

BeneFits: A Simple Solution Designed for Small Businesses.

Have cost and complexity kept you from providing your employees with the **value of company health coverage** – and prevented you from enjoying the tax advantages reserved for employers who offer group health benefits? **BeneFits from Blue Cross is a solution that simplifies health coverage** and clears away barriers for you.

Our BeneFits portfolio is **designed to help you offer health coverage for the first time** or continue offering coverage in a time of rising costs. It features five targeted plans priced right for cost-sensitive businesses. **Employer contributions are as low as 25% or \$50, and employee participation requirements are as low as 60%.**

And, **you are protected by law and guaranteed coverage** if you are a qualifying group – regardless of your employees' health history.

You Have Choices

You can **choose to offer your employees:**

- Just one BeneFits plan
- Mix-and-match selection, or
- All plans

Use this at-a-glance guide to help you compare the plans, and **contact your Blue Cross agent when you're ready to enroll.**

One Package.
Five Plans.
You Choose.

All benefit comparisons are for in-network providers. All benefits are subject to applicable deductible(s) or copayment(s) unless otherwise noted. This is a high level overview only; refer to the Combined Evidence of Coverage and Disclosure Form or Certificate for a comprehensive description of coverage, benefits, special circumstances and limitations. Please note that in-network providers accept Blue Cross negotiated fee rates as payment in full for covered services. Benefits listed are based on the negotiated fee rate for in-network providers (out-of-network providers can charge more than the negotiated fee rate). When members use an out-of-network provider, they must pay the applicable copayment or coinsurance, plus any charges that exceed that allowable amount.

Plan	1 Hospital BeneFits	2 Hospital BeneFits Plus	3 Hospital BeneFits Preferred	4 PPO \$35 Copay GenRx	5 Power Select HMO Plan
Offered by	BCL&H	BCL&H	BCL&H	BCL&H	BCC
Unique Value	A simple, affordable PPO plan with basic hospital coverage and a break on prescription drugs	Our lower PPO deductible plan combined with enhanced benefits	This unique PPO plan offers preferred protection and the richest benefits	An affordable PPO alternative with a safe and simple trade-off: generic-only drugs	A comprehensive HMO plan with predictable costs and unlimited lifetime coverage
Annual Deductible First you pay for eligible covered charges up to this amount and then plan benefits begin	\$1,250 per member; Once 2 family members meet their deductible, the deductible is met for the family	\$1,000 per member; Once 2 family members meet their deductible, the deductible is met for the family	\$750 per member; Once 2 family members meet their deductible, the deductible is met for the family	\$500 per member; Once 2 family members meet their deductible, the deductible is met for the family	\$500 per member
Hospital	Coinsurance ¹ Facility Fees: 30% Professional Fees: 30%	Coinsurance ¹ Facility Fees: 30% Professional Fees: 30%	Coinsurance ¹ Facility Fees: 30% Professional Fees: 30%	Coinsurance ¹ Facility Fees: 35% Professional Fees: 35%	Inpatient Hospital Coverage ¹ Facility Fees: 10% copay Lab, Physician, Anesthesia: no charge
Outpatient Facility Services	30%	30%	30%	35%	20%
Annual Out-of-Pocket Maximum The most a member pays in a year for qualified covered services before plan pays 100% for most in-network services	Annual Deductible plus \$2,500 per member; Once 2 family members meet their maximum, the maximum is met for the family	Annual Deductible plus \$2,500 per member; Once 2 family members meet their maximum, the maximum is met for the family	Annual Deductible plus \$2,500 per member; Once 2 family members meet their maximum, the maximum is met for the family	\$4,000 per member 2 family member maximum (Includes deductible)	\$2,250 per member \$4,500 per family (aggregate) (Includes deductible)
Prescription Drugs Amount shown is the copay per 30-day supply	\$15 copay Generic only	\$15 copay Generic only	\$15 copay Generic only	\$15 copay Generic only	Generic: \$15 copay Brand: \$25 copay (after \$150 annual brand deductible)
Doctor Office Visits	No benefits for routine doctor visits	50% coinsurance for first \$1,000 of covered expenses and 100% after that (maximum Blue Cross payment \$500 per year) ² including related services: lab, x-ray, etc.	50% coinsurance for first \$1,500 of covered expenses and 100% after that (maximum Blue Cross payment \$750 per year) ² including related services: lab, x-ray, etc.	(Not subject to deductible) \$35 copay for first 12 visits 45% for additional visits	(Not subject to deductible) (includes office visits for maternity) \$25 copay for Primary Care Physician visits \$35 copay for Specialist or Referral Care visits
Other Professional Services	30% after deductible related to covered hospital charges only	30% after deductible related to covered hospital charges only	30% after deductible related to covered hospital charges only	35% after deductible includes maternity, diagnostic lab and x-rays	(Not subject to deductible) No charge includes maternity, diagnostic lab and x-rays
HealthyCheckSM Two levels of health screenings including lab work & immunizations	Choose \$25 or \$75 Screening Option	Choose \$25 or \$75 Screening Option	Choose \$25 or \$75 Screening Option	Choose \$25 or \$75 Screening Option	Not Available
Emergency Room You are also responsible for \$100 copay on all plans – waived if admitted	30%	30%	30%	35%	\$100 Emergency Room copay (waived if admitted)
Maximum Lifetime Benefits	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	Unlimited

¹ After meeting your Annual Deductible, you pay this percentage of covered inpatient hospital charges

² Benefits available immediately; amount shown applies to covered charges for doctor visits and related services (lab, x-ray, etc.)

easier to... afford, qualify, expand and choose.

Small Business Solutions. A Package that Fits.

Lower Employer Contributions

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

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

Each employee pays the rest through payroll deductions.

Lower Employee Participation

Only 60% of your employees need to participate, and waivers are extended to eligible members with coverage under MediCal or other group plans.

Save with Dental, Vision, Life and Workers' Comp

BeneFits also gives you the convenient option to purchase Dental, Vision and Life coverage, as well as Workers' Compensation, with **savings and discounts** when you purchase these products together, including:

- Workers' Compensation discount and potential Medical premium savings with Integrated MediComp
- **Additional savings** opportunities when you purchase Dental and Life at the same time

choose.

Presented by:



Blue Cross of California
Commercial HMO/POS Combined



BlueCross
of California



BC Life & Health
Insurance Company

Solutions
Small Business Health Care Plans **atWork**

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). The Blue Cross name and symbol are registered service marks of the BCA. BCC offers: Power Select HMO plan and the Dental Net plan. BCL&H offers: the three Hospital BeneFits plans and the PPO \$35 Copay GenRx plan; the Dental BeneFits plan; Term Life and AD&D products. Workers' Compensation coverage is provided through Employers Compensation Insurance Company.

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

Prescription Benefits: For detailed information about your prescription drug benefits, please refer to your Prescription Drug Benefit Summary and/or Combined Evidence of Coverage (EOC) and Disclosure Form or Certificate.

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Small Group Services
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BeneFits
You Choose



BlueCross
of California



BC Life & Health
Insurance Company



For Businesses with 2-50 Employees