



CaliforniaChoice

Your Health. Your Choice.

A CHOICE Administrators Program

Employer Optional Benefits Guide

Includes Optional Dental, Life Insurance,
Chiropractic and Section 125 Premium Only Plan



Contents

- Optional Benefits – Participation Requirements1
- Prepaid Dental 3000 Benefits Summary2
- Prepaid Dental 1000 Benefits Summary3
- Dental 3000 & 1000 Exclusions and Limitations4
- Dental EPO 3500, PPO 4000 & 5000 Benefits Summary.....5
- EPO and PPO Dental Exclusions and Limitations.....6
- Chiropractic Benefits7
- Life Insurance/AD&D8
- Section 125 Premium Only Plan (POP).....9

Participation and Contribution Requirements

Dental

- At least 70% of eligible employees must participate. Minimum dependent participation is 0%.
- If you are offering an optional dental plan to your employees, it is required that you pay at least 50% of the employee only premium of the lowest cost plan offered.
- If Voluntary Dental 3000 is selected, no employer contribution or minimum participation is required.

Life Insurance

- If purchasing the life option, 100% participation is required. Therefore, ALL employees eligible for medical coverage (even those waiving medical), must enroll in life.
- 100% of the premium will be the employer's responsibility.
- You may select either:
 1. One flat amount offered equally to all employees (\$10,000 minimum – in \$5,000 increments).
 2. Different insurance amounts (\$5,000 increments) for up to 4 employee classifications with the highest amount of insurance no greater than 2.5 times the lowest amount selected.

ChiroPlus Discount Program

- This program requires the employer to contribute 100% with all CaliforniaChoice medically enrolled employees participating.

Section 125 Premium Only Plan (POP)

- There is a one-time setup fee of \$100. If you choose to implement a POP plan after 90 days, the set up fee is \$250.

Dental 3000 - Benefits and Copays (Also available as a Voluntary Plan)

This is a summary of benefits for the **Dental 3000**, a prepaid dental plan offered GE SmileSaver through CaliforniaChoice Benefit Administrators. To be eligible, an employer must be located within the plan service area shown below. If you are enrolled in the Dental Plan 3000, you need to choose a participating dentist from the list provided. These dentists will provide dental care for you and any dependents who are enrolled in the plan.

Summary of Benefits and Member Copays

Office Visits

During regular hours	No charge
Emergency office visit (After regular hours)	\$ 30.00

Diagnostic

Comprehensive oral exam	No charge
Periodic oral exam	No charge
Oral hygiene instruction	No charge
X-rays, complete series	No charge
Bitewing X-rays	No charge

Preventive

Teeth cleaning - adult (1 every 6 months)	No charge
Teeth cleaning - child (1 every 6 months)	No charge

Restorative

Amalgam Restorations Primary teeth -

Cavities - 1 surface	\$ 7.00
Cavities - 2 surfaces	\$ 12.00
Cavities - 3 surfaces	\$ 14.00
Cavities - 4 or more surfaces	\$ 20.00

Amalgam Restorations Permanent teeth -

Cavities - 1 surface	\$ 9.00
Cavities - 2 surfaces	\$ 14.00
Cavities - 3 surfaces	\$ 22.00
Cavities - 4 or more surfaces	\$ 25.00

Resin Restorations Permanent teeth -

Composite resin - 1 surface, anterior tooth	\$ 25.00
Composite resin - 2 surfaces, anterior tooth	\$ 35.00
Composite resin - 1 surface, posterior tooth	\$ 60.00
Composite resin - 2 surfaces, posterior tooth	\$ 85.00

Periodontics

Gingivectomy/gingivoplasty, per quadrant	\$ 85.00
Periodontal scaling/root planing - per quadrant	\$ 26.00

Crowns*

Crown - porcelain with metal (anterior)	\$ 120.00
Crown - porcelain with metal (posterior)	\$ 225.00
Crown - full cast metal	\$ 115.00
Crown - stainless steel (primary or permanent)	\$ 40.00

Endodontics

Single root canal therapy (anterior)	\$ 100.00
Bi-root canal (bicuspid)	\$ 135.00
Molar root canal	\$ 185.00

Dentures and Partial

Complete upper or lower denture	\$ 120.00
Immediate upper or lower denture	\$ 175.00
Partial upper or lower, acrylic base (including conventional clasps and rests)	\$ 110.00

Oral Surgery (extractions)

Single tooth	\$ 10.00
Each additional tooth	\$ 10.00
Surgical removal of erupted tooth	\$ 25.00
Soft tissue impaction	\$ 35.00
Partial bony impaction	\$ 50.00

Orthodontics**

Orthodontics - adult	
full upper and lower banded case	\$1,950.00
Orthodontics - child (Up to age 19)	
full upper and lower banded case	\$1,600.00

*Cost of high noble metal (gold, etc.) may be charged extra when used. Not to exceed actual laboratory cost of metal.

** 24 month treatment

Prepaid Dental 3000 Service Area

And within the following zip codes in these counties:

Dental coverage is available throughout these counties:

Alameda	San Diego
Contra Costa	San Francisco
Fresno	San Joaquin
Imperial	San Luis Obispo
Kern	San Mateo
Los Angeles	Santa Barbara
Marin	Santa Clara
Monterey	Santa Cruz
Napa	Sonoma
Orange	Tulare
Riverside	Ventura
Sacramento	
San Bernardino	

Amador:
95654

Butte:
95914, 95917, 95948

Colusa:
95950

El Dorado:
95630, 95667, 95682

Humboldt:
95501, 95502, 95521,
95525, 95534, 95536,
95537, 95540, 95547,
95549, 95550, 95551,
95556

Kings:
93230, 93291

Madera:
93637, 93638

Mariposa:
95338

Mendocino:
95427, 95482

Merced:
95301, 95303, 95312,
95315, 95317, 95333,
95334, 95339, 95340,
95341, 95342, 95343,
95344, 95348, 95365

Placer:
95603, 95616, 95650,
95661, 95677, 95678,
96145

San Benito:
95023, 95024, 95043,
95045

Shasta:
96001, 96002, 96003,
96007, 96019, 96022,
96033, 96047, 96062,
96073, 96079, 96087,
96089, 96095

Solano:
94510, 94533, 94535,
94585, 94589, 94590,
94591, 95620, 95687,
95688

Stanislaus:
95307, 95319, 95328,
95350, 95352, 95353,
95354, 95355, 95356,
95361, 95367, 95368,
95380, 95381, 95384

Sutter:
95659, 95668, 95674,
95676, 95953, 95957,
95982, 95991

Yolo:
95605, 95616, 95691,
95695

Yuba:
95369, 95692, 95901,
95918, 95919, 95961

Dental 1000 - Benefits and Copays

This is a summary of benefits for the **Dental 1000**, a prepaid dental plan offered GE SmileSaver through CaliforniaChoice Benefit Administrators. To be eligible, an employer must be located within the plan service area shown below. If you are enrolled in the Dental Plan 1000, you need to choose a participating dentist from the list provided. These dentists will provide dental care for you and any dependents who are enrolled in the plan.

Summary of Benefits and Member Copays

Office Visits

During regular hours	No charge
Emergency office visit (After regular hours)	\$ 20.00
Broken appointment (Without 24 hour notice)	\$ 20.00

Diagnostic

Comprehensive oral exam	No charge
Periodic oral exam	No charge
Oral hygiene instruction	No charge
X-rays, complete series	No charge
Bitewing X-rays	No charge

Preventive

Teeth cleaning - adult (1 every 6 months)	No charge
Teeth cleaning - child (1 every 6 months)	No charge

Restorative - Amalgam Restorations Primary teeth

Cavities - 1 surface	No charge
Cavities - 2 surfaces	No charge
Cavities - 3, 4 or more surfaces	No charge

Amalgam Restorations Permanent teeth

Cavities - 1 surface	No charge
Cavities - 2 surfaces	No charge
Cavities - 3, 4 or more surfaces	No charge

Resin Restorations Permanent teeth

Composite resin - 1 surface, anterior tooth	\$ 10.00
Composite resin - 2 or 3 surfaces, anterior tooth	\$ 10.00
Composite resin - 1 surface, posterior tooth	\$ 60.00
Composite resin - 2 surfaces, posterior tooth	\$ 85.00

Periodontics

Gingivectomy/gingivoplasty, per quadrant	No charge
Periodontal scaling/root planing - per quadrant	\$ 20.00

Crowns*

Crown - porcelain with metal (anterior)	\$ 70.00
Crown - porcelain with metal (posterior)	\$ 175.00
Crown - full cast metal.....	\$ 60.00
Crown - stainless steel (primary or permanent).....	No charge

Endodontics

Single root canal therapy (anterior)	\$ 40.00
Bi-root canal (bicuspid)	\$ 65.00
Molar root canal.....	\$ 95.00

Dentures and Partial

Complete upper or lower denture (each)	\$ 70.00
Immediate upper or lower denture (each)	\$ 120.00
Partial upper or lower, acrylic base (including conventional clasps and rests) (each)	\$ 50.00

Oral Surgery (extractions)

Single tooth	No charge
Each additional tooth.....	No charge
Surgical removal of erupted tooth.....	No charge
Soft tissue impaction.....	No charge
Partial bony impaction.....	No charge

Orthodontics**

Orthodontics - adult	
full upper and lower banded case.....	\$1,950.00
Orthodontics - child (Up to age 19)	
full upper and lower banded case.....	\$1,600.00

*Cost of high noble metal (gold, etc.) may be charged extra when used. Not to exceed actual laboratory cost of metal.

** 24 month treatment

Prepaid Dental 1000 Service Area

And within the following zip codes in these counties:

Dental coverage is available throughout these counties:

Alameda	San Diego
Contra Costa	San Francisco
Fresno	San Joaquin
Imperial	San Luis Obispo
Kern	San Mateo
Los Angeles	Santa Barbara
Marin	Santa Clara
Monterey	Santa Cruz
Napa	Sonoma
Orange	Tulare
Riverside	Ventura
Sacramento	
San Bernardino	

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95556

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93230, 93291

Madera:
93637, 93638

Mariposa:
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Mendocino:
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95341, 95342, 95343,
95344, 95348, 95365

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San Benito:
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95045

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96007, 96019, 96022,
96033, 96047, 96062,
96073, 96079, 96087,
96089, 96095

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94585, 94589, 94590,
94591, 95620, 95687,
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95380, 95381, 95384

Sutter:
95659, 95668, 95674,
95676, 95953, 95957,
95982, 95991

Yolo:
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95695

Yuba:
95369, 95692, 95901,
95918, 95919, 95961

Dental 3000 and 1000 Summary of Exclusions & Limitations

1. Dental treatment must be received from the Member's participating dental office unless exception is specifically authorized in writing by the Plan.
2. Routine and periodic examinations are limited to once every 6 months per enrolled Member.
3. Prophylaxis procedures are limited to once every 6 months.
4. Bitewing radiographs (x-rays) in conjunction with periodic examinations are limited to one series of films in any 12 consecutive month period. Full mouth radiographs (x-rays) in conjunction with periodic examinations are limited to once every 3 years. Panoramic films are limited to once every 3 years.
5. Fluoride treatment is limited to enrolled Members under the age of 18 years once every 6 months.
6. Periodontal scaling and root planing, and/or sub-gingival curettage, and periodontal maintenance procedures are limited to one course of therapy during any 12 month period.

The following dental services and procedures are **not included** in the Dental 3000 or 1000:

1. Any procedure not specifically listed as a covered benefit.
2. Dental treatment or expenses incurred in connection with any dental procedures started prior to the Member's effective date under this Plan or after termination of the Member's coverage. Example: teeth prepared for crowns, root canal treatment in progress, etc.
3. All treatment of fractures and dislocations.
4. Extraction for orthodontic purposes.
5. Dental procedures and charges incurred as part of implants (placement or removal) and prosthetic devices placed on implants (fixed or removable). Example: bridges, crowns, dentures.
6. Replacement of lost or stolen dentures, crown and bridgework or other dental appliances.
7. Dental treatment or procedures requiring or associated with fixed prosthodontic restorations (other than those for replacement of structure lost due to decay) when part of extensive oral rehabilitation or reconstruction.
8. Diagnosis or treatment by any method of any condition related to the jaw joint, TMJ or associated musculature, nerves or other tissues.
9. A dental treatment plan, which, in the opinion of the Participating Dentist, is not medically necessary, will not produce a beneficial result or has a poor prognosis.
10. Any corrective treatment required as a result of dental services performed by a non-participating dentist while this coverage is in effect and any dental services started by a non-participating dentist will not be the responsibility of the participating dental office or the Plan for completion or compensation.

**This is a summary of Exclusions & Limitations.
For a complete listing, please see the Evidence of Coverage.**

Dental EPO 3500, PPO 4000 & 5000 Benefits Summary

This is a summary of benefits for the EPO 3500 and PPO 4000 & 5000 underwritten by The United States Life Insurance Company in the city of New York, member of American International Group, Inc. All plans are available to companies with 2 or more eligible employees.

Plan Benefits	EPO Dental 3500		PPO Dental 4000		PPO Dental 5000	
	In Network EPO Network	Out of Network [^]	In Network PPO Network	Out of Network	In Network PPO Network	Out of Network
Annual Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500
Annual Deductible	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50
Preventive Care	Ded. waived	Ded. applies	Ded. waived	Ded. applies	Ded. waived	Ded. applies
Preventive	100%	100%	100%	80%	100%	80%
Basic	80%	80%	80%	80%	80%	80%
Major (12 mo. wait period)	50%	50%	50%	50%	50%	50%
Endo/Perio	80%*	50%*	80%	50%*	80%	50%*
Restorative	80%	80%**	80%	80%**	80%	80%**

[^] Out-of-network benefits are covered at the maximum allowable or scheduled charge.

* For groups with 10 or more employees, the waiting period for major services will be waived for individuals who were enrolled under the employer's comparable group dental plan for 12 months or more. All new hires and groups without prior comparable dental coverage are subject to the waiting period. Credit will be given for time on the prior plan.

** For groups of 2-4 employees, out-of-network restorative is covered at 50%, no waiting period.

Orthodontia is an optional benefit selected for the entire group by the employer

Optional Orthodontia	3500*		4000*		5000*	
	In Network	Out-of-network	In Network	Out-of-network	In Network	Out-of-network
Orthodontia (24 mo. wait period)**	50%	50%	50%	50%	50%	50%
Annual Maximum	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500
Lifetime Maximum	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000

* Available to groups of 5 or more eligible employees.

** For groups with 10 or more employees, the waiting period for orthodontia will be waived for individuals who were enrolled under the employer's comparable group dental plan for 24 months or more. All new hires and groups without prior comparable dental coverage are subject to the waiting period. Credit will be given for time on the prior plan if orthodontia was covered.

1. Employer must contribute at least 50% of the employee premium of the lowest cost dental plan being offered.
2. Employee participation must equal 100%, if the employer pays 100% of the employee premium.
3. All new hires are subject to the waiting periods for major and ortho.
4. All groups without comparable dental coverage are subject to the waiting periods for major and ortho.

EPO 3500, PPO 4000 & 5000 Exclusions

No benefits will be paid for expenses incurred:

1. For overdentures and associated procedures.
2. For charges in excess of those considered reasonable and customary.
3. For cosmetic procedures.
4. For the replacement of dentures, bridge inlays, onlays or crowns that can be repaired or restored to normal function.
5. For implants and:
 - Replacement of lost or stolen appliances
 - Replacement of retainers
 - Athletic mouthguards
 - Precision or semi-precision attachments
 - Dental duplication or sealants
6. For oral hygiene instructions and:
 - Plaque control
 - Completion of a claim form
 - Acid etch
 - Missed appointments
 - Prescription of take home fluoride
 - Diagnostic photographs
7. For services not completed when insurance ends, except that certain services which began while insured may be covered if completed within 31 days of termination of coverage.
8. For procedures that have begun but have not been completed.
9. For services and treatment provided at no charge, with or without insurance coverage.
10. For services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries.
11. For a condition covered under any Workers' Compensation Act or similar law.
12. That are applied toward satisfying a deductible.
13. That are generally considered by the dental profession as experimental or investigational.
14. For the treatment of cleft palate and anodontia.
15. For services or supplies payable under any medical expense plan.
16. For orthodontia, unless included within Coverage Schedule.
17. Prior to the date the insured is covered under the policy.
18. For the diagnosis or treatment of TMJ.
19. For hospital services.
20. For any unmarried child 19 years of age and over unless he or she is dependent upon you for support, while a full-time student. A full-time student is one who is enrolled for 12 semester hours of credit in an accredited junior college, college or university. Any exception for a full-time student will end at age 25.
21. During any waiting period we require, when you voluntarily end your insurance and re-enroll at a later date. Your waiting period is 2 years and begins on the date your coverage first ended.
22. Charges for infection control, sterilization and waste disposal.

See the Certificate of Insurance for a complete list of exclusions and limitations

ChiroPlus - Optional Chiropractic Plan by Landmark™ Healthplan

CaliforniaChoice brings you the ChiroPlus program with low copays for chiropractic and acupuncture benefits and additional savings with chiropractic and acupuncture discounts. These services are available exclusively through the Landmark™ Healthplan network of providers.

	Plan 1	Plan 2
	CHIRO ONLY	CHIRO AND ACUPUNCTURE
Office Visits Includes examinations, manipulation, conjunctive physiotherapy and X-Rays	\$15 Copay Per Visit <i>Maximum - 20 Visits Per Year</i>	\$15 Copay Per Visit <i>Maximum - 20 Visits Per Year</i> <i>(combined between Chiropractic and Acupuncture)</i>
Acupuncture Treatment Herbal Therapies*	Not Covered Not Covered	\$15 Copay Per Visit \$5 Copay Per Bottle <i>(Maximum \$500 per year)</i>
Chiropractic Discounts Office Visits Examinations Adjustments Diagnostic Procedures & X-Rays Chiropractic Medical Appliances	<i>In addition to the 20 office visits for \$15 each, members will receive additional discounts through Landmark Healthplan's network of providers. These additional discounts are listed below, but are not limited to:</i>	
	Minimum 25% Discount for Professional Services	Minimum 25% Discount for Professional Services
Acupuncture Discounts Office Visits Examinations Diagnostic Procedures All Acupuncture Procedures (Includes electro-acupuncture, moxibustion, acupressure and cupping)	Not Covered	Minimum 20% Discount For Professional Services
WellCall Wellness Referral and Counseling Services	Health and Wellness Referral and Counseling Services WellCall provides resources or information to meet virtually any need for preventive health & wellness assistance, including: weight management; fitness & exercise; smoking cessation; pre- & post natal care; parenting; & health self-management. Log on to www.wellcall.com or call 888-493-5522	

* Herbal Therapies are for oral ingestion or external application of naturally occurring botanical, animal, or mineral substances to support normal structure and function of the human body according to the principles of traditional Oriental medicine.

Premiums	This program requires the employer to contribute 100% with all medically enrolled employees participating.
Plan 1 – Chiropractic Only	\$ 2.95* per month per covered employee
Plan 2 – Chiro & Acupuncture	\$ 4.92* per month per covered employee

* Rates include coverage for dependents. Coverage is available for residents of California only.

Security Financial Life

This benefit allows you to help your employees provide for loved ones in the event of death. Plan advantages include:

- A \$10,000 minimum life insurance amount and higher guaranteed issue amounts (based on employee participation).

Guaranteed Issue Maximums	
Employee participation	Guaranteed issue* maximum
2-10	\$25,000
11-25	\$50,000
26-50	\$75,000

- Partial payment of the life insurance amount to terminally ill through the Living Benefits Provision.
- Accidental Death & Dismemberment Benefit – this provision pays an additional amount equal to the life insurance amount (Loss must occur within 90 days of accident).
- Disability Waiver of Premium: Disability prior to age 60 - benefits to age 70; disability between ages 60 and 69 - benefits for one year, but not beyond age 70.
- Conversion Privilege - within 31 days of termination, no medical exam.

Life insurance amounts are subject to the following reductions:

Reduction Schedule	
Age of insured	% of coverage prior to age 70
70-74	70%
75 +	40%

*Life insurance coverage is only guaranteed issue when elected at time of initial enrollment by group with CaliforniaChoice.

NOTE: A suicide exclusion applies to life insurance amount during the first 2 years and to AD&D at any time.

POP Plans through CONEXIS

This innovative, optional benefit helps employees pay for their share of health premiums with pre-tax income. This results in less taxes paid by employees, and lower payroll taxes and Workers' Compensation costs for the employer.

Other POP Plan advantages:

- Pre-tax deduction allows employees to take home more money
- Employee tax savings make it easier for them to assume a larger share of the premium or “buy-up” to the benefit design of their choice

Here is a sample breakdown of savings offered by a Premium Only Plan (POP):

Employer savings		
Based on 30 employees, average \$2,000/mo. salary		
	Before POP Plan	With POP Plan
Employee Salary	\$ 2,000	\$ 2,000
Employee Premium Contribution	\$ 0	\$ 150
Taxable Salary	\$ 2,000	\$ 1,850
FICA at 7.65%	\$ 153	\$ 141
Workers' Comp (Average 3%)	\$ 60	\$ 55
Total Employee Payroll Cost	\$ 2,213	\$ 2,196
Monthly per employee savings:		\$ 17
Annual employee savings:		\$ 204
1st year savings with 30 employees:		\$ 6,120

Employee savings		
Savings per employee, based on \$2,000/mo. salary		
	Before POP Plan	With POP Plan
Employee Salary	\$ 2,000	\$ 2,000
Tax Free Benefit Expenses	\$ 0	\$ 150
(Redirected from salary on pre-tax basis)		
Taxable Salary	\$ 2,000	\$ 1,850
Taxes & FICA (Average 25%)	\$ 500	\$ 462
Take Home Pay	\$ 1,500	\$ 1,388
After-Tax Premium Contribution	\$ 150	\$ 0
Spendable income:	\$ 1,350	\$ 1,388
Employee monthly increase:		\$ 38
Annual increase and \$0 raise:		\$ 456

About CONEXIS

For more than 17 years, CONEXIS has delivered a wide range of employee benefit solutions to employers, third party administrators (TPA's), business outsourcing partners and health plans nationwide. Specializing in the complex areas of administration and compliance, our expertise includes COBRA and HIPAA Administrative Services; Direct Bill Services for Retirees, Leave of Absence (LOA) and Family Medical Leave Act (FMLA); and Flexible Benefits Administration, including Section 125 Flexible Spending Accounts (FSA), Section 132 Transportation Plans, Section 105 Health Reimbursement Arrangements (HRA), and Health Savings Accounts (HSA). CONEXIS is the only outsource provider to offer benefits administration on a fully integrated, Web-based system. This approach helps its clients to easily and cost-effectively develop, implement and manage these popular, yet highly regulated and complex benefits programs. Headquartered in Dallas, Texas, with an operations/customer service center in Orange, California, CONEXIS is a Word & Brown company.





CaliforniaChoice
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A CHOICE Administrators Program

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