

plan comparison guide

Simplifying coverage for small businesses (groups of 2 to 50)

Effective February 1, 2008

We're making it easier to meet your business' benefits needs with more affordable plans and more flexible ways to offer them to your employees.

When you choose Blue Shield, you're selecting a company with a reputation for stability, strength, and access to quality healthcare coverage. You can count on us to provide your employees with the reliable coverage and services that Californians have come to depend on for more than 50 years.

Your employees can choose any of our plans with the confidence that our provider networks are among the largest in the state. And that means that there's a better chance their doctor is in our network.

When you choose Blue Shield, you're selecting a company with a reputation for stability, strength, and access to quality healthcare coverage. You can count on us to provide your employees with the reliable coverage and services that Californians have come to depend on for more than 50 years.

PlanSelectSM made more flexible!
Now groups of 2 to 50 employees
can choose up to 27 plans.

Financial strength

- Rated "A" by Weiss Ratings, which named us one of the strongest HMOs in the nation as of August 2006
- Rated "A" by Standard & Poor's
- Rated "A" by A.M. Best

Quality ratings

- "Excellent" accreditation for our commercial HMO and POS plans by the National Committee for Quality Assurance (NCQA)
- Accreditation from the Utilization Review Accreditation Commission (URAC) for the PPO care management program

Both you and your employees can rely on a wide variety of health and wellness programs, services, and resources that extend the value of Blue Shield coverage.

To get more details or a quote, just contact your Blue Shield sales representative today.

NEW! We're introducing our Suite Deal program, making Blue Shield healthcare coverage more affordable and more flexible for businesses like yours.

Get a Suite Deal!

Our new program offers dependable coverage with greater flexibility and affordability.

Suite Deal, our new small group multiple plan program, features seven Blue Shield health plans. We understand that you need a health plan that lets you offer choice without administrative burdens. You even control how much you pay toward the premium. Available February 1, 2008, our Suite Deal package includes:

- **NEW** Access+ HMO® Plan 20 Value
- Access+ HMO Plan 30
- Shield Spectrum PPOSM Plan 500 Value[†]
- Shield Spectrum PPO Plan 1000 Value^{†,*}
- Shield Spectrum PPO Plan 1500 Value^{†,*}
- Shield Spectrum PPO Savings Plan 1800/3600^{†,*}
- Shield Spectrum PPO Savings Plan 3000/6000[†]

But wait, there's more!

Our Suite Deal program features reduced participation requirements, making it even more flexible for you and your employees.

Participation options:

- The participation requirement for the Suite Deal is 65%. This reduced participation requirement is available only for groups that enroll under the Suite Deal program.
- If offered with another carrier's HMO, the minimum participation in the combined Blue Shield plans must be equal to the greater of five actively enrolled employees or 50% of the total number of actively enrolled employees.

Contribution options:

- The employer must contribute either (1) a defined contribution of a minimum \$100 per employee (or the cost of the total employee rates, whichever is less), or (2) a minimum of 50% of the total employee rates.

Complete the package

Of course you can offer your employees a complete benefits package, all from Blue Shield. With competitively priced dental, vision, and life insurance[†] plans, you can take care of all your benefits with the company you know and trust.

[†] Underwritten by Blue Shield of California Life & Health Insurance Company.

* Shield Spectrum PPO Plan 1000 Value, PPO Plan 1500, and Shield Spectrum PPO Savings Plan 1800/3600 plans are pending regulatory review.

PlanSelect now offers more choice for more groups

Offering multiple plans has never been easier for qualifying groups

PlanSelect is one of the most flexible programs available for small businesses. Now, groups of 2 to 50 enrolled employees can pick ANY combination from 2 to 27 different health plan choices.

Here's how

Step 1	Pick any number of plans from these types: 8 HMO plans 11 PPO plans 5 HSA-eligible high-deductible health plans 2 Active Choice SM (first-dollar) plans* 1 POS plan
Step 2	Select a monthly employer contribution option, a minimum of: \$100 per enrolled employee or 50% of total employee rates
Step 3	You're done! With some of the largest provider networks and expanded choice of 27 plans – including our lowest-rate PPO plans – there has never been a better time to choose Blue Shield.

Predictable employer contributions starting as low as \$39[†] a month

Talk to your Blue Shield sales representative to get started.

It's easy. To qualify, groups simply must meet one of two participation requirements:

- If offered as the sole carrier, a minimum of two enrolled employees is required, subject to standard underwriting guidelines.
- If offered in conjunction with another carrier's HMO plan, the combined Blue Shield plan enrollment must equal the greater of five enrolled employees or 75% of the total number of enrolled employees in all plans.

Dual Choice – two-plan packages

With Dual Choice, you can create a health plan package by pairing one Access+ HMO² plan with a PPO or POS plan.

If offered in conjunction with another carrier, the combined Blue Shield plan enrollment must equal the greater of five enrolled employees or 50% of the total number enrolled employees in all plans.

Step 1. Choose any one HMO plan

Access+ HMO¹

8 HMO plans and ...

Step 2. Then choose one other plan

Shield Spectrum PPO SM plans	Shield Spectrum PPO Savings Plans ² (HSA-eligible)	Active Choice plans ³	Added Advantage POS SM Plan
11 PPO plans or ...	5 HSA-eligible plans or ...	2 Active Choice plans* or ...	1 POS plan

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

† Using January 2008 rates at a 50% contribution level for PPO Savings Plan 4800 at 0.9 RAF in Region 1 within the 0.29 age band. Rates are subject to change.

For endnotes, see pages 30 to 32.

Group health plans

For detailed plan information on our complete small group offering, please see the *Benefit Summary Guide, A16609 (10/07)*.

Access+ HMO benefits at a glance

Comprehensive benefits with no medical deductibles and predictable copayments plus the option to see a specialist without a referral.

HMO copayment plans

Benefit	HMO Plan 5	HMO Plan 10	HMO Plan 15
Calendar-year medical deductible	None	None	None
Office visits	\$5/visit	\$10/visit	\$15/visit
Access+ SpecialistSM visits¹	\$30 per office visit or consultation only	\$30 per office visit or consultation only	\$30 per office visit or consultation only
Calendar-year copayment maximum² (per individual/per family)	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000
Preventive care	No charge	No charge	No charge
Inpatient hospitalization services (facility)	No charge	\$100/admission	\$300/admission
Outpatient surgery (hospital)	No charge	\$50/surgery	\$250/surgery
Outpatient surgery³ (ASC)	No charge	\$30/surgery	\$150/surgery
Ambulance services	\$50	\$50	\$50
Skilled nursing facility (in hospital)	No charge	\$75/day	\$100/day
Emergency room (not resulting in direct admission)	\$100/visit	\$100/visit	\$100/visit
Prescription drugs⁴			
Calendar-year brand-name drug deductible	None	None	None
Retail drug copayments² (for up to a 30-day supply)	\$10 generic drug \$25 formulary brand-name drug \$45 non-formulary brand-name drug	\$10 generic drug \$25 formulary brand-name drug \$45 non-formulary brand-name drug	\$15 generic drug \$30 formulary brand-name drug \$45 non-formulary brand-name drug
Mail service prescriptions² (for up to a 90-day supply)	\$20 generic drug \$50 formulary brand-name drug \$90 non-formulary brand-name drug	\$20 generic drug \$50 formulary brand-name drug \$90 non-formulary brand-name drug	\$30 generic drug \$60 formulary brand-name drug \$90 non-formulary brand-name drug

For endnotes, see pages 30 to 32.

HMO copayment plans (continued)

Benefit	HMO Plan 20	NEW HMO Plan 20 Value	HMO Plan 30
Calendar-year medical deductible	None	None	None
Office visits	\$20/visit	\$20/visit	\$30/visit
Access+ Specialist visits¹	\$40 per office visit or consultation only	\$40 per office visit or consultation only	\$45 per office visit or consultation only
Calendar-year copayment maximum² (per individual/per family)	\$2,500/\$5,000	\$3,000/\$6,000	\$3,500/\$7,000
Preventive care	No charge	No charge	No charge
Inpatient hospitalization services (facility)	\$1,000/admission	\$400/day (up to 3 days max per admit)	\$500/day (up to 3 days max per admit)
Outpatient surgery (hospital)	\$500/surgery	\$500/surgery	\$500/surgery
Outpatient surgery³ (ASC)	\$300/surgery	\$300/surgery	\$350/surgery
Ambulance services	\$50	\$50	\$100
Skilled nursing facility (in hospital)	\$150/day	\$150/day	\$150/day
Emergency room (not resulting in direct admission)	\$100/visit	\$100/visit	\$150/visit
Prescription drugs⁴			
Calendar-year brand-name drug deductible	\$150 per member per calendar year; applies to all covered brand-name drugs	\$150 per member per calendar year; applies to all covered brand-name drugs	\$150 per member per calendar year; applies to all covered brand-name drugs
Retail drug copayments² (for up to a 30-day supply)	\$15 generic drug \$30 formulary brand-name drug \$45 non-formulary brand-name drug	\$15 generic drug \$30 formulary brand-name drug Non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield)	\$15 generic drug \$30 formulary brand-name drug Non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield)
Mail service prescriptions² (for up to a 90-day supply)	\$30 generic drug \$60 formulary brand-name drug \$90 non-formulary brand-name drug	\$30 generic drug \$60 formulary brand-name drug Non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield)	\$30 generic drug \$60 formulary brand-name drug Non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield)

For endnotes, see pages 30 to 32.

Group health plans

HMO coinsurance plans

Benefit	HMO Plan 25	HMO Plan 40
Calendar-year medical deductible	None	None
Office visits	\$25/visit	\$40/visit
Access+ Specialist visits¹	\$40 per office visit or consultation only	\$45 per office visit or consultation only
Calendar-year copayment maximum² (per individual/per family)	\$3,500/\$7,000	\$3,500/\$7,000
Preventive care	No charge	No charge
Inpatient hospitalization services (facility)	25% of allowed charges	40% of allowed charges
Outpatient surgery (hospital)	25% of allowed charges	40% of allowed charges
Outpatient surgery³ (ASC)	25% of allowed charges	40% of allowed charges
Ambulance services	\$50	\$100
Skilled nursing facility (in hospital)	25% of allowed charges	40% of allowed charges
Emergency room (not resulting in direct admission)	\$150/visit	\$200/visit
Prescription drugs⁴		
Calendar-year brand-name drug deductible	\$250 per member per calendar year; applies to all covered brand-name drugs	\$250 per member per calendar year; applies to all covered brand-name drugs
Retail drug copayments² (for up to a 30-day supply)	\$15 generic drug \$30 formulary brand-name drug Non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield)	\$15 generic drug \$30 formulary brand-name drug Non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield)
Mail service prescriptions² (for up to a 90-day supply)	\$30 generic drug \$60 formulary brand-name drug Non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield)	\$30 generic drug \$60 formulary brand-name drug Non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield)

For endnotes, see pages 30 to 32.

Shield Spectrum PPO plans

PPO benefits at a glance

Access to our extensive PPO network combined with reduced out-of-pocket costs for the perfect balance of cost control and broad coverage.

PPO traditional plans

Benefit		PPO Plan Zero Deductible	PPO Plan 250 Premier
Copayment percentage (Blue Shield responsibility)		90/70	90/70
Lifetime maximum		\$6,000,000	\$6,000,000
Deductible¹ (individual/family)	Preferred providers	\$0/\$0	\$250/\$500 (all providers combined)
	Non-preferred providers	\$500/\$1,000	
Calendar-year copayment maximum^{1,2}	Preferred providers (individual/family)	\$2,000/\$4,000	\$2,500/\$5,000
	Non-preferred providers (individual/family)	\$5,000/\$10,000	\$10,000/\$20,000
Office visits²	Preferred providers	\$10/visit (deductible waived)	\$15/visit (deductible waived)
	Non-preferred providers	30%	30%
Preventive care²	Preferred providers	\$10/visit (deductible waived)	\$15/visit (deductible waived)
	Non-preferred providers	Not covered	Not covered
Inpatient hospitalization services² (facility)	Preferred providers	10%	10%
	Non-preferred providers	30% up to \$600/day + excess charges over \$600/day	30% up to \$600/day + excess charges over \$600/day
Outpatient surgery² (hospital)	Preferred providers	10%	10%
	Non-preferred providers	30% up to \$600/day + excess charges over \$600/day	30% up to \$600/day + excess charges over \$600/day
Outpatient surgery³ (ASC)	Preferred providers	10%	10%
	Non-preferred providers	30% up to \$600/day + excess charges over \$600/day	30% up to \$600/day + excess charges over \$600/day
Ambulance services		10%	10%
Skilled nursing facility (in hospital)	Preferred providers	10%	10%
	Non-preferred providers	30% up to \$600/day + excess charges over \$600/day	30% up to \$600/day + excess charges over \$600/day
Emergency room (not resulting in admission)		\$100 ¹ + 10% (deductible waived)	\$100 ¹ + 10% (deductible waived)
Prescription drugs^{4,5}			
Calendar-year brand-name drug deductible		None	None
Retail drug copayments¹ (for up to a 30-day supply)		\$10 generic drug, \$25 formulary brand-name drug, \$50 non-formulary brand-name drug	\$10 generic drug, \$25 formulary brand-name drug, \$50 non-formulary brand-name drug
Mail service prescriptions¹ (for up to a 90-day supply)		\$20 generic drug, \$50 formulary brand-name drug, \$100 non-formulary brand-name drug	\$20 generic drug, \$50 formulary brand-name drug, \$100 non-formulary brand-name drug

For endnotes, see pages 30 to 32.

Shield Spectrum PPO plans

PPO traditional plans (continued)

Benefit		PPO Plan 250 Standard	PPO Plan 500 Premier
Copayment percentage (Blue Shield responsibility)		80/60	80/60
Lifetime maximum		\$6,000,000	\$6,000,000
Deductible¹ (individual/family)	Preferred providers	\$250/\$500	\$500/\$1,000
	Non-preferred providers	(all providers combined)	(all providers combined)
Calendar-year copayment maximum^{1,2}	Preferred providers (individual/family)	\$3,000/\$6,000	\$3,500/\$7,000
	Non-preferred providers (individual/family)	\$10,000/\$20,000	\$10,000/\$20,000
Office visits²	Preferred providers	\$25/visit (deductible waived)	\$35/visit (deductible waived)
	Non-preferred providers	40%	40%
Preventive care²	Preferred providers	\$25/visit (deductible waived)	\$35/visit (deductible waived)
	Non-preferred providers	Not covered	Not covered
Inpatient hospitalization services² (facility)	Preferred providers	20%	\$250/admit + 20%
	Non-preferred providers	40% up to \$600/day + excess charges over \$600/day	40% up to \$600/day + excess charges over \$600/day
Outpatient surgery² (hospital)	Preferred providers	20%	\$150/surgery + 20%
	Non-preferred providers	40% up to \$600/day + excess charges over \$600/day	40% up to \$600/day + excess charges over \$600/day
Outpatient surgery³ (ASC)	Preferred providers	20%	20%
	Non-preferred providers	40% up to \$600/day + excess charges over \$600/day	40% up to \$600/day + excess charges over \$600/day
Ambulance services		20%	20%
Skilled nursing facility (in hospital)	Preferred providers	20%	20%
	Non-preferred providers	40% up to \$600/day + excess charges over \$600/day	40% up to \$600/day + excess charges over \$600/day
Emergency room (not resulting in admission)		\$100 ¹ + 20% (deductible waived)	\$100 ¹ + 20% (deductible waived)
Prescription drugs^{4,5}			
Calendar-year brand-name drug deductible		None	\$150 per member, per calendar year, applies to all covered brand-name drugs
Retail drug copayments¹ (for up to a 30-day supply)		\$10 generic drug, \$30 formulary brand-name drug, \$50 non-formulary brand-name drug	\$10 generic drug, \$30 formulary brand-name drug, \$50 non-formulary brand-name drug
Mail service prescriptions¹ (for up to a 90-day supply)		\$20 generic drug, \$60 formulary brand-name drug, \$100 non-formulary brand-name drug	\$20 generic drug, \$60 formulary brand-name drug, \$100 non-formulary brand-name drug

For endnotes, see pages 30 to 32.

PPO traditional plans (continued)

Benefit		PPO Plan 500 Standard [†]	PPO Plan 1000
Copayment percentage (Blue Shield responsibility)		70/50	75/50
Lifetime maximum		\$6,000,000	\$6,000,000
Deductible¹ (individual/family)	Preferred providers	\$500/\$1,000	\$1,000/\$2,000
	Non-preferred providers	(all providers combined)	(all providers combined)
Calendar-year copayment maximum^{1,2}	Preferred providers (individual/family)	\$4,000/\$8,000	\$5,000/\$10,000
	Non-preferred providers (individual/family)	\$10,000/\$20,000	\$10,000/\$20,000
Office visits²	Preferred providers	\$40/visit (deductible waived)	\$45/visit (deductible waived)
	Non-preferred providers	50%	50%
Preventive care²	Preferred providers	\$40/visit (deductible waived)	\$45/visit (deductible waived)
	Non-preferred providers	Not covered	Not covered
Inpatient hospitalization services² (facility)	Preferred providers	\$500/admit + 30%	\$1,000/year + 25%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day	50% up to \$600/day + excess charges over \$600/day
Outpatient surgery² (hospital)	Preferred providers	\$250/surgery + 30%	\$500/surgery + 25%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day	50% up to \$600/day + excess charges over \$600/day
Outpatient surgery³ (ASC)	Preferred providers	30%	\$250/surgery + 25%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day	50% up to \$600/day + excess charges over \$600/day
Ambulance services		30%	25%
Skilled nursing facility (in hospital)	Preferred providers	30%	25%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day	50% up to \$600/day + excess charges over \$600/day
Emergency room (not resulting in admission)		\$100 ¹ + 30% (deductible waived)	\$100 ¹ + 25% (deductible waived)
Prescription drugs^{4,5}			
Calendar-year brand-name drug deductible		\$250 per member, per calendar year, applies to all covered brand-name drugs	\$250 per member, per calendar year, applies to all covered brand-name drugs
Retail drug copayments¹ (for up to a 30-day supply)		\$10 generic drug, \$30 formulary brand-name drug, \$50 non-formulary brand-name drug	\$10 generic drug, \$30 formulary brand-name drug, \$50 non-formulary brand-name drug
Mail service prescriptions¹ (for up to a 90-day supply)		\$20 generic drug, \$60 formulary brand-name drug, \$100 non-formulary brand-name drug	\$20 generic drug, \$60 formulary brand-name drug, \$100 non-formulary brand-name drug

[†] Underwritten by Blue Shield of California Life & Health Insurance Company.
For endnotes, see pages 30 to 32.

Shield Spectrum PPO plans

PPO traditional plans (continued)

Benefit		PPO Plan 3000 [†]
Copayment percentage (Blue Shield responsibility)		80/50
Lifetime maximum		\$6,000,000
Deductible¹ (individual/family)	Preferred providers	\$3,000/\$6,000
	Non-preferred providers	(all providers combined)
Calendar-year copayment maximum^{1,2}	Preferred providers (individual/family)	\$6,000/\$12,000
	Non-preferred providers (individual/family)	Charges for non-emergency services received from non-preferred providers do not count toward the calendar-year copayment maximum, and are the member's responsibility
Office visits²	Preferred providers	20% (deductible waived)
	Non-preferred providers	50%
Preventive care²	Preferred providers	\$45/visit (deductible waived)
	Non-preferred providers	Not covered
Inpatient hospitalization services (facility) ²	Preferred providers	\$500/year + 20%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day
Outpatient surgery² (hospital)	Preferred providers	\$250/surgery + 20%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day
Outpatient surgery³ (ASC)	Preferred providers	20%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day
Ambulance services		20%
Skilled nursing facility (in hospital)	Preferred providers	20%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day
Emergency room (not resulting in admission)		\$100 ¹ + 20% (deductible waived)
Prescription drugs^{4,5}		
Calendar-year brand-name drug deductible		\$500 per member, per calendar year, applies to all covered brand-name drugs
Retail drug copayments¹ (for up to a 30-day supply)		\$15 generic drug, \$30 formulary brand-name drug (or 30% of Blue Shield contracted rate, whichever is greater), \$50 non-formulary brand-name drug (or 50% of Blue Shield contracted rate, whichever is greater)
Mail service prescriptions¹ (for up to a 90-day supply)		\$30 generic drug, \$60 formulary brand-name drug (or 30% of Blue Shield contracted rate, whichever is greater), \$100 non-formulary brand-name drug (or 50% of Blue Shield contracted rate, whichever is greater)

[†] Underwritten by Blue Shield of California Life & Health Insurance Company.
For endnotes, see pages 30 to 32.

PPO Value plans

Benefit		PPO Plan 500 Value [†]
Copayment percentage (Blue Shield responsibility)		70/50
Lifetime maximum		\$6,000,000
Deductible¹ (individual/family)	Preferred providers	\$500 individual/\$1,000 2 persons/\$1,500 family (all providers combined)
	Non-preferred providers	
Calendar-year copayment maximum^{1,2}	Preferred providers (individual/family)	\$5,000 per member
	Non-preferred providers (individual/family)	\$10,000 per member
Office visits²	Preferred providers	\$45/visit (deductible waived)
	Non-preferred providers	50%
Preventive care²	Preferred providers	\$45/visit (deductible waived)
	Non-preferred providers	Not covered
Inpatient hospitalization services² (facility)	Preferred providers	\$500/admit + 30%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day
Outpatient surgery² (hospital) ²	Preferred providers	\$250/surgery + 30%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day
Outpatient surgery³ (ASC)	Preferred providers	30%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day
Ambulance services		30%
Skilled nursing facility (in hospital)	Preferred providers	30%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day
Emergency room (not resulting in admission)		\$100 ¹ + 30% (deductible waived)
Prescription drugs^{4,5}		
Calendar-year brand-name drug deductible		\$250 per member, per calendar year, applies to all covered brand-name drugs
Retail drug copayments¹ (for up to a 30-day supply)		\$15 generic drug, \$30 formulary brand-name drug (or 30% of Blue Shield Life contracted rate, whichever is greater), \$50 non-formulary brand-name drug (or 50% of Blue Shield Life contracted rate, whichever is greater)
Mail service prescriptions¹ (for up to a 90-day supply)		\$30 generic drug, \$60 formulary brand-name drug (or 30% of Blue Shield Life contracted rate, whichever is greater), \$100 non-formulary brand-name drug (or 50% of Blue Shield Life contracted rate, whichever is greater)

[†] Underwritten by Blue Shield of California Life & Health Insurance Company.
For endnotes, see pages 30 to 32.

Shield Spectrum PPO plans

PPO Value plans (continued)

Benefit		PPO Plan 750 Value ^{†,*}
Copayment percentage (Blue Shield responsibility)		70/50
Lifetime maximum		\$6,000,000
Deductible¹ (individual/family)	Preferred providers	\$750 per member
	Non-preferred providers	(all providers combined)
Calendar-year copayment maximum^{1,2}	Preferred providers (individual/family)	\$4,000 per member
	Non-preferred providers (individual/family)	Charges for non-emergency services received from non-preferred providers do not count toward the calendar-year copayment maximum and are the member's responsibility
Office visits²	Preferred providers	\$15/visit (deductible waived) Limit 3 visits/year, subsequent visits are subject to the calendar-year deductible
	Non-preferred providers	50%
Preventive care²	Preferred providers	\$15/visit (deductible waived)
	Non-preferred providers	Not covered
Inpatient hospitalization services² (facility)	Preferred providers	\$500/admit + 30%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day
Outpatient surgery² (hospital)	Preferred providers	\$250/surgery + 30%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day
Outpatient surgery³ (ASC)	Preferred providers	30%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day
Ambulance services		30%
Skilled nursing facility (in hospital)	Preferred providers	30%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day
Emergency room (not resulting in admission)		\$100 ¹ + 30% (deductible waived)
Prescription drugs^{4,5}		
Calendar-year brand-name drug deductible		\$250 per member, per calendar year, applies to all covered brand-name drugs
Retail drug copayments¹ (for up to a 30-day supply)		\$15 generic drug, \$30 formulary brand-name drug (or 30% of Blue Shield Life contracted rate, whichever is greater), Non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield)
Mail service prescriptions¹ (for up to a 90-day supply)		\$30 generic drug, \$60 formulary brand-name drug (or 30% of Blue Shield Life contracted rate, whichever is greater), Non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield)

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

* Pending regulatory review.

For endnotes, see pages 30 to 32.

PPO Value plans (continued)

Benefit	PPO Plan 1000 Value ^{†,*}	
Copayment percentage (Blue Shield responsibility)	70/50	
Lifetime maximum	\$6,000,000	
Deductible¹ (individual/family)	Preferred providers	\$1,000 per member
	Non-preferred providers	(all providers combined)
Calendar-year copayment maximum^{1,2}	Preferred providers (individual/family)	\$4,000 per member
	Non-preferred providers (individual/family)	Charges for non-emergency services received from non-preferred providers do not count toward the calendar-year copayment maximum, and are the member's responsibility
Office visits²	Preferred providers	\$20/visit (deductible waived) Limit 3 visits/year, subsequent visits are subject to the calendar-year deductible
	Non-preferred providers	50%
Preventive care²	Preferred providers	\$20/visit (deductible waived)
	Non-preferred providers	Not covered
Inpatient hospitalization services² (facility)	Preferred providers	\$500/admit + 30%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day
Outpatient surgery² (hospital)	Preferred providers	\$250/surgery + 30%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day
Outpatient surgery³ (ASC)	Preferred providers	30%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day
Ambulance services	30%	
Skilled nursing facility (in hospital)	Preferred providers	30%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day
Emergency room (not resulting in admission)	\$100 ¹ + 30% (deductible waived)	
Prescription drugs^{4,5}		
Calendar-year brand-name drug deductible	None	
Retail drug copayments¹ (for up to a 30-day supply)	\$15 generic drug, \$30 formulary brand-name drug (or 30% of Blue Shield Life contracted rate, whichever is greater). Non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield). Plan payment up to \$1,000 maximum on brand-name drugs, per person, per calendar year.	
Mail service prescriptions¹ (for up to a 90-day supply)	\$30 generic drug, \$60 formulary brand-name drug (or 30% of Blue Shield Life contracted rate, whichever is greater). Non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield). Plan payment up to \$1,000 maximum on all covered brand-name drugs, per person, per calendar year.	

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

* Pending regulatory review.

For endnotes, see pages 30 to 32.

Shield Spectrum PPO plans

PPO Value plans (continued)

Benefit		PPO Plan 1500 Value ^{†,*}
Copayment percentage (Blue Shield responsibility)		70/50
Lifetime maximum		\$6,000,000
Deductible¹ (individual/family)	Preferred providers	\$1,500 per member (all providers combined)
	Non-preferred providers	
Calendar-year copayment maximum^{1,2}	Preferred providers (individual/family)	\$4,500 per member
	Non-preferred providers (individual/family)	Charges for non-emergency services received from non-preferred providers do not count toward the calendar-year copayment maximum and are the member's responsibility
Office visits²	Preferred providers	\$30/visit (deductible waived) Limit 3 visits/year; subsequent visits are subject to the calendar-year deductible.
	Non-preferred providers	50%
Preventive care²	Preferred providers	\$30/visit (deductible waived)
	Non-preferred providers	Not covered
Inpatient hospitalization services² (facility)	Preferred providers	\$1,000/year + 30%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day
Outpatient surgery² (hospital)	Preferred providers	\$500/surgery + 30%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day
Outpatient surgery³ (ASC)	Preferred providers	\$250/surgery + 30%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day
Ambulance services		30%
Skilled nursing facility (in hospital)	Preferred providers	30%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day
Emergency room (not resulting in admission)		\$100 ¹ + 30% (deductible waived)
Prescription drugs^{4,5}		
Calendar-year brand-name drug deductible		None
Retail drug copayments¹ (for up to a 30-day supply)		\$15 generic drug, \$30 formulary brand-name drug (or 30% of Blue Shield Life contracted rate, whichever is greater). Non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield). Plan payment up to \$500 maximum on brand-name drugs, per person, per calendar year.
Mail service prescriptions¹ (for up to a 90-day supply)		\$30 generic drug, \$60 formulary brand-name drug (or 30% of Blue Shield Life contracted rate, whichever is greater). Non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield). Plan payment up to \$500 maximum on all covered brand-name drugs, per person, per calendar year.

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

* Pending regulatory review.

For endnotes, see pages 30 to 32.

Shield Spectrum PPO Savings Plans

PPO savings plans benefits at a glance

Affordable rates with higher deductibles available in five combinations; each eligible for use with tax-advantaged Health Savings Accounts (HSAs).

Shield Spectrum PPO Savings plans

		NEW PPO Savings Plan 1800/3600^{†,*}	PPO Savings Plan 2250/4500	PPO Savings Plan 2500[†]
HSA-eligible high-deductible health plans		Deductible and out-of-pocket copayment maximum accumulates separately for preferred and non-preferred providers.		
Copayment percentage (Blue Shield responsibility)		100/70	80/50	80/50
Lifetime maximum		\$6,000,000	\$6,000,000	\$6,000,000
Deductible (individual/family)	Preferred providers	\$1,800/\$3,600	\$2,250/\$4,500	\$2,500/\$5,000
	Non-preferred providers	\$1,800/\$3,600	(all providers combined)	\$2,500/\$5,000
Out-of-pocket copayment maximum¹ (individual/family)	Preferred providers	\$1,800/\$3,600	\$4,500/\$9,000	\$4,000/\$8,000
	Non-preferred providers	\$3,600/\$7,200	(all providers combined)	\$10,000/\$20,000
Office visits²	Preferred providers	0%	20%	20%
	Non-preferred providers	30%	50%	50%
Preventive care²	Preferred providers	\$0/visit	\$35/visit (deductible waived)	\$35/visit (deductible waived)
	Non-preferred providers	Not covered	Not covered	Not covered
Inpatient hospitalization services² (facility)	Preferred providers	0%	20%	20%
	Non-preferred providers	30% of up to \$600/day + excess charges over \$600/day	50% of up to \$600/day + excess charges over \$600/day	50% of up to \$600/day + excess charges over \$600/day
Outpatient surgery² (hospital)	Preferred providers	0%	20%	20%
	Non-preferred providers	30% of up to \$600/day + excess charges over \$600/day	50% of up to \$600/day + excess charges over \$600/day	50% of up to \$600/day + excess charges over \$600/day
Outpatient surgery³ (ASC)	Preferred providers	10%	10%	10%
	Non-preferred providers	30% of up to \$600/day + excess charges over \$600/day	50% of up to \$600/day + excess charges over \$600/day	50% of up to \$600/day + excess charges over \$600/day
Ambulance services		0%	20%	20%
Skilled nursing facility² (in hospital)	Preferred providers	0%	20%	20%
	Non-preferred providers	30% of up to \$600/day + excess charges over \$600/day	50% of up to \$600/day + excess charges over \$600/day	50% of up to \$600/day + excess charges over \$600/day
Emergency room (not resulting in admission)		\$0	\$100 + 20% copay	\$100 + 20% copay
Prescription drugs^{4,5,6}				
Retail pharmacy¹ (for up to a 30-day supply)		\$0/prescription generic drug, \$0/prescription formulary brand-name drug, \$0/prescription non-formulary brand-name drug	\$10 generic drug, \$30 formulary brand-name drug (or 30% of Blue Shield contracted rate, whichever is greater), \$50 non-formulary brand-name drug (or 50% of Blue Shield contracted rate, whichever is greater)	\$10 generic drug, \$30 formulary brand-name drug (or 30% of Blue Shield Life contracted rate, whichever is greater), \$50 non-formulary brand-name drug (or 50% of Blue Shield Life contracted rate, whichever is greater)
Mail service pharmacy¹ (for up to a 90-day supply)		\$0/prescription generic drug, \$0/prescription formulary brand-name drug, \$0/prescription non-formulary brand-name drug	\$20 generic drug, \$60 formulary brand-name drug (or 30% of Blue Shield contracted rate, whichever is greater), \$100 non-formulary brand-name drug (or 50% of Blue Shield contracted rate, whichever is greater)	\$20 generic drug, \$60 formulary brand-name drug (or 30% of Blue Shield Life contracted rate, whichever is greater), \$100 non-formulary brand-name drug (or 50% of Blue Shield Life contracted rate, whichever is greater)

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

* Pending regulatory review.

For endnotes, see pages 30 to 32.

Shield Spectrum PPO Savings Plans

Shield Spectrum PPO Savings plans (continued)

		PPO Savings Plan 3000/6000[†]	PPO Savings Plan 4800[†]
HSA-eligible high-deductible health plans		Deductible and out-of-pocket copayment maximum accumulates separately for preferred and non-preferred providers.	Deductible and out-of-pocket copayment maximum accumulates separately for preferred and non-preferred providers. An individual within the family coverage may meet his/her deductible or out-of-pocket without having to meet the family aggregate (like PPO plans).
Copayment percentage (Blue Shield responsibility)		100/70	100/50
Lifetime maximum		\$6,000,000	\$6,000,000
Deductible (individual/family)	Preferred providers	\$3,000/\$6,000	\$4,800/\$9,600
	Non-preferred providers	\$3,000/\$6,000	\$4,800/\$9,600
Out-of-pocket copayment maximum¹ (individual/family)	Preferred providers	\$3,000/\$6,000	\$4,800/\$9,600
	Non-preferred providers	\$6,000/\$12,000	\$10,000/\$20,000
Office visits²	Preferred providers	0%	0%
	Non-preferred providers	30%	50%
Preventive care²	Preferred providers	\$0/visit	No charge
	Non-preferred providers	Not covered	Not covered
Inpatient hospitalization services² (facility)	Preferred providers	0%	0%
	Non-preferred providers	30% of up to \$600/day + excess charges over \$600/day	50% of up to \$600/day + excess charges over \$600/day
Outpatient surgery² (hospital)	Preferred providers	0%	0%
	Non-preferred providers	30% of up to \$600/day + excess charges over \$600/day	50% of up to \$600/day + excess charges over \$600/day
Outpatient surgery³ (ASC)	Preferred providers	0%	0%
	Non-preferred providers	30% of up to \$600/day + excess charges over \$600/day	50% of up to \$600/day + excess charges over \$600/day
Ambulance services		0%	0%
Skilled nursing facility² (in hospital)	Preferred providers	0%	0%
	Non-preferred providers	30% of up to \$600/day + excess charges over \$600/day	50% of up to \$600/day + excess charges over \$600/day
Emergency room (not resulting in admission)		\$0	\$100 copay
Prescription drugs^{4,5,6}			
Retail pharmacy¹ (for up to a 30-day supply)		\$0/prescription generic drug, \$0/prescription formulary brand-name drug, \$0/prescription non-formulary brand-name drug	0%
Mail service pharmacy¹ (for up to a 90-day supply)		\$0/prescription generic drug, \$0/prescription formulary brand-name drug, \$0/prescription non-formulary brand-name drug	0%

[†] Underwritten by Blue Shield of California Life & Health Insurance Company.
For endnotes, see pages 30 to 32.

Active Choice plans

Active Choice benefits at a glance

A PPO-style plan with first-dollar benefit coverage, Active Choice gives employees more control over benefit use and out-of-pocket costs while enabling employers to lower the cost of providing healthcare coverage.

Active Choice plans

Covered Services	Active Choice Plan 750 SG [†]	Active Choice Plan 500 SG [†]	
Calendar-year network copayment maximum^{1,2}	\$5,000/\$10,000	\$5,000/\$10,000	
Category one^{1,2} No deductible, copayment, or coinsurance until first-dollar services	Preventive care <ul style="list-style-type: none"> Routine physical exams Well-baby care Immunizations Outpatient professional and diagnostic <ul style="list-style-type: none"> Office visits Diagnostic testing 	First-dollar services coverage: \$500 individual, \$1,000 family Total for all family members; any and all family members may use first-dollar services until the maximum is reached, then the member is responsible for charges up to the calendar-year copayment maximum.	
Category two^{1,2} No deductible	Outpatient and inpatient services <ul style="list-style-type: none"> Surgeries Emergency room visits Chemotherapy 	First-dollar services coverage: \$750 individual, \$1,500 family Total for all family members; any and all family members may use first-dollar services until the maximum is reached, then the member is responsible for charges up to the calendar-year copayment maximum.	
Category three³ No generic drug deductible	Prescription drugs retail		
	Generic	\$15 copay	\$15 copay
	Brand-name drugs		
	Calendar-year brand-name drug deductible	\$250/member per calendar year, applies to all covered brand-name drugs	\$500/member per calendar year, applies to all covered brand-name drugs
	Formulary brand-name drugs	Greater of \$30 copay (or 30% of Blue Shield Life contracted rate) after deductible	Greater of \$30 copay (or 30% of Blue Shield Life contracted rate) after deductible
	Non-formulary brand-name drugs	Greater of \$50 copay (or 50% of Blue Shield Life contracted rate) after deductible	Greater of \$50 copay (or 50% of Blue Shield Life contracted rate) after deductible
	Prescription drugs mail service		
	Generic	\$30 copay	\$30 copay
Brand-name drugs			
Calendar-year brand-name drug deductible	\$250/member per calendar year, applies to all covered brand-name drugs	\$500/member per calendar year, applies to all covered brand-name drugs	
Formulary brand-name drugs	Greater of \$60 copay (or 30% of Blue Shield Life contracted rate) after deductible	Greater of \$60 copay (or 30% of Blue Shield Life contracted rate) after deductible	
Non-formulary brand-name drugs	Greater of \$100 copay (or 50% of Blue Shield Life contracted rate) after deductible	Greater of \$100 copay (or 50% of Blue Shield Life contracted rate) after deductible	

[†] Underwritten by Blue Shield of California Life & Health Insurance Company. For endnotes, see pages 30 to 32.

Added Advantage POS Plan

POS benefits at a glance

HMO predictability and PPO flexibility come together in this comprehensive plan where employees have the choice to use their HMO or PPO option every time they access care.

Added Advantage POS Plan

Benefit	Network benefits ^{1,2} HMO plan providers	PPO preferred network and PPO non-preferred network ³	
	Preferred providers	Preferred providers	Non-preferred providers
Office visits	\$25/visit	30%	30%
Calendar-year deductible (for individual/family)	None	\$500/\$1,000 (all providers combined)	
Calendar-year copayment maximum³ (for individual/family)	\$2,500/\$5,000	\$5,000/\$10,000 (all providers combined)	
Preventive care	No charge	Not covered	Not covered
Inpatient hospitalization services (facility)	\$500/admit	30%	30% up to \$600/day + excess charges over \$600/day
Outpatient surgery (hospital)	\$500/surgery	30%	30% up to \$600/day + excess charges over \$600/day
Outpatient surgery⁴ (ASC)	\$350/surgery	20%	30% up to \$600/day + excess charges over \$600/day
Ambulance services	\$50	30%	30%
Skilled nursing facility (in hospital)	No charge	30%	30% up to \$600/day + excess charges over \$600/day
Emergency room (not resulting in admission)	\$100/visit	\$100/visit	\$100/visit
Prescription drugs⁵			
Calendar-year brand-name drug deductible	\$150 per member calendar year; applies to all covered brand-name drugs	Not covered	
Retail drug copayments³ (for up to a 30-day supply)	\$15 generic drug \$30 formulary brand-name drug Non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield)	Non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield)	
Mail service prescriptions³ (for up to a 90-day supply)	\$30 generic drug \$60 formulary brand-name drug Non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield)	Non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield)	

For endnotes, see pages 30 to 32.

Access Baja HMO plans

Access Baja® HMO benefits at a glance

The cross-border health plan specially designed for employees of California businesses who want or need to access care in Baja California, Mexico.

Access Baja HMO plans

Benefit	HMO Plan 5	HMO Plan 10
Calendar-year medical deductible	None	None
Office visits	\$5/visit	\$10/visit
Calendar-year copayment maximum¹ (for individual/family)	\$1,000/\$2,000	\$1,000/\$2,000
Preventive care	No charge	No charge
Inpatient hospitalization services (facility)	No charge	\$100/day, up to 10 days per calendar year
Outpatient surgery (hospital)	\$25/visit or surgery	\$50/visit or surgery
Ambulance services²	\$50	\$50
Skilled nursing facility (in hospital)	No charge	\$50/day
Emergency services provided in Mexico (waived if the member is directly admitted to the hospital for inpatient services) ³	\$25/visit	\$25/visit
Emergency services provided in the United States or outside Mexico (waived if the member is directly admitted to the hospital for inpatient services) ³	\$50/visit	\$50/visit
Prescription drugs⁴		
Calendar-year brand-name drug deductible	None	None
Retail drug copayments¹ (for up to a 30-day supply)	\$5 generic drug \$5 brand-name drug	\$10 generic drug \$10 brand-name drug

For endnotes, see pages 30 to 32.

Optional benefits

Inpatient substance abuse treatment benefits

Available with all Blue Shield plans except Access Baja HMO plans

All Blue Shield health plans provide coverage for medical acute detoxification inpatient services. Our health plans, except Access Baja HMO plans, may be purchased with or without additional benefits for inpatient substance abuse treatment. If you choose to have a plan with these additional benefits, please see the *Benefit Summary Guide*, A16609 (10/07). Our mental health services administrator (MHSA) is U.S. Behavioral Health Plan, California (USBHPC).

Key benefit highlights:

- Additional inpatient hospital and professional services for substance abuse treatment or rehabilitation as authorized by USBHPC
- Up to 30 calendar days of combined inpatient and day treatments per calendar year¹

Access to care and limitations:

- MHSA participating providers for HMO plan members
- Choice of MHSA participating and non-participating providers for all non-HMO plan members²

Premium Only Plan (POP) and Flexible Spending Account (FSA) options at a glance

Tax-savings options

Blue Shield makes available optional POP and FSA services through an arrangement with Ceridian Benefits Services. The services provided through Ceridian are designed in accordance with Internal Revenue Code Section 125. These services are designed to help reduce the cost of a flexible benefit plan, eliminate expensive third-party flex administration, and deliver tax-savings advantages.

POP

POP allows employers to deduct their employees' contribution to qualified insurance premiums on a pre-tax basis.

FSAs

FSAs are employer-sponsored programs that allow employees to deduct dollars from their paycheck and place them in accounts that are exempt from federal income taxes, Social Security (FICA) taxes, and in most cases, state income taxes. Money placed in these accounts may be used for out-of-pocket family-care expenses including healthcare and dependent-care expenses.

Employer-administered FSA

Employer-administered FSA offers an inexpensive alternative to third-party flex administration by providing small companies the materials necessary to self-administer Flexible Spending Accounts. Employer-administered FSA includes restrictions on managing both the pre-tax premium and flexible spending components of the program.

Note: Blue Shield does not offer tax advice, POPs, or FSAs. For more information about POP and FSA tax savings and eligibility, contact your tax adviser.

For endnotes, see pages 30 to 32.

Dental, life insurance, and vision options at a glance

Popular ancillary benefits make it easy to create a comprehensive benefit package – an advantage in attracting and retaining top employee talent. These plans are not available with Access Baja plans.

Dental HMO and Dental PPO SmileSM plans

Our competitively priced plans meet your employee needs with a wide range of benefit options. Offer your employees the choice of any two dental plans with Dual Option.

Our collection of dental, life insurance, and vision products gives you one-stop shopping convenience for all the benefits you need. Our ancillary products feature:

- Comprehensive benefit packages at the right price
- Plan choice to meet a variety of budgets
- Large nationwide dental and vision provider networks*
- Streamlined administration
- Single-source account management and customer service

Dental HMO plans

Benefit	DHMO Basic Plan	DHMO Voluntary Plan	DHMO Plus Plan	DHMO Deluxe Plan
All office visits	\$5	\$5	\$5	\$5
Diagnostic and preventive services (includes routine dental exams and X-rays, cleaning, sealants)	No charge	No charge	No charge	No charge
Restorative¹				
Amalgam (per surface)	\$20	\$15	\$10	No charge
Porcelain crowns (each)	\$350	\$250	\$150	\$125
Oral surgery				
Routine extraction (per tooth)	\$40	\$23	\$11	\$6
Removal of tooth (complete bony impaction, per tooth)	\$225	\$95	\$75	\$65
Periodontics				
Scaling and root planing (per quadrant)	\$75	\$40	\$20	\$10
Osseous surgery (four or more teeth per quadrant)	\$275	\$225	\$150	\$125
Prosthetics				
Full upper or lower denture ¹	\$400	\$250	\$175	\$100
Denture repair (office)	\$100	\$75	\$50	\$25
Endodontics				
Root canal filling (anterior tooth)	\$175	\$125	\$75	\$50
Orthodontics² (one 2-year course of treatment)				
Child through age 18	\$2,350	\$1,800	\$1,400	\$1,200
Adult 19 years or older	\$2,650	\$2,650	\$1,700	\$1,500
Retainers (per retainer)	\$125	\$125	\$75	\$50
Emergency treatment During/after office hours	\$20/\$40	\$20/\$40	\$20/\$40	\$20/\$40

For endnotes, see pages 30 to 32.

Dental PPO Smile plans

We offer 10 Dental PPO SmileSM plans with a broad range of different plan designs and the option of using network or non-network dentists. Benefits are paid based on percentages of the maximum allowable charge (MAC), or 85th percentile of usual, customary, and reasonable (UCR) amount as shown below.

Dental PPO Smile plans

	Smile Basic Voluntary 75/1000/No Ortho/MAC¹		Smile Basic 75/1000/No Ortho/MAC		Smile Value 50/1500/No Ortho/MAC		Smile 50/1500/No Ortho/MAC	
	Network	Non-network ²	Network	Non-network ²	Network	Non-network ²	Network	Non-network ²
Deductible (member)	\$75/person, \$225/family		\$75/person, \$225/family		\$50/person, \$150/family		\$50/person, \$150/family	
Calendar-year maximum	\$1,000 (\$750 may be used for non-network dentists)		\$1,000 (\$750 may be used for non-network dentists)		\$1,500 (\$750 may be used for non-network dentists)		\$1,500 (\$750 may be used for non-network dentists)	
Orthodontics – all ages (up to \$1,000 per calendar year in addition to the calendar-year maximum for other covered services)	Not covered		Not covered		Not covered		Not covered	
Diagnostic and preventive care (not subject to plan deductibles with network dentists; includes routine oral exams and X-rays, cleanings)	100%	50%	100%	50%	100%	80%	100%	80%
Enhanced dental services for pregnant women⁵ (not subject to plan deductibles with network providers)	100%	100%	100%	100%	100%	100%	100%	100%
Basic services (includes anesthesia, palliative treatment, restorative dentistry, sealants, space maintainers)	50%	50%	50%	50%	80%	70%	80%	70%
Endodontics and periodontics and oral surgery	50%	50%	50%	50%	50%	50%	80%	70%
Major services (includes crown buildups, crowns, prosthetics, inlays, onlays, jackets, oral surgery, posts and cores, veneers)	50%	50%	50%	50%	50%	50%	50%	50%

For endnotes, see pages 30 to 32.

Dental PPO Smile plans (continued)

	Smile Plus 50/1500/Ortho/MAC		Smile Plus Gold 50/1500/Ortho/U85		Smile Deluxe 2000 50/2000/No Ortho/MAC	
	Network	Non-network ²	Network	Non-network ^{2,3}	Network	Non-network ²
Deductible (member)	\$50/person, \$150/family		\$50/person, \$150/family		\$50/person, \$150/family	
Calendar-year maximum	\$1,500 (\$750 may be used for non-network dentists)		\$1,500 (\$1,000 may be used for non-network dentists)		\$2,000 may be used for network and non-network dentists	
Orthodontics – all ages (up to \$1,000 per calendar year in addition to the calendar-year maximum for other covered services)	50%	50%	50%	50%	Not covered	
Diagnostic and preventive care (not subject to plan deductibles with network dentists; includes routine oral exams and X-rays, cleanings)	100%	80%	100%	80%	100%	100% ⁴
Enhanced dental services for pregnant women⁵ (not subject to plan deductibles with network providers)	100%	100%	100%	100%	100%	100% ⁴
Basic services (includes anesthesia, palliative treatment, restorative dentistry, sealants, space maintainers)	80%	70%	80%	70%	80%	80%
Endodontics and periodontics and oral surgery	80%	70%	50%	50%	80%	80%
Major services (includes crown buildups, crowns, prosthetics, inlays, onlays, jackets, posts and cores, veneers)	50%	50%	50%	50%	50%	50%

For endnotes, see pages 30 to 32.

Dental PPO Smile plans (continued)

	Smile Deluxe 50/1500/Ortho/MAC		Smile Deluxe Plus 2000 50/2000/ Ortho/MAC		Smile Deluxe Gold 50/1500/Ortho/U85	
	Network	Non-network ²	Network	Non-network ²	Network	Non-network ^{2,3}
Deductible (member)	\$50/person, \$150/family		\$50/person, \$150/family		\$50/person, \$150/family	
Calendar-year maximum	\$1,500 may be used for both network and non-network dentists		\$2,000 may be used for both network and non-network dentists		\$1,500 may be used for both network and non-network dentists	
Orthodontics – all ages (up to \$1,000 per calendar year in addition to the calendar-year maximum for other covered services)	50%	50%	50%	50%	50%	50%
Diagnostic and preventive care (not subject to plan deductibles with network dentists; includes routine oral exams and X-rays, cleanings)	100%	100% ⁴	100%	100% ⁴	100%	100% ⁴
Enhanced dental services for pregnant women⁵ (not subject to plan deductibles with network providers)	100%	100% ⁴	100%	100% ⁴	100%	100% ⁴
Basic services (includes anesthesia, palliative treatment, restorative dentistry, sealants, space maintainers)	80%	80%	80%	80%	80%	80%
Endodontics and periodontics and oral surgery	80%	80%	80%	80%	80%	80%
Major services (includes crown buildups, crowns, prosthetics, inlays, onlays, jackets, posts and cores, veneers)	50%	50%	50%	50%	50%	50%

For endnotes, see pages 30 to 32.

Group term life and AD&D Insurance

Blue Shield of California Life & Health Insurance Company (Blue Shield Life) offers a simple and cost-effective life insurance plan for small businesses. The plan's comprehensive set of benefits meets the needs of most groups, and is available with or without Blue Shield health coverage. Our group term life insurance product includes accidental death and dismemberment (AD&D) included at no extra charge for employees, high guarantee-issue amounts, and a single source for billing and maintenance.

Our group term life insurance offers a comprehensive set of benefits that includes group term life and AD&D insurance for employees plus optional dependent coverage. It includes generous guarantee issue amounts based on group size. (Groups 2-9 are eligible for up to \$30,000; Groups 10-24 for up to \$50,000 and Groups 25+ for up to \$100,000 all without underwriting.) One dependant rate covers all members.

Plan design options

Group term life offers the following plan designs:

Flat amount	All employees are covered at the same coverage amount, e.g., \$25,000.
Multiples of salary	All employees are covered for the same multiple of salary up to a maximum amount, e.g., two times annual earnings to guarantee-issue maximum.
Graded schedule	Employees are divided into classes (up to four) that have different levels of benefits. The benefit amount for each class may not be more than 2.5 times that of the next lower class.

Vision Basic plans from Blue Shield

These affordable plans are available to groups of **two or more eligible employees** as an optional benefit with a Blue Shield of California or Blue Shield of California Life & Health Insurance Company (Blue Shield Life) health plan. Additional dues or premiums are conveniently billed along with medical plan billing.

Vision Basic plans from Blue Shield of California

These plans are underwritten by Blue Shield of California and administered by MESVision.

Plan name	Benefits
Blue Shield Vision Basic 10/75	Eye examination every 12 months, lenses every 24 ¹ months, frame every 24 months
Blue Shield Vision Basic 0/100	
Blue Shield Vision Basic 10/130	
Blue Shield Vision Basic 0/130	

Vision Basic plans from Blue Shield Life

These plans are underwritten by Blue Shield Life and administered by MESVision.

Plan name	Benefits
Blue Shield Life Vision Basic 10/75	Eye examination every 12 months, lenses every 24 ¹ months, frame every 24 months
Blue Shield Life Vision Basic 0/100	
Blue Shield Life Vision Basic 10/130	
Blue Shield Life Vision Basic 0/130	

For endnotes, see pages 30 to 32.

Blue Shield Life offers more stand-alone vision plan options – Vision Standard (12-24-24), Vision Plus (12-12-24), and Vision Deluxe (12-12-12)

To offer you more choice and flexibility, we've added several new vision plans. The new plans include attractive benefits such as a \$130 frame allowance, progressive (no-line bifocal) lenses, photochromic lenses, and anti-reflective coating coverage, all at an affordable price.

All plans include polycarbonate lens coverage for dependent children.

Selecting a vision plan is easy. Choose the right vision plan for your employees based on a set combination of:

1. Frequency of eye examination, lenses, and frame
2. Annual deductible
3. Frame allowance

For additional details, please talk to your Blue Shield representative or see *Dental, Life Insurance, and Vision Benefit Guide ABU14957 (8/06)*.

Vision Standard, Vision Plus, and Vision Deluxe Plans from Blue Shield Life

For employer groups of **two or more eligible employees**, you may offer these additional vision plans with or without a health plan. Choose a plan with a \$0 or \$10 deductible (or \$25 deductible with Vision Standard plans), and either a \$75, \$100, or \$130 frame allowance. These plans are underwritten by Blue Shield Life and administered by MESVision.

Plan designs

Plan names reflect the frequency of covered benefits, deductible,² and frame allowance. Benefits are similar to those noted in the Vision Basic table on page 25.

Plan name	Vision Standard	Vision Plus	Vision Deluxe
	Vision Standard 0/75	Vision Plus 0/75	Vision Deluxe 0/100
	Vision Standard 0/100	Vision Plus 0/100	Vision Deluxe 10/100
	Vision Standard 10/75	Vision Plus 10/75	Vision Deluxe 0/130
	Vision Standard 25/75	Vision Plus 10/100	Vision Deluxe 10/130
	Vision Standard 0/130	Vision Plus 0/130	
	Vision Standard 10/130	Vision Plus 10/130	
Benefits/frequency	Eye examination every 12 months, lenses every 24 ¹ months, frame every 24 months	Eye examination every 12 months, lenses every 12 months, frame every 24 months	Eye examination every 12 months, lenses every 12 months, frame every 12 months

For endnotes, see pages 30 to 32.

Vision plan benefit summary

Service and eyewear	Coverage when provided by network providers	Maximum benefit when provided by non-network providers
Annual examination every 12 months		
Ophthalmologic exam	100%	\$60
Optometric exam	100%	\$50
Standard lenses³ every 12 or 24¹ months		
Single vision	100%	\$43
Bifocal	100%	\$60
Trifocal	100%	\$75
Aphakic monofocal	100%	\$120
Aphakic multifocal	100%	\$200
Progressive (no-line bifocal) ⁴	Up to \$140	\$100
Anti-reflective coating ⁴	Up to \$50	\$35
Polycarbonate lenses for dependent children	Up to \$100	\$75
Photochromic lenses⁴		
Single vision	Up to \$115	\$85
Bifocal	Up to \$130	\$95
Trifocal	Up to \$150	\$110
Progressive	Up to \$200	\$150
Polycarbonate photochromic lenses for dependent children ⁴	Up to \$160	\$115
Standard frame every 12 or 24 months	Up to \$75, \$100, or \$130 retail, depending on the plan selected ⁵	\$40
Contact lenses⁶ every 12 or 24¹ months		
Medically necessary ⁷		
Hard	100%	\$200
Soft	100%	\$250
Cosmetic or convenience ⁸	Up to \$120 with the \$100 or \$130 frame allowance Up to \$100 with \$75 frame allowance	

For endnotes, see pages 30 to 32.

Lifepath Resources

Valuable programs and services for Blue Shield members at no extra cost

Blue Shield extends the value of our plans with *Lifepath Resources*.SM These additional services, programs, and tools offer your employees additional support online and over the phone.

Blueshieldca.com

With no administration required on your part, our extra features are available at no additional cost to your employees or to you, making Blue Shield coverage an even stronger value. Take a closer look at these health supporting tools by visiting blueshieldca.com.

NurseHelp 24/7, personal counseling and work/life resources

These valuable services help members address a wide range of physical and personal issues that can impact their health and well-being. When they call the toll-free number, members are connected to registered nurses and counselors for information, assessments, consultation, support, and referrals. Additionally, members can access NurseHelp 24/7SM online to access real-time information from a registered nurse.

Please note: Members covered on the Access Baja HMO Plan have access to NurseHelp 24/7 by phone only. Please check with your benefits administrator for details.

Lifepath Decision GuideSM

This online resource helps members determine the care that's right for them when faced with an important medical decision, providing access to personalized health reports, hospital comparisons, and pharmacy information.

My Health Plan

When members are registered on blueshieldca.com, all they need to do to see highlights and details of their health plan coverage, understand their copayment and deductible amounts, and check the status of their claims, is to log on and click on *My Health Plan*.

Health management programs and resources

Chart Your Course Diabetes Health Management Program

Members living with diabetes can receive educational materials and speak directly with a nurse care manager by phone to help them maintain a healthy lifestyle and help reduce the chances of developing diabetes-related complications.

Reach Your Peak Asthma Self-Management Program

Blue Shield members can breathe easier with this award-winning program for children and adults, ages 5 to 56, based on national guidelines. Members receive educational materials and direct one-on-one coaching from a registered nurse to live well with asthma.

Healthy HeartSM Coronary Artery Disease Management Program

This education program focuses on providing members with the tools to maintain a healthy lifestyle. The program provides education and nurse coaching on such topics as high blood pressure, cholesterol management, smoking cessation, nutrition, exercise, and stress management.

COPD (Chronic Obstructive Pulmonary Disease) Management Program

Blue Shield plan members with chronic emphysema or bronchitis can participate in this health-management program that uses education and nurse counseling to prevent frequent hospitalization and promote an active lifestyle.

Congestive Heart Failure Disease Management Program

Members with heart failure may be provided a home monitoring program that offers daily symptom monitoring through a monitor and scale that are sent to the member's home. Members also receive nurse phone calls and educational materials to empower members to be active participants in managing their disease.

First StepsSM Prenatal Education Program

First Steps guides expectant parents from the first trimester to postnatal care, with resources and support. This educational program offers members practical advice and useful information through our educational materials.

Discount programs

***MyLifePath*SM Alternative Care Discount Program**

Blue Shield members benefit from discounts of at least 25% for acupuncture, chiropractic, and massage therapy services.¹ Discounts are based on the practitioners' published rates.

Vision Discount Program

Whether or not you purchase a separate Blue Shield vision plan, your employees can use our Vision Discount Program.² Through a select group of participating providers in California, our members can receive a 20% discount on a variety of services and supplies – routine eye exams, frames, lenses, etc. – when they use one of the participating providers in the MESVision Network.

- 1 The *MyLifePath* Alternative Care Discount Program is an exclusive offer to Blue Shield members, made available through an arrangement with American Specialty Health Networks (ASH Networks), and is not a covered service of any Blue Shield health plan. ASH Networks credentials and manages the program's practitioners. None of the terms and conditions of Blue Shield health plans apply. Blue Shield of California and ASH Networks do not review the program's practitioner services and products for medical necessity or efficacy, and make no representations, claims, or guarantees regarding their services or products. Members who use the discount program are responsible for the payment of services provided by participating network practitioners, including payment for cancelled or missed appointments. Members who are not satisfied with services received from the program's practitioners may use the Blue Shield grievance process. Blue Shield reserves the right to terminate this program without notice.
- 2 The Discount Vision Program is a value-added feature for Blue Shield members who reside in California, and is not a covered benefit of Blue Shield of California or Blue Shield of California Life & Health Insurance Company health plans. Some of the services may already be included as part of the Blue Shield health plan's covered benefits. None of the terms or conditions of Blue Shield's health plans apply. Exclusions and limitations apply. Members who are not satisfied with services received from the program's practitioners may use the Blue Shield grievance process. Blue Shield reserves the right to terminate this program without notice.

Endnotes

Endnote for Suite Deal

This offer is subject to change without notice. For exact terms and conditions, please refer to the *Underwriting Guidelines for Producers*.

Endnote for PlanSelect

This offer is subject to change without notice. For exact terms and conditions, please refer to the *Underwriting Guidelines for Producers*.

Endnotes for Dual Choice

1. Except Access Baja HMO plans.
2. HSA-eligible high-deductible health plans.
3. Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life).

Endnotes for HMO plans

1. Members have the option to go directly to a participating Access+ *Specialist* provider in the same medical group or IPA as their Personal Physician without a referral, for a fixed office visit copayment.
2. Copayments and charges for services not accruing to the calculation of the member's calendar-year copayment maximum continue to be the member's responsibility after the calendar-year copayment maximum is reached. Please refer to the *Evidence of Coverage* and the plan contract for exact terms and conditions of coverage.
3. Participating ambulatory surgery centers may not be available in all areas. Regardless of their availability, you can obtain outpatient surgery services from a hospital or an ambulatory surgery center affiliated with a hospital, with payment according to your health plan's hospital services benefits.
4. If the member requests a brand-name drug and a generic drug equivalent is available, the member is responsible for paying the difference between the cost to Blue Shield of California of the brand-name drug and its generic equivalent, as well as the applicable generic drug copayment. Drugs from non-participating pharmacies are not covered except in emergency and urgent situations. Please note that if you switch from another plan, the prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry over to your new plan.

Note: This document is only a summary for informational purposes. It is not a contract. Please refer to the *Evidence of Coverage* and the plan contract for the exact terms and conditions of coverage. Benefits are subject to modification by Blue Shield for subsequently enacted state or federal legislation.

Endnotes for PPO Plans

1. Copayments and charges for services not accruing to the member's calendar-year copayment maximum continue to be the member's responsibility after the calendar-year copayment maximum is reached. Deductible does not apply toward the calendar-year copayment maximum. Please refer to the *Evidence of Coverage*, *Certificate of Insurance*, and the plan contract/group policy for exact terms and conditions of coverage.

2. Member is responsible for copayment in addition to any charges above allowable amounts. Preferred providers accept Blue Shield's allowable amount as full payment for covered services. Non-preferred providers can charge more than these amounts. When members use non-preferred providers, they must pay the applicable copayment plus any amount that exceeds Blue Shield's allowable amount. Charges in excess of the allowable amount do not count toward the calendar-year deductible or copayment maximum.
3. Participating ambulatory surgery centers may not be available in all areas. Regardless of their availability, you can obtain outpatient surgery services from a hospital or an ambulatory surgery center affiliated with a hospital, with payment according to your health plan's hospital services benefits.
4. If the member requests a brand-name drug when a generic drug equivalent is available, the member is responsible for paying the difference between the cost to Blue Shield of California of the brand-name drug and its generic drug equivalent, as well as the applicable generic drug copayment. Please note that if you switch from another plan, the prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry over to your new plan.
5. Home self-administered injectable drugs are covered only when dispensed by select participating pharmacies in the Specialty Pharmacy Network. Participating providers only. Drugs from non-participating pharmacies are not covered except in emergency and urgent situations. Mail service prescriptions from non-participating pharmacies are not covered.

Note: This document is only a summary for informational purposes. It is not a contract. Please refer to the *Evidence of Coverage* or *Certificate of Insurance* and the plan contract/group policy for the exact terms and conditions of coverage. Benefits are subject to modification by Blue Shield for subsequently enacted state or federal legislation.

Endnotes for PPO Savings Plans

1. Copayments and charges for services not included in the calculation of the member's calendar-year copayment maximum continue to be the member's responsibility after the calendar-year copayment maximum is reached.
2. Member is responsible for copayment in addition to any charges above allowable amounts. The copayment percentage indicated is a percentage of allowed amounts. Preferred providers accept Blue Shield's allowable amount as full payment for covered services. Non-preferred providers can charge more than these amounts. When members use non-preferred providers, they must pay the applicable copayment plus any amount that exceeds Blue Shield's allowable amount. Charges in excess of the allowable amount do not count toward the calendar-year deductible or copayment maximum.
3. Participating ambulatory surgery centers may not be available in all areas. Regardless of their availability, you can obtain outpatient surgery services from a hospital or an ambulatory surgery center affiliated with a hospital, with payment according to your health plan's hospital services benefits.
4. Includes coverage for medically necessary prescription plan drugs (smoking-cessation drugs are excluded). To obtain prescription drugs at a participating pharmacy, the subscriber must present his Blue Shield identification card. Note: Except for covered emergencies, claims for drugs obtained without using the Blue Shield identification card will be denied. Please note that if you switch from another plan, the prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry over to your new plan.

5. If the member requests a brand-name drug when a generic drug equivalent is available, the member is responsible for paying the difference between the cost to Blue Shield of California of the brand-name drug and its generic drug equivalent, as well as the applicable generic drug copayment. Please note that if you switch from another plan, the prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry over to your new plan.
6. Home self-administered injectable drugs are covered only when dispensed by select participating pharmacies in the Specialty Pharmacy Network. Participating providers only. Drugs from non-participating pharmacies are not covered except in emergency and urgent situations. Mail service prescriptions from non-participating pharmacies are not covered.

Note: This document is only a summary for informational purposes. It is not a contract. Please refer to the *Evidence of Coverage* or *Certificate of Insurance* and the plan contract or group policy for the exact terms and conditions of coverage. Benefits are subject to modification by Blue Shield for subsequently enacted state or federal legislation.

Endnotes for Active Choice plans

1. Charges in excess of the allowable amount do not count toward the calendar-year copayment maximum.
2. After the calendar-year copayment maximum is met, Blue Shield Life covers many benefits at 100% of the allowable amount.
3. If the physician or member requests a brand-name drug when a generic drug is available, the member is responsible for the cost difference between the brand and generic drug, in addition to the generic copayment. Please note that if you switch from another plan, the prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry over to your new plan.

Note: This document is only a summary for informational purposes. It is not a contract. Please refer to the *Certificate of Insurance* and the group policy for the exact terms and conditions of coverage. Benefits are subject to modification by Blue Shield for subsequently enacted state or federal legislation.

Endnotes for POS plan

1. Member is responsible for copayment. When members use non-plan providers, they must pay the applicable copayment plus any amount that exceeds Blue Shield's allowable amount. Charges above the allowable amount do not count toward the calendar-year deductible or copayment maximum.
2. For personal physician and specialist office visits/consultations including chemotherapy, radiation therapy, diabetic counseling, and second-opinion consultations when authorized by the plan.
3. Copayments and charges for services not accruing to the calculation of the member's calendar-year copayment maximum continue to be the member's responsibility after the calendar-year copayment maximum is reached.
4. Participating ambulatory surgery centers may not be available in all areas. Regardless of their availability, you can obtain outpatient surgery services from a hospital or an ambulatory surgery center affiliated with a hospital, with payment according to your health plan's hospital services benefits.
5. Only drugs on the Blue Shield Drug Formulary are covered,

unless previously authorized by Blue Shield Pharmacy Services. Drugs from non-participating pharmacies are not covered except in emergency and urgent situations.

Please note that if you switch from another plan, the prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry over to your new plan.

Note: This document is only a summary for informational purposes. It is not a contract. Please refer to the *Evidence of Coverage* and the plan contract for the exact terms and conditions of coverage. Benefits are subject to modification by Blue Shield for subsequently enacted state or federal legislation.

Endnotes for Access Baja HMO plans

1. Copayments and charges for services not accruing to the member's calendar-year copayment maximum continue to be the member's responsibility after the calendar-year copayment maximum is reached.
2. Members are encouraged to use the 911 emergency response system, when appropriate, and in areas where the system is established and operating, when they have an emergency medical condition that requires emergency response.
3. For emergency services, the personal physician must be notified within 24 hours after care is received, unless it is not reasonably possible to do so. The services will be reviewed retrospectively by the plan to determine whether the services were for a medical condition for which a reasonable person would have believed that he or she had an emergency medical condition. Please note that an approved referral by Access Baja HMO and Blue Shield of California to receive medical services in California does not constitute nor grant legal authorization for the member to enter the United States. Individuals who lack the necessary border documentation for the purpose of seeking medical services in the United States should apply to the United States Immigration and Naturalization Service (INS) for authorization.
4. Coverage is provided for drugs determined by the personal physician to be medically necessary. Drugs obtained at non-participating pharmacies are not covered unless medically necessary for a covered emergency. Please note that if you switch from another plan, the prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry over to your new plan.

Note: This document is only a summary for informational purposes. It is not a contract. Please refer to the *Evidence of Coverage* and the plan contract for the exact terms and conditions of coverage. Benefits are subject to modification by Blue Shield for subsequently enacted state or federal legislation.

Endnotes for inpatient substance abuse treatment benefit

1. One hospital day counts as one day, and two partial hospital days count as one day.
2. Copayments or coinsurance amounts are lowest when care is accessed from a mental health services administrator (MHSA) network provider. USBHPC provides administration only when members use participating providers.

Endnote for ancillary plans

* Dental providers outside California are contracted through Dental Benefit Providers Inc. Dental providers in California are contracted through Dental Benefit Providers of California. Vision providers are available by our arrangement through MESVision, our vision administrator.

Endnotes for Dental HMO plan

1. Precious metals, if used, will be charged to the member at the dentist's cost.
2. In order to be covered, orthodontic treatment:
 - Must be received in one continuous course of treatment;
 - Must be received in consecutive months; and
 - Must not exceed 24 consecutive months.

Note: This document is only a summary for informational purposes. It is not a contract. Please refer to the *Evidence of Coverage* and the plan contract for the exact terms and conditions of coverage.

Endnotes for Dental PPO plans

1. Smile Basic Voluntary has a 12-month waiting period for major services. Major services for Smile Basic Voluntary are defined as major services listed for Smile Basic plus oral surgery, endodontics, and periodontics.
2. The coinsurance percentage indicated is a percentage of allowed amounts that Blue Shield pays to providers. Non-network providers can charge more than Blue Shield's allowable amount. When members use non-network providers, they must pay the applicable copayment/coinsurance plus any amount that exceeds Blue Shield's allowable amount. Charges in excess of the allowable amount do not count toward the calendar-year deductible or copayment maximum.
3. For Blue Shield of California's Smile Plus Gold 50/1500/Ortho/U85 and Smile Deluxe Gold 50/1500/Ortho/U85 Plan, the dental plan administrator uses a different schedule of allowable amounts for non-network dentists than that used for network dentists. If you go to a non-network dentist, your reimbursement for a service by that non-network dentist may be less than the amount billed.
4. Not subject to plan deductibles with network or non-network dentists.
5. One additional routine adult prophylaxis (including periodontal prophylaxis for gingivitis) for women during pregnancy and one periodontal maintenance visit if warranted by a history of periodontal treatment, and one course (up to 4 quadrants) of periodontal scaling and root-planing for women during pregnancy with a documented existing periodontal condition. To obtain information about these benefits, including the unique address for submitting claims, please call (888) 702-4171. For treatment outside of a pregnancy, coverage is provided under "Periodontics" or "Diagnostic and Preventive Care." This matrix of dental plan benefits offered by Blue Shield of California is intended to be used to help you compare coverage benefits, and is a summary only.

All Blue Shield of California dental plans are underwritten by Blue Shield of California and are subject to limitations and exclusions. Please refer to the *Evidence of Coverage* and the plan contract for the exact terms and conditions of coverage.

Endnotes for vision plans

1. Or 12 months with a qualified prescription change including any of the following: A qualified change in prescription of .50 diopter or more in one or both eyes; a shift in axis of astigmatism of 15 degrees; or a difference in vertical prism greater than 1 prism diopter.
2. A fixed dollar amount that a member pays once per year.
3. Fit any frame with an eye size less than 61 mm.
4. Available for plans with \$130 frame allowance only.
5. When the network provider uses wholesale pricing, the maximum allowable frame allowance will be \$47.00, \$66.04, or \$84.91 depending on the plan, the wholesale equivalent to the standard allowance. Network providers using wholesale pricing are identified in the Directory of Participating Vision Providers. Any cost over the maximum allowance is the employee's responsibility.
6. In lieu of lenses and frame.
7. Prior authorization from MESVision is required.
8. Any cost over \$100 or \$120 is the insured's responsibility.

Note: Blue Shield vision plans are underwritten by Blue Shield of California or Blue Shield of California Life & Health Insurance Company and are administered by MESVision. Please refer to the *Evidence of Coverage* or *Certificate of Insurance* to identify which Blue Shield company underwrites your client's vision coverage.