

Dental, Life Insurance and Vision Rates*

Dental Rates for Groups of 2-50 Eligible Employees

Plan Name - Southern California (regions 5-9)			EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE +CHILD/REN	EMPLOYEE + FAMILY
Dental PPO						
Smile Basic Voluntary	75/1000/No Ortho/MAC	No Ortho	\$ 47.00	\$ 94.00	\$ 119.00	\$ 160.00
Smile Basic**	75/1000/No Ortho/MAC	No Ortho	\$ 27.00	\$ 54.00	\$ 69.00	\$ 93.00
Smile Value**	50/1500/No Ortho/MAC	No Ortho	\$ 36.00	\$ 71.00	\$ 91.00	\$ 107.00
Smile	50/1500/No Ortho/MAC	No Ortho	\$ 43.00	\$ 86.00	\$ 109.00	\$ 127.00
Smile Plus	50/1500/Ortho/MAC	Ortho	\$ 47.00	\$ 94.00	\$ 119.00	\$ 139.00
Smile Deluxe	50/1500/Ortho/MAC	Ortho	\$ 50.00	\$ 100.00	\$ 127.00	\$ 169.00
Smile Deluxe 2000	50/2000/No Ortho/MAC	No Ortho	\$ 52.00	\$ 105.00	\$ 132.00	\$ 177.00
Smile Deluxe Plus 2000**	50/2000/Ortho/MAC	Ortho	\$ 60.00	\$ 119.00	\$ 150.00	\$ 202.00
Smile Plus Gold	50/1500/Ortho/U85	Ortho	\$ 54.00	\$ 109.00	\$ 137.00	\$ 184.00
Smile Deluxe Gold	50/1500/Ortho/U85	Ortho	\$ 66.00	\$ 132.00	\$ 166.00	\$ 223.00
Dental HMO						
Dental HMO Voluntary			\$ 18.00	\$ 35.00	\$ 41.00	\$ 53.00
Dental HMO Basic**			\$ 12.00	\$ 25.00	\$ 31.00	\$ 39.00
Dental HMO Plus**			\$ 15.00	\$ 31.00	\$ 37.00	\$ 47.00
Dental HMO Deluxe			\$ 21.00	\$ 41.00	\$ 48.00	\$ 62.00

Rates effective January 1, 2010 and thereafter, for groups of 2-50 eligible employees

* Life insurance plans and some vision plans underwritten by Blue Shield of California Life & Health Insurance Company.

** This plan is also available as part of the Suite Deal Dental package.

Blue Shield of California and Blue Shield of California Life & Health Insurance Company (Blue Shield Life) Vision Rates for Groups of 2-50 Eligible Employees

For Northern California (Regions 1 – 4), San Francisco (Regions 2 and 3) and Southern California (Regions 5 – 9)

Rider: Billed with Blue Shield medical plans, must have Blue Shield medical, vision enrollment must exactly match medical enrollment						
Vision Basic Riders (12-24-24)*						
Eye Exam Copayment	Materials Copayment	Frame Allowance	Employee Only	Employee & Spouse	Employee & Child/ren	Employee & Family
\$0	\$25	\$100	\$9.00	\$17.00	\$16.10	\$22.40
\$0	\$15	\$120	\$10.70	\$20.40	\$19.30	\$26.80
\$0	\$0	\$130	\$12.50	\$24.10	\$21.20	\$30.80
Vision Basic Rider Plus (12-12-24)*						
\$0	\$15	\$120	\$11.80	\$22.40	\$21.20	\$29.40
Standalone: Billed separately, available with or without other Blue Shield products, vision enrollment does not have to match other products						
Vision Standard Plans (12-24-24)**						
\$0	\$25	\$100	\$9.00	\$17.00	\$16.10	\$22.40
\$0	\$15	\$120	\$10.70	\$20.40	\$19.30	\$26.80
\$0	\$25	\$120	\$14.20	\$27.00	\$25.60	\$35.50
(Voluntary Plan) \$0	\$25	\$130	\$11.10	\$21.10	\$20.00	\$27.80
\$0	\$0	\$130	\$12.50	\$24.10	\$21.20	\$30.80
Vision Plus Plans (12-12-24)**						
\$0	\$25	\$100	\$9.70	\$18.40	\$17.50	\$24.20
\$0	\$15	\$120	\$11.80	\$22.40	\$21.20	\$29.40
\$0	\$25	\$130	\$12.20	\$23.20	\$21.90	\$30.50
\$0	\$0	\$130	\$13.90	\$26.30	\$23.60	\$34.70
Vision Deluxe Plans (12-12-12)**						
\$0	\$25	\$100	\$11.00	\$20.90	\$19.80	\$27.50
\$0	\$15	\$120	\$13.40	\$25.50	\$24.10	\$33.50
\$0	\$25	\$130	\$13.90	\$26.50	\$25.10	\$34.90
\$0	\$0	\$130	\$15.70	\$29.00	\$25.90	\$39.20

Rates effective January 1, 2010 and thereafter, for groups of 2-50 eligible employees

* Vision Basic plans are underwritten by Blue Shield of California or Blue Shield Life, depending on which health plan they accompany

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

Blue Shield of California Life & Health Insurance Company Group Term Life and Accidental Death and Dismemberment (AD&D) Insurance Rates for Groups of 2-50 Eligible Employees*

For all of California (Regions 1 – 9)

Insured age range	Monthly rate per \$1,000**
00-29	\$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

*Group term life insurance for groups of 2 to 9 eligible employees is administered and underwritten through a small group employer trust.

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

Please note, dependent life insurance is available at 0.45 per \$1,000.

Rates effective January 1, 2010 and thereafter, for groups of 2-50 eligible employees.