from a vision or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust or similar person or group.
- For services or supplies prescribed, ordered, referred by, or received from a member of your immediate family, including your spouse, child, brother, sister, parent, in-law, or self.
- For completion of claim forms or charges for medical records or reports unless otherwise required by law.
- For missed or canceled appointments.
- For services or supplies primarily for educational, vocational, or training purposes, except as otherwise specified herein.
- For any new FDA approved drug product or technology (including but not limited to medications, medical supplies, and/or devices) available in the marketplace for dispensing by the appropriate source for the product or technology, including but not limited to pharmacies, is excluded from coverage for the first six months after the date the product or technology received FDA new drug approval or other applicable FDA approval.
- For sunglasses and accompanying frames.
- For safety glasses and accompanying frames.
- For inpatient or outpatient hospital vision care.
- For orthoptics, eye exercises or vision training and any associated supplemental testing.
- For non-prescription lenses.
- For two pairs of glasses in lieu of bifocals.
- For plano lenses (lenses that have no refractive power).
- For medical or surgical treatment of the eyes.
- Lost or broken lenses or frames, unless the insured has reached his or her normal interval for service when seeking replacements.
- For services or supplies not specifically listed in the Certificate.

**Exclusions for Life Plans**

- The living benefit is not payable if the qualifying condition is due to an intentionally self-inflicted injury or suicide attempt. Supplemental life also has a two-year suicide exclusion.
- No AD&D benefits are payable for a loss caused by or connected with suicide or self-inflicted injury; disease, infection, physical or mental impairment, medical or surgical treatment, or diagnostic or preventive care; taking any drug or chemical unless taken as prescribed by a physician or as directed by the pharmaceutical manufacturer (as defined by state law); auto-erotic asphyxiation; taking part in an assault or felony; duty as a member of any military, naval, or air force; taking part in a riot or in any declared or undeclared war; flying in any aircraft as a pilot or crew member; experimental flying or flying for the purpose of training; riding, driving, or testing a vehicle used in a race or speed contest; taking part in the sports of parachute jumping, sky diving, or hang gliding; or operating a motor vehicle while under the influence of alcohol or drugs as defined by state law.



**Get the Whole Picture of Health.**

Enjoy the savings and benefits of Dental, Vision and Life when choosing any of our Medical options for small businesses, including:

**EmployeeElect** – This portfolio of 16 plans offers all the choices you need for flexibility and control.

**EmployeeChoice** – These 5 plans give you the unique opportunity to offer another carrier's HMO alongside this program.

**BeneFits** – Just starting out or offering Medical coverage for the first time? These 5 affordable plans with lower contribution/participation requirements may be just the right fit for your team.





BlueCross  
of California



BC Life & Health  
Insurance Company

# Solutions Small Business Health Care Plans **at Work**



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 (CDI). BCC and BCL&H are Independent Licensees 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 is offered by BCL&H. All Small Group HMO Medical and Dental plans, Premier \$10/\$20 Copay plans and PPO \$30/\$40 Copay plans are offered by BCC. All other Small Group Medical, Dental, Term Life and AD&D products are offered by BCL&H. The HealthyExtensions<sup>SM</sup> program is provided by Blue Cross as a service to our members. This service does not constitute benefits under Blue Cross plans and is 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. This brochure is an overview of coverage. A comprehensive description of coverage, benefits, limitations and exclusions is contained in the Certificates and/or Combined Evidence of Coverage and Disclosure Forms.

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