

For Businesses with
2-50 EMPLOYEES



BlueCross
of California



BC Life & Health
Insurance Company

EmployeeElect
You Choose

Solutions
Small Business Health Care Plans *at Work*



Presented by:



Blue Cross of California
Commercial HMO/POS Combined



BlueCross
of California



BC Life & Health
Insurance Company

Solutions
Small Business Health Care Plans *at Work*

Blue Cross of California (BCC) and BC Life & Health Insurance Company (BCL&H) are Independent Licensees of the Blue Cross Association (BCA). The Blue Cross name and symbol are registered service marks of the BCA. The following plans are offered by BCC: PPO \$40/\$30 Copay Plans, Premier PPO \$20/\$10 Copay Plans, the High Deductible EPO Plan, the Power Select HMO, Saver HMO, Classic HMO and HMO 100% Plans; Dental Net[®] and the Blue Cross Dental Select HMOSM Plans. The following plans are offered by BCL&H: Basic PPO, Saver PPO, Advantage PPO \$25 Copay, Premium PPO \$35 Copay GenRx, Power HealthFund 750/500 and PPO 2400/3500 (HSA-Compatible) Plans; PPO and FFS Dental plans; Term Life and AD&D products; and Vision products. Workers' Compensation coverage is provided through Employers Compensation Insurance Company.

www.bluecrossca.com

IS5256 5/06

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	Power Select HMO	Saver HMO	Classic HMO	HMO 100%
Offered by	BCC	BCC	BCC	BCC
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	\$2,250/member \$4,500/family (one or more members aggregate); deductible applies to annual out-of-pocket maximum	\$2,250/member \$4,500/family (one or more members aggregate); deductible applies to annual out-of-pocket maximum	\$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 ⁸	No charge ⁸	No charge ⁸	No charge ⁸
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 Drugs¹⁰ <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:

⁸ 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.

¹⁰ 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

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	Basic PPO ¹	Saver PPO ¹	PPO \$35 Copay GenRx	PPO \$40 Copay	PPO \$30 Copay	Advantage PPO \$25 Copay	Premier PPO \$20 Copay	Premier PPO \$10 Copay	PPO Power HealthFund 500	PPO Power HealthFund 750	PPO 2400 (HSA-Compatible)	PPO 3500 (HSA-Compatible)
Offered by:	BCL&H	BCL&H	BCL&H	BCC	BCC	BCL&H	BCC	BCC	BCL&H	BCL&H	BCL&H	BCL&H
Unique Value	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.	
Annual Medical Deductible	\$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	\$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
Annual Out-of-Pocket Maximum	Deductible plus \$2,000/member, 2-member max	\$500 deductible plus \$2,000/member, 2-member max	\$4,000/member; 2-member max; deductible applies to annual out-of-pocket maximum	\$4,500/member; 2-member max; deductible applies to annual out-of-pocket maximum	\$4,000/member; 2-member max; deductible applies to annual out-of-pocket maximum	\$3,600/member 2-member max; deductible applies to annual out-of-pocket maximum	\$3,000/member 2-member max; deductible applies to annual out-of-pocket maximum	\$2,500/member 2-member max; deductible applies to annual out-of-pocket maximum	\$5,000/member \$10,000/family aggregate deductible applies to annual out-of-pocket maximum	\$5,000/member \$10,000/family aggregate deductible applies to annual out-of-pocket maximum	\$3,600/member \$5,500/family aggregate; deductible applies to annual out-of-pocket maximum	\$4,000/member \$7,500/family aggregate; deductible applies to annual out-of-pocket maximum
Office Visits	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: \$40 copay Additional visits: 45%	[Not subject to deductible] First 12 per member: \$30 copay Additional visits: 45%	[Not subject to deductible] First 12 per member: \$25 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
Professional Services <i>Including maternity, diagnostic lab and X-ray</i>	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	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	BCL&H pays 100% of negotiated fee after deductible
Hospital Inpatient and Outpatient Facility Services	20% after deductible	20% for inpatient services, outpatient surgery & infusion therapy after \$500 deductible	35% 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	BCL&H pays 100% of negotiated fee after deductible
Prescription Drugs⁵ <i>30-day supply retail; up to a 60-day supply available through mail order (copayments apply to each 30-day supply)</i>	\$10 generic \$25 brand-name ⁴ \$500 max Blue Cross payment per member per year (after that, continued access to pharmacy discounts)	\$10 generic \$25 brand-name ⁴ \$500 max Blue Cross payment per member per year (after that, continued access to pharmacy discounts)	\$15 generic (GenRx Prescription Drug Formulary only)	\$15 generic \$25 brand-name ⁴ after annual \$150 brand-name prescription drug deductible per member	\$15 generic \$25 brand-name ⁴ after annual \$150 brand-name prescription drug deductible per member	\$15 generic \$25 brand-name ⁴	\$15 generic \$25 brand-name	\$10 generic \$20 brand-name	\$10 generic \$35 brand-name ⁴ after annual \$350 brand-name prescription drug deductible per member	\$10 generic \$30 brand-name ⁴ after annual \$250 brand-name prescription drug deductible per member	\$10 generic \$25 brand-name after annual medical deductible	\$10 generic \$25 brand-name after annual medical deductible
Well baby/Well child care through age 6; adult screening tests limited to annual Pap, breast exam, and mammogram for women, and Prostate Specific Antigen (PSA) for men	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	\$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 ⁵	\$35 office visit copay plus 25% for all other covered services ⁵	\$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) BCL&H pays 100% of negotiated fee for all other covered services after deductible
HealthyCheckSM <i>Annual Health Screening</i>	[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
Annual Physical Exam	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 ⁶	[Not subject to deductible] \$20 office visit copay plus 20% for all other covered services ⁶	[Not subject to deductible] \$10 office visit copay plus 10% for all other covered services ⁶	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
Maximum Lifetime Benefits	\$5,000,000			\$5,000,000			\$5,000,000			\$5,000,000		

All benefit comparisons are for **in-network providers**. All benefits are subject to applicable deductible(s) or 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: 16 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 12 PPOs 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.