

New For 2007

With the realities of escalating health care costs, some have tried temporary solutions like cost-shifting to employees. Realizing that short-term fixes often cost more in the long run, we've focused our energy on long-term solutions – enter the new consumer-driven health plans from Blue Cross!

We believe quality of care ultimately leads to lower health care costs and a healthier health care system. By working with physicians and hospitals in our network on ways to promote, encourage and reward quality care, we believe the system can be made more responsive to the needs of those utilizing their services.

But CDH plans bring an added dimension to the table. Our family of Lumenos plans is designed to:

- Empower employees to be more informed about their health and health care options
- Help employees save money for future health expenses
- Give your employees incentives and the support they need to make healthy lifestyle changes

Our CDH plans give your employers more control over their health and health care dollars – good for your employees, and good for you, too!

Based on the popularity of Blue Cross' PPO \$35 Copay GenRx generic-only plan, we're bringing you and your clients another low-premium, high-benefit health care choice with the added convenience of an additional pricing option, PPO \$45 Copay GenRx.

While the plan encourages generic-only drug usage, a member wishing to purchase brand-name drugs can still get our negotiated rates as a Blue Cross member.

SUMMARY OF HMO COVERAGE

This chart describes benefits in general terms and all comparisons are for in-network providers only. This is not a contract or solicitation of an application; an application for coverage is solicited only by a formal quote.

Plan <i>Offered by</i>	Power Select HMO <i>BCC</i>	Saver HMO <i>BCC</i>	Classic HMO <i>BCC</i>	HMO 100% <i>BCC</i>
Unique Value	Lower pricing and modest deductible. Network available in selected counties.	Low pricing and comprehensive coverage with deductible.	Mid-range pricing with no deductible and predictable copays.	Our richest HMO coverage with no deductible and low, predictable copays.
Annual Medical Deductible	\$500/member (applies to inpatient & outpatient facility services, ambulatory surgical centers and dialysis centers except medical emergencies)	\$1,500/member (applies to inpatient & outpatient facility services, ambulatory surgical centers and dialysis centers except medical emergencies)	None	None
Annual Out-of-Pocket Maximum¹¹ <i>Includes deductible unless noted</i>	\$2,250/member \$4,500/family (one or more members aggregate);	\$2,250/member \$4,500/family (one or more members aggregate);	\$1,750/member \$3,500/family (one or more members aggregate)	\$1,750/member \$3,500/family (one or more members aggregate)
Office Visits	[Not subject to deductible] \$25 copay for Medical Group or Primary Care Physician visits; \$35 copay for Specialist or Referral Care visits	[Not subject to deductible] \$20 copay	\$20 copay	\$10 copay
Professional Services <i>Including Maternity, Diagnostic Lab and X-ray</i>	No charge ^a	No charge ^a	No charge ^a	No charge ^a
Hospital Inpatient and Outpatient Facility Services	10% copay inpatient after deductible 20% copay outpatient after deductible	No charge after deductible	\$250 copay inpatient 20% copay outpatient	No charge
Prescription Drugs^{9a} <i>30-day supply retail; up to a 60-day supply available through mail order (copayments apply to each 30-day supply)</i>	\$15 generic \$25 brand-name ⁹ after annual \$150 brand-name prescription drug deductible per member	\$10 generic \$25 brand-name ⁹ after annual \$150 brand-name prescription drug deductible per member	\$10 generic \$25 brand-name ⁹ after annual \$150 brand-name prescription drug deductible per member	\$10 generic \$20 brand-name ⁹ after annual \$150 brand-name prescription drug deductible per member
Lifetime In-Network Covered Charges Paid by Blue Cross	Unlimited	Unlimited		
Network Service	Served by the Select Network, available in 22 counties	Served by the CaliforniaCare Network, available in most counties. Employers that offer HMO coverage must choose plans from either the CaliforniaCare Network or the Select Network; plans from both networks may not be offered side-by-side.		

Notes:

^a Maternity services subject to office visit copay.

⁹ If a member selects a brand-name drug when a generic equivalent drug is available, even if the physician writes a "dispense as written" or "do not substitute" prescription, the member will be responsible for a generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. The amount paid does not apply to the member's brand name deductible.

^{9a} 30% of the negotiated fee for self-administered injectable drugs, except insulin (subject to brand-name prescription drug deductible on some plans).

¹¹ Expenses that contribute to the maximum copayment limit vary from plan to plan and have restrictions and limitations. Refer to each plan's Combined Evidence of Coverage and Disclosure Form for full details.

Create solutions designed especially for you.

Financial Control

Choose from three ways to design your monthly contribution to your employees' medical premiums:

- **Fixed Dollar Contribution** – you pay \$100 or more
- **Traditional Contribution** – you pay 50% or more
- **Percentage and Plan Contribution** – you pay 50% or more, tied to a specific plan

Each employee pays the rest through payroll deductions and dependent contribution is optional.

Administrative Ease

One link to online management, one consolidated bill and one reliable carrier make it easy for you to offer as many different plans and types of coverage as you want.

Save with Dental, Vision, Life and Workers' Comp

EmployeeElect also gives you the convenient option to purchase Dental, Vision, Life and Workers' Compensation coverage, 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 along with medical coverage

Presented by:



Blue Cross of California
Commercial HMO/POS Combined



BlueCross
of California



BC Life & Health
Insurance Company

Solutions at Work
Small Business Health Care Plans

The following Medical and Dental plans are offered by BCC: HMO \$35 Copay, High Deductible EPO Plan, PPO \$40/\$30 Copay, Premier PPO \$20/\$10 Copay, HMO 100%, Classic HMO, Saver HMO, and Power SelectHMO: Dental Net, Dental SelectHMO and Voluntary Dental Saver SelectHMO Plan. The following Medical and Dental plans are offered by BCL&H: PPO \$45 Copay GenRx, Lumenos HSA 3000, Lumenos HSA 1500, Lumenos HIA Plus 3000, and PPO 3500/2400 (HSA-Compatible) plans, Basic PPO, Saver PPO, PPO \$35 Copay GenRx, Advantage PPO \$25 Copay, Power HealthFund 750/500, Hospital BeneFits, Hospital BeneFits Plus, Hospital BeneFits Preferred, PlanSilver 1000, Gold 1500, Gold Preferred 1500, Platinum 2000, Platinum Preferred 2000, Basic Option PPO, Standard Option PPO, High Option PPO, Dental Blue, Fee-for-Service Dental plans and Voluntary PPO Dental Plan. SmileNet Dental Discount Program is offered by BCL&H. Vision, Term Life and AD&D products offered by BCL&H. Workers' Compensation coverage is provided through Employers Compensation Insurance Company, Blue Cross of California and BC Life & Health Insurance Company are independent licensees of the Blue Cross Association. [®]LUMENOS is a registered trademark. [®]Dental Blue and the Blue Cross name and symbol are registered trademarks of the Blue Cross Association.

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ISS256 2/07

For Businesses with
2-50 EMPLOYEES



EmployeeElect
You Choose

Solutions at Work
Small Business Health Care Plans



SUMMARY OF PPO COVERAGE

Blue Cross of California (BCC) is a health care service plan regulated by the Department of Managed Health Care. BC Life and Health Insurance Company (BCL&H) is an insurance company regulated by the California Department of Insurance.

Plan Offered by:	Lumenos SM HSA 1500 (HSA-Compatible) BCL&H	Lumenos SM HSA 3000 (HSA-Compatible) BCL&H	Lumenos SM HIA Plus 3000 BCL&H	Basic PPO ¹ BCL&H	Saver PPO ¹ BCL&H	PPO \$35 Copay GenRx BCL&H	PPO \$45 Copay GenRx BCL&H	PPO \$40 Copay BCC	PPO \$30 Copay BCC	Advantage PPO \$25 Copay BCL&H	Premier PPO \$20 Copay BCC	Premier PPO \$10 Copay BCC	PPO Power HealthFund 500 BCL&H	PPO Power HealthFund 750 BCL&H	PPO 2400 (HSA-Compatible) BCL&H	PPO 3500 (HSA-Compatible) BCL&H	High Deductible EPO BCL&H
Unique Value	Low premiums, preventive coverage at 100%, convenient integrated option to set up a Health Savings Account for additional tax benefits.		Health Incentive Plan Account pays 100% of members covered expenses and includes 100% preventive without using account funds. Unlimited rollover dollars are available for future use.	Our most affordable PPOs. Basic protection with modest out-of-pocket maximums.		Innovative generic-only drug benefit design keeps premiums low and benefits high.		Two of our most popular plans. Mid-range pricing with comprehensive coverage, low deductibles and low office visit copays.		A higher-end plan with mid-range pricing and rich benefits.	Our most comprehensive PPO plans featuring robust benefits and liberal brand-name prescription drug coverage.		First Dollar Coverage (FDC), gives members more control and immediate benefits: 1) First, plan pays 100% of covered benefits up to FDC amount; 2) Next, member pays 100% of charges that apply toward deductible; 3) Then, member pays predictable costs (unused FDC, up to a specified maximum, rolls over for a year).	Low premiums; coverage both in-network and out-of-network; convenient, integrated option to set up a Health Savings Account for additional tax benefits.		Designed for Exclusive Provider Organization usage, this plan also allows eligible employees to take advantage of tax benefits when they open a separate Health Savings Account (HSA).	
Annual Medical Deductible	\$1,500 single member \$3,000 family aggregate	\$3,000 single member \$6,000 family aggregate	Health Incentive Plan Allocation: (applies to deductible) \$1,000 single member \$2,000 family aggregate Annual Medical Deductible: \$3,000 single member \$6,000 family aggregate	\$1,250/member 2-member max	\$500/member/2-member max for eligible covered expenses only ^{2,7} Separate \$5,000 deductible for additional office visits and certain diagnostic lab, X-ray and hospital outpatient services ^{2,7}	\$500/member (except for office visits), 2-member max	\$750/member (except for office visits), 2-member max	\$500/member (except for office visits), 2-member max	\$500/member (except for office visits), 2-member max	\$250/member (except for office visits), 2-member max	\$250/member (except for office visits), 2-member max	\$250/member (except for office visits), 2-member max	First Dollar Coverage (FDC): \$500/member \$1,000 family aggregate Does not include prescription drugs Annual Medical Deductible: \$1,000/member \$2,000 family aggregate; accrues after FDC exhausted	First Dollar Coverage (FDC): \$750/member \$1,500 family aggregate Does not include prescription drugs Annual Medical Deductible: \$500/member \$1,000 family aggregate; accrues after FDC exhausted	\$2,400/member \$4,800/family aggregate; this deductible is medical and prescription drugs combined	\$3,500/member \$7,000/family aggregate; this deductible is medical and prescription drugs combined	Single member: \$2,000; Family: \$4,000 (member/employee plus one or more dependents) – aggregate ¹
	Medical/pharmacy combined; Applies toward the annual out-of-pocket maximum																
Annual Out-of-Pocket Maximum <i>Includes deductible unless noted</i>	Single member: \$1,500; Family: \$3,000 aggregate	Single member: \$3,000; Family: \$6,000 aggregate	Single member: \$3,000; Family: \$6,000 aggregate	Deductible plus \$2,000/member, 2-member max	\$500 deductible plus \$2,000/member, 2-member max	\$4,000/member 2-member max	\$4,500/member 2-member max	\$4,500/member 2-member max	\$4,000/member 2-member max	\$3,600/member 2-member max	\$3,000/member 2-member max	\$2,500/member 2-member max	\$5,000/member \$10,000/family aggregate	\$5,000/member \$10,000/family aggregate	\$3,600/member \$5,500/family aggregate;	\$4,000/member \$7,500/family aggregate;	Single member: \$3,100; Family: \$5,700 (member/employee plus one or more dependents) – aggregate ¹
	Medical/pharmacy combined																
Office Visits	0% after deductible <i>Preventive care, including nationally recommended preventive services, at 0% (not subject to deductible)</i>			Not covered	Initial office visits: First 2 per adult /first 4 per child: \$20 copay, not subject to deductible Additional office visits: Member pays 100% up to \$5,000/year; then Blue Cross pays 100% of eligible expenses	[Not subject to deductible] First 12 per member: \$35 copay Additional visits: 45%	[Not subject to deductible] First 12 per member: \$45 copay Additional visits: 45%	[Not subject to deductible] First 12 per member: \$40 copay Additional visits: 45%	[Not subject to deductible] First 12 per member: \$20 copay Additional visits: 45%	[Not subject to deductible] First 12 per member: \$20 copay Additional visits: 45% up to \$900 10% from \$901 to \$3,600	[Not subject to deductible] First 12 per member: \$20 copay Additional visits: 40%	[Not subject to deductible] First 12 per member: \$10 copay Additional visits: 30%	\$40 copay ³	\$35 copay ³	\$35 copay after deductible	\$35 copay after deductible	20% after annual deductible
Professional Services <i>Including maternity, diagnostic lab and X-ray</i>	0% after deductible			Limited services 20% after deductible	Professional services including maternity: 20% for covered services Diagnostic lab & X-ray: maximum \$500 Blue Cross payment not subject to deductible	35% after deductible	45% after deductible	40% after deductible	30% after deductible	30% up to \$900 and then 10% from \$901 to \$3,600 after deductible	20% after deductible	10% after deductible	40% ³	25% ³	20% after deductible	0% after deductible	20% after annual deductible
Hospital Inpatient	0% after deductible			20% after deductible	20% for inpatient services, outpatient surgery & infusion therapy after \$500 deductible	35% after deductible	45% after deductible	40% after deductible	30% after deductible	30% up to \$900 and then 10% from \$901 to \$3,600 after deductible	20% after deductible	10% after deductible	40% ³	25% ³	20% after deductible	0% after deductible	20% after annual deductible
Prescription Drugs <i>Amounts shown are for 30-day supply retail; mail order available</i>	0% after deductible (Member payments apply to combined medical/pharmacy annual deductible)			\$10 generic \$25 brand-name ^{4,5} \$500 max Blue Cross payment per member per year (after that, continued access to pharmacy discounts)	\$10 generic \$25 brand-name ^{4,5} \$500 max Blue Cross payment per member per year (after that, continued access to pharmacy discounts)	\$15 generic ⁵ (GenRx Prescription Drug Formulary only)	\$15 generic ⁵ (GenRx Prescription Drug Formulary only)	\$15 generic \$25 brand-name ^{4,5} after annual \$150 brand-name prescription drug deductible per member	\$15 generic \$25 brand-name ^{4,5} after annual \$150 brand-name prescription drug deductible per member	\$15 generic \$25 brand-name ^{4,5}	\$15 generic \$25 brand-name ⁵	\$10 generic \$20 brand-name ⁵	\$10 generic \$35 brand-name ^{4,5} after annual \$350 brand-name prescription drug deductible per member	\$10 generic \$30 brand-name ^{4,5} after annual \$250 brand-name prescription drug deductible per member	\$10 generic \$25 brand-name ⁵ after medical deductible	\$10 generic \$25 brand-name ⁵ after medical deductible	\$10 copay generic (for each 30-day supply), \$25 copay brand-name ⁴ (for each 30-day supply) after annual deductible; infertility drug lifetime maximum benefit of \$1,500; self-administered injectable drugs, except Insulin: 30% of the negotiated fee after annual deductible
Preventive Care	[Not subject to deductible] 0% (includes nationally recommended preventive services)			20% after deductible	[Not subject to deductible] 20%	\$35 office visit copay (not subject to deductible) plus 35% for all other covered services after deductible	\$45 office visit copay (not subject to deductible) plus 45% for all other covered services after deductible	\$40 office visit copay (not subject to deductible) plus 40% for all other covered services after deductible	\$30 office visit copay (not subject to deductible) plus 30% for all other covered services after deductible	\$25 office visit copay (not subject to deductible) plus 30% up to \$900 and then 10% from \$901 to \$3,600 for all other covered services after deductible	\$20 office visit copay (not subject to deductible) plus 20% for all other covered services after deductible	\$10 office visit copay (not subject to deductible) plus 10% for all other covered services after deductible	\$40 office visit copay plus 40% for all other covered services ³	\$35 office visit copay plus 25% for all other covered services ²	\$35 office visit copay (not subject to deductible) plus 20% for all other covered services after deductible	\$35 office visit copay (not subject to deductible) plus 20% for all other covered services after deductible	20% after annual deductible
*HealthyCheckSM Two levels of annual health screenings including Include lab work and immunizations	Not applicable – covered under preventive care benefit			[Not subject to deductible] \$25 or \$75 copay options	[Not subject to deductible] \$25 or \$75 copay options	[Not subject to deductible] \$25 or \$75 copay options	[Not subject to deductible] \$25 or \$75 copay options	[Not subject to deductible] \$25 or \$75 copay options	[Not subject to deductible] \$25 or \$75 copay options	[Not subject to deductible] \$25 or \$75 copay options	[Not subject to deductible] \$25 or \$75 copay options	[Not subject to deductible] \$25 or \$75 copay options	[Not subject to deductible] \$25 or \$75 copay options	[Not subject to deductible] \$25 or \$75 copay options	[Not subject to deductible] \$25 or \$75 copay options	[Not subject to deductible] \$25 or \$75 copay options	Not Covered
Annual Physical Exam	Covered under preventive care benefit			Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	[Not subject to deductible] \$25 office visit copay plus 30% for all other covered services up to \$900 and then 10% from \$901 to \$3,600 ¹	[Not subject to deductible] \$20 office visit copay plus 20% for all other covered services ⁴	[Not subject to deductible] \$10 office visit copay plus 10% for all other covered services ⁴	Not covered	Not covered	[Not subject to deductible] \$35 office visit copay; 20% for all other covered services; plus any negotiated fee amount in excess of the BCL&H payment ⁶	[Not subject to deductible] \$35 office visit copay; plus any negotiated fee amount in excess of the BCL&H payment ⁶	Not covered
Maximum Lifetime Benefits	\$5,000,000			\$5,000,000			\$5,000,000			\$5,000,000			\$5,000,000				

* Must be done at Healthy Check Center.

All benefit comparisons are for **in-network providers**. All benefits are subject to applicable deductible(s), and/or coinsurance, copayment(s). 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.

Unique advantages

EmployeeElect: 21 Health Plans

Want to **maximize your options and flexibility** when offering health coverage to your employees? EmployeeElect from Blue Cross is a solution that gives you a full choice of 16 PPOs, 1EPO and 4 HMOs, financial control, rate guarantees and administrative ease. It was designed with your business in mind.

Flexible Options

You can choose to offer your employees just one plan, a mix-and-match selection, or all plans. Use this at-a-glance guide to help you match the plans to your priorities.

Rate Guarantee

You enroll with a full 12-month rate and benefit guarantee.

Notes:

- Saver PPO and Basic PPO are basic hospital and limited benefits professional services plans. Some covered services are limited.
- \$500 deductible excludes certain services that are subject to a separate \$5,000 deductible; these include: additional office visits beyond the first 2 visits per adult and first 4 visits per child, diagnostic lab and x-ray, medically necessary outpatient hospital services other than surgery, medical emergency, radiation therapy, hemodialysis treatment and infusion therapy.
- BCL&H will pay covered services (except prescription drugs) at 100% of covered expense up to the First Dollar Coverage (FDC) maximum. After FDC has been exhausted, the deductible must be satisfied before BCL&H will pay for subsequent covered services.
- If a member selects a brand-name drug when a generic equivalent drug is available, even if the physician writes a "dispense as written" or "do not substitute" prescription, the member will be responsible for the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. The amount paid does not apply to the member's brand-name deductible.
- 30% of the negotiated fee for self-administered injectable drugs, except insulin (subject to brand-name prescription drug deductible on some plans).
- Maximum aggregate Blue Cross payment of \$100 if utilized during first six months of coverage; if utilized after first six months, the maximum aggregate Blue Cross payment is \$200.
- See footnote 2 for separate \$5,000 deductible. Once a member meets the separate \$5,000 deductible, eligible expenses/charges subject to this deductible are covered at 100%. Once two members of a family meet the \$5,000 deductible, the entire family is covered at 100% of eligible expenses/charges.

This chart is not a contract nor is it a solicitation of an application. It describes benefits in general terms. An application for coverage is solicited only by formal quote.