

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 formal quote.

Plan	Power SelectHMO	Saver HMO	Classic HMO	HMO 100%
Offered by	BCC	BCC	BCC	BCC
Unique Value	Lower pricing and modest deductible. New 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 (2 or more members aggregate); deductible applies to annual out-of-pocket maximum	\$2,250/member \$4,500/family (2 or more members aggregate); deductible applies to annual out-of-pocket maximum	\$1,750/member \$3,500/family (2 or more members aggregate)	\$1,750/member \$3,500/family (2 or more members aggregate)
Office Visits	\$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 Including Maternity, Diagnostic Lab and X-ray	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 Drugs⁹ 30-day supply retail; up to a 60-day supply available through mail order (copayments apply to each 30-day supply)	\$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.

Blue Cross offers the ultimate flexibility and cost control with our EmployeeElect Portfolio of Small Group plans and Employer Contribution Options.

EmployeeElect Plan Portfolio

With EmployeeElect, you decide how much choice to give your employees. You can offer just one medical plan, a combination of two or more, or all 12 PPO plans and up to 3 HMO plans (our Power Select HMO plan is not available in combination with any other HMO product).

Employer Contribution Options

Blue Cross offers you three different ways to control how much you contribute to your employees' monthly medical premiums (dependent contribution is optional); your contribution amount applies to any plan(s) you choose to offer, and your employees are responsible for any remaining premium amount through payroll deduction:

► **Traditional Contribution:** You choose a percentage (50-100 percent).

► **Fixed Dollar Contribution:** You choose a dollar amount (\$100 or more, in \$5 increments).

► **Percentage & Plan Option:** You choose a percentage (50-100 percent), and tie that contribution to a specific plan (excluding the Basic PPO Plan). Your employees have the option of selecting any other plan you make available and using your contribution to offset the cost of their chosen plan.

Our EmployeeElect Plans Portfolio and choice of Employer Contribution Options put employers in control while, at the same time, making it possible to empower employees with maximum choice. You set premium contributions at the level your company can afford, and you decide how many plans to offer your employees. Their share of the monthly premium (if any) is reduced by your contribution and, if you make more than one choice available, your employees have the freedom to choose the plan that best satisfies their unique health and budget needs.

Choice. Flexibility. Affordability. Potential tax savings. For more information about the benefits of Blue Cross Small Group health coverage, please contact your Blue Cross of California agent or call our Customer Service team at **(800) 627-8797**.

Presented by:



Blue Cross of California
Commercial HMO/POS Combined



BlueCross
of California

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 SelectHMO, Saver HMO, Classic HMO and HMO 100% Plans; Dental Net[®] and the Blue Cross Dental SelectHMOSM Plans. The following plans are offered by BCL&H: Basic PPO, Saver PPO, Advantage PPO \$25 Copay, 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. Workers' Compensation coverage is provided through Employers Compensation Insurance Company.

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Small Group
EmployeeElect
Portfolio



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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 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	<u>First Dollar Coverage (FDC):</u> \$500/member \$1,000 family aggregate; does not include prescription drugs <u>Annual Medical Deductible:</u> \$1,000/member \$2,000 family aggregate; accrues after FDC exhausted	<u>First Dollar Coverage (FDC):</u> \$750/member \$1,500 family aggregate; does not include prescription drugs <u>Annual Medical Deductible:</u> \$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 Maximum⁸	Deductible plus \$2,000/member, 2-member max	\$500 deductible plus \$2,000/member, 2-member max, (See footnote)	\$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	\$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 \$5,800/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%	First 12 per member: \$25 copay Additional visits: 45% up to \$900 10% from \$901 to \$3,600	First 12 per member: \$20 copay Additional visits: 40%	First 12 per member: \$10 copay Additional visits: 30%	\$40 copay ⁹	\$35 copay ⁹	\$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 10% from \$901 to \$3,600	20%	10%	40% ¹	25% ¹	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 10% from \$901 to \$3,600	20%	10%	40% after first-dollar coverage and deductible	25% after first-dollar coverage and deductible	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>	[Not subject to deductible] \$10 generic \$25 brand-name ⁴ \$500 max Blue Cross payment per member per year (after that, continued access to pharmacy discounts)	[Not subject to deductible] \$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 copay after deductible \$25 brand-name copay after deductible	\$10 generic copay after deductible \$25 brand-name copay 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	\$25 or \$75 copay options	\$25 or \$75 copay options	\$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
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 copay (not subject to deductible) plus 35% for all other covered services after deductible	\$40 copay (not subject to deductible) plus 40% for all other covered services after deductible	\$30 copay (not subject to deductible) plus 30% for all other covered services after deductible	\$25 copay plus 30% for all other covered services up to \$900 10% from \$901 to \$3,600	\$20 copay plus 20% for all other covered services	\$10 copay plus 10% for all other covered services	\$40 copay plus 40% for all other covered services ¹	\$35 copay plus 25% for all other covered services ¹	[Office visits not subject to deductible] \$35 copay/office visit plus 20% /other charges	[Office visits not subject to deductible] \$35 copay/office visit
Annual Physical Exam	Not covered	Not covered	Not covered	Not covered	Not covered	\$25 copay plus 30% for all other covered services up to \$900 10% from \$901 to \$3,600 ⁶	\$20 copay plus 20% for all other covered services ⁶	\$10 copay plus 10% for all other covered services ⁶	Not covered	Not covered	[Not subject to deductible] \$35 copay/office visit; 20% for other covered charges; plus any negotiated fee amount in excess of the BCL&H payment ⁶	[Not subject to deductible] \$35 copay/office visit; plus any negotiated fee amount in excess of the BCL&H payment ⁶
Maximum Lifetime Benefits	\$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 Evidence of Coverage 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.

Workers' Compensation Savings: integrate Workers Compensation coverage from Employers Compensation Insurance (ECIC) Company and save! Receive a 10% discount automatically on the ECIC portion of your integrated bill; save up to another 10% on your Blue Cross Medical premium if your group qualifies (underwriting is required).

Group Dental Coverage: choose from PPO, HMO and Voluntary (51% or more employee-paid) plans. A total of 12 plans are offered, all featuring quality benefits and maximum cost control. Please see our separate Dental literature for complete details.

LIFE and AD&D Coverage: valuable options from BC Life & Health Insurance Company include Term Life and Accidental Death and Dismemberment (AD&D) insurance, as well as Dependent Life and Supplemental Life coverage. Please see our separate Life literature for complete details.

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 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.
- 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 during 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.