blue CALIFORNIA

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

1–100 Employees

Effective January 1, 2027

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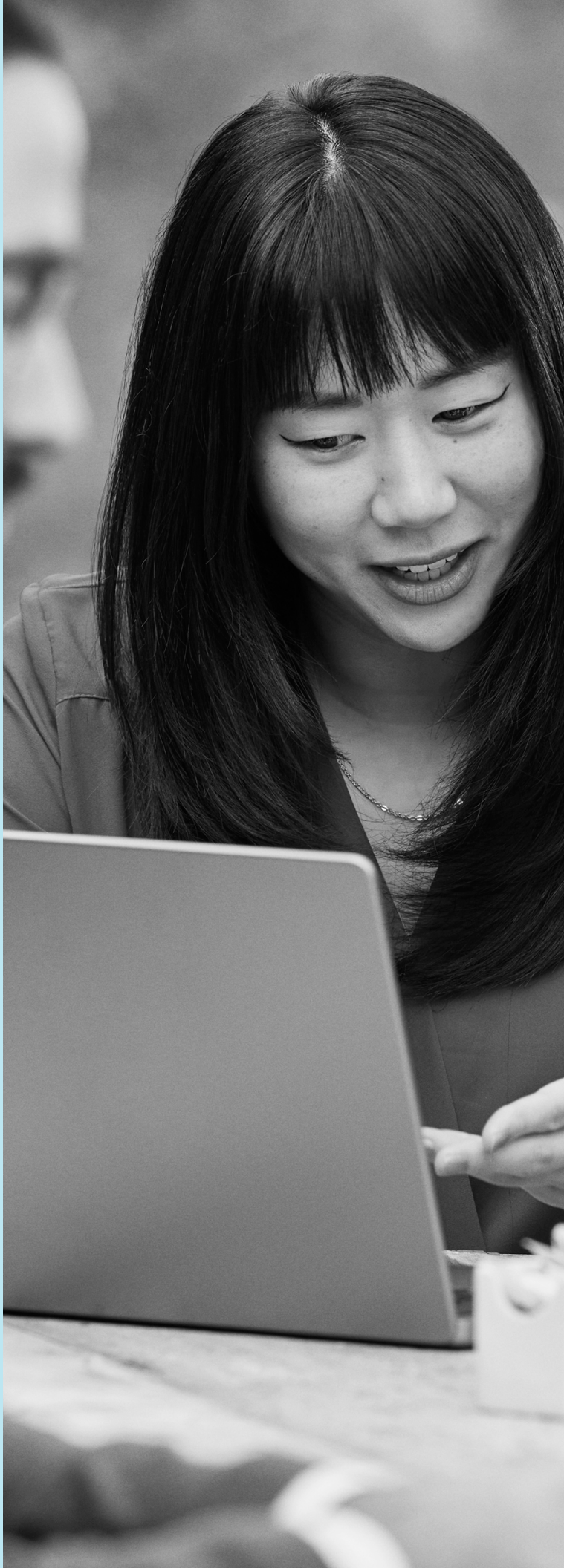


Why Blue Shield of California

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

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

Two-year initial rate guarantee
A two-year rate guarantee applies to both new and existing medical groups when dental, vision, or life insurance coverage is added. The guarantee lasts until the second renewal anniversary of the medical policy after the addition. If coverage is added mid-term, the guarantee period will be less than 24 months.

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

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

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

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

* 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.

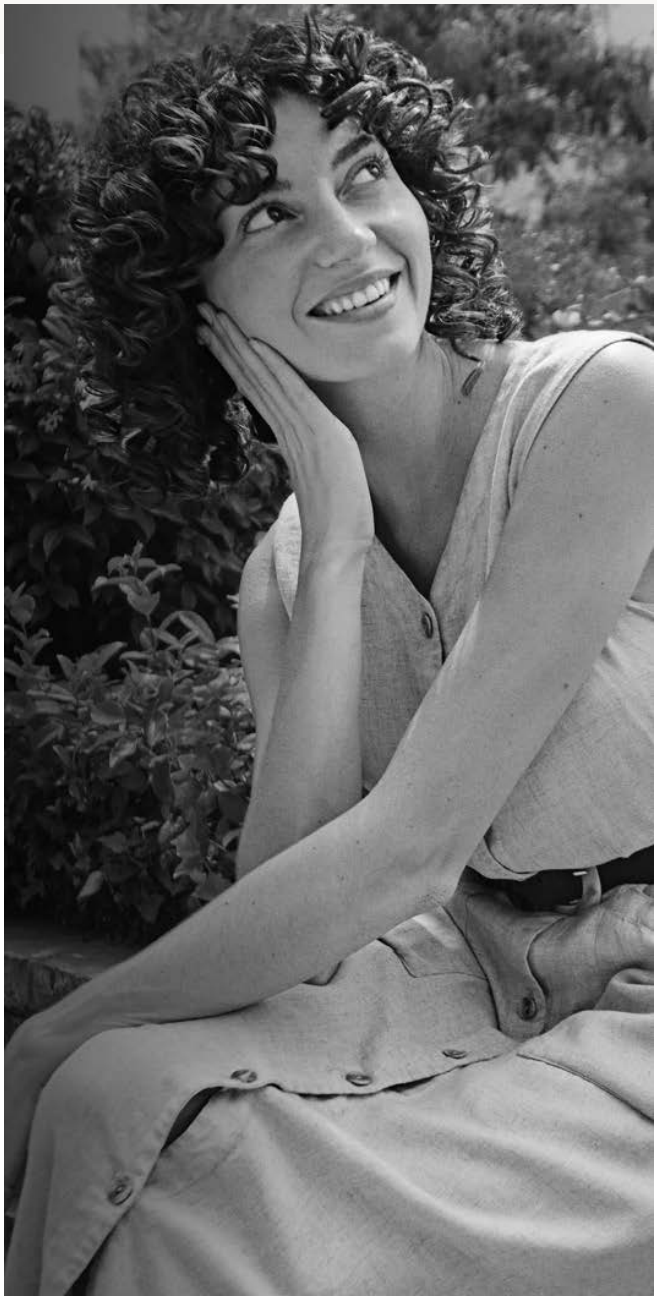
Find out how easy it is to combine our plans in one comprehensive package. Contact your broker or Blue Shield sales representative to help you develop a customized benefit solution.

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

Compare plan benefit details using our digital Plan Comparison Tool. Choose from any of our plans and compare benefits side-by-side by visiting blueshieldca.com/employerplans

Dental Plans

Advantages worth smiling



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

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

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

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

Dental Plans

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

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

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

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

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

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

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

Caries risk management assessment
Every child's dental coverage includes a caries risk management assessment benefit. This helps prevent or treat tooth decay.**

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

* Precertification of the case or proposed implant is required. Failure to obtain prior written authorization will result in a denial of claims for this benefit.
+ Some voluntary dental plans have a 12-month waiting period for major services. For groups selecting voluntary PPO dental that have prior dental coverage including all "major" benefits for 12 months or more, the 12-month waiting period will be waived for all initial enrollees.
** Pediatric embedded dental plans do not offer caries risk management benefits as they exceed the defined "benchmark" standard set by Covered California.

Dental PPO plans for 2027

Dental PPO Plans With Orthodontia Coverage

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:							
Bronze DPPO/$1000/MAC/ Child Only Ortho	$50/$150	$1,000	100%	80%	80%	50%	50%
Bronze DPPO/$1500/MAC/ Child Only Ortho	$50/$150	$1,500	100%	80%	80%	50%	50%
Silver DPPO/$1500/MAC/ Adult+Child Ortho	$50/$150	$1,500	100%	80%	80%	50%	50%
Silver DPPO/$1500/U90/ Adult+Child Ortho∞**	$50/$150	$1,500	100%	80%	80%	50%	50%
Plans with lifetime orthodontia coverage:							
Gold DPPO/$1500/MAC/ Adult+Child Ortho*	$50/$150	$1,500	100%	90%	90%	60%	50%
Gold DPPO/$2000/MAC/ Adult+Child Ortho	$50/$150	$2,000	100%	90%	90%	60%	50%
Gold DPPO/$1500/U90/ Adult+Child Ortho∞**	$50/$150	$1500	100%	90%	90%	60%	50%
Gold DPPO/$2000/U90/ Adult+Child Ortho∞**	$50/$150	$2,000	100%	90%	90%	60%	50%
Platinum DPPO/$2500/U90/ Adult+Child Ortho∞**	$50/$150	$2,500	100%	90%	90%	60%	50%
Platinum DPPO/$3000/U90/ Adult+Child Ortho∞**	$50/$150	$3,000	100%	90%	90%	60%	50%
Platinum DPPO/$5000/U90/ Adult+Child Ortho∞**	$50/$150	$5,000	100%	90%	90%	60%	50%
Diamond DPPO/$3000/U95/ Adult+Child Ortho∞**	$25/$75	$3,000	100%	100%	100%	80%	60%

* Not subject to plan deductibles with network or non-network dentists.
† Includes anesthesia, palliative treatment, restorative dentistry, sealants, and space maintainers.
‡ Includes crown buildups, crowns, prosthetics, inlays, onlays, jackets, posts, and cores. Dental implants are covered as a major service for Silver, Gold, Platinum, and Diamond plans only
# In addition to the calendar-year maximum for the other covered services.
∞ Uses a different schedule of allowed amounts for non-network dentists than that used for network dentists. If you go to a non-network dentist, your reimbursement for a service by that non-network dentist may be less than the amount billed.
§ Illustration includes network benefits. Refer to plan documents for non-network benefits.
** Includes coverage for dental implants. Precertification of the case or proposed implant is required. Failure to obtain prior written authorization will result in a denial of claims for this benefit.
†† Has a 12-month waiting period for major services. For groups with prior Blue Shield of California coverage including "major" benefits for 12 months or more, the 12-month waiting period at install can be waived at initial install with proof of prior 12-month coverage.

Dental PPO Plans Without Orthodontia Coverage

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

* Not subject to plan deductibles with network or non-network dentists.
‡ Includes crown buildups, crowns, prosthetics, inlays, onlays, jackets, posts, and cores. Dental implants are covered as a major service for Silver, Gold, Platinum, and Diamond plans only
# In addition to the calendar-year maximum for the other covered services.
∞ Uses a different schedule of allowed amounts for non-network dentists than that used for network dentists. If you go to a non-network dentist, your reimbursement for a service by that non-network dentist may be less than the amount billed.
§ Illustration includes network benefits. Refer to plan documents for non-network benefits.
** Includes coverage for dental implants. Precertification of the case or proposed implant is required. Failure to obtain prior written authorization will result in a denial of claims for this benefit.
†† Has a 12-month waiting period for major services. For groups with prior Blue Shield of California coverage including "major" benefits for 12 months or more, the 12-month waiting period at install can be waived at initial install with proof of prior 12-month coverage.
† Includes anesthesia, palliative treatment, restorative dentistry, sealants, and space maintainers.

Voluntary Dental PPO Plans with calendar-year orthodontia coverage

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

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

* Not subject to plan deductibles with network or non-network dentists.
‡ Includes crown buildups, crowns, prosthetics, inlays, onlays, jackets, posts, and cores. Dental implants are covered as a major service for Silver, Gold, Platinum, and Diamond plans only
# In addition to the calendar-year maximum for the other covered services.
∞ Uses a different schedule of allowed amounts for non-network dentists than that used for network dentists. If you go to a non-network dentist, your reimbursement for a service by that non-network dentist may be less than the amount billed.
§ Illustration includes network benefits. Refer to plan documents for non-network benefits.
** Includes coverage for dental implants. Precertification of the case or proposed implant is required. Failure to obtain prior written authorization will result in a denial of claims for this benefit.
†† Has a 12-month waiting period for major services. For groups with prior Blue Shield of California coverage including "major" benefits for 12 months or more, the 12-month waiting period at install can be waived at initial install with proof of prior 12-month coverage.
† Includes anesthesia, palliative treatment, restorative dentistry, sealants, and space maintainers.

Dental HMO plans—member copay

Benefit/service	Dental HMO Basic	Dental HMO Standard and Dental HMO Voluntary*	Dental HMO Plus	Dental HMO Deluxe
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, twice in consecutive 12-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 per each tooth replaced†	$250 per each tooth replaced†	$150 per each tooth replaced†	$125 per 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	$66 per tooth
Orthodontic services				
Fully banded (two-year) case – child‡	$2,350	$1,800	$1,400	$1,200

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

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

Vision Plans†

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

Compare plan benefit details using our digital Plan Comparison Tool. Choose from any of our plans and compare benefits side-by-side by visiting blueshieldca.com/employerplans

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

Vision Plans

Advantages are plain to see

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

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

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

Below are the six plans that include the enhanced benefit:

Basic	Vision Plus 0/0/150/150
Basic	Vision Plus 10/25/150/150
Preferred	Vision Plus 0/0/150/150
Preferred	Vision Plus 10/25/150/150
Ultimate	Vision Plus 0/0/150/150
Ultimate	Vision Plus 10/25/150/150

Available through a contracted vision plan administrator.

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

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

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

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

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

Vision Plans

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

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

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

Selecting the right vision plan is easy

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

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

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

How to read our plan names

Plan names correlate to dollar amounts for eye exam copayment, materials copayment (lenses, frames, and low-vision aids), and frame allowance. Example: Basic Vision 0/0/120 Plan offers a $0 annual eye exam copayment, a $0 materials copayment, and a $120 frame allowance. For Vision Plus plans, the fourth "note" reflects the additional contact lens allowance. Example: Ultimate Vision Plus 0/0/150/150 offers a $0 annual eye exam copayment, a $0 materials copayment, a $150 frame allowance, and a $150 contact lens allowance.

Vision Plans for 2027

Vision Plans Available

Ultimate Vision (12-12-12)

Ultimate	Vision Plus 0/0/150/150
Ultimate	Vision 0/0/150
Ultimate	Vision Plus 10/25/150/150
Ultimate	Vision 10/25/150
Ultimate	Vision 0/0/120
Ultimate	Vision 10/25/120
Ultimate	Vision Voluntary 10/25/150

Preferred Vision (12-12-24)

Preferred	Vision Plus 0/0/150/150
Preferred	Vision 0/0/150
Preferred	Vision Plus 10/25/150/150
Preferred	Vision 10/25/150
Preferred	Vision 0/0/120
Preferred	Vision 10/25/120
Preferred	Vision Voluntary 10/25/150

Basic Vision (12-24-24)

Basic	Vision Plus 0/0/150/150
Basic	Vision 0/0/150
Basic	Vision Plus 10/25/150/150
Basic	Vision 10/25/150
Basic	Vision 0/0/120
Basic	Vision 10/25/120
Basic	Vision Voluntary 10/25/150

Key for copays and benefit allowances for the plans shown above

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

Vision Plans

Advantages are plain to see

Other vision benefits included in our plans

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

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

Standard lenses include:

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

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

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

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

2–100 Employees

Blue Shield Life advantages

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

Financial strength
Blue Shield of California has an AM Best rating of "A."*

*2015 AM Best gave Blue Shield Life an "A" rating.

QUICK MATCH PROGRAM

Our life insurance Quick Match Program℠ 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. You can visit the Broker Connection Life and AD&D page for complete details.

Highlighted Features

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

Life / AD&D

Travel assistance services

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

General travel information

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

Lost document and lost article assistance

- Legal referrals
- Emergency cash and bail assistance

Medical assistance services

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

Indemnified medical transportation services

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

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

LifeReferrals 24/7— Beneficiary Assistance

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

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

Grief counseling

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

Financial Coaching

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

Legal Assistance

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

Plan design and rates

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

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

Plan designs

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

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

Graded schedule
Employees are divided into classes (up to four) that have different levels of benefits. The benefit amount for each class must be no more than 2.5 times that of the next lower class. Classes can be either flat or multiple of salary, and this selection can vary for each class.

Maximum benefit amounts					
Eligible employees	**Multiple of salary**	**Up to Maximum Benefit Amount** (no Evidence of Insurability is required)			
2–9	1X or 2X	$30,000 or $50,000			
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		

Additional plan rules

Here are just a few of the plan guidelines.

- Rates for groups with 2-9 eligible employees are based on age banded rating structure. Rates for groups with 10-100 eligible employees are based on a composite rating structure.
- 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.
- Minimum of two eligible employees must enroll.
- If employer pays 100% of premium, participation must be 100%.
- If employer contributes less than 100% of premium, participation must be 65% or greater.
- Full benefit for accidental loss of life. Benefits for all losses resulting from the same accident may not exceed the full benefit.
- Waiver of premium provision allows for continuation of life insurance coverage without payment of premium if the insured employee is totally disabled prior to age 60.
- Beneficiaries are designated by the insured employee. Employers are responsible for maintaining the designations for their employees.

Additional product features

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

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

Dependent life insurance (optional)

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

For group of 10+ eligible employees

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

Life / AD&D

Rates for groups of 2–9 eligible employees	
Insured age range	**Monthly rate per $1,000***
0–29	$0.19
30–34	$0.20
35–39	$0.21
40–44	$0.33
45–49	$0.46
50–54	$0.74
55–59	$1.15
60–64	$2.25
65–69‡	$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.

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.

Accidental death and dismemberment (AD&D) insurance benefits

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

Additional benefits are also standard:

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

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

Life / AD&D

Ineligible groups

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

SIC codes	Description
0721	Crop Dusting
0912	Finfish
0913	Shellfish
0919	Miscellaneous Marine Products
0921	Fish Hatcheries and Preserves
0971	Hunting, Trapping and Game Propagation
1011	Iron Ores
1021	Copper Ores
1031	Lead and Zinc Ores
1041	Gold Ores
1044	Silver Ores
1061	Ferroalloy Ores except Vanadium
1081	Metal Mining Services
1094	Uranium, Radium and Vanadium Ores
1099	Metal Ores n.e.c.
1221	Bituminous Coal and Lignite—Surface
1222	Bituminous Coal Underground Mining
1231	Bituminous Coal and Lignite—Underground
1241	Anthracite Mining
1321	Coal Mining Services
1311	Crude Petroleum and Natural Gas
1381	Natural Gas Liquids
1382	Oil and Gas Exploration Services
1389	Oil and Gas Field Services n.e.c.
1411	Dimension Stone
1422	Crushed and Broken Limestone
1423	Crushed and Broken Granite
1429	Crushed and Broken Stone n.e.c.
1442	Construction Sand and Gravel
1446	Industrial Sand
1455	Kaolin and Ball Clay
1459	Clay and Related Minerals n.e.c.
1474	Potash, Soda and Borate Minerals
1475	Phosphate Rock
1479	Chemical and Fertilizer Mining n.e.c.
1481	Non-Metallic Mineral Services
1499	Miscellaneous Non-Metallic Minerals
1761	Roofing
1795	Wrecking and Demolition

SIC codes	Description
2411	Logging
2812	Alkalis and Chlorine
2813	Industrial Gasses
2816	Inorganic Pigments
2819	Industrial Inorganic Chemicals n.e.c.
2821	Plastic Materials and Resins
2824	Organic Fibers – Non-cellulosic
2851	Paints and Allied Products
2861	Gum and Wood Chemicals
2865	Cyclic Crudes and Intermediates
2869	Industrial Organic Chemicals n.e.c.
2873	Nitrogenous Fertilizers
2874	Phosphatic Fertilizers
2875	Fertilizers – Mixing Only
2879	Agricultural Chemicals n.e.c.
2891	Adhesives and Sealants
2892	Explosives
2893	Printing Ink
2895	Carbon Black
2899	Chemical Preparations n.e.c.
2911	Petroleum Refining
2951	Asphalt Paving Mixtures and Blocks
2952	Asphalt Felts and Coatings
2992	Lubricating Oils and Greases
2999	Petroleum and Coal Products n.e.c.
3292	Asbestos Products
4119	Local Passenger Transportation n.e.c.
4121	Taxicabs
4412	Deep Sea Foreign Transportation of Freight
4424	Deep Sea Domestic Transportation of Freight
4432	Freight Transportation on the Great Lakes
4449	Water Transportation of Freight n.e.c.
4481	Deep Sea Passenger Transportation except Ferries
4482	Ferries
4489	Water Passenger Transportation n.e.c.
4491	Marine Cargo Handling
4492	Towing and Tugboat Services

SIC codes	Description
4499	Water Transportation Services n.e.c.
4512	Air Transportation: Scheduled
4513	Air Courier Services
4522	Air Transportation: Non-scheduled
4581	Airports, Flying Fields and Services
5813	Drinking Establishments
6732	Educational, Religious, etc. Trusts
6733	Trusts n.e.c.
7911	Dance Studios, School & Halls
7922	Theatrical Producers and Services
7929	Entertainers and Entertainment Groups
7933	Bowling Centers
7941	Sports Clubs, Managers and Promoters
7948	Racing, including Track Operations
7991	Physical Fitness Facilities
7992	Public Golf Courses
7993	Coin-Operated Amusement Devices
7996	Amusement Parks
7997	Membership Sports
7999	Amusement and Recreation n.e.c.
8611	Business Associations
8621	Professional Associations
8631	Unions
8641	Civic Organizations
8651	Political Organizations
8661	Religious Organizations—Members
8699	Membership Organizations—Members
8811	Private Households
9111	Executive Offices
9131	Executive & Legislative Combined
9199	General Government n.e.c.
9211	Courts
9221	Police Protection
9222	Legal Counsel and Prosecution
9224	Fire Protection
9229	Public Order and Safety n.e.c.
9711	National Security
9721	International Affairs
9999	Non-classifiable Establishments

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