



# Dental, Vision, and Life insurance Sales guide for small businesses

**1-100 Employees**

Effective January 1, 2024

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# Why Blue Shield of California

## **Bundling discount and ease of administration**

When adding dental or vision benefits to new or existing medical coverage, employers receive a 10% bundling discount on the dental and vision premiums.\* The streamlined administration with one bill, one renewal, and one point of contact for all of your Blue Shield business allows you to focus on what's important: growing your business.

## **Relaxed Participation**

The participation requirement for dental, vision, and life insurance plans is reduced to 25% when 5 or more employees are enrolling.

## **Two-year initial rate guarantee**

A two-year initial rate guarantee applies to both new and existing medical groups adding a dental or vision plan, and/or life insurance.

## **Integrated online member experience**

Employees also benefit from receiving whole health coverage by accessing all their health information on a single member portal. It has never been easier to review medical, dental, and vision benefits, see recent claims, covered dependent information, or to find providers.

## **Total health protection, better outcomes**

More and more, employers are understanding the value of integrating medical, dental, vision, and life coverage into one simple, consolidated experience. For group members with both medical and dental coverage, the cost of health care has been consistently 3-6% lower per member per month than medical alone.

\* 10% discount applies to either lines of coverage added (dental, vision, or both) to existing or new medical plans on or off anniversary. All small group dental and vision plans qualify for this discount, including voluntary plans. Discounts are applied to total monthly dental and/or vision premiums on the monthly billing statement and will remain in place unless medical coverage is canceled. Blue Shield reserves the right to cancel this discount at any time.



**Our mission is to ensure all Californians have access to high-quality health care at an affordable price.**

Our experience means we understand that maintaining a healthy and productive workforce is key to the growth of every small business. That's why we offer a comprehensive benefits package including medical, dental, vision, and life insurance coverage. Small businesses with one or more eligible employees can select any of our dental, vision, or life plans with or without enrolling in a medical plan.



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## Dental Plans

**Dental coverage is the benefit most requested by employees after medical coverage. With access to some of the largest dental provider networks in the country, our dental plans can help add value to your benefits package and help your employees better manage their oral and overall health.**



Find out how easy it is to combine our plans in one comprehensive package. Contact your broker or Blue Shield sales representative to help you develop a customized benefit solution.

If you have questions about existing dental coverage, the Dental Member Services team is available weekdays from 5 a.m. to 8 p.m. at (888) 702-4171

## Dental Plans

# Advantages worth smiling

### **Access to Blue Shield's dental networks**

Members have access to one of the largest dental PPO or dental HMO networks in California and nationwide. This gives dental PPO members the flexibility to choose from a large number of providers in-and-out-of-network, while dental HMO members can maximize their plan's value by accessing dental care at qualified in-network providers.

### **Plan choice**

Blue Shield offers a variety of dental PPO and HMO plans with no waiting periods. Groups can also offer voluntary options to their employees. Our flexible dual and triple options let you offer two or three dental plans.\*

### **Dental PPO portfolio plan names for Small Business**

Plan names follow the same naming convention as our medical plans – Bronze, Silver, Gold, Platinum, and Diamond – which allows you to find buy-up and buy-down options quickly.



\* Triple option allows for any three DHMO plans or any two DHMO plans with any one DPPO plan. An additional triple option, two DPPO plans that have an orthodontic or two DPPO plans that do not have an orthodontic benefit with any one DHMO plan, is available when purchased with Blue Shield small business medical coverage.

## Dental Plans

Certain benefits are included in all plans within the same plan tier:

- ▶ Implants are included in all Silver, Gold, Platinum, and Diamond plans
- ▶ Rollover rewards are included in all Bronze, Silver, and Gold plans
- ▶ Endodontic/Periodontic treatments are covered under basic services in all plans

### Orthodontic coverage option

All DHMO plans include orthodontic coverage for all ages. DPPO plans with orthodontic coverage are also offered for all ages with a \$1,000 calendar-year maximum over 24 months or as a lifetime benefit up to the ortho max amount on the plan. Bronze DPPO plans include child-only ortho benefits. See the summary on page seven for more details.

### Dental implants

Dental implants\* are covered as a major service under the Silver, Gold, Platinum, and Diamond DPPO plans. These plans are available to groups with one or more eligible employees and excludes a waiting period.

### Voluntary dental plans<sup>†</sup>

For greater flexibility, our voluntary dental plans require only one participating employee, and there is no minimum employer contribution. All other (non-voluntary) dental plans require a 50% employer contribution and 65% employee participation.

### Oral cancer screening benefit

All dental PPO and HMO plans include an oral cancer screening benefit covered at 100%. Oral cancer can hide below the surface, and a screening can detect cancer early and greatly improve treatment success.

### Third teeth cleaning for pregnant women

Periodontal treatment during pregnancy dramatically reduces premature births. That's why we provide one additional annual cleaning for pregnant women in all dental plans. A third periodontal maintenance visit is also covered, if needed, to treat periodontal disease.<sup>‡</sup>

### Caries risk management assessment

Every child's dental coverage includes a caries risk management assessment benefit. This helps prevent or treat tooth decay.<sup>\*\*</sup>

### Blue Shield member portal and app

When your employees are covered by Blue Shield, they can have access to benefit and coverage information, claims payment and status updates, and digital ID cards through blueshieldca.com once registered. For on-the-go access, they can download the Blue Shield app on their mobile device.

\* Precertification of the case or proposed implant is required. Failure to obtain prior written authorization will result in a denial of claims for this benefit.

<sup>†</sup> Voluntary dental plans have a 12-month waiting period for major services. For groups selecting voluntary PPO dental that have prior dental coverage including "major" benefits for 12 months or more, the 12-month waiting period will be waived for all initial enrollees.

<sup>\*\*</sup> Pediatric embedded dental plans do not offer caries risk management benefits as they exceed the defined "benchmark" standard set by Covered California.

# Dental PPO plans for 2024

## Dental PPO Plans With Orthodontia Coverage

| Plans  | Individual deductible <sup>§</sup> | Calendar-year maximum <sup>§</sup> | Diagnostic and preventive care <sup>§</sup> | Basic services <sup>†§</sup> | Endodontics and periodontics <sup>§</sup> | Major services <sup>‡§</sup> | Orthodontic services <sup>#§</sup> |
|--|------------------------------------|------------------------------------|---|------------------------------|---|------------------------------|------------------------------------|
| <b>Plans with calendar-year orthodontia coverage:</b>                  |                                    |                                    |   |                              |   |                              |                                    |
| <b>Bronze</b><br>DPPO/\$1000/MAC/<br>Child Only Ortho                  | \$50/\$150                         | \$1,000                            | 100%  | 80%                          | 80%                                       | 50%                          | 50%                                |
| <b>Bronze</b><br>DPPO/\$1500/MAC/<br>Child Only Ortho                  | \$50/\$150                         | \$1,500                            | 100%  | 80%                          | 80%                                       | 50%                          | 50%                                |
| <b>Silver</b><br>DPPO/\$1500/MAC/<br>Adult+Child Ortho                 | \$50/\$150                         | \$1,500                            | 100%  | 80%                          | 80%                                       | 50%                          | 50%                                |
| <b>Silver</b><br>DPPO/\$1500/U90/<br>Adult+Child Ortho <sup>**</sup>   | \$50/\$150                         | \$1,500                            | 100%  | 80%                          | 80%                                       | 50%                          | 50%                                |
| <b>Plans with lifetime orthodontia coverage:</b>                       |                                    |                                    |   |                              |   |                              |                                    |
| <b>Gold</b><br>DPPO/\$1500/MAC/<br>Adult+Child Ortho <sup>*</sup>      | \$50/\$150                         | \$1,500                            | 100%  | 90%                          | 90%                                       | 60%                          | 50%                                |
| <b>Gold</b><br>DPPO/\$2000/MAC/<br>Adult+Child Ortho                   | \$50/\$150                         | \$2,000                            | 100%  | 90%                          | 90%                                       | 60%                          | 50%                                |
| <b>Gold</b><br>DPPO/\$1500/U90/<br>Adult+Child Ortho <sup>**</sup>     | \$50/\$150                         | \$1,500                            | 100%  | 90%                          | 90%                                       | 60%                          | 50%                                |
| <b>Gold</b><br>DPPO/\$2000/U90/<br>Adult+Child Ortho <sup>**</sup>     | \$50/\$150                         | \$2,000                            | 100%  | 90%                          | 90%                                       | 60%                          | 50%                                |
| <b>Platinum</b><br>DPPO/\$2500/U90/<br>Adult+Child Ortho <sup>**</sup> | \$50/\$150                         | \$2,500                            | 100%  | 90%                          | 90%                                       | 60%                          | 50%                                |
| <b>Platinum</b><br>DPPO/\$3000/U90/<br>Adult+Child Ortho <sup>**</sup> | \$50/\$150                         | \$3,000                            | 100%  | 90%                          | 90%                                       | 60%                          | 50%                                |
| <b>Platinum</b><br>DPPO/\$5000/U90/<br>Adult+Child Ortho <sup>**</sup> | \$50/\$150                         | \$5,000                            | 100%  | 90%                          | 90%                                       | 60%                          | 50%                                |
| <b>Diamond</b><br>DPPO/\$3000/U95/<br>Adult+Child Ortho <sup>**</sup>  | \$25/\$75                          | \$3,000                            | 100%  | 100%                         | 100%                                      | 80%                          | 60%                                |

\* Not subject to plan deductibles with network or non-network dentists.

† Includes anesthesia, palliative treatment, restorative dentistry, sealants, and space maintainers.

‡ Includes crown buildups, crowns, prosthetics, inlays, onlays, jackets, posts, and cores. Dental implants are covered as a major service for Silver, Gold, Platinum, and Diamond plans only.

# In addition to the calendar-year maximum for the other covered services.

∞ Uses a different schedule of allowed 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.

§ Illustration includes network benefits. Refer to plan documents for non-network benefits.

\*\* Includes coverage for dental implants. Precertification of the case or proposed implant is required. Failure to obtain prior written authorization will result in a denial of claims for this benefit.

†† Has a 12-month waiting period for major services. For groups with prior Blue Shield of California coverage including "major" benefits for 12 months or more, the 12-month waiting period at install can be waived at initial install with proof of prior 12-month coverage.

## Dental PPO Plans Without Orthodontia Coverage

| Plans   | Individual deductible <sup>§</sup> | Calendar-year maximum <sup>§</sup> | Diagnostic and preventive care <sup>§</sup> | Basic services <sup>‡§</sup> | Endodontics and periodontics <sup>§</sup> | Major services <sup>‡§</sup> |
|---|------------------------------------|------------------------------------|---|------------------------------|---|------------------------------|
| <b>Bronze</b><br>DPPO/\$1500/MAC                  | \$50/\$150                         | \$1,500                            | 100%  | 80%                          | 80%                                       | 50%                          |
| <b>Bronze</b><br>DPPO/\$1000/MAC                  | \$50/\$150                         | \$1,000                            | 100%  | 80%                          | 80%                                       | 50%                          |
| <b>Silver</b><br>DPPO/\$1500/MAC                  | \$50/\$150                         | \$1,500                            | 100%  | 80%                          | 80%                                       | 50%                          |
| <b>Silver</b><br>DPPO/\$1500/U90 <sup>∞**</sup>   | \$50/\$150                         | \$1,500                            | 100%  | 80%                          | 80%                                       | 50%                          |
| <b>Gold</b><br>DPPO/\$1500/MAC                    | \$50/\$150                         | \$1,500                            | 100%  | 90%                          | 90%                                       | 60%                          |
| <b>Gold</b><br>DPPO/\$2000/MAC                    | \$50/\$150                         | \$2,000                            | 100%  | 90%                          | 90%                                       | 60%                          |
| <b>Gold</b><br>DPPO/\$1500/U90 <sup>∞**</sup>     | \$50/\$150                         | \$1,500                            | 100%  | 90%                          | 90%                                       | 60%                          |
| <b>Gold</b><br>DPPO/\$2000/U90 <sup>∞**</sup>     | \$50/\$150                         | \$2,000                            | 100%  | 90%                          | 90%                                       | 60%                          |
| <b>Platinum</b><br>DPPO/\$2500/U90 <sup>∞**</sup> | \$50/\$150                         | \$2,500                            | 100%  | 90%                          | 90%                                       | 60%                          |
| <b>Platinum</b><br>DPPO/\$3000/U90 <sup>∞**</sup> | \$50/\$150                         | \$3,000                            | 100%  | 90%                          | 90%                                       | 60%                          |
| <b>Platinum</b><br>DPPO/\$5000/U90 <sup>∞**</sup> | \$50/\$150                         | \$5,000                            | 100%  | 90%                          | 90%                                       | 60%                          |
| <b>Diamond</b><br>DPPO/\$3000/U95 <sup>∞**</sup>  | \$25/\$75                          | \$3,000                            | 100%  | 100%                         | 100%                                      | 80%                          |
|   |                                    |                                    |   |                              |   |                              |

\* Not subject to plan deductibles with network or non-network dentists.

‡ Includes crown buildups, crowns, prosthetics, inlays, onlays, jackets, posts, and cores. Dental implants are covered as a major service for Silver, Gold, Platinum, and Diamond plans only # In addition to the calendar-year maximum for the other covered services.

∞ Uses a different schedule of allowed 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.

§ Illustration includes network benefits. Refer to plan documents for non-network benefits.

\*\* Includes coverage for dental implants. Precertification of the case or proposed implant is required. Failure to obtain prior written authorization will result in a denial of claims for this benefit.

†† Has a 12-month waiting period for major services. For groups with prior Blue Shield of California coverage including "major" benefits for 12 months or more, the 12-month waiting period at install can be waived at initial install with proof of prior 12-month coverage.

‡ Includes anesthesia, palliative treatment, restorative dentistry, sealants, and space maintainers.



## Voluntary Dental PPO Plans with calendar-year orthodontia coverage

► Coverage for Invisalign "invisible" clear braces (member is responsible for any costs over traditional braces).

| Plans   | Individual deductible <sup>§</sup> | Calendar-year maximum <sup>§</sup> | Diagnostic and preventive care <sup>*§</sup> | Basic services <sup>†§</sup> | Endodontics and periodontics <sup>§</sup> | Major services <sup>†§</sup> | Orthodontic services <sup>#§</sup> |
|---|------------------------------------|------------------------------------|--|------------------------------|---|------------------------------|------------------------------------|
| <b>Bronze Voluntary DPPO/\$1000/MAC/Child Only Ortho<sup>††</sup></b> | \$50/\$150                         | \$1,000                            | 100%   | 80%                          | 80%                                       | 50%                          | 50%                                |
| <b>Bronze Voluntary DPPO/\$1500/MAC/Child Only Ortho<sup>††</sup></b> | \$50/\$150                         | \$1,500                            | 100%   | 80%                          | 80%                                       | 50%                          | 50%                                |

## Voluntary Dental PPO Plans without orthodontia coverage

| Plans  | Individual deductible <sup>§</sup> | Calendar-year maximum <sup>§</sup> | Diagnostic and preventive care <sup>*§</sup> | Basic services <sup>†§</sup> | Endodontics and periodontics <sup>§</sup> | Major services <sup>†§</sup> |
|--|------------------------------------|------------------------------------|--|------------------------------|---|------------------------------|
| <b>Bronze Voluntary DPPO/\$1000/MAC<sup>††</sup></b> | \$50/\$150                         | \$1,000                            | 100%   | 80%                          | 80%                                       | 50%                          |
| <b>Bronze Voluntary DPPO/\$1500/MAC<sup>††</sup></b> | \$50/\$150                         | \$1,500                            | 100%   | 80%                          | 80%                                       | 50%                          |

\* Not subject to plan deductibles with network or non-network dentists.

† Includes crown buildups, crowns, prosthetics, inlays, onlays, jackets, posts, and cores. Dental implants are covered as a major service for Silver, Gold, Platinum, and Diamond plans only.

# In addition to the calendar-year maximum for the other covered services.

∞ Uses a different schedule of allowed 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.

§ Illustration includes network benefits. Refer to plan documents for non-network benefits.

\*\* Includes coverage for dental implants. Precertification of the case or proposed implant is required. Failure to obtain prior written authorization will result in a denial of claims for this benefit.

†† Has a 12-month waiting period for major services. For groups with prior Blue Shield of California coverage including "major" benefits for 12 months or more, the 12-month waiting period at install can be waived at initial install with proof of prior 12-month coverage.

† Includes anesthesia, palliative treatment, restorative dentistry, sealants, and space maintainers.

## Dental HMO plans—member copay

| Benefit/service   | Dental HMO Basic                           | Dental HMO Standard and Dental HMO Voluntary* | Dental HMO Plus                            | Dental HMO Deluxe                          |
|---|--|---|--|--|
| <b>Diagnostic and preventive services</b>               |  |   |  |  |
| Comprehensive oral evaluation                           | \$0  | \$0   | \$0  | \$0  |
| Periodic oral evaluation                                | \$0  | \$0   | \$0  | \$0  |
| X-rays—Intraoral—Complete series (includes bitewings)   | \$0  | \$0   | \$0  | \$0  |
| Prophylaxis (cleanings, twice in consecutive 12-months) | \$0  | \$0   | \$0  | \$0  |
| Sealant application per tooth (covered to age 18)       | \$0  | \$0   | \$0  | \$0  |
| <b>Routine services</b>                                 |  |   |  |  |
| Fillings (one-surface resin composite posterior)        | \$75 per tooth                             | \$71 per tooth                                | \$64 per tooth                             | \$61 per tooth                             |
| Anterior root canal                                     | \$175 per tooth                            | \$125 per tooth                               | \$75 per tooth                             | \$50 per tooth                             |
| Molar root canal  | \$355 per tooth                            | \$225 per tooth                               | \$210 per tooth                            | \$145 per tooth                            |
| Periodontal scaling and root planing                    | \$75 per quadrant                          | \$40 per quadrant                             | \$20 per quadrant                          | \$10 per quadrant                          |
| Routine extraction                                      | \$40 per tooth                             | \$23 per tooth                                | \$11 per tooth                             | \$6 per tooth                              |
| <b>Major services</b>                                   |  |   |  |  |
| Crown—Porcelain/ceramic                                 | \$350 per crown <sup>†</sup>               | \$250 per crown <sup>†</sup>                  | \$150 per crown <sup>†</sup>               | \$125 per crown <sup>†</sup>               |
| Crown—Full cast high noble metal                        | \$350 per crown <sup>†</sup>               | \$250 per crown <sup>†</sup>                  | \$150 per crown <sup>†</sup>               | \$125 per crown <sup>†</sup>               |
| Osseous surgery (four or more teeth)                    | \$275 per quadrant                         | \$225 per quadrant                            | \$150 per quadrant                         | \$125 per quadrant                         |
| Pontic—Porcelain fused to high noble metal              | \$350 per each tooth replaced <sup>†</sup> | \$250 per each tooth replaced <sup>†</sup>    | \$150 per each tooth replaced <sup>†</sup> | \$125 per each tooth replaced <sup>†</sup> |
| Complete denture—maxillary                              | \$400 per denture                          | \$250 per denture                             | \$175 per denture                          | \$100 per denture                          |
| Complete denture—mandibular                             | \$400 per denture                          | \$250 per denture                             | \$175 per denture                          | \$100 per denture                          |
| Removal of impacted tooth (complete bony)               | \$225 per tooth                            | \$95 per tooth                                | \$75 per tooth                             | \$66 per tooth                             |
| <b>Orthodontic services</b>                             |  |   |  |  |
| Fully banded (two-year) case – child <sup>‡</sup>       | \$2,350                                    | \$1,800                                       | \$1,400                                    | \$1,200                                    |

- ▶ Many benefits have predetermined annual schedules and frequency limitations based on last delivery date and dental necessity. If you are unsure about the frequency of when a benefit can be accessed, you can call Dental Member Services at (888) 702-4171.
- ▶ This is only a summary of plan benefits. For exact terms and conditions of coverage, including exclusions and limitations, please refer to the Evidence of Coverage and the plan contract.

\* The Dental HMO Voluntary Plan has the same benefits as the Dental HMO Standard Plan, but the Voluntary Plan is available with no minimum employer contribution or participation requirements and no waiting periods.

<sup>†</sup> Member is responsible for additional cost for precious metals and porcelain on molar crowns. See plan's schedule of benefits for detailed allowance.

<sup>‡</sup> 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 unless a claim for additional treatment is submitted for review and approval.

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## Vision Plans<sup>†</sup>

Vision coverage is an essential part of a comprehensive benefits package that can help employers maintain a healthy workforce and increase employee productivity.

<sup>†</sup> Underwritten by Blue Shield of California Life & Health Insurance Company.

# Vision Plans

## Advantages are plain to see

### Large Network

Our vision plan members have access to a large network of ophthalmologists, optometrists, and opticians in California and nationwide.\* Many of these providers are conveniently located at retail locations such as LensCrafters, Site for Sore Eyes, For Eyes Optical, and Target Optical; and wholesale or warehouse locations such as Walmart, Sam's Club, and Costco. These locations are often open evenings and weekends, making it easier and more convenient for members to purchase frames, lenses, and contacts.

### Enhanced contact lens benefits

Blue Shield offers vision plans with elective contact lens benefits which allow members to cover both contacts and eyeglasses within the same benefit period.

Vision Plus plans cover up to \$150 for both frame allowance and elective contact lenses along with a standard contact lens fitting and evaluation. No more picking between contact lenses or glasses, because both are covered.

Below are the six plans that include the enhanced benefit:

|                  |                           |
|------------------|---------------------------|
| <b>Basic</b>     | Vision Plus 0/0/150/150   |
| <b>Basic</b>     | Vision Plus 10/25/150/150 |
| <b>Preferred</b> | Vision Plus 0/0/150/150   |
| <b>Preferred</b> | Vision Plus 10/25/150/150 |
| <b>Ultimate</b>  | Vision Plus 0/0/150/150   |
| <b>Ultimate</b>  | Vision Plus 10/25/150/150 |

Available through a contracted vision plan administrator.

A Premium Progressive lens benefit will be included on all plans with a Frame Allowance of \$150. A standard progressive lens benefit will be included on all plans with a Frame Allowance of \$120.

### Retinal Imaging

A retinal imaging exam benefit is available as a comprehensive eye exam option. This procedure removes the need for dilation and instead take a digital image of the back of the eye. The image helps an optometrist or ophthalmologist find certain diseases and check the health of the eyes.

- ▶ Available with network providers only
- ▶ Applies to all vision plans with eye exam benefit
- ▶ Member will pay additional \$39 copayment for this benefit

### Low eye exam copayment on all vision plans

Annual eye exams play an important role in early detection of serious health problems including glaucoma, diabetes, and hypertension. To promote routine exams, all our vision plans have a \$0 or \$10 annual eye exam copayment.

### Industry-leading lens benefits

Vision plans with a \$150 frame allowance also include coverage for the three most popular lens enhancements: premium progressive lenses, photochromic lenses, and anti-reflective coating.

## Vision Plans

### Voluntary vision plans

For even more flexibility, voluntary vision plans are a great option for you to offer vision coverage. Plans require one participating employee, and there is no minimum employer contribution. All other plans (non-voluntary) require a 25% employer contribution and 65% employee participation.

### Coverage for sunglasses

Members who have had PRK, LASIK, or custom LASIK vision correction surgery can use their frame allowance toward any pair of sunglasses. Members only need to see a network provider and provide proof of surgery, or verify the surgery with an eye exam to qualify.



## Vision Plans

# Selecting the right vision plan is easy

### Our vision plan portfolio offers even more choices through a few simple options:

- 1 Frequency of coverage for eye exam, lenses, and frames. Choose one of the following:
  - ▶ Basic 12/24/24
  - ▶ Preferred 12/12/24
  - ▶ Ultimate 12/12/12
- 2 Choose comprehensive exam copays: \$0 or \$10
- 3 Choose material (all lenses, frames and low-vision aids) copays: \$0 or \$25
- 4 Frame allowance – \$120 or \$150 (elective contact lens allowance equals the frame allowance)
- 5 All Vision **Plus** Plans: Contact lens coverage – \$150 allowance with covered fitting and evaluation **in addition** to regular eyeglass lenses and frames during the same benefit period.

Vision **Non-Plus** Plans: Contact lens coverage is **in lieu** of regular eyeglass lenses and frames during the same benefit period.



### How to read our plan names

Plan names correlate to dollar amounts for eye exam copayment, materials copayment (lenses, frames, and low-vision aids), and frame allowance.

Example: Basic Vision 0/0/120

Plan offers a \$0 annual eye exam copayment, a \$0 materials copayment, and a \$120 frame allowance. For

Vision Plus plans, the fourth “note” reflects the additional contact lens allowance. Example: Ultimate Vision Plus 0/0/150/150 offers a \$0 annual eye exam copayment, a \$0 materials copayment, a \$150 frame allowance, and a \$150 contact lens allowance.



# Vision Plans for 2024

## Vision Plans Available

### Ultimate Vision (12-12-12)

|                 |                               |
|-----------------|-------------------------------|
| <b>Ultimate</b> | Vision Plus<br>0/0/150/150    |
| <b>Ultimate</b> | Vision 0/0/150                |
| <b>Ultimate</b> | Vision Plus<br>10/25/150/150  |
| <b>Ultimate</b> | Vision 10/25/150              |
| <b>Ultimate</b> | Vision 0/0/120                |
| <b>Ultimate</b> | Vision 10/25/120              |
| <b>Ultimate</b> | Vision Voluntary<br>10/25/150 |

### Preferred Vision (12-12-24)

|                  |                               |
|------------------|-------------------------------|
| <b>Preferred</b> | Vision Plus<br>0/0/150/150    |
| <b>Preferred</b> | Vision 0/0/150                |
| <b>Preferred</b> | Vision Plus<br>10/25/150/150  |
| <b>Preferred</b> | Vision 10/25/150              |
| <b>Preferred</b> | Vision 0/0/120                |
| <b>Preferred</b> | Vision 10/25/120              |
| <b>Preferred</b> | Vision Voluntary<br>10/25/150 |

### Basic Vision (12-24-24)

|              |                               |
|--------------|-------------------------------|
| <b>Basic</b> | Vision Plus<br>0/0/150/150    |
| <b>Basic</b> | Vision 0/0/150                |
| <b>Basic</b> | Vision Plus<br>10/25/150/150  |
| <b>Basic</b> | Vision 10/25/150              |
| <b>Basic</b> | Vision 0/0/120                |
| <b>Basic</b> | Vision 10/25/120              |
| <b>Basic</b> | Vision Voluntary<br>10/25/150 |

## Key for copays and benefit allowances for the plans shown above

| Plan Name<br>(Choose either Ultimate or Preferred or Basic for Frequencies) | Plus Plan (Yes/No) | Exam Member Copay | Materials (Frames & Lenses) Member Copay | Frame Allowance or Contact Lens Allowance for Non-Plus Plans / Frame Allowance for Plus Plans | Contact Lens Allowance for Plus Plans |
|---|--------------------|-------------------|--|---|---------------------------------------|
| 0/0/150/150   | Yes                | \$0               | \$0                                      | \$150   | \$150                                 |
| 0/0/150   | No                 | \$0               | \$0                                      | \$150   | N/A                                   |
| 10/25/150/150   | Yes                | \$10              | \$25                                     | \$150   | \$150                                 |
| 10/25/150   | No                 | \$10              | \$25                                     | \$150   | N/A                                   |
| 0/0/120   | No                 | \$0               | \$0                                      | \$150   | N/A                                   |
| 10/25/120   | No                 | \$10              | \$25                                     | \$150   | N/A                                   |
| 10/25/150   | No                 | \$10              | \$25                                     | \$150   | N/A                                   |

## Vision Plans

### Advantages are plain to see

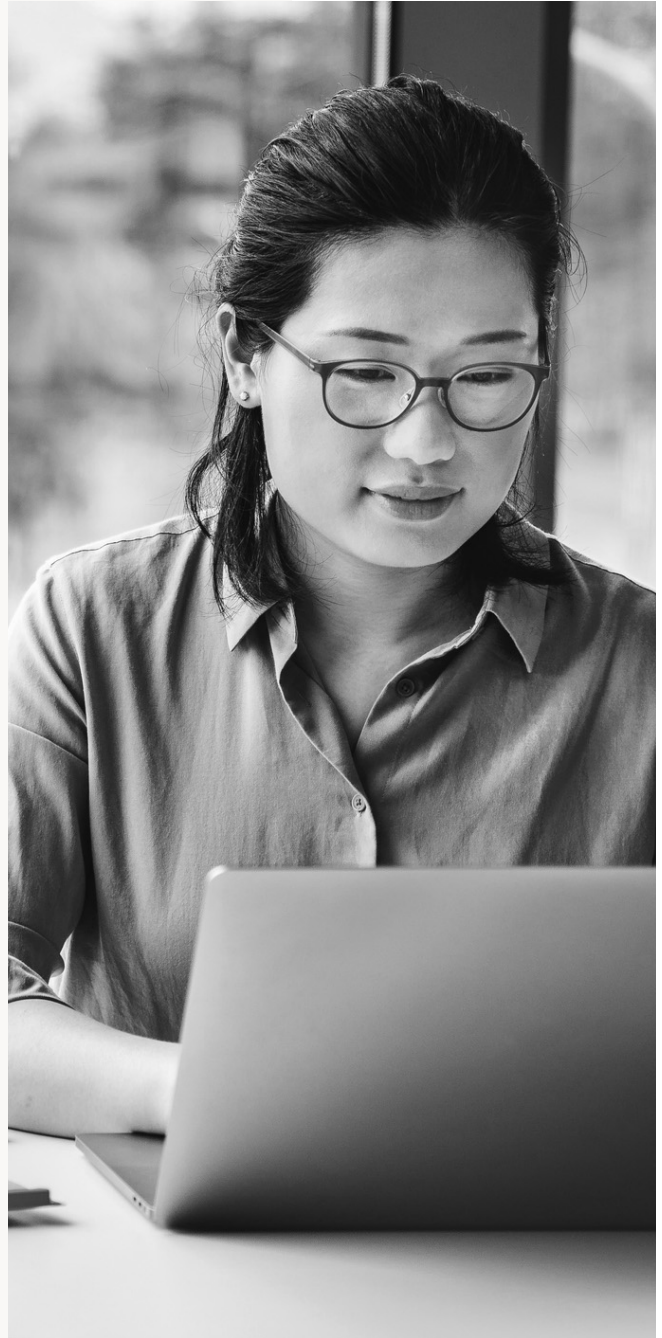
#### Other vision benefits included in our plans

- ✓ Retinal Imaging – \$39 copay
- ✓ Plano (non-prescription) Sunglasses – same copay and allowance as frames
  - ▶ In lieu of eyeglass frames for members who have had PRK, LASIK, or custom LASIK vision correction surgery only. An eye exam by a network provider is required to verify laser surgery, or a note from the surgeon who performed the laser surgery is required to verify laser surgery.
- ✓ Standard Progressive Lenses (no-line bifocals) are available on all plans with a \$120 frame allowance at the same material copay

Premium Progressive Lenses (no-line bifocals) are available on all plans with a \$150 frame allowance at the same material copay

#### Standard lenses include:

- 1 Single Vision
- 2 Bifocal
- 3 Trifocal
- 4 Lenticular



The voluntary vision plan requires one or more enrolled employees. When the network provider uses wholesale or warehouse pricing, the maximum frame allowance will be as follows: Wholesale allowance (\$75.47-\$99.06) and warehouse allowance (\$78.96-\$103.64). Note that this pricing replaces the frame allowance shown in the Summary of Benefits (\$120 and \$150), the wholesale equivalent to the standard allowance. If a more expensive frame is selected at a provider location that uses wholesale or warehouse pricing, the member is responsible for the additional cost above the wholesale or warehouse allowance. Network providers using wholesale pricing are identified in the Directory of Network Vision Providers. Any cost over the allowable amount is the employee's responsibility. This is only a summary of plan benefits. Please refer to the Evidence of Coverage and Summary of Benefits for a complete description of benefits, limitation, exclusions and other terms and conditions of coverage.





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## Life and Accidental Death & Dismemberment (AD&D) plans

Basic life and AD&D insurance, underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life), is an affordable way to provide employees and their families with added security.

2–100 Employees



## Blue Shield Life advantages

Life insurance has long been a part of estate planning in the United States. While it can be a useful tool to help provide financial support for loved ones in case of an untimely death, there are benefits employees and their dependents can take advantage of now.

### Financial strength

Blue Shield of California has an AM Best rating of "A."<sup>\*</sup>

<sup>\*</sup>2015 AM Best gave Blue Shield Life an "A" rating.

### QUICK MATCH PROGRAM

Our life insurance Quick Match Program<sup>SM</sup> provides streamlined underwriting by matching renewal rates from the group's current life insurance company. This program is available to new and existing small business groups adding life insurance with 10 to 100 eligible employees.

#### Features

- ✓ The life insurance amount is between \$15,000 and \$200,000 for all employees based on guaranteed-issue guidelines. The amount must correspond with one of our portfolio plans. Please check with your Blue Shield representative or general agent for more details.
- ✓ The insurance rate to be matched is the renewal rate for the policy period.
- ✓ Group's life/AD&D renewal rates are between \$.08 (minimum) and \$.30 (maximum) per \$1,000
- ✓ Contributory plans require enrollment of two eligible employees and at least 65% of all eligible employees.
- ✓ Standard underwriting guidelines and commissions apply.

## Life / AD&D

### Travel assistance services

These services are for employees and their families traveling more than 100 miles from home (including international travel).

#### General travel information

- ▶ Visas
- ▶ Passports
- ▶ Immunization requirements
- ▶ Local customs
- ▶ 24-hour pre-departure information on weather, currency

#### Lost document and lost article assistance

- ▶ Legal referrals
- ▶ Emergency cash and bail assistance

#### Medical assistance services

- ▶ Medical and dental referrals
- ▶ Coordinate hospital admission
- ▶ Critical care monitoring
- ▶ Dispatch of a prescription medication & eyewear

#### Indemnified medical transportation services

- ▶ Emergency medical evacuation
- ▶ Medical repatriation
- ▶ Return of mortal remains



With questions about available services or assistance, please call 1 (866) 730-5073.

### LifeReferrals 24/7— Beneficiary Assistance

LifeReferrals 24/7<sup>SM</sup> offers care and support for beneficiaries and their household members who have suffered a recent loss of a loved one. During this challenging time, a team of experienced professionals is ready to help with grief support and financial and legal needs.

All LifeReferrals 24/7 services are confidential and available for 12 months following the activation of the benefit. LifeReferrals 24/7 representatives will guide callers to the appropriate expert, depending on the needs or concern.

#### Grief counseling

- ▶ Licensed counselors can be requested for three face-to-face meetings in any six-month period. All counselors are master's-level clinicians. Unlimited telephone consultations are available 24/7.

#### Financial Coaching

- ▶ Bereavement can also raise a number of challenging financial issues. LifeReferrals 24/7 includes a financial advice service to guide you through planning the future. Members are eligible for two 30-minute telephone consultations per issue per year for topics such as budgeting, college and retirement planning, loans, and mortgages.

#### Legal Assistance

- ▶ Suffering a loss can be made even more challenging by complex legal situations including will readings and probate court. Referrals are available to legal experts to help guide you through the process. You are eligible for one 60-minute consultation with an attorney per issue and one 60-minute consultation with a mediator per issue. You will also receive a discount of up to 35% on any additional consultations with those same providers.

## Plan design and rates

Basic life and AD&D insurance is an integral part of a complete benefits package. Groups as small as two eligible employees can obtain life insurance whether or not they have health coverage. All employees within the group are eligible for life insurance even if the group has multiple health plan carriers.

| Plan guidelines    |   |
|--------------------|---|
| Eligible employees | Flat benefit amount (no Evidence of Insurability is required)                         |
| 2-9                | \$15,000 to \$50,000 in increments of \$5,000   |
| 10-24              | \$15,000 to \$100,000 in increments of \$5,000  |
| 25-50              | \$15,000 to \$150,000 in increments of \$5,000  |
| 51-100             | \$15,000 to \$150,000 in increments of \$5,000 or a maximum of \$175,000 or \$200,000 |

### Plan designs

#### Flat amount

All employees are covered at the same flat amount, for example, \$25,000.

#### Multiple of salary

All employees are covered for the same multiple of salary up to a maximum amount. See the chart below for the maximum benefit amounts.

#### Graded schedule

Employees are divided into classes (up to four) that have different levels of benefits. The benefit amount for each class must be no more than 2.5 times that of the next lower class.

| Maximum benefit amounts |                    |  |  |
|-------------------------|--------------------|--|--|
| Eligible employees      | Multiple of salary | Up to Maximum Benefit Amount (no Evidence of Insurability is required) |  |
| 2-9                     | 1X or 2X           | \$30,000 or \$50,000   |  |
|                         |                    | \$50,000   | \$75,000, \$100,000, \$125,000             |
| 10 to 100               | 1X or 2X           | \$150,000  | \$175,000, \$200,000, \$250,000            |
|                         |                    | \$300,000  |  |
|                         |                    | 2X   | \$350,000, \$400,000, \$450,000, \$500,000 |
| 51-100                  | 2X                 | \$550,000  | \$600,000                                  |



### Additional plan rules

Here are just a few of the plan guidelines.

- ▶ Composite rates are available for groups with 10 or more eligible employees.
- ▶ Benefit amount is reduced to 65% and 50% of the original amount at ages 65 and 70, respectively. Benefits terminate at retirement.
- ▶ Minimum employer contribution is 25% of premium.
- ▶ If employer pays 100% of premium, participation must be 100%.
- ▶ If employer contributes less than 100% of premium, participation must be 65% or greater.
- ▶ Full benefit for accidental loss of life. Benefits for all losses resulting from the same accident may not exceed the full benefit.
- ▶ Waiver of premium provision allows for continuation of life insurance coverage without payment of premium if the insured employee is totally disabled prior to age 60.
- ▶ Beneficiaries are designated by the insured employee. Employers are responsible for maintaining the designations for their employees.

### Additional product features

#### Accelerated death benefit (ADB)

Allows advanced payment of death benefits in situations where the insured employee is terminally ill (12-month life expectancy or less). Individuals may elect to withdraw an ADB benefit in \$1,000 increments, subject to the following minimums and maximums.

- ▶ Maximum allowed is 50% of benefit or \$50,000, whichever is less.
- ▶ Minimum allowed is 10% of benefit or \$5,000, whichever is greater.
- ▶ Minimum of \$15,000 in coverage is required to receive ADB.

#### Dependent life insurance (optional)

- ✓ Life insurance is provided for an insured employee's spouse, domestic partner, and/or children.
- ✓ The employee must purchase basic life insurance in order for dependent life insurance to be available.
- ✓ Coverage amounts for spouse/domestic partner and children will be equal and cannot exceed 50% of the employee's benefit. One rate covers all dependents.

#### For group of 10+ eligible employees

- ✓ Composite rates are available
- ✓ Please contact your Blue Shield Representative for a quote

## Life / AD&D

| Rates for groups of 2–9 eligible employees |                           |
|--|---------------------------|
| Insured age range                          | Monthly rate per \$1,000* |
| 0–29                                       | \$0.19                    |
| 30–34                                      | \$0.20                    |
| 35–39                                      | \$0.21                    |
| 40–44                                      | \$0.33                    |
| 45–49                                      | \$0.46                    |
| 50–54                                      | \$0.74                    |
| 55–59                                      | \$1.15                    |
| 60–64                                      | \$2.25                    |
| 65–69 <sup>†</sup>                         | \$3.75                    |
| 70–74 <sup>#</sup>                         | \$5.33                    |
| 75–79 <sup>#</sup>                         | \$8.39                    |
| 80–84 <sup>#</sup>                         | \$12.05                   |
| 65+  | \$18.04                   |

\* These rates include \$0.05 monthly rate per \$1,000 for accidental death and dismemberment insurance.

<sup>†</sup> Benefit amount is reduced to 65% of the original amount at age 65.

<sup>#</sup> Benefit amount is reduced to 50% of the original amount at age 70.

### Accidental death and dismemberment (AD&D) insurance benefits

Blue Shield life insurance include AD&D. Providing additional financial support in the event of an accidental loss.

Additional benefits are also standard:

- Seat belt benefit
- Airbag benefit
- ▶ Special education benefit
- ▶ Repatriation benefit
- ▶ Disappearance benefit
- ▶ Felonious assault benefit
- ▶ Exposure benefit
- ▶ Common carrier benefit
- ▶ Surgical reattachment benefit

### Dependent life insurance rates and coverage

- ✓ Groups with 2–9 eligible employees: \$0.45 per \$1,000 coverage. Available coverage amounts are \$1,000–\$5,000 in \$1,000 increments.
  - ▶ One rate covers all dependents of the employee. Example: an employee working at a group with 2-9 employees can purchase \$3,000 coverage for any number of dependents for \$1.35 monthly premium (\$0.45 x 3). The premium amount will be the same regardless of the number of dependents covered.
- ✓ Groups with 10-100 eligible employees: \$0.25 per \$1,000 coverage for groups. Available coverage amounts are \$1,000–\$5,000 in \$1,000 increments, \$7,500, \$10,000 or \$20,000 per dependent.

### Employee Basic Group Term AD&D benefit

| Type of loss   | Portion of principal sum |
|--|--------------------------|
| Loss of life   | 100%                     |
| Loss of hand, foot, complete loss of sight in one eye, or hearing in one ear | 50%                      |
| Loss of an arm or leg  | 75%                      |
| Complete loss of sight in both eyes or hearing in both ears                  | 100%                     |
| Loss of the thumb and index finger or all four fingers on the same hand      | 25%                      |
| Loss of all toes on one foot   | 25%                      |
| Loss of speech   | 50%                      |
| Loss of speech and hearing   | 100%                     |
| Paralysis of both upper and lower limbs (quadriplegia)                       | 100%                     |
| Paralysis of both lower limbs or both upper limbs (paraplegia)               | 75%                      |
| Paralysis of upper and lower limb of one side (hemiplegia)                   | 50%                      |
| Paralysis of one arm or leg  | 25%                      |

## Life / AD&D

### Ineligible groups

The following types of industries present special risks and are not eligible for a basic life insurance policy when a group is written without a Blue Shield of California medical plan with 2-9 eligible employees.

| SIC codes | Description                             | SIC codes | Description                                      | SIC codes | Description                           |
|-----------|---|-----------|--|-----------|---------------------------------------|
| 0721      | Crop Dusting                            | 2411      | Logging  | 4499      | Water Transportation Services n.e.c.  |
| 0912      | Finfish                                 | 2812      | Alkalis and Chlorine                             | 4512      | Air Transportation: Scheduled         |
| 0913      | Shellfish                               | 2813      | Industrial Gasses                                | 4513      | Air Courier Services                  |
| 0919      | Miscellaneous Marine Products           | 2816      | Inorganic Pigments                               | 4522      | Air Transportation: Non-scheduled     |
| 0921      | Fish Hatcheries and Preserves           | 2819      | Industrial Inorganic Chemicals n.e.c.            | 4581      | Airports, Flying Fields and Services  |
| 0971      | Hunting, Trapping and Game Propagation  | 2821      | Plastic Materials and Resins                     | 5813      | Drinking Establishments               |
| 1011      | Iron Ores                               | 2824      | Organic Fibers – Non-cellulosic                  | 6732      | Educational, Religious, etc. Trusts   |
| 1021      | Copper Ores                             | 2851      | Paints and Allied Products                       | 6733      | Trusts n.e.c.                         |
| 1031      | Lead and Zinc Ores                      | 2861      | Gum and Wood Chemicals                           | 7911      | Dance Studios, School & Halls         |
| 1041      | Gold Ores                               | 2865      | Cyclic Crudes and Intermediates                  | 7922      | Theatrical Producers and Services     |
| 1044      | Silver Ores                             | 2869      | Industrial Organic Chemicals n.e.c.              | 7929      | Entertainers and Entertainment Groups |
| 1061      | Ferroalloy Ores except Vanadium         | 2873      | Nitrogenous Fertilizers                          | 7933      | Bowling Centers                       |
| 1081      | Metal Mining Services                   | 2874      | Phosphatic Fertilizers                           | 7941      | Sports Clubs, Managers and Promoters  |
| 1094      | Uranium, Radium and Vanadium Ores       | 2875      | Fertilizers – Mixing Only                        | 7948      | Racing, including Track Operations    |
| 1099      | Metal Ores n.e.c.                       | 2879      | Agricultural Chemicals n.e.c.                    | 7991      | Physical Fitness Facilities           |
| 1221      | Bituminous Coal and Lignite—Surface     | 2891      | Adhesives and Sealants                           | 7992      | Public Golf Courses                   |
| 1231      | Bituminous Coal and Lignite—Underground | 2892      | Explosives                                       | 7993      | Coin-Operated Amusement Devices       |
| 1241      | Anthracite Mining                       | 2893      | Printing Ink                                     | 7996      | Amusement Parks                       |
| 1311      | Coal Mining Services                    | 2895      | Carbon Black                                     | 7997      | Membership Sports                     |
| 1321      | Crude Petroleum and Natural Gas         | 2899      | Chemical Preparations n.e.c.                     | 7999      | Amusement and Recreation n.e.c.       |
| 1381      | Natural Gas Liquids                     | 2911      | Petroleum Refining                               | 8611      | Business Associations                 |
| 1382      | Drilling Oil and Gas Wells              | 2951      | Asphalt Paving Mixtures and Blocks               | 8621      | Professional Associations             |
| 1382      | Oil and Gas Exploration Services        | 2952      | Asphalt Felts and Coatings                       | 8631      | Unions                                |
| 1389      | Oil and Gas Field Services n.e.c.       | 2992      | Lubricating Oils and Greases                     | 8641      | Civic Organizations                   |
| 1411      | Dimension Stone                         | 2999      | Petroleum and Coal Products n.e.c.               | 8651      | Political Organizations               |
| 1422      | Crushed and Broken Limestone            | 3292      | Asbestos Products                                | 8661      | Religious Organizations—Members       |
| 1423      | Crushed and Broken Granite              | 4119      | Local Passenger Transportation n.e.c.            | 8699      | Membership Organizations—Members      |
| 1429      | Crushed and Broken Stone n.e.c.         | 4121      | Taxicabs   | 8811      | Private Households                    |
| 1442      | Construction Sand and Gravel            | 4412      | Deep Sea Foreign Transportation of Freight       | 9111      | Executive Offices                     |
| 1446      | Industrial Sand                         | 4424      | Deep Sea Domestic Transportation of Freight      | 9131      | Executive & Legislative Combined      |
| 1455      | Kaolin and Ball Clay                    | 4432      | Freight Transportation on the Great Lakes        | 9199      | General Government n.e.c.             |
| 1459      | Clay and Related Minerals n.e.c.        | 4449      | Water Transportation of Freight n.e.c.           | 9211      | Courts                                |
| 1474      | Potash, Soda and Borate Minerals        | 4481      | Deep Sea Passenger Transportation except Ferries | 9221      | Police Protection                     |
| 1475      | Phosphate Rock                          | 4482      | Ferries  | 9222      | Legal Counsel and Prosecution         |
| 1479      | Chemical and Fertilizer Mining n.e.c.   | 4489      | Water Passenger Transportation n.e.c.            | 9224      | Fire Protection                       |
| 1481      | Non-Metallic Mineral Services           | 4491      | Marine Cargo Handling                            | 9229      | Public Order and Safety n.e.c.        |
| 1499      | Miscellaneous Non-Metallic Minerals     | 4492      | Towing and Tugboat Services                      | 9711      | National Security                     |
| 1761      | Roofing                                 |           |  | 9721      | International Affairs                 |
| 1795      | Wrecking and Demolition                 |           |  | 9999      | Non-classifiable Establishments       |



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