

Suite Deal

We've got healthy plans
for your business



let's work together.

_____ name

_____ phone

call me.

A healthy workforce is smart business

No matter what your business or where you are, it is essential to keep your employees healthy. Offering good healthcare benefits helps you attract and keep great workers. It also increases employee loyalty and reduces missed days of work due to illness. And, for your company, the rates paid on behalf of your employees may be tax deductible.

As one who knows about risk, you understand that healthcare coverage is your company's best defense against rising healthcare costs and one of the best ways to healthier productivity. Having unhealthy employees can result in increasing rates for disability, more sick days, loss of productivity, and higher workers' compensation claims. Access to quality healthcare has a direct impact on your company's bottom line.

Did you know, an employee managing his diabetes might incur medical costs around \$5,000 per year, while an employee not managing his diabetes could incur costs up to \$45,000 per year.*

It's true. Providing health benefits is one of the most effective ways to keep your business productive, healthy, and thriving.

For businesses like yours with anywhere from 2 to 50 employees, the ideal solution would demand very little administration on your part while delivering a wide choice of affordable plans to your employees with dependable access to a lot of quality providers.

The ideal solution is Suite Deal, brought to you by Blue Shield.

The right choice: Blue Shield

Since 1938, Blue Shield of California has been providing Californians with dependable access to quality health care.

Blue Shield offers you affordable health plan choices, simplified administration, consistent quality in our customer service, and large networks of providers so your employees can choose the doctors and hospitals they want. Chances are good that the doctor they are seeing is already a part of our network. And our plans may be 100% tax deductible on both your state and federal income taxes. Along with our quality coverage, we make it easy for your employees to make smart lifestyle choices and receive the support they need so they can stay healthy. We are sure you'll find that Blue Shield is the right choice for all your and your employees' healthcare coverage needs.

Suite Deal: a smart choice for your business

Our groundbreaking Suite Deal package[†] is a pre-selected group of health plans designed specifically for businesses with 2 to 50 eligible employees. Suite Deal offers great flexibility for you and your employees. Whether it's the Shield Spectrum PPOSM Plan 2000 Value^{†*} (our lowest-rate plan offered to small-group employers with leaner benefits), the Shield Spectrum PPO 500 Standard (a richer benefit plan), or the new Shield SavingsSM QS 2000/4000 and Shield Savings QS 3000/6000 plans, all are part of the Suite Deal package, offering your employees a diverse choice in healthcare coverage options.

With Suite Deal from Blue Shield, you and your employees have up to 11 out of 13 plans^{**} to choose from. There is something for everyone, including HMOs (Access+ HMO[®] plans or the Local Access+ HMO plans), PPOs, and high-deductible health plans (HDHPs) that are compatible with Health Savings Accounts (HSAs).

We've made this smart value even better with a 12-month rate guarantee – which means your rates will not go up for at least the first 12 months so you can more accurately predict and control costs. We've reduced participation requirements to 65%, which makes it even easier for your employees to get coverage.

[†] Underwritten by Blue Shield of California Life & Health Insurance Company.

^{*} Pending regulatory review.

^{**} If you are an employer located in Southern California or San Luis Obispo County whose eligible employees live or work in the Local Access+ HMO service area, you have the option of choosing the Suite Deal medical plan package with either the Access+ HMO plans or the Local Access+ HMO plans, but not both. The service area for Local Access+ HMO plans includes portions of certain Southern California counties, as well as all of San Luis Obispo County, as described in the chart on page 9.

Plans with tax-savings opportunities

People are always looking for ways to save money anywhere they can, including their taxes. This is one of the reasons HSA-compatible, high-deductible health plans (HDHPs) are rapidly becoming some of the most popular plans on the market, and our Suite Deal package includes two HSA-compatible health plan options.

If your employees select an HDHP, they can open an HSA to pay for certain types of qualified medical expenses – such as health plan annual deductibles, copayments, and even some medical services that are not covered by their health plans – with tax-advantaged dollars.

Please note: Although most consumers who enroll in an HDHP are eligible to open an HSA, members should consult with a financial advisor to determine if an HSA/HDHP is a good financial fit for them. Blue Shield does not offer tax advice or HSAs. HSAs are offered through financial institutions. For more information about HSAs, eligibility, and the law's current provisions, consumers should ask their financial or tax adviser. HSA plan features may vary by institution and may be subject to change by those institutions.

Local Access+ HMO plans

To make healthcare coverage more affordable than ever for you and your employees, we've developed Local Access+ HMO, Blue Shield's HMO plans featuring an exclusive network of quality physicians. Available in portions of five Southern California counties,[†] as well as San Luis Obispo County, Local Access+ HMO plans offer you a new way to manage your bottom-line costs, while giving your employees access to comprehensive quality healthcare coverage.

Now you can lower rates for you and your employees by choosing to offer these two HMO plans with an exclusive physician network through Local Access+ HMO.

Local Access+ HMO plans may not be offered alongside a standard Access+ HMO plan.

Suite Deal at a glance

- Featuring 11 affordable plans, including HMOs (Access+ HMO plans or the Local Access+ HMO plans[†]), PPOs, exclusive network plans, and HSA-compatible, high-deductible Shield Savings plans
- Simple administration, with minimal paperwork to worry about
- Tax-savings opportunities for you and for your employees
- Reduced participation requirements, allowing easy enrollment
- Cost controllability with rates guaranteed for 12 months
- Large provider networks offering your employees a choice of physicians, hospitals, and specialists
- Guaranteed coverage – we won't turn you down based on your employees' health history

[†] If you are an employer located in Southern California, or San Luis Obispo County, whose eligible employees live or work in the Local Access+ HMO service area, you have the option of choosing the Suite Deal medical plan package with either the Access+ HMO plans or the Local Access+ HMO plans, but not both. The service area for Local Access+ HMO plans includes portions of certain Southern California counties, as well as all of San Luis Obispo County as described in the chart on page 9.

See how easy it is to qualify

Enter your own numbers, and you can see just how easy we've made it to qualify for both our Suite Deal and Suite Deal Dental packages.

Only 65% of your eligible employees need to enroll, with a minimum of two employees, including you. To see if your group meets our requirements, just:

	Example	Your company
Add the total number of full-time employees including owners	16	
Subtract all waivers for other group coverage (including Medicare/Medi-Cal/military)	- 4	
What's left is the total number of eligible employees	12	
If at least 65% of the eligible employees enroll with Blue Shield, your group has met our requirement (e.g., 12 employees X .65 = 7.8)	At least 8	

You can also offer your employees our Suite Deal medical plan package with another carrier's HMO:

	Example	Your company
Follow the above steps to make sure that you have at least 65% of eligible employees enrolling in coverage from either carrier, AND	At least 8	
If the number of employees choosing Blue Shield is at least equal to the number of employees choosing the other carrier OR at least five (that is, Blue Shield enrollment cannot be less than five enrolled employees), whichever number is higher, your group meets our requirement (e.g., 8 employees X .50 = 4)	At least 5	

Plans in Suite Deal include:

5 PPO plans

- Shield Spectrum PPO 500 Standard[†]
- Shield Spectrum PPO Plan 500 Value[†]
- Shield Spectrum PPO Plan 1000 Value^{†,*}
- Shield Spectrum PPO Plan 1500 Value^{†,*}
- Shield Spectrum PPO Plan 2000 Value^{†,*}

4 Shield Savings plans

- Shield Savings 2000/4000^{†,*,#}
- Shield Savings QS 2000/4000 # **NEW**
- Shield Savings 3000/6000^{†,#}
- Shield Savings QS 3000/6000 # **NEW**

2 HMO plans

- either Access+ HMO Plan 20 Value or Local Access+ HMO Plan 20 Value¹
- either Access+ HMO Plan 30 or Local Access+ HMO Plan 30¹

Turn this page to see all the great benefits of our Suite Deal portfolio

[†] Underwritten by Blue Shield of California Life & Health Insurance Company.

^{*} Shield Spectrum PPO Plan 1000 Value, PPO Plan 1500 Value, PPO Plan 2000 Value, and Shield Savings Plan 2000/4000 are pending regulatory review.

[#] HSA-compatible, high-deductible health plans.

¹ For endnote, see page 17.

Use these charts to compare all the great benefits of our Suite Deal portfolio.

Benefit		PPO Plan 500 Standard [†]	PPO Plan 500 Value [†]	PPO Plan 1000 Value ^{†*}
Copayment percentage (Blue Shield responsibility)		70/50	70/50	70/50
Lifetime maximum		\$6,000,000	\$6,000,000	\$6,000,000
Deductible ¹ (individual/family)	Preferred providers	\$500/\$1,000 (all providers combined)	\$500 individual/\$1,000 2 persons/\$1,500 family (all providers combined)	\$1,000 per member (all providers combined)
	Non-preferred providers			
Calendar-year copayment maximum ^{1,2}	Preferred providers (individual/family)	\$4,000/\$8,000	\$5,000 per member	\$4,000 per member
	Non-preferred providers (individual/family)	\$10,000/\$20,000 (all providers combined)	\$10,000 per member (all providers combined)	Charges for non-emergency services received from non-preferred providers do not count toward the calendar-year copayment maximum, and are the member's responsibility
Office visits ²	Preferred providers	\$40/visit	\$45/visit	\$20/visit – first 3 visits/year are not subject to the deductible, subsequent visits are subject to the deductible
	Non-preferred providers	50% ¹	50% ¹	50% – first 3 visits/year are not subject to the deductible, subsequent visits are subject to the deductible
Preventive care ² (not subject to the deductible)	Preferred providers	\$40/visit	\$45/visit	\$20/visit
	Non-preferred providers	Not covered	Not covered	Not covered
Inpatient hospitalization services ² (facility)	Preferred providers	\$500/admit + 30%	\$500/admit + 30%	\$500/admit + 30%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day	50% up to \$600/day + excess charges over \$600/day	50% up to \$600/day + excess charges over \$600/day
Outpatient surgery ² (hospital)	Preferred providers	\$250/surgery ¹ + 30%	\$250/surgery ¹ + 30%	\$250/surgery ¹ + 30%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day	50% up to \$600/day + excess charges over \$600/day	50% up to \$600/day + excess charges over \$600/day
Outpatient surgery ³ (ASC)	Preferred providers	30%	30%	30%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day	50% up to \$600/day + excess charges over \$600/day	50% up to \$600/day + excess charges over \$600/day
Ambulance services		30%	30%	30%
Skilled nursing facility (in hospital)	Preferred providers	30%	30%	30%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day	50% up to \$600/day + excess charges over \$600/day	50% up to \$600/day + excess charges over \$600/day
Emergency room (not resulting in admission)		(not subject to the deductible) \$100 ¹ + 30%	(not subject to the deductible) \$100 ¹ + 30%	(not subject to the deductible) \$100 ¹ + 30%
Prescription drugs ^{1,4,5}				
Calendar-year brand-name drug deductible		\$250 per member per calendar year, applies to all covered brand-name drugs	\$250 per member per calendar year, applies to all covered brand-name drugs	None
Retail drug copayments ¹ (for up to a 30-day supply)		\$10 generic drug; \$30 formulary brand-name drug; \$50 non-formulary brand-name drug	\$15 generic drug; \$30 formulary brand-name drug (or 30% of Blue Shield Life contracted rate, whichever is greater); \$50 non-formulary brand-name drug (or 50% of Blue Shield contracted rate, whichever is greater)	\$15 generic drug; \$30 formulary brand-name drug (or 30% of Blue Shield Life contracted rate, whichever is greater); non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield); Plan payment up to \$1,000 maximum on brand-name drugs, per person, per calendar year
Mail service prescriptions ¹ (for up to a 90-day supply)		\$20 generic drug; \$60 formulary brand-name drug; \$100 non-formulary brand-name drug	\$30 generic drug; \$60 formulary brand-name drug (or 30% of Blue Shield Life contracted rate, whichever is greater); \$100 non-formulary brand-name drug (or 50% of Blue Shield contracted rate, whichever is greater)	\$30 generic drug; \$60 formulary brand-name drug (or 30% of Blue Shield Life contracted rate, whichever is greater); non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield); Plan payment up to \$1,000 maximum on all covered brand-name drugs, per person, per calendar year

Benefit		PPO Plan 1500 Value ^{†*}	PPO Plan 2000 Value ^{†*}
			Out-of-pocket copayment maximum accumulates separately for preferred and non-preferred providers.
Copayment percentage (Blue Shield responsibility)		70/50	65/50
Lifetime maximum		\$6,000,000	\$6,000,000
Deductible ¹ (individual/family)	Preferred providers	\$1,500 per member (all providers combined)	\$2,000 per member (all providers combined)
	Non-preferred providers		
Calendar-year copayment maximum ^{1,2}	Preferred providers (individual/family)	\$4,500 per member	\$5,000 per member
	Non-preferred providers (individual/family)	Charges for non-emergency services received from non-preferred providers do not count toward the calendar-year copayment maximum and are the member's responsibility	\$10,000 per member
Office visits ²	Preferred providers	\$30/visit – first 3 visits/year are not subject to the deductible, subsequent visits are subject to the deductible	\$40/visit – first 2 visits/year (not subject to the deductible) subsequent visits member pays 100% until the calendar-year copayment maximum is met; once the calendar-year copayment maximum is met, Blue Shield Life pays 100%
	Non-preferred providers	50% – first 3 visits/year are not subject to the deductible, subsequent visits are subject to the deductible	50% – first 2 visits/year (not subject to the deductible) subsequent visits member pays 100% until the calendar-year copayment maximum is met; once the calendar-year copayment maximum is met, Blue Shield Life pays 50%
Preventive care ² (not subject to the deductible)	Preferred providers	\$30/visit	\$40/visit
	Non-preferred providers	Not covered	Not covered
Inpatient hospitalization services ² (facility)	Preferred providers	\$1,000/year + 30%	\$1,000/admit + 35%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day	50% up to \$600/day + excess charges over \$600/day
Outpatient surgery ² (hospital)	Preferred providers	\$500/surgery ¹ + 30%	\$500/surgery ¹ + 35%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day	50% up to \$600/day + excess charges over \$600/day
Outpatient surgery ³ (ASC)	Preferred providers	\$250/surgery ¹ + 30%	\$250/surgery ¹ + 35%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day	50% up to \$600/day + excess charges over \$600/day
Ambulance services		30%	35%
Skilled nursing facility (in hospital)	Preferred providers	30%	35%
	Non-preferred providers	50% up to \$600/day + excess charges over \$600/day	50% up to \$600/day + excess charges over \$600/day
Emergency room (not resulting in admission)	(not subject to the deductible)	\$100 ¹ + 30%	\$100 ¹ + 35%
Prescription drugs ^{1,4,5}			
Calendar-year brand-name drug deductible		None	None
Retail drug copayments ¹ (for up to a 30-day supply)		\$15 generic drug; \$30 formulary brand-name drug (or 30% of Blue Shield Life contracted rate, whichever is greater); non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield). Plan payment up to \$500 maximum on brand-name drugs, per person, per calendar year	\$15 generic drug, formulary brand name drugs are not covered, non-formulary brand name drugs are not covered
Mail service prescriptions ¹ (for up to a 90-day supply)		\$30 generic drug; \$60 formulary brand-name drug (or 30% of Blue Shield Life contracted rate, whichever is greater); non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield). Plan payment up to \$500 maximum on all covered brand-name drugs, per person, per calendar year	\$30 generic drug, formulary brand name drugs are not covered, non-formulary brand name drugs are not covered

† Underwritten by Blue Shield of California Life & Health Insurance Company.

* Pending regulatory review.

For endnotes, see page 17.

HSA-compatible health plans		Shield Savings 2000/4000 ^{†*}	NEW! Shield Savings QS 2000/4000	Shield Savings [†] 3000/6000
Benefit		Deductible and out-of-pocket copayment maximum accumulate separately for preferred and non-preferred providers	Deductible and out-of-pocket copayment maximum accumulate separately for preferred and non-preferred providers	Deductible and out-of-pocket copayment maximum accumulate separately for preferred and non-preferred providers
Copayment percentage (Blue Shield responsibility)		100/70	80/50	100/70
Lifetime maximum		\$6,000,000	\$6,000,000	\$6,000,000
Deductible ¹ (individual/family)	Preferred providers	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000
	Non-preferred providers	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000
Out-of-pocket copayment maximum ¹ (includes plan deductible)	Preferred providers (individual/family)	\$3,500/\$7,000	\$3,500/\$7,000	\$4,500/\$9,000
	Non-preferred providers (individual/family)	\$5,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000
Office visits ²	Preferred providers	0%	20%	0%
	Non-preferred providers	30%	50%	30%
Preventive care ² (not subject to the deductible)	Preferred providers	\$0/visit	\$0/visit	\$0/visit
	Non-preferred providers	Not covered	Not covered	Not covered
Inpatient hospitalization services ² (facility)	Preferred providers	0%	20%	0%
	Non-preferred providers	30% of up to \$600/day + excess charges over \$600/day	50% of up to \$600/day + excess charges over \$600/day	30% of up to \$600/day + excess charges over \$600/day
Outpatient surgery ² (hospital)	Preferred providers	0%	20%	0%
	Non-preferred providers	30% of up to \$600/day + excess charges over \$600/day	50% of up to \$600/day + excess charges over \$600/day	30% of up to \$600/day + excess charges over \$600/day
Outpatient surgery ³ (ASC)	Preferred providers	0%	10%	0%
	Non-preferred providers	30% of up to \$600/day + excess charges over \$600/day	50% of up to \$600/day + excess charges over \$600/day	30% of up to \$600/day + excess charges over \$600/day
Ambulance services		0%	20%	0%
Skilled nursing facility ² (in hospital)	Preferred providers	0%	20%	0%
	Non-preferred providers	30% of up to \$600/day + excess charges over \$600/day	50% of up to \$600/day + excess charges over \$600/day	30% of up to \$600/day + excess charges over \$600/day
Emergency room (not resulting in admission)		\$0	\$100 + 20% copayment	\$0
Prescription drugs ^{4,5,6}				
Retail pharmacy ¹ (for up to a 30-day supply)		\$10 generic drug, \$30 formulary brand-name drug (or 30% of Blue Shield Life contracted rate, whichever is greater), \$50 non-formulary brand-name drug (or 50% of Blue Shield Life contracted rate, whichever is greater)	\$10 generic drug, \$30 formulary brand-name drug (or 30% of Blue Shield contracted rate, whichever is greater), \$50 non-formulary brand-name drug (or 50% of Blue Shield contracted rate, whichever is greater)	\$10 generic drug, \$30 formulary brand-name drug (or 30% of Blue Shield Life contracted rate, whichever is greater), \$50 non-formulary brand-name drug (or 50% of Blue Shield Life contracted rate, whichever is greater)
Mail service pharmacy ¹ (for up to a 90-day supply)		\$20/generic drug, \$60/formulary brand-name drug (or 30% of Blue Shield Life contracted rate, whichever is greater), \$100/non-formulary brand-name drug (or 50% of Blue Shield Life contracted rate, whichever is greater)	\$20/generic drug, \$60/formulary brand-name drug (or 30% of Blue Shield contracted rate, whichever is greater), \$100/non-formulary brand-name drug (or 50% of Blue Shield contracted rate, whichever is greater)	\$20/generic drug, \$60/formulary brand-name drug (or 30% of Blue Shield Life contracted rate, whichever is greater), \$100/non-formulary brand-name drug (or 50% of Blue Shield Life contracted rate, whichever is greater)

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* Pending regulatory review.

For endnotes, see page 17.

**NEW! Shield Savings QS
3000/6000**

Deductible and out-of-pocket copayment maximum accumulate separately for preferred and non-preferred providers

80/50
\$6,000,000
\$3,000/\$6,000
\$3,000/\$6,000
\$4,500/\$9,000
\$10,000/\$20,000
20%
50%
\$0/visit
Not covered
20%
50% of up to \$600/day + excess charges over \$600/day
20%
50% of up to \$600/day + excess charges over \$600/day
10%
50% of up to \$600/day + excess charges over \$600/day
20%
20%
50% of up to \$600/day + excess charges over \$600/day
\$100 + 20% copayment
\$10 generic drug, \$30 formulary brand-name drug (or 30% of Blue Shield contracted rate, whichever is greater), \$50 non-formulary brand-name drug (or 50% of Blue Shield contracted rate, whichever is greater)
\$20/generic drug, \$60/formulary brand-name drug (or 30% of Blue Shield contracted rate, whichever is greater), \$100/non-formulary brand-name drug (or 50% of Blue Shield contracted rate, whichever is greater)

HMO plans Benefit	Access+ HMO Plan 20 Value and Local Access+ HMO Plan 20 Value	Access+ HMO Plan 30 and Local Access+ HMO Plan 30
Calendar-year medical deductible	None	None
Access+ SpecialistSM visits¹	\$40 per office visit or consultation only	\$45 per office visit or consultation only
Calendar-year copayment maximum² (individual/family)	\$3,000/\$6,000	\$3,500/\$7,000
Office visits	\$20/visit	\$30/visit
Preventive care	No charge	No charge
Inpatient hospitalization services (facility)	\$400/day (up to 3 days max per admit); copayment waived if the member is directly admitted from the emergency room	\$500/day (up to 3 days max per admit)
Outpatient surgery (hospital)	\$500/surgery	\$500/surgery
Outpatient surgery³ (ASC)	\$300/surgery	\$350/surgery
Ambulance services	\$50	\$100
Skilled nursing facility (in hospital)	\$150/day	\$150/day
Emergency room (not resulting in direct admission)	\$100/visit; copayment waived if the member is directly admitted to the hospital as an inpatient	\$150/visit
Prescription drugs⁴		
Calendar-year brand-name drug deductible	\$150 per member per calendar year; applies to all covered brand-name drugs	\$150 per member per calendar year; applies to all covered brand-name drugs
Retail drug copayments² (for up to a 30-day supply)	\$15 generic drug; \$30 formulary brand-name drug; non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield)	\$15 generic drug; \$30 formulary brand-name drug; non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield)
Mail service prescriptions² (for up to a 90-day supply)	\$30 generic drug; \$60 formulary brand-name drug; non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield)	\$30 generic drug; \$60 formulary brand-name drug; non-formulary drugs are not covered (unless prior authorization is obtained from Blue Shield)

Please note: If you are an employer whose eligible employees live or work in the Local Access+ HMO service area,** you have the option of choosing the Suite Deal medical plan package with either the Access+ HMO plans or the Local Access+ HMO plans but not both.

** Local Access+ HMO plans are available only in a limited service area. Employees and all enrolled dependents must live or work in the Local Access+ HMO service area, which includes parts of the following five Southern California counties and all of San Luis Obispo County:

Los Angeles County, except for ZIP codes 90263, 90264, 90265, 90290, 90704, 91301, 91302, 91307, 91372, 91376, 91759, 93510, 93532, 93534, 93535, 93536, 93539, 93543, 93544, 93550, 93551, 93552, 93553, 93584, 93586, 93590, 93591, 93599

Orange County except for ZIP codes 92603, 92607, 92609, 92610, 92618, 92619, 92624, 92629, 92630, 92637, 92651, 92652, 92653, 92654, 92656, 92657, 92662, 92672, 92673, 92674, 92675, 92676, 92677, 92678, 92679, 92688, 92690, 92691, 92692, 92693, and 92694

San Diego County, except for ZIP codes 91905, 91906, 91934, 91963, 91980, 91987, 92004, 92036, 92066, and 92086

San Bernardino County, except for ZIP codes 92242, 92252, 92256, 92267, 92268, 92277, 92278, 92280, 92284, 92285, 92286, 92304, 92305, 92309, 92310, 92314, 92315, 92317, 92321, 92322, 92323, 92325, 92326, 92327, 92332, 92333, 92338, 92341, 92342, 92347, 92352, 92356, 92358, 92363, 92364, 92365, 92366, 92368, 92372, 92378, 92382, 92385, 92386, 92391, 92395, 92397, 92398, 92407, 93558, 93562, and 93592

Riverside County, except for ZIP codes 92225, 92226, 92239, 92247, 92248, 92292, 92530, 92531, 92532, 92536, 92539, 92543, 92544, 92545, 92546, 92548, 92562, 92563, 92564, 92567, 92581, 92582, 92583, 92584, 92585, 92586, 92587, 92589, 92590, 92591, 92592, 92593, 92595, 92596, and 92698

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* Pending regulatory review.

For endnotes, see page 17.

Suite Deal Dental package: a smart option

Long shown to be an important benefit for employees, dental coverage helps businesses attract and retain a strong workforce.

Dental coverage is one of the most requested employee benefits¹ and one of the most important, as routine dental exams are vital to gaining and maintaining good oral health, as well as early detection of systemic and chronic diseases such as osteoporosis,² diabetes, and other illnesses.

To complement our Suite Deal medical plan package, we created a Suite Deal Dental package that mirrors the choice, affordability, and flexibility of our medical plan package.

Suite Deal Dental is a package of five dental plans that includes both dental HMOs and PPOs. Like the Suite Deal medical package, our participation requirement is lowered to 65%. You can choose to offer Suite Deal Dental to your employees along with a Blue Shield health plan or on a standalone basis. Employees can select from five plans starting at the right, and participation is not required in all plans.

Complete your health coverage package with specialty products and save!

You can save when you offer your employees a complete benefits package, all from Blue Shield. When you add two new specialty products – dental, life insurance, or vision coverage – our Bundle for Savings program can save you 5% on your annual rate for specialty products. Add three new specialty products, and you'll save 10%.³ With competitively priced dental, vision, and life insurance plans, you can take care of all your employee health-care benefits with the company you know and trust: Blue Shield.

- 1 According to a 2004 survey conducted by the Life Insurance and Market Research Association (LIMRA International Inc.), 56% of employees indicated dental was their most desired benefit.
- 2 International and American Association for Dental Research, "Using Dental X-rays To Detect Osteoporosis," *ScienceDaily*, March 23, 2007.
- 3 Rate savings through Blue Shield's Bundle for Savings program are passed on due to increased Blue Shield efficiencies from administering medical and multiple specialty benefits plans on a group's behalf. Savings apply only to specialty product rates for products added at initial enrollment or renewal, and accrued savings will be paid to the group after the 12th month of coverage. This program is available to all new and existing groups with 2 to 50 eligible employees who purchase new Blue Shield specialty products that are not voluntary products. If a group terminates the specialty products that made them eligible for savings prior to the end of their benefit year, then accrued savings will be paid to the group upon termination. Access to specialty benefits rate savings is not contingent upon renewal. Blue Shield may modify or discontinue this program at any time.

Benefit	Smile SM Basic 75/1000/No Ortho/MAC	Smile Value 50/1500/No Ortho/MAC	Smile Deluxe Plus 2000 50/2000/Ortho/MAC
	Network/non-network benefits ¹	Network/non-network benefits ¹	Network/non-network benefits ¹
Deductible (member)	\$75/person \$225/family	\$50/person \$150/family	\$50/person \$150/family
Calendar-year maximum	\$1,000 (\$750 may be used for non-network dentists)	\$1,500 (\$750 may be used for non-network dentists)	\$2,000 (may be used for both network and non-network dentists)
Orthodontic care – all ages (up to \$1,000/calendar year additional coverage)	Not covered	Not covered	50%/50%
Diagnostic and preventive care (not subject to plan deductibles when using a network dentist)	100%/50%	100%/80%	100%/100% ²
Enhanced dental benefits for pregnant women²	100%/100%	100%/100%	100%/100% ²
Basic services	50%/50%	80%/70%	80%/80%
Endodontics, periodontics, and oral surgery	50%/50%	50%/50%	80%/80%
Major services	50%/50%	50%/50%	50%/50%

Benefit	Dental HMO Basic	Dental HMO Plus
	Member copayment	Member copayment
Office visit³	\$5	\$5
Orthodontic care to correct malocclusion³ limited to 24 continuous months of treatment	\$2,350 child/ \$2,650 adult	\$1,400 child/ \$1,700 adult
Diagnostic/preventive care³ routine oral exams, xrays, cleanings	No charge	No charge
Restorative³ amalgam, plastic, or composite anterior/posterior	\$20 per surface anterior \$75 – 1 surface posterior \$90 – 2 surfaces posterior \$115 – 3 surfaces posterior \$140 – 4 surfaces posterior	\$10 – per surface anterior \$64 – 1 surface posterior \$76 – 2 surfaces posterior \$98 – 3 surfaces posterior \$120 – 4 surfaces posterior
Endodontics³ root canal; filling; anterior/bicuspid/molar	\$175 anterior \$350 bicuspid \$525 molar	\$75 anterior \$105 bicuspid \$135 molar
Periodontal³ scaling and root planing	\$75 per quadrant	\$20 per quadrant
Prosthetics³ upper or lower denture; porcelain or metal crowns	\$400 per denture full \$450 per denture partial \$350 per crown	\$175 per denture full \$200 per denture partial \$150 per crown
Oral surgery³ routine extraction; soft tissue impaction; partial bony impaction; complete bony impaction	\$40 per tooth, routine \$100 per tooth, soft \$150 per tooth, partial \$225 per tooth, complete	\$11 per tooth, routine \$30 per tooth, soft \$50 per tooth, partial \$75 per tooth, complete

Health & Wellness resources

Offers valuable health and wellness support

We believe that encouraging wellness goes beyond just your employees' basic health plan benefits. That's why we support our members with a wide variety of programs, tools, and services, available over the phone and online. No matter which plan your employees choose, they can take advantage of our Health & Wellness resources at no extra charge. These valuable resources include:

NurseHelp 24/7

NurseHelp 24/7SM provides your employees with nurse support services by phone or online. Registered nurses can give immediate answers to medical questions and reliable information about health conditions.

LifeReferrals 24/7

LifeReferrals 24/7SM offers your employees personal counseling and work/life resources services. A team of experienced professionals can assist on a wide variety of topics like personal issues, legal or financial questions, child/elder care, and chronic-condition management.

Healthy Lifestyle Rewards

This integrated online program includes information about diet and nutrition, meal planning, exercise, stress, and smoking cessation, and features a variety of interactive tools designed to motivate employees to adopt a healthy lifestyle. Employees can take a Wellness Assessment and get a personalized wellness plan.

Online decision support tools

When employees are faced with important medical decisions, these online support tools help them determine the care that's right for them. Our Treatment Options Tool, Hospital Comparison Tool, and various pharmacy tools provide employees with access to personalized health reports, hospital comparisons, and pharmacy information.

My Health Plan

Registered members will find the tools and information they need when they log on to **blueshieldca.com** and click on *My Health Plan*. With a click of the mouse, members can see highlights and details of their health plan coverage, find information to help them better understand copayment and deductible amounts, check their claims status, and more.

Blueshieldca.com

Requiring no administration from you, and available to you and your employees at no additional cost, our online tools make Blue Shield coverage an even greater value. Take a closer look at these health-supporting tools by visiting blueshieldca.com today.

Health-management programs and resources

Our health-management programs can help your employees manage chronic conditions that can significantly impact their physical and emotional health and well-being.

These services offer up-to-date health and wellness information and strategies for self-management, at no extra charge.

Diabetes Program

Employees living with diabetes can receive educational materials and speak directly with a nurse care manager by phone to help them maintain a healthy lifestyle and help reduce the chances of developing diabetes-related complications.

Asthma Program

Your employees with asthma will be able to breathe easier with this program that gives children and adults strategies for managing asthma with their doctors' help. Based on national guidelines, employees receive educational materials and direct one-on-one coaching from a registered nurse to help them live better with asthma.

Coronary Artery Disease (CAD) Program

This education program focuses on providing your employees with the tools to maintain a healthy lifestyle. The program provides education and nurse coaching on such topics as high blood pressure, cholesterol management, smoking cessation, nutrition, exercise, and stress management.

Chronic Obstructive Pulmonary Disease (COPD) Program

Blue Shield plan members with chronic emphysema or bronchitis can participate in this health-management program that uses education and nurse counseling to prevent frequent hospitalization and promote an active lifestyle.

Heart Failure Program

Your employees with heart failure may be provided with a home monitoring program that offers daily symptom monitoring through a monitor and scale that are sent to the member's home. They also receive nurse phone calls and educational materials to empower them to be active participants in managing their disease.

Prenatal Education Program

This educational program guides expectant parents from the first trimester to postnatal care, with resources and support. The program offers members practical advice and useful information for a healthy pregnancy, including their choice of a popular pregnancy or parenting book.

Wellness discount programs

Your employees' wellness is always important to us. So to make it easier for them to take better care of themselves, we offer a wide range of discount programs¹ that can help them save money and get healthier. Blue Shield member discounts include:

Weight Watchers

Your employees can take advantage of a wide range of savings on local meetings, online subscriptions, and at-home kits to help them lose those extra pounds and maintain a healthy weight.

24 Hour Fitness

Your employees can enjoy a variety of waived initiation and processing fees and discounted monthly dues as low as \$24.99 per month.

Drugstore.com

Your employees can receive a wide range of discounts when they shop online for health and wellness products at drugstore.com.

MylifepathSM Alternative Care Discount Program

Your employees can save on a variety of wellness services from participating practitioners including a 25% discount on acupuncture, chiropractic services, and massage therapy, and up to 40% off on quality health-improvement products with free shipping on most items.

Discount Vision Program

Vision care – Employees can receive 20% off the published retail prices when they use a network provider in the Discount Vision Program network for these services and supplies:

- Routine eye examinations
- Frames and lenses
- Photochromic lenses
- Tints and coatings
- Extra pair of glasses
- Non prescription sunglasses

LASIK discounts

With any Blue Shield plan, your employees can receive access to a 15% discount on LASIK and PRK laser vision surgery through the TLCVision provider network in California.

Health plan basics

We realize that sometimes health care can be confusing. These definitions can help you better understand the terms found in the benefit plan comparisons. For the contractual definitions of terms, see the *Evidence of Coverage* or *Certificate of Insurance*.

Allowable amount

In PPO plans, the dollar amount considered payment in full for services rendered by a contracted provider.

Calendar year

The period beginning at 12:01 a.m. on January 1 and ending at 12:01 a.m. on January 1 on the next year.

Coinsurance

The percentage share of the cost of a covered healthcare service that the member must pay. For example, if the allowable amount is \$100 and the coinsurance is 20%, the patient pays \$20 (20% of \$100) and the health plan pays \$80 (80% of \$100). (Note that some benefit plans may not pay for some services until the deductible is met.)

Copayment

The fixed fee for utilizing network services such as doctor or emergency room visits and filling a prescription. If the office visit copayment is \$20, the member would pay that amount each time. (Note that some benefit plans may not pay for some services until the deductible is met.)

Copayment/coinsurance maximum

A dollar limit on the amount a member may have to pay for many covered services in a calendar year.

Covered services

Medical services and supplies that are covered by the member's health plan.

Deductible

The amount the member must pay each year for most covered services before the benefit plan begins to pay. For some covered services, such as preventive care, the benefit plan may pay for the treatment before the deductible is met.

Dues

The monthly cost of the benefit plan, also can be called premiums or rates.

Family deductible

This applies if the member has family coverage and a benefit plan with a family deductible. The individual deductible amounts paid by covered family members count toward the family deductible, and once the family deductible is met, the individual deductibles are also met. Certain payments for services with preferred and non-preferred providers may count toward the deductible.

Formulary

Our preferred list of covered drugs which may include generic and brand-name. In certain plans, members pay less for formulary than for non-formulary drugs.

Non-preferred provider (PPO plans only)

A provider that is not in the Blue Shield PPO network, also called a non-network provider.

Out-of-pocket maximum

A dollar limit on the total amount that members have to pay for many covered services in a calendar year, including the deductible.

Personal Physician (HMO plans only)

The network physician who serves as an HMO member's designated primary healthcare provider and provides or coordinates all of the member's care.

Preferred provider (PPO plans only)

A provider who is part of the Blue Shield PPO provider network, also called a network provider. PPO members pay less when they see preferred providers.

Endnotes

Endnote for Suite Deal

- 1 This offer is subject to change without notice. For exact terms and conditions, please contact your Blue Shield representative.

Endnote for Local Access+ HMO plans

- 1 If you are an employer located in Southern California, as well as San Luis Obispo County, whose eligible employees live or work in the Local Access+ HMO service area, you have the option of choosing the Suite Deal medical plan package with either the Access+ HMO plans or the Local Access+ HMO plans but not both.

Endnotes for HMO plans

- 1 Members have the option to go directly to a participating Access+ *Specialist* provider in the same medical group or IPA as their Personal Physician without a referral, for a fixed office visit copayment.
- 2 Copayments and charges for services not accruing to the calculation of the member's calendar-year copayment maximum continue to be the member's responsibility after the calendar-year copayment maximum is reached. Please refer to the *Evidence of Coverage* and the plan contract for exact terms and conditions of coverage.
- 3 Participating ambulatory surgery centers may not be available in all areas. Regardless of their availability, you can obtain outpatient surgery services from a hospital or an ambulatory surgery center affiliated with a hospital, with payment according to your health plan's hospital services benefits.
- 4 If the member requests a brand-name drug and a generic drug equivalent is available, the member is responsible for paying the difference between the cost to Blue Shield of California of the brand-name drug and its generic equivalent, as well as the applicable generic drug copayment. Drugs from non-participating pharmacies are not covered except in emergency and urgent situations. Please note that if you switch from another plan, the prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry over to your new plan.

Endnotes for PPO plans

- 1 Copayments and charges for services not accruing to the member's calendar-year copayment maximum continue to be the member's responsibility after the calendar-year copayment maximum is reached. Deductible does not apply toward the calendar-year copayment maximum. Please refer to the *Evidence of Coverage*, *Certificate of Insurance*, and the plan contract/group policy for exact terms and conditions of coverage.
- 2 Member is responsible for copayment in addition to any charges above allowable amounts. Preferred providers accept Blue Shield's allowable amount as full payment for covered services. Non-preferred providers can charge more than these amounts. When members use non-preferred providers, they must pay the applicable copayment plus any amount that exceeds Blue Shield's allowable amount. Charges in excess of the allowable amount do not count toward the calendar-year deductible or copayment maximum.
- 3 Participating ambulatory surgery centers may not be available in all areas. Regardless of their availability, you can obtain outpatient surgery services from a hospital or an ambulatory surgery center affiliated with a hospital, with payment according to your health plan's hospital services benefits.
- 4 If the member requests a brand-name drug when a generic drug equivalent is available, the member is responsible for paying the difference between the cost to Blue Shield of the brand-name drug and its generic drug equivalent, as well as the applicable generic drug copayment. Please note that if you switch from another plan, the prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry over to your new plan.
- 5 Home self-administered injectable drugs are covered only when dispensed by select participating pharmacies in the Specialty Pharmacy Network. Participating providers only. Drugs from non-participating pharmacies are not covered except in emergency and urgent situations. Mail service prescriptions from non-participating pharmacies are not covered.

Endnotes for Shield Savings plans

- 1 Copayments and charges for services not included in the calculation of the member's calendar-year copayment maximum continue to be the member's responsibility after the calendar-year copayment maximum is reached.
- 2 Member is responsible for copayment in addition to any charges above allowable amounts. The copayment percentage indicated is a percentage of allowed

amounts. Preferred providers accept Blue Shield's allowable amount as full payment for covered services. Non-preferred providers can charge more than these amounts. When members use non-preferred providers, they must pay the applicable copayment plus any amount that exceeds Blue Shield's allowable amount. Charges in excess of the allowable amount do not count toward the calendar-year deductible or copayment maximum.

- 3 Participating ambulatory surgery centers may not be available in all areas. Regardless of their availability, you can obtain outpatient surgery services from a hospital or an ambulatory surgery center affiliated with a hospital, with payment according to your health plan's hospital services benefits.
- 4 Includes coverage for medically necessary prescription plan drugs (smoking cessation drugs are excluded). To obtain prescription drugs at a participating pharmacy, the subscriber must present his or her Blue Shield identification card. Note: Except for covered emergencies, claims for drugs obtained without using the Blue Shield identification card will be denied. Please note that if you switch from another plan, the prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry over to your new plan.
- 5 If the member requests a brand-name drug when a generic drug equivalent is available, the member is responsible for paying the difference between the cost to Blue Shield of the brand-name drug and its generic drug equivalent, as well as the applicable generic drug copayment. Please note that if you switch from another plan, the prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry over to your new plan.
- 6 Home self-administered injectable drugs are covered only when dispensed by select participating pharmacies in the Specialty Pharmacy Network. Participating providers only. Drugs from non-participating pharmacies are not covered except in emergency and urgent situations. Mail service prescriptions from non-participating pharmacies are not covered.

Endnotes for dental plans

- 1 The coinsurance percentage indicated is a percentage of allowed amounts that Blue Shield pays to providers. Non-network providers can charge more than Blue Shield's allowable amount. When members use non-network providers, they must pay the applicable copayment/coinsurance plus any amount that exceeds Blue Shield's allowable amount. Charges in excess of the allowable amount don't count toward the calendar year deductible of copayment maximum.
- 2 Not subject to plan deductibles with network or non-network dentists.
- 3 Dental HMO benefits are not limited to those illustrated here. Benefits and/or copayments may vary by ADA code.

Endnotes for wellness discount programs

- 1 The network of practitioners and facilities in the discount programs are managed by the external program administrators identified below, including any screening and credentialing of providers. Blue Shield does not review the services provided by discount program providers for medical necessity or efficacy. Nor does Blue Shield make any recommendations, representations, claims, or guarantees regarding the practitioners, their availability, fees, services, or products.

Some services offered through the discount program may already be included as part of the Blue Shield health plan covered benefits. Members should access those covered services prior to using the discount program.

Employees who are not satisfied with products or services received from the discount program may use Blue Shield's grievance process described in the Grievance Process section of the *Evidence of Coverage* or *Certificate of Insurance*. Blue Shield reserves the right to terminate this program at any time without notice.

Discount programs administered by or arranged through independent companies:

- Alternative Health Services Discount Program – American Specialty Health Networks of California Inc. (ASH Networks)
- Discount Vision program – MESVision
- LASIK and PRK – Laser Eye Care of California LLC
- Weight control – Weight Watchers North America
- Fitness facilities – 24 Hour Fitness
- Health products (excluding prescription drugs) – drugstore.com inc.

Note: This document is only a summary for informational purposes. It is not a contract. Please refer to the *Evidence of Coverage* or *Certificate of Insurance* and the plan contract or group policy for the exact terms and conditions of coverage. Benefits are subject to modification by Blue Shield for subsequently enacted state or federal legislation.

It's never been a sweeter time to enroll

You know that a healthy workforce is crucial to the success of your business. And now you know that Blue Shield's Suite Deal plan packages can provide the ideal solution: an affordable selection of reliable plans that help you control costs. Contact us and let us show you how we can simplify providing dependable healthcare coverage for your most important resource: your employees.

Contact your Authorized Blue Shield Agent or a Blue Shield representative.