

# BeneFits You Choose



For Businesses with 2-50 Employees

## 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 six targeted plans priced right for cost-sensitive businesses. **Employer contributions are a 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. We make it easy for you and your employees to learn more and enroll online.

Realizing that short-term fixes against escalating health care costs often cost more in the long run, we've focused our energy on long-term solutions. Introducing the consumer-driven health plan (CDHP), the Lumenos HSA 3000 (HSA-Compatible) plan from Blue Cross!

Designed to be more responsive to the needs of those utilizing health care services, our CDH plan, Lumenos HSA 3000.

- **Empowers** employees to be more informed about their health and health care options
- **Helps** employees save money for future health expenses
- **Gives** your employees the support they need to make healthy lifestyle changes

Our CDH plan gives your employees **more control** over their health and health care dollars – **good for your employees, and good for you, too!**

# One Package. Six Plans. You Choose.



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

## 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.**

Member is responsible for all amounts listed unless otherwise noted.

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.

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

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

Plan	Hospital Benefits 1	Hospital Benefits Plus 2	Hospital Benefits Preferred 3	PPO \$35 Copay GenRx 4	Power Select HMO Plan 5	Lumenos® HSA 3000 (HSA-Compatible) 6
Offered by	BCL&H	BCL&H	BCL&H	BCL&H	BCC	BCL&H
<b>Unique Value</b>	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	Low premiums, preventive coverage at 100%, convenient integrated option to set up a Health Savings Account for additional tax benefits.
<b>Annual Deductible</b> Pay for eligible covered charges up to this amount, then 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	Single member: \$3,000; Family: \$6,000 aggregate (Medical/pharmacy combined; Applies toward the annual out-of-pocket maximum)
<b>Hospital</b>	Coinsurance <sup>1</sup> Facility Fees: 30% Professional Fees: 30%	Coinsurance <sup>1</sup> Facility Fees: 30% Professional Fees: 30%	Coinsurance <sup>1</sup> Facility Fees: 30% Professional Fees: 30%	Coinsurance <sup>1</sup> Facility Fees: 35% Professional Fees: 35%	Inpatient Hospital Coverage <sup>1</sup> Facility Fees: 10% copay Lab, Physician, Anesthesia: no charge	Facility Fee: 0% Professional Fees: 0% (after deductible)
<b>Outpatient Facility Services</b>	30%	30%	30%	35%	20%	0% (after deductible)
<b>Annual Out-of-Pocket Maximum</b> 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; 2 family member maximum	Annual Deductible plus \$2,500 per member; 2 family member maximum	Annual Deductible plus \$2,500 per member; 2 family member maximum	\$4,000 per member 2 family member maximum (Includes deductible)	\$2,250 per member \$4,500 per family (aggregate) (Includes deductible)	Single member: \$3,000; Family: \$6,000 aggregate (Medical/pharmacy combined)
<b>Prescription Drugs</b> Amount shown is per 30 day supply	\$15-Generic Only 30-day retail supply; up to 60-day supply through mail order	\$15-Generic Only 30-day retail supply; up to 60-day supply through mail order	\$15-Generic Only 30-day retail supply; up to 60-day supply through mail order	\$15-Generic Only 30-day retail supply; up to 60-day supply through mail order	Generic: \$15 Brand: \$25 (after \$150 brand deductible) 30-day retail supply; up to 60-day supply through mail order	0% after deductible 30-day retail supply; up to 90-day supply through mail order
<b>Doctor Office Visits</b>	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) <sup>2</sup> 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) <sup>2</sup> 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	0% after deductible (deductible waived for preventive care, which includes nationally recommended preventive services)
<b>Other Professional Services</b>	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	0% after deductible (deductible waived for preventive care, which includes nationally recommended preventive services)
<b>*HealthyCheck<sup>SM</sup></b> Two levels of annual 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	Not applicable Covered under preventive care. See Doctor Office Visits.
<b>Emergency Room</b>	30% \$100 Emergency Room copay (waived if admitted)	30% \$100 Emergency Room copay (waived if admitted)	30% \$100 Emergency Room copay (waived if admitted)	35% \$100 Emergency Room copay (waived if admitted)	\$100 Emergency Room copay (waived if admitted)	0% after deductible
<b>Maximum Lifetime Benefits</b>	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	Unlimited	\$5,000,000

\* Must be done at a HealthyCheck<sup>SM</sup> Center

### 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

Small Business Health Care Plans **Solutions 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). 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, the Lumenos<sup>®</sup> HSA 3000 (HSA-Compatible) 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. Lumenos<sup>®</sup> is a registered trademark.

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