



BC Life & Health
Insurance Company

Hindsight is 20/20

**Offer Your Employees the
Perfect Vision Plan Now**



The Value of Vision.

At BC Life & Health Insurance Company, we understand that you want to offer your employees a comprehensive health benefits package while still keeping an eye on your budget. That's why we've created Blue View Vision.SM

As you know, offering vision benefits is an important way to help your company's overall health and wellness, and it's even more valuable when you consider the following:

- A comprehensive benefits package that includes vision coverage can help you attract and retain employees.
- Even a minor vision problem can cause irritability, headaches and body aches, which can result in lost workdays and reduced productivity.
- Having regular eye examinations and wearing corrective eyewear can greatly decrease the risk of more serious, long-term eye diseases (and can even detect other health conditions) ... increasing productivity and performance.

In addition, the U.S. Secretary of Health and Human Services emphasizes that "Blindness and visual impairment from most eye diseases and disorders can be reduced with early detection and treatment," and a Special Report by the National Eye Institute and Prevent Blindness America* shows us that:

- More than **65 percent** of today's workforce wears **eyeglasses** or **contact lenses**. That's approximately **147 million** people nationwide.
- More than **28 million** Americans over age 40 have **eye ailments** that put them at risk for vision loss and blindness.
- More than **150 million** Americans use corrective eyewear to compensate for **refractive errors**.

And, with an ever-increasing number of workers developing eye strain, blurred vision and headaches due to using a computer, regular visits to an eye care provider are more important than ever.

It's clear that our comprehensive, inexpensive vision plans can play an integral role in managing the overall health and well-being of your employees.



The Advantages are Clear.

It's time to give your employees one of the strongest vision coverage choices in sight – **Blue View Vision**. Choose from two comprehensive plans (Blue View or Blue View Plus) designed especially for small businesses. Both plans feature:

A Vast, Convenient Network – Give your employees access to an extensive network of participating providers, including a broad selection of ophthalmologists and optometrists, as well as LensCraftersSM, Target Optical, Sears Optical, and most Pearle Vision locations

Value-Added Savings – Provide your employees substantial additional vision savings of 15 - 40% even beyond plan benefits (and they can take advantage of these savings as often as they want)

Flexible, Easy-to-Use Benefits – Offer your employees a choice of cost-effective, comprehensive plans that meet their vision needs, including comprehensive eye examinations, fast delivery of eyewear and an attractive frame allowance that allows them to choose from a variety of popular frames

One-Stop Shopping – Enjoy the advantages of having your medical, vision, life, dental and workers' compensation all from an industry leader – and all on one monthly bill

Vision Card – Employees will receive a separate vision membership card to use for all their vision needs



Blue View Vision Benefits: A Closer Look

A Network Beyond Compare.

Blue View Vision's California network is second to none and consists of approximately 4,600 providers including a high number of independent ophthalmologists, optometrists, and the convenience of LensCraftersSM, Target Optical, Sears Optical and most Pearle Vision stores. Many of the providers and locations are open in the evenings and on weekends, so members have the flexibility to schedule an appointment that allows less time away from work – saving you even more. (Statistics show that 40% of those with a vision plan are interested in having access to LensCraftersSM, with high ratings reported for Target Optical, Sears Optical and Pearle Vision.)

Savings as Far as the Eye Can See.

Even after your employees' benefits have been exhausted, additional savings are offered for non-covered materials such as extra pairs of eyewear, a number of non-prescription sunglasses and other popular accessories. Blue View Vision members can save 15-40% by taking advantage of this unique option. And to add even more value, there is no limit to the number of purchases your employees can make using this exceptional savings opportunity.

And, since our network providers can choose the labs they use, members can receive eyewear faster than ever.

Benefits Easier Than Ever.

It's easy to use Blue View Vision benefits. Employees simply choose a Blue View Vision network eye care provider, make an appointment, present their membership card and pay their eye examination copayment and any balance for non-covered services. The provider verifies eligibility and takes care of all the necessary paperwork.

To select eye care providers or locations, members can access the Provider Directory on www.bluecrossca.com or by calling Customer Service at **(866) 723-0515**.

A Company You Can Trust.

With Blue View Vision, you're getting more than just clear, easy-to-understand vision benefits ... you're also getting BC Life & Health Insurance Company's rock solid stability, financial integrity, and our parent company's status as the #1 health benefits company in the country.

Rates and Benefits

This chart shows you a simple explanation of rates and a summary of benefits for Blue View and Blue View Plus. For complete benefit information, limitations and exclusions consult your Certificate of Coverage.

	Blue View Plus	Blue View
Eye Examination	Every 12 months	Every 12 months
Lenses	Every 12 months	Every 24 months
Contact Lenses*	Every 12 months	Every 24 months
Frames	Every 12 months	Every 24 months
In-Network Copayment		
EYE EXAMINATION COPAY	\$15	\$25
In-Network Benefits		
EYE EXAMINATION	Covered up to a comprehensive level exam with dilation as necessary after exam copay	
LENSES (Standard)	Plastic lenses in single vision, bifocal, or trifocal	
Single vision	Covered in full after exam copay	
Bifocal lenses		
Progressive lenses	Covered up to the bifocal amount for standard progressive lenses after exam copay	
Trifocal lenses	Covered in full after exam copay	
FRAME	Covered up to \$120 retail value after exam copay. Members receive a 20% discount on the amount over the allowance	
CONTACT LENSES	Benefit allowance applies to fit, follow-up and materials	
Elective		
Conventional	Covered up to \$115 allowance after exam copay. 15% off balance over allowance	
Disposable	Covered up to \$115 allowance after exam copay	
Non-elective**	Covered in full after exam copay	
ADDITIONAL DISCOUNTS	Discounts available from Participating Providers	
Out-of-Network Reimbursement		
EYE EXAMINATION	Reimbursed up to \$49	
LENSES (Standard)		
Single vision	Reimbursed up to \$35	
Bifocal lenses	Reimbursed up to \$49	
Progressive lenses	Reimbursed up to \$49	
Trifocal lenses	Reimbursed up to \$74	
FRAME	Reimbursed up to \$50	
CONTACT LENSES		
Elective		
Conventional	Reimbursed up to \$92	
Disposable	Reimbursed up to \$92	
Non-elective**	Reimbursed up to \$250	
Rate Structure	Monthly Premium	Monthly Premium
Employee Only	\$13	\$7
Employee & Spouse	\$23	\$11
Employee & Child(ren)	\$24	\$12
Family	\$36	\$18

*Coverage for these PPO vision plans includes choice of spectacle lenses OR contact lenses, not both.

** Non-elective contacts are those prescribed following cataract surgery or for extreme visual acuity or other functional problems not treatable by spectacle lens.

Enrollment Guidelines

Eligible Employees

Full-Time

Employees must be employed on a permanent, full-time basis and have a normal work schedule of at least 30 hours per week. In addition, they must be compensated for that work by the employer (subject to withholding appearing on a W-2 form).

Part-Time

Employees must be employed on a permanent, part-time basis and have a normal work schedule of 15 to 29 hours per week. The employer must choose one of two part-time options, either 15 to 29 or 20 to 29 hours. All part-time employees must be compensated for that work by the employer (subject to withholding appearing on a W-2 form). **Note:** It is the employer's option to offer vision coverage to part-time employees. If that option is exercised, all similarly situated individuals must be offered coverage under the employer's benefit plan.

Sole Proprietors/Partners/Corporate Officers

Sole proprietors, partners and corporate officers must work at least 20 hours per week to be eligible for coverage.

Eligible Dependents

An eligible dependent has one of the following relationships with an eligible employee:

- Lawful spouse
- Registered domestic partner
- Unmarried child under age 19 (natural or legally adopted) of the employee or the employee's enrolled spouse/domestic partner (restrictions may apply)
- Unmarried child (between 19 and 24) who is a full-time student and qualifies as a dependent for federal income tax purposes
- Ward (child) of a permanent legal guardian



It's time to give your employees one of the strongest vision plans in sight.

Enrollment Guidelines

Ineligible Employees

Temporary, seasonal, leased or substitute workers and persons compensated on a 1099 basis are not eligible to enroll in a Blue View Vision plan.

Effective Date

New groups and subscribers enrolling with the new group: coverage takes effect on the 1st or 15th of the month.

Existing groups adding vision and new subscribers to existing plan: coverage takes effect on the 1st of the following month.

Employer Waiting Periods

After employees are hired, there may be a specific period they must be employed, known as the employer waiting period, before they and their eligible dependents become eligible for group coverage. The employee's eligibility date is the 1st of the month after the waiting period ends. Employers may choose a waiting period of the 1st of the month following an employee's date of hire, or one, two, three, four, five or six months of employment before an employee becomes eligible for benefits. Employer waiting period must be the same as medical or dental when medical or dental coverage is taken.

Spouses

A husband and wife employed at the same company may both be covered as employees or as employee & spouse. Children may be considered the dependents of either one but not both of the employees.

To be eligible as a Domestic Partner, the Subscriber and Domestic Partner must have properly filed a Declaration of Domestic Partnership with the California Secretary of State pursuant to the California Family Code, or have properly filed an equivalent document in accordance with the laws of another jurisdiction recognizing the creation of domestic partnerships.

Adding Employees and Dependents

New employees and dependents must submit completed applications to Blue Cross within 30 days of becoming eligible for coverage. Applications must be received no later than the last day of the month in which the employee is eligible. Applications received beyond that date will be treated as a late enrollee.

Declining Coverage

Employees who choose not to participate in a group's vision plan must decline coverage by completing the appropriate section of the Small Group Employee Application within 30 days of becoming eligible.

Late Enrollment/Open Enrollment

Employees and dependents eligible for coverage who choose to enroll at a later date may be considered late enrollees. Late enrollees who initially declined coverage are eligible to enroll on their group's anniversary date. This process is known as Open Enrollment. (See underwriting guidelines for definition of a late enrollee).

CalCOBRA and COBRA

Blue View Vision is eligible for CalCOBRA and COBRA.

Premium Only Plan (P.O.P.)

When sold with medical, Blue View Vision is eligible for P.O.P., Section 125 administered by Ceridian Benefits Services. Ask your agent for more information.

Enrollment Guidelines

Term of Coverage

Coverage remains in force as long as the group pays the required premium on time and remains eligible for membership. Coverage will cease if the group becomes ineligible for reasons including, but not limited to, the following:

- Failure to provide accurate eligibility information or other breach of contract
- Material misrepresentations
- Nonpayment of premium
- Failure to meet minimum contribution and participation requirements

Employer Contributions

For Blue View Vision, you set your monthly contribution to each employee's premium cost. You pay a minimum of 50% of employees' monthly premiums (for employers choosing our EmployeeElect portfolio) or 25% of employees' monthly premiums (for employers choosing our BeneFits portfolio) – and they pay the rest through payroll deduction.

The employer is not required to contribute toward dependents' coverage.

Employee Participation

For employers selecting our EmployeeElect portfolio, the standard employee participation requirement in the group's vision plan is a minimum of 75% of eligible employees. For employers choosing our BeneFits portfolio, the employee participation requirement in the group's vision plan is a minimum of 60% of eligible employees.

An employee who declines coverage because he/she is covered by a spouse's employer's group medical or vision plan is excluded in determining participation.

Changes in Coverage

A group may request changes in its waiting period, contribution option, coverage, plans or benefits six months after the original effective date or once in a 12-month period. Requests for coverage changes must be received 30 days prior to the requested effective date, and these requests are subject to underwriting review.

Certain other change requests can only become effective on the group's anniversary date and may be subject to underwriting review, including adding part-time employee coverage.

Anniversary

An existing health group may add vision coverage throughout the year.

If an existing group previously had Blue View Vision coverage with BCL&H and dropped it, they can again add vision coverage only at the group's anniversary date.

General Provisions

Your Right to Privacy

Blue Cross of California and BC Life & Health Insurance Company are fully committed to protecting our members' privacy. Our complete Notice of Privacy Practices provides a comprehensive overview of the policies and practices we enforce to preserve our members' privacy rights and control use of their health care information, including:

- Your right to authorize release of your private health information
- Your right to limit access to your private health information
- Protection of oral, written and electronic information
- Use of data
- Information shared with employers

You may obtain our complete Notice of Privacy Practices from our Web site at www.bluecrossca.com or by calling Blue Cross Small Group Customer Service at (800) 627-8797.

Grievances

All complaints and disputes relating to a member's coverage must be resolved in accordance with Blue Cross' grievance procedure. You can report your grievance by phone or in writing; see your Blue View Vision ID card for the appropriate contact information. All grievances received by Blue Cross that cannot be resolved by phone (when appropriate) to the mutual satisfaction of the member and Blue Cross will be acknowledged in writing, together with a description of how Blue Cross proposes to resolve the grievance. Grievances that cannot be resolved by these procedures shall be resolved as indicated through binding arbitration, or if the plan you are covered under is subject to the Employee Retirement Income Security Act of 1974 (ERISA), in compliance with ERISA rules.

If the group is subject to ERISA, and a member disagrees with Blue Cross' proposed resolution of a grievance, the member may submit an appeal by phone or in writing, by contacting the phone number or address printed on the letterhead of the Blue Cross response letter.

For the purposes of ERISA, there is one level of appeal. For urgent care requests for benefits, Blue Cross will respond within 72 hours from the date the appeal is received. For pre-service requests for benefits, the member will receive a response within 30 calendar days from the date the appeal is received. For Post-Service claims, Blue Cross will respond within 60 calendar days from the date the appeal is received.

If the member disagrees with Blue Cross' decision on the appeal, the member may elect to have the dispute settled through alternative resolution options, such as mediation.

Blue View Vision has an extensive network of providers,
is priced competitively and it's easy to use!

General Provisions

Binding Arbitration

If the plan is subject to ERISA, any dispute involving a request or claim for medical services must be resolved under ERISA claims procedure rules, and is not subject to mandatory binding arbitration. Members may pursue voluntary binding arbitration after they have completed an appeal under ERISA rules.

If the member has another dispute that does not involve a request or claim for medical services, or if the group is not subject to ERISA, the following provisions apply: Any dispute between the employer and/or the member and Blue Cross must be resolved by binding arbitration (not by lawsuit or trial by jury or other court process, except as California law provides for judicial review of arbitration proceedings), if the amount in dispute exceeds the jurisdictional limit of the Small Claims Court.

Under this coverage, both the member and Blue Cross are giving up the right to participate in class arbitration or have any dispute decided in a court of law before a jury.

Third Party Liability

If a member is injured, the responsible party may be legally obligated to pay for vision expenses related to that injury. Blue Cross may recover benefits paid for vision expenses if the member recovers damages from a legally liable third party. Examples of third party liability situations include auto accidents and work-related injuries.

Voiding Coverage for False and Misleading Information

False or misleading information or failure to submit any required enrollment materials may form the basis for voiding coverage from the date a plan was issued or retroactively adjusting the premium to what it would have been if the correct information had been furnished. No benefits will be paid for any claim submitted if coverage is made void. Premiums already paid for the time period for which coverage was rescinded will be refunded, minus any claims paid.



More than 65 percent of today's workforce wears eyeglasses or

Exclusions and Limitations

This is an overview only. A comprehensive description of exclusions and limitations is contained in the Combined Evidence of Coverage and Disclosure Form.

We do not provide vision benefits for services, supplies or charges:

- Any amounts in excess of the maximum amounts stated in this plan.
- Services which are experimental or investigative in nature.
- Services received before your effective date or services received after your coverage ends.
- Services for which no charge is made to you in the absence of insurance coverage.
- Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation law or similar law, even if you do not claim those benefits. If there is a dispute or substantial uncertainty as to whether benefits may be recovered for those conditions pursuant to any worker's compensation law or similar law, we will provide the benefits of this plan for such conditions, subject to our right to a lien or other recovery under section 4903 of the California Labor Code, or other applicable law.
- Any services you actually received that were provided by a local, state, county or federal government agency except when payment under this plan is expressly required by federal or state law. BC Life & Health will not cover payment for these services if you are not required to pay for them or they are given to you for free. Veterans administration hospitals and military treatment facilities will be considered for payment according to current legislation.
- Any services to the extent that you are entitled to receive Medicare benefits for those services, whether or not Medicare benefits are actually paid. Any services for which payment may be obtained from any local, state or federal government agency (except Medi-Cal). If you are eligible for Part B of Medicare and do not enroll in it, we will still reduce the benefits payable under this Certificate as if you were enrolled in Part B, and Medicare Part B benefits were paid. It is therefore important that you enroll in Part B Medicare if you are eligible. Veterans administration hospitals and military treatment facilities will be considered for payment according to current legislation.
- Received from an individual or entity that is not a provider, as defined in this Certificate.
- Received from a vision or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust or similar person or group.
- For services or supplies prescribed, ordered, referred by, or received from a member of your immediate family, including your spouse, child, brother, sister, parent, in-law, or self.
- For completion of claim forms or charges for medical records or reports unless otherwise required by law.
- For missed or canceled appointments.
- For services or supplies primarily for educational, vocational, or training purposes, except as otherwise specified herein.
- For any new FDA approved drug product or technology (including but not limited to medications, medical supplies, and/or devices) available in the marketplace for dispensing by the appropriate source for the product or technology, including but not limited to pharmacies, is excluded from coverage for the first six months after the date the product or technology received FDA new drug approval or other applicable FDA approval.
- For sunglasses and accompanying frames.
- For safety glasses and accompanying frames.
- For inpatient or outpatient hospital vision care.
- For orthoptics, eye exercises or vision training and any associated supplemental testing.
- For non-prescription lenses.
- For two pairs of glasses in lieu of bifocals.
- For plano lenses (lenses that have no refractive power).
- For medical or surgical treatment of the eyes.
- Lost or broken lenses or frames, unless the insured has reached his or her normal interval for service when seeking replacements.
- For services or supplies not specifically listed in the Certificate.

contact lenses – **Shouldn't you offer Blue View Vision today?**



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