

Dental, vision, and life insurance guide for small business
1-100 employees



choice, confidence,
and coverage start here.

Effective April 1, 2021

blue 
california

Why Blue Shield of California for dental, vision, and life?

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

For more than 80 years, Californians have trusted Blue Shield of California to protect them with health coverage. We continue to earn that trust every day with our 2% Pledge. We are the only major health plan that gives back our income over 2% of revenue. Because of our strong performance in 2019, we will give back \$120 million to the communities we serve.

Our experience means that 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.

Bundling discount and ease of administration

However, there are advantages to bundling. 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.

Integrated online member experience

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

* 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.

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. Offering access to preventive oral care can help keep employees happier and more productive at work, too.

Advantages worth smiling about

Access to Blue Shield's dental networks

Members have access to one of the largest dental PPO or dental HMO networks with their dental plans from Blue Shield 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.

Orthodontic coverage option

All DHMO plans include orthodontic coverage for all ages. DPPO plans with orthodontic coverage are also offered for all ages with either a \$1,000 calendar-year maximum over 24 months or as a lifetime benefit up to the ortho max amount on the plan. See the summary on page 4 for more details.

Dental implants

Dental implants[‡] are covered as a major service under the SmileSM Deluxe 2000 and SmileSM Deluxe Plus 2000 plans. Both plans are available to groups with one or more eligible employee and neither has a waiting period.

Voluntary dental plans[#]

For greater flexibility, our voluntary dental plans have no minimum participation or employer contribution requirements. 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 detecting it early can greatly improve treatment success.

Third teeth cleaning for pregnant women

Periodontal treatment during pregnancy can reduce premature births by 84%.[∞] That's why we provide one additional annual cleaning for pregnant women in all dental PPO plans. A third periodontal maintenance visit is also covered, if needed, to treat periodontal disease.[§]

Caries risk management assessment

Caries risk management assessment is a benefit of every child's dental coverage to help prevent or treat tooth decay.^{**}

Blue Shield member portal and app

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

[†] Dual option allows for any two dental products from our portfolio. There is even more plan selection flexibility under our triple option guidelines. A group may select: • 3 DHMOs • 2 DHMOs and 1 DPPO • 2 DPPOs and 1 DHMO (only available alongside medical; 2 DPPOs must have the same ortho benefit).

[‡] 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.

[#] 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.

[∞] Dasanayake, A., et al. "Periodontal Pathogens and Gestational Diabetes Mellitus." *Journal of Dental Research*, April 1, 2008; 87(4): 328 - 333.

[§] Periodontal maintenance covered with a documented periodontal condition. Covers one course of periodontal scaling and root planing.

^{**} Pediatric embedded dental plans do not offer caries risk management benefits as they exceed the defined "benchmark" standard set by Covered California.

How to read dental PPO plan names:

Plan names correspond to: Deductible per person/calendar-year maximum/orthodontic coverage/non-network reimbursement level.

NR - no rollover

ADV - advantage (using network providers can help reduce out of pocket costs)

WP - waiting period

Dental PPO plans with orthodontia coverage

- You now have a choice with orthodontia. Some plans now include orthodontia benefits as a lifetime max, or annual \$1,000 a year over 24 months.
- Coverage for Invisalign "invisible" clear braces (member is responsible for any costs over traditional braces).

Plans	Individual deductible [§]	Calendar-year maximum [§]	Diagnostic and preventive care ^{*§}	Basic services ^{†‡}	Endodontics and periodontics [§]	Major services ^{‡§}	Orthodontic services ^{#§}
Plans with calendar year orthodontia coverage:							
SmileSM Plus 50/1500/Ortho/MAC/NR [∞]	\$50	\$1,500	100%	80%	80%	50%	50%
SmileSM Deluxe 50/1500/Ortho/MAC/NR	\$50	\$1,500	100%	80%	80%	50%	50%
SmileSM Deluxe Plus 2000 50/2000/Ortho/MAC/NR ^{**}	\$50	\$2,000	100%	80%	80%	50%	50%
Ultimate Dental Plus PPO for Small Business 50/2000/Ortho/MAC/NR	\$50	\$2,000	100%	90%	90%	60%	50%
SmileSM Plus Gold 50/1500/Ortho/U85/NR [∞]	\$50	\$1,500	100%	80%	50%	50%	50%
SmileSM Deluxe Gold 50/1500/Ortho/U85/NR	\$50	\$1,500	100%	80%	80%	50%	50%
Plans with lifetime orthodontia coverage:							
SmileSM Plus Gold 50/1500/Ortho/U80	\$50	\$1,500	100%	80%	80%	50%	50%
SmileSM Plus Gold 50/1500/Ortho/U80/ADV [∞]	\$50	\$1,500	100%	90%	90%	50%	50%
SmileSM Basic 50/1000/Ortho/U85	\$50	\$1,000	100%	80%	80%	50%	50%
SmileSM Plus Gold 50/1500/Ortho/U90/ADV [∞]	\$50	\$1,500	100%	90%	90%	50%	50%
Ultimate Dental PPO for Small Business 50/2000/Lifetime Ortho/U90 [∞]	\$50	\$2,000	100%	90%	90%	50%	50%
SmileSM Plus Gold 50/2500/Ortho/U90/ADV [∞]	\$50	\$2,500	100%	90%	90%	50%	50%

* 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 the Smile Deluxe 2000 and Smile Deluxe Plus 2000 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 [§]	Calendar-year maximum [§]	Diagnostic and preventive care ^{*,§}	Basic services ^{†,§}	Endodontics and periodontics [§]	Major services ^{‡,§}
SmileSM Basic 75/1000/No Ortho/MAC/NR [∞]	\$75	\$1,000	100%	50%	50%	50%
SmileSM Basic 50/1000/No Ortho/MAC [∞]	\$50	\$1,000	100%	80%	80%	50%
SmileSM Value 50/1500/No Ortho/MAC/NR [∞]	\$50	\$1,500	100%	80%	50%	50%
SmileSM 50/1500/No Ortho/MAC/NR [∞]	\$50	\$1,500	100%	80%	80%	50%
SmileSM Plus 50/1500/No Ortho/MAC	\$50	\$1,500	100%	80%	80%	50%
SmileSM Deluxe 2000 50/2000/No Ortho/MAC/NR ^{**}	\$50	\$2,000	100%	80%	80%	50%
Ultimate Dental PPO for Small Business 50/2000/No Ortho/MAC/NR [∞]	\$50	\$2,000	100%	90%	90%	60%
SmileSM Plus Gold 50/1500/No Ortho/U80	\$50	\$1,500	100%	80%	80%	50%
Ultimate Dental PPO for Small Business 50/2000/No Ortho/U80 [∞]	\$50	\$2,000	100%	90%	90%	50%
SmileSM Plus Gold 50/1500/No Ortho/U90/ADV [∞]	\$50	\$1,500	100%	90%	90%	50%
Ultimate Dental PPO for Small Business 50/2000/No Ortho/U90 [∞]	\$50	\$2,000	100%	90%	90%	50%
SmileSM Plus Gold 50/2500/No Ortho/U90/ADV [∞]	\$50	\$2,500	100%	90%	90%	50%

* 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 the Smile Deluxe 2000 and Smile Deluxe Plus 2000 plans only.

∞ 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.

Voluntary dental PPO plans

Voluntary dental PPO plans with lifetime orthodontia coverage

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

Plans	Individual deductible [§]	Calendar-year maximum [§]	Diagnostic and preventive care ^{*§}	Basic services ^{†,§}	Endodontics and periodontics [§]	Major services ^{‡,§}	Orthodontic services ^{#,§}
SmileSM Basic Voluntary 50/1500/Ortho/U80**	\$50	\$1,500	100%	80%	50%	50%	50%

Voluntary dental PPO plans without orthodontia coverage

Plans	Individual deductible [§]	Calendar-year maximum [§]	Diagnostic and preventive care ^{*§}	Basic services ^{†,§}	Endodontics and periodontics [§]	Major services ^{‡,§}
SmileSM Basic Voluntary 75/1000/No Ortho/MAC/NR**, [∞]	\$75	\$1,000	100%	50%	50%	50%
SmileSM Basic Voluntary 50/1000/No Ortho/MAC**, [∞]	\$50	\$1,000	100%	80%	80%	50%
SmileSM Basic Voluntary 50/1000/No Ortho/ U80/NWP (no waiting period)	\$50	\$1,000	100%	80%	50%	50%

* 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 the Smile Deluxe 2000 and Smile Deluxe Plus 2000 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.

** Has a 12-month waiting period for major services. For groups with prior coverage including "major" benefits for 12 months or more, the 12-month waiting period can be waived with proof of prior 12-month coverage.

Dental HMO plans – Member copay

Benefit/service	Dental HMO Basic	Dental HMO Standard and Dental HMO Voluntary*	Dental HMO Plus	Dental HMO Deluxe
Diagnostic and preventive services				
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, every 6 months)	\$0	\$0	\$0	\$0
Sealant application per tooth (covered to age 18)	\$0	\$0	\$0	\$0
Routine services				
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
Major services				
Crown – Porcelain/ceramic	\$350 per crown†	\$250 per crown†	\$150 per crown†	\$125 per crown†
Crown – Full cast high noble metal	\$350 per crown†	\$250 per crown†	\$150 per crown†	\$125 per crown†
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 each tooth replaced†	\$250 each tooth replaced†	\$150 each tooth replaced†	\$125 each tooth replaced†
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	\$65 per tooth
Orthodontic services				
Fully banded (two-year) case – child‡	\$2,350	\$1,800	\$1,400	\$1,200
Fully banded (two-year) case – adult‡	\$2,650	\$2,650	\$1,700	\$1,500

* 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.

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

‡ 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.

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.

Learn more

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 at **(888) 702-4171**, weekdays from 5 a.m. to 8 p.m.

Vision plans

Vision coverage is an essential part of a comprehensive benefits package that can help you maintain a healthy workforce and increase employee productivity, which helps your bottom line.

Advantages are plain to see

Large network

Our vision plan members have access to the largest 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.

New for 2021

A retinal imaging exam benefit is now available as an option to the comprehensive eye exam. This procedure takes a digital image of the back of the eye to help an optometrist or ophthalmologist find certain diseases and check the health of the eyes without dilation.

- Available with network providers only
- Applies to all vision plans with eye exam benefit
- Member will pay additional \$39.00 copayment for this benefit

Online options

Our network includes a convenient online provider, MESVisionOptics.com, which allows members to shop for contact lenses, readers, and other accessories 24/7.

Contact lens Plus plans

Our Plus plans cover both contact lens coverage (including evaluation, fittings, and materials up to \$120) and eyeglass lenses/frames during the benefit period. No more picking between contact lenses or glasses, because both are covered.

Low eye exam copayment on all vision plans

We don't want anything to stand in the way of

getting regular eye exams because annual eye exams play an important role in early detection of serious health problems including glaucoma, diabetes, and hypertension. That's why 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: progressive lenses, photochromic lenses, and anti-reflective coating.

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. All they need to do is see a network provider and provide proof of surgery, or verify the surgery with an eye exam.

* Available through a contracted vision plan administrator.

All vision plans include the following benefits:

Service and eyewear	Coverage when provided by network providers after applicable copay	Maximum benefit when provided by non-network providers¹
Annual examination every 12 months		
Ophthalmologic exam	100%	\$60
Optometric exam	100%	\$50
Standard lenses² every 12 or 24 months³		
Single-vision	100%	\$43
Bifocal	100%	\$60
Trifocal	100%	\$75
Aphakic/lenticular monofocal	100%	\$120
Aphakic/lenticular multifocal	100%	\$200
Lens Options		
Polycarbonate lenses for dependent children	Up to \$100	\$75
Standard frame every 12 or 24 months		
Frame allowance	Up to \$120 or \$150 ⁴ depending on the plan selected	\$40
Contact lenses⁵ every 12 or 24 months³		
Non-elective, medically necessary ⁶		
Hard	100%	\$200
Soft	100%	\$250
Elective cosmetic or convenience (hard/soft) ⁹	Up to \$120	Up to \$120
Other vision benefits		
Low-vision testing and equipment covered up to \$1,000 ⁷	75% coverage	Not covered
Plano sunglasses ^{5, 8}	Up to \$120 or \$150 ⁴ depending on the plan selected	Not covered
Diabetes management referral	100%	Not covered
Additional benefits included on plans with \$150 frame allowance		
All benefits stated above plus the following:		
Lens options		
Progressive (no-line bifocals)	Up to \$140	\$100
Anti-reflective coating	Up to \$50	\$35
Photochromic lenses	Up to \$160	\$115
Single vision	Up to \$115	\$85
Bifocal	Up to \$130	\$95
Trifocal	Up to \$150	\$110
Progressive	Up to \$200	\$150
Polycarbonate photochromic lenses for dependent children	Up to \$160	\$115
Additional benefits included on all Ultimate, Preferred, and Basic Plus plans		
All benefits stated above plus the following:		
Contact lenses every 12 or 24 months³		
Standard contact lens fitting and evaluation	100%	Not covered
Elective cosmetic or convenience (hard/soft) ⁹	Up to \$120 in addition to frame allowance	Up to a maximum of \$120 in lieu of glasses

1 Members who use a non-network provider will be reimbursed according to allowable amounts. Members are responsible for any costs above those maximums.

2 Fit any frame with an eye size less than 61 mm.

3 Or 12-month benefit if the following conditions exist: A qualified change in prescription of 0.50 diopter or more in one or both eyes; a shift in axis of astigmatism of 12 degrees; or a difference in vertical prism greater than 1 prism diopter, or as a change in lens type.

4 When the network provider uses wholesale or warehouse pricing, the maximum allowable 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.

5 In lieu of lenses and frame.

6 Prior authorization from the vision plan administrator is required.

7 A report from the provider and prior authorization from the contracted vision plan administrator are required.

8 For members who have had PRK, LASIK, or custom LASIK vision correction surgery only, this benefit of plano sunglasses allowance is equal to the plan's frame allowance. 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.

9 Any cost over \$120 is the employee's responsibility. Members may apply contact lens allowance to the contact lens fitting fees.

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
- 2 With or without exam and materials copayments
- 3 Frame allowance – \$120 or \$150
- 4 Plus: Contact lens coverage – \$120 materials allowance with covered fitting and evaluation in addition to regular frame and materials benefits

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. For example, the Basic Vision 0/0/120 Plan offers a \$0 annual eye exam copayment, \$0 copayment for materials, and a \$120 frame allowance.

Vision plan rates for 1-50 eligible employees

New business rates effective January 1, 2021, through December 31, 2021.

For all of California (Regions 1 to 19)

Vision plans				Rates			
Exam copayment	Materials copayment	Frame allowance	"Plus" contact lens benefits	Employee	Employee + spouse	Employee + children	Employee + family
Basic Vision for Small Business (12-24-24)							
\$10 (Voluntary*)	\$25	\$120	N/A	\$9.40	\$17.80	\$16.40	\$23.20
\$10	\$25	\$120	N/A	\$6.60	\$12.50	\$11.50	\$16.30
\$0	\$0	\$120	N/A	\$9.20	\$17.50	\$16.20	\$22.90
\$10	\$25	\$150	N/A	\$7.50	\$14.50	\$13.30	\$19.00
\$10 (Plus)	\$25	\$150	\$120 [†]	\$10.20	\$19.20	\$17.60	\$24.90
\$0	\$0	\$150	N/A	\$10.80	\$20.30	\$18.70	\$26.40
\$0 (Plus)	\$0	\$150	\$120 [†]	\$13.30	\$25.30	\$23.30	\$33.00
Preferred Vision for Small Business (12-12-24)							
\$10 (Voluntary*)	\$25	\$120	N/A	\$10.10	\$19.30	\$17.70	\$25.10
\$10	\$25	\$120	N/A	\$7.10	\$13.50	\$12.40	\$17.50
\$0	\$0	\$120	N/A	\$10.30	\$19.50	\$17.90	\$25.40
\$10	\$25	\$150	N/A	\$8.30	\$15.80	\$14.50	\$20.60
\$10 (Plus)	\$25	\$150	\$120 [†]	\$10.90	\$20.60	\$18.90	\$26.80
\$0	\$0	\$150	N/A	\$12.00	\$22.60	\$20.80	\$29.40
\$0 (Plus)	\$0	\$150	\$120 [†]	\$14.70	\$27.80	\$25.60	\$36.20
Ultimate Vision for Small Business (12-12-12)							
\$10	\$25	\$120	N/A	\$10.10	\$19.30	\$17.60	\$25.00
\$0	\$0	\$120	N/A	\$14.50	\$27.40	\$25.10	\$35.60
\$10 (Voluntary*)	\$25	\$150	N/A	\$16.90	\$31.80	\$29.40	\$41.60
\$10	\$25	\$150	N/A	\$11.80	\$22.30	\$20.60	\$29.20
\$10 (Plus)	\$25	\$150	\$120 [†]	\$15.80	\$30.00	\$27.60	\$39.10
\$0	\$0	\$150	N/A	\$16.80	\$31.80	\$29.20	\$41.30
\$0 (Plus)	\$0	\$150	\$120 [†]	\$21.20	\$40.10	\$36.80	\$52.10

* The voluntary vision plan requires one or more enrolled employees.

† Basic, Preferred, and Ultimate Vision Plus plans cover both contact lens coverage (including evaluation, fittings, and materials up to \$120) and eyeglass lenses/frames during the benefit period. For non-Plus plans, contact lens materials may be selected in lieu of eyeglasses.

Vision plan rates for 51-100 eligible employees

New business rates effective January 1, 2021, through December 31, 2021.

For all of California (Regions 1 to 19)

Vision plans				Rates			
Exam copayment	Materials copayment	Frame allowance	"Plus" contact lens benefits	Employee	Employee + spouse	Employee + children	Employee + family
Basic Vision for Small Business (12-24-24)							
\$10 (Voluntary*)	\$25	\$120	N/A	\$7.60	\$14.30	\$13.10	\$18.60
\$10	\$25	\$120	N/A	\$5.30	\$10.00	\$9.20	\$13.00
\$0	\$0	\$120	N/A	\$7.40	\$14.00	\$12.90	\$18.30
\$10	\$25	\$150	N/A	\$6.10	\$11.60	\$10.60	\$15.10
\$10 (Plus)	\$25	\$150	\$120 [†]	\$8.00	\$15.30	\$14.10	\$19.90
\$0	\$0	\$150	N/A	\$8.60	\$16.30	\$15.00	\$21.20
\$0 (Plus)	\$0	\$150	\$120 [†]	\$10.70	\$20.30	\$18.70	\$26.30
Preferred Vision for Small Business (12-12-24)							
\$10 (Voluntary*)	\$25	\$120	N/A	\$8.10	\$15.40	\$14.20	\$20.10
\$10	\$25	\$120	N/A	\$5.70	\$10.80	\$9.90	\$14.10
\$0	\$0	\$120	N/A	\$8.30	\$15.60	\$14.40	\$20.40
\$10	\$25	\$150	N/A	\$6.70	\$12.60	\$11.70	\$16.40
\$10 (Plus)	\$25	\$150	\$120 [†]	\$8.70	\$16.40	\$15.10	\$21.40
\$0	\$0	\$150	N/A	\$9.50	\$18.00	\$16.60	\$23.50
\$0 (Plus)	\$0	\$150	\$120 [†]	\$11.70	\$22.20	\$20.50	\$29.00
Ultimate Vision for Small Business (12-12-12)							
\$10	\$25	\$120	N/A	\$8.10	\$15.30	\$14.10	\$20.00
\$0	\$0	\$120	N/A	\$11.50	\$21.90	\$20.00	\$28.40
\$10 (Voluntary*)	\$25	\$150	N/A	\$13.40	\$25.50	\$23.40	\$33.30
\$10	\$25	\$150	N/A	\$9.40	\$17.90	\$16.50	\$23.30
\$10 (Plus)	\$25	\$150	\$120 [†]	\$12.70	\$24.00	\$22.10	\$31.30
\$0	\$0	\$150	N/A	\$13.40	\$25.50	\$23.40	\$33.10
\$0 (Plus)	\$0	\$150	\$120 [†]	\$16.90	\$32.00	\$29.50	\$41.60

* The voluntary vision plan requires one or more enrolled employees.

† Basic, Preferred, and Ultimate Vision Plus plans cover both contact lens coverage (including evaluation, fittings, and materials up to \$120) and eyeglass lenses/frames during the benefit period. For non-Plus plans, contact lens materials may be selected in lieu of eyeglasses.

Learn more

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.

ACA-mandated pediatric vision benefits are embedded in our medical plans. Please see medical benefit plan summaries for details.

If you have questions about your existing vision coverage, the Vision Member Services team is available at **(877) 601-9083** weekdays from 8 a.m. to 5 p.m. Or, go **[blueshieldca.com/employer](https://www.blueshieldca.com/employer)** for more information.

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 during uncertain economic times.

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 now.

Financial strength

Blue Shield of California has an A.M. Best rating of "A."

Quick Match Program

Our life insurance Quick Match ProgramSM 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:

- ✓ Life insurance amount is between \$15,000 and \$200,000 for all employees based on guaranteed-issue guidelines. Life insurance amount must correspond with one of our portfolio plans. Please check with your Blue Shield representative or general agent for more details.
- ✓ 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 must have 65% participation from all eligible employees.
- ✓ Standard underwriting guidelines and commissions apply.

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
- Transport of Family Member
- Return of Mortal Remains

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

LifeReferrals 24/7 - Beneficiary Assistance

LifeReferrals 24/7SM 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 advice

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. You are eligible for unlimited telephone consultations for financial matters. You are also eligible for one 60-minute face-to-face consultation per issue for select financial or retirement planning issues.

Legal advice

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 designs

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

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

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.

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			
10 to 100	1X or 2X	\$50,000	\$75,000	\$100,000	\$125,000
		\$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		

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.

Additional plan rules

Here are just a few of the plan guidelines.

- Only 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 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.

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.

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 [‡]	\$3.75
70–74 [#]	\$5.33
75–79 [#]	\$8.39
80–84 [#]	\$12.05
85+ [#]	\$18.04

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

[‡] Benefit amount is reduced to 65% of the original amount at age 65.

[#] Benefit amount is reduced to 50% of the original amount at age 70.

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%

Accidental death and dismemberment (AD&D) insurance benefits

Life insurance includes AD&D insurance. Our AD&D insurance coverage provides additional financial support in the event of an accidental loss. That's why it's included with every life insurance policy.

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

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 and is between 2–9 eligible employees.

SIC codes	Description	SIC codes	Description	SIC codes	Description
0721	Crop Dusting	2816	Inorganic Pigments	4512	Air Transportation: Scheduled
0912	Finfish	2819	Industrial Inorganic Chemicals n.e.c.	4513	Air Courier Services
0913	Shellfish	2821	Plastic Materials and Resins	4522	Air Transportation: Non-scheduled
0919	Miscellaneous Marine Products	2824	Organic Fibers – Non-cellulosic	4581	Airports, Flying Fields and Services
0921	Fish Hatcheries and Preserves	2851	Paints and Allied Products	5813	Drinking Establishments
0971	Hunting, Trapping and Game Propagation	2861	Gum and Wood Chemicals	6732	Educational, Religious, etc. Trusts
1011	Iron Ores	2865	Cyclic Crudes and Intermediates	6733	Trusts n.e.c.
1021	Copper Ores	2869	Industrial Organic Chemicals n.e.c.	7911	Dance Studios, School & Halls
1031	Lead and Zinc Ores	2873	Nitrogenous Fertilizers	7922	Theatrical Producers and Services
1041	Gold Ores	2874	Phosphatic Fertilizers	7929	Entertainers and Entertainment Groups
1044	Silver Ores	2875	Fertilizers – Mixing Only	7933	Bowling Centers
1061	Ferroalloy Ores except Vanadium	2879	Agricultural Chemicals n.e.c.	7941	Sports Clubs, Managers and Promoters
1081	Metal Mining Services	2891	Adhesives and Sealants	7948	Racing, including Track Operations
1094	Uranium, Radium and Vanadium Ores	2892	Explosives	7991	Physical Fitness Facilities
1099	Metal Ores n.e.c.	2893	Printing Ink	7992	Public Golf Courses
1221	Bituminous Coal and Lignite – Surface	2895	Carbon Black	7993	Coin-Operated Amusement Devices
1222	Bituminous Coal and Lignite – Underground	2899	Chemical Preparations n.e.c.	7996	Amusement Parks
1231	Anthracite Mining	2911	Petroleum Refining	7997	Membership Sports
1241	Coal Mining Services	2951	Asphalt Paving Mixtures and Blocks	7999	Amusement and Recreation n.e.c.
1311	Crude Petroleum and Natural Gas	2952	Asphalt Felts and Coatings	8611	Business Associations
1321	Natural Gas Liquids	2992	Lubricating Oils and Greases	8621	Professional Associations
1381	Drilling Oil and Gas Wells	2999	Petroleum and Coal Products n.e.c.	8631	Unions
1382	Oil and Gas Exploration Services	3292	Asbestos Products	8641	Civic Organizations
1389	Oil and Gas Field Services n.e.c.	4119	Local Passenger Transportation n.e.c.	8651	Political Organizations
1411	Dimension Stone	4121	Taxicabs	8661	Religious Organizations – Members
1422	Crushed and Broken Limestone	4412	Deep Sea Foreign Transportation of Freight	8699	Membership Organizations – Members
1423	Crushed and Broken Granite	4424	Deep Sea Domestic Transportation of Freight	8811	Private Households
1429	Crushed and Broken Stone n.e.c.	4432	Freight Transportation on the Great Lakes	9111	Executive Offices
1442	Construction Sand and Gravel	4449	Water Transportation of Freight n.e.c.	9131	Executive & Legislative Combined
1446	Industrial Sand	4481	Deep Sea Passenger Transportation except Ferries	9199	General Government n.e.c.
1455	Kaolin and Ball Clay	4482	Ferries	9211	Courts
1459	Clay and Related Minerals n.e.c.	4489	Water Passenger Transportation n.e.c.	9221	Police Protection
1474	Potash, Soda and Borate Minerals	4491	Marine Cargo Handling	9222	Legal Counsel and Prosecution
1475	Phosphate Rock	4492	Towing and Tugboat Services	9224	Fire Protection
1479	Chemical and Fertilizer Mining n.e.c.	4493	Marinas	9229	Public Order and Safety n.e.c.
1481	Non-Metallic Mineral Services	4499	Water Transportation Services n.e.c.	9711	National Security
1499	Miscellaneous Non-Metallic Minerals			9721	International Affairs
1761	Roofing			9999	Non-classifiable Establishments
1795	Wrecking and Demolition				
2411	Logging				
2812	Alkalis and Chlorine				
2813	Industrial Gasses				

