



BC Life & Health  
Insurance Company

# Basic PPO and PPO Saver Plans

Individual and Family Health Care Plans for California



# Basic PPO and PPO Saver Plans

## Is the Basic PPO for you?

- Basic (mainly catastrophic) coverage for hospitalization and emergency services
- Choice of \$1,000 or \$2,500 medical deductible
- Doctors' office visits are covered once you meet your out-of-pocket maximum
- No prescription drug benefits
- No maternity benefits

## Or does the PPO Saver work better for you?

- Basic (mainly catastrophic) coverage for hospitalization and emergency services
- Two separate medical deductibles: \$500 for hospital/emergency services and \$5,000 for other covered services
- Immediate benefits for 4 doctors' office visits for children and 2 for adults
- Brand-name and generic prescription drug coverage
- No maternity benefits

## What else do you get?

- Access to over 50,000 California network doctors and specialists and over 400 hospitals  
– **so chances are your doctor is one of ours**
- **Money in your pocket** – because we've negotiated lower fees with our network doctors and hospitals, your share of costs is less (a lot less)
- **Free health and wellness programs** – designed to keep you as healthy as can be
- Out-of-state coverage – **so you'll feel better wherever you are**

Be sure to also check out our dental plans and life insurance on pages 13 and 14.

**Without health coverage, you could pay an average of \$27,984 for a 3-day hospital stay. Don't wait to get the protection you need.**

# Basic PPO 1000/2500 Plans

These amounts show your share of costs after deductibles, if any

Benefit	In-Network	Out-of-Network
<b>Annual Deductible</b> (Combined for In-Network and Out-of-Network)	<b>\$1,000/\$2,500 per member, inpatient or surgical procedures only</b> (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)	<b>\$1,000/\$2,500 per member, inpatient or surgical procedures only</b> (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)
<b>Lifetime Maximum</b> (Combined for In-Network and Out-of-Network)	\$5,000,000 per member	\$5,000,000 per member
<b>Annual Out-of-Pocket Maximum<sup>1</sup></b> (Includes deductible) (Combined for In-Network and Out-of-Network)	<b>\$3,500/\$5,000 per member</b> (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)	<b>\$3,500/\$5,000 per member</b> (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)
<b>Doctors' Office Visits</b>	No office visit benefit until out-of-pocket maximum is met, then plan pays 100% of negotiated fee	No office visit benefit until out-of-pocket maximum is met, then you pay 50% of negotiated fee plus all excess charges
<b>Professional Services</b> (X-ray, lab, anesthesia, surgeon, etc.)	20% of negotiated fee for inpatient or surgical procedures only. No office visit benefits until out-of-pocket maximum is met, then plan pays 100% of negotiated fee	50% of negotiated fee, plus all excess charges for covered inpatient or surgical procedures only
<b>Hospital Inpatient (Overnight Hospital Stays)</b>	20% of negotiated fee <sup>2</sup>	All charges except \$650 per day
<b>Hospital Outpatient (If You Don't Stay Overnight)</b>	20% of negotiated fee <sup>2</sup>	All charges except \$380 per day
<b>Emergency Room Services<sup>3</sup></b>	20% of negotiated fee	20% of customary and reasonable fees plus all excess charges
<b>Maternity</b>	<b>Not Covered</b>	<b>Not Covered</b>
<b>Preventive Care</b>	Routine mammogram, Pap and PSA tests <sup>4</sup> : 20% of negotiated fee (deductible waived) HealthyCheck <sup>SM</sup> Centers <sup>5</sup> : \$25/\$75 copay for basic/premium screening (deductible waived)	Routine mammogram, Pap and PSA tests <sup>4</sup> : 50% of negotiated fee plus all excess charges (deductible waived)
<b>Ambulance</b>	20% of negotiated fee	50% of negotiated fee plus all charges in excess of negotiated fee and in excess of the plan's \$750 maximum payment per ground trip
<b>Physical/Occupational Therapy; Chiropractic Services</b>	Not covered unless during inpatient admission	Not covered unless during inpatient admission
<b>Acupuncture/Acupressure</b>	<b>Not Covered</b>	<b>Not Covered</b>
<b>Prescription Drugs</b>	<b>Not Covered</b>	<b>Not Covered</b>

<sup>1</sup> Excludes non-participating charges in excess of the Blue Cross negotiated fee and non-participating charges in excess of customary and reasonable fees for emergency care. Copays/coinsurance to participating and non-participating providers apply to out-of-pocket maximum except where specifically noted in the policy.

<sup>2</sup> Additional \$500 admission charge at participating hospitals (no additional charge for preferred participating) is for inpatient stays or outpatient surgery or infusion therapy. The charge is not required for ambulatory surgical centers or medical emergencies.

<sup>3</sup> Additional \$100 copay applies for each emergency room visit. Waived if admitted as inpatient.

<sup>4</sup> Tests ordered by a physician are covered, including appropriate screening for breast, cervical and ovarian cancer.

<sup>5</sup> One HealthyCheck visit at a HealthyCheck Center only allowed for each 12-month period. HealthyCheck applies only to adults and children age 7 and above.

# PPO Saver Plan

These amounts show your share of costs after deductibles, if any

Benefit	In-Network	Out-of-Network
<b>Annual Deductible</b> (Combined for In-Network and Out-of-Network)	This plan features two separate medical deductibles: <b>\$500 per member for emergency and hospital inpatient/outpatient services; and \$5,000 per member for other covered services.</b> (Once 2 members each reach the deductibles, the deductibles are satisfied for the entire family.)	This plan features two separate medical deductibles: <b>\$500 per member for emergency and hospital inpatient/outpatient services; and \$5,000 per member for other covered services.</b> (Once 2 members each reach the deductibles, the deductibles are satisfied for the entire family.)
<b>Lifetime Maximum</b> (Combined for In-Network and Out-of-Network)	\$5,000,000 per member	\$5,000,000 per member
<b>Annual Out-of-Pocket Maximum<sup>1</sup></b> (Combined for In-Network and Out-of-Network)	Both medical deductibles apply to satisfy a total of <b>\$5,000 per member</b> (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)	Both medical deductibles apply to satisfy a total of <b>\$5,000 per member</b> (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)
<b>Doctors' Office Visits</b> (Number of office visits is combined for In-Network and Out-of-Network)	Children: 4 office visits per year at \$30 copay per visit; Adults: 2 office visits per year at \$30 copay per visit (deductible waived)	Children: 4 office visits per year; Adults: 2 office visits per year; 50% of negotiated fee plus all excess charges (deductible waived)
<b>Professional Services</b> (X-ray, lab, anesthesia, surgeon, etc.)	20% of negotiated fee for inpatient or surgical procedures only. You pay for other covered services until the out-of-pocket maximum is met, then plan pays 100% of negotiated fee.	50% of negotiated fee plus all excess charges for inpatient or surgical procedures only. You pay for other covered services until out-of-pocket maximum is met.
<b>Hospital Inpatient (Overnight Hospital Stays)</b>	20% of negotiated fee <sup>2</sup> after \$500 deductible	All charges except \$650 per day
<b>Hospital Outpatient (If You Don't Stay Overnight)</b>	20% of negotiated fee <sup>2</sup> after \$500 deductible	All charges except \$380 per day
<b>Emergency Room Services<sup>3</sup></b>	20% of negotiated fee after \$500 deductible	20% of customary and reasonable fees plus all excess charges
<b>Maternity</b>	<b>Not Covered</b>	<b>Not Covered</b>
<b>Preventive Care</b>	Routine mammogram, Pap and PSA tests <sup>4</sup> : 20% of negotiated fee (deductible waived) Well Baby and Well Child (through age 6): 50% of negotiated fee (deductible waived) HealthyCheck <sup>SM</sup> Centers <sup>5</sup> : \$25/\$75 copay for basic/premium screening (deductible waived)	Routine mammogram, Pap and PSA tests <sup>4</sup> : 50% of negotiated fee plus all excess charges (deductible waived) Well Baby and Well Child (through age 6): 50% of negotiated fee plus all excess charges (deductible waived)
<b>Ambulance</b>	20% of negotiated fee	50% of negotiated fee plus all charges in excess of negotiated fee and in excess of the plan's \$750 maximum payment per ground trip
<b>Physical/Occupational Therapy; Chiropractic Services</b>	20% of negotiated fee, up to 12 visits per year <sup>6</sup>	All charges except \$25 per visit, up to 12 visits per year <sup>6</sup>
<b>Acupuncture/Acupressure</b> (Combined for In-Network and Out-of-Network)	All charges except \$25 per visit, up to 24 visits per year	All charges except \$25 per visit, up to 24 visits per year
<b>Prescription Drugs (Blue Cross Formulary<sup>7</sup>)</b> Amounts shown are for each 30-day retail or in-network mail order supply	\$10 copay generic; \$30 copay brand-name <sup>8</sup> after \$500 brand-name prescription drug deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin	50% of drug limited fee schedule and all excess charges plus the copay/coinsurance as stated for in-network benefits; subject to the annual \$500 brand-name prescription drug deductible

<sup>1</sup> Excludes non-participating charges in excess of the Blue Cross negotiated fee and non-participating charges in excess of customary and reasonable fees for emergency care. Copays/coinsurance to participating and non-participating providers apply to out-of-pocket maximum except where specifically noted in the policy.

<sup>2</sup> Additional \$500 admission charge at participating hospitals (no additional charge for preferred participating) is for inpatient stays or outpatient surgery or infusion therapy. The charge is not required for ambulatory surgical centers or medical emergencies.

<sup>3</sup> Additional \$100 copay applies for each emergency room visit. Waived if admitted as inpatient.

<sup>4</sup> Tests ordered by a physician are covered, including appropriate screening for breast, cervical and ovarian cancer.

<sup>5</sup> One HealthyCheck visit at a HealthyCheck Center only allowed for each 12-month period. HealthyCheck applies only to adults and children age 7 and above.

<sup>6</sup> Visits to participating and non-participating providers combined. Additional visits may be authorized.

<sup>7</sup> Non-Formulary Drugs: You pay 50% for generic, 100% for brand-name up to the brand-name deductible, then either: 50% if no generic is available, or generic copay plus the difference between brand-name and available generic equivalent.

<sup>8</sup> If a member selects a brand-name drug when a generic equivalent drug is available, even if the physician writes a "dispense as written" or "do not substitute" prescription, the member will be responsible for the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. The amount paid does not apply to the member's brand-name deductible.

# What the Medical Plans Do Not Cover

Please take a few moments to review the exclusions and limitations. We want you to understand what your coverage does not include before you enroll.

These listings are an overview only. The Basic PPO 1000/2500 and PPO Saver Policy booklets contain a comprehensive list of the plans' exclusions and limitations. For a sample copy of a Policy booklet, ask your agent or contact BC Life & Health Insurance Company.

## Exclusions and Limitations

- Maternity or pregnancy care.
- Conditions covered by workers' compensation or similar law.
- Experimental or investigative services.
- Services provided by a local, state, federal or foreign government, unless you have to pay for them.
- Services or supplies not specifically listed as covered under the Policy.
- Services received before your effective date.
- Services received after coverage ends.
- Services you wouldn't have to pay for without insurance.
- Services from relatives.
- Any services received by Medicare benefits without payment of additional premium.
- Services or supplies that are not medically necessary.
- Routine physical exams, except for preventive care services (e.g., physical exams for insurance, employment, licenses or school are not covered).
- Any amounts in excess of the maximum amounts listed in the Policy.
- Sex changes.
- Cosmetic surgery.
- Services primarily for weight reduction except medically necessary treatment of morbid obesity.
- Dental care, dental implants or treatment to the teeth, except as specifically stated in the Policy.
- Hearing aids.
- Contraceptive drugs and/or certain contraceptive devices, except as specifically stated in the Policy.
- Infertility services.
- Private duty nursing.
- Eyeglasses or contact lenses, except as specifically stated in the Policy.
- Vision care including certain eye surgeries to replace glasses, except as specifically stated in the Policy.
- Mental and nervous disorders and substance abuse, except as specifically stated in the Policy.
- Certain orthopedic shoes or shoe inserts, except as specifically stated in the Policy.
- Services or supplies related to a preexisting condition.
- Outdoor treatment programs.
- Telephone or facsimile machine consultations.
- Educational services except as specifically provided or arranged by Blue Cross.
- Nutritional counseling.
- Food or dietary supplements, except for formulas and special food products to prevent complications of phenylketonuria (PKU).
- Care or treatment furnished in a non-contracting hospital, except as specifically stated in the Policy.
- Personal comfort items.
- Custodial care.
- Certain genetic testing.
- Outpatient speech therapy, except as specifically stated in the Policy.
- Any amounts in excess of maximums stated in the Policy.
- Outpatient drugs, medications or other substances dispensed or administered in any outpatient setting.
- Services or supplies supplied to any person not covered under the Agreement in connection with a surrogate pregnancy.

## Additional Exclusions and Limitations for Basic PPO 1000/2500 Only

- Preventive benefits, except for Pap and PSA tests, and mammograms, not specifically listed in the Policy.
- Outpatient prescription drugs.
- Acupuncture/Acupressure.
- Physician office visits and associated costs, except as specifically described in the Policy.
- Physical or occupational therapy or chiropractic services, except those provided during an inpatient hospital confinement.
- Eye glasses and eye examinations.

# General Provisions

## Mental Health Coverage

Blue Cross provides the same level of coverage as other medical diagnoses for the medically necessary treatment of severe mental illnesses in persons of any age. Severe mental illness, as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual (DSM), includes the following diagnoses:

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder (manic-depressive illness)
- Major depressive disorders
- Panic disorder
- Obsessive-compulsive disorder
- Pervasive developmental disorder or autism
- Anorexia nervosa
- Bulimia nervosa

Blue Cross also provides the same level of coverage as other medical diagnoses for serious emotional disturbances in children that result in behavior inappropriate to the child's age, according to expected developmental norms.

For the Basic PPO 1000/2500 and PPO Saver plans, coverage is provided for non-severe mental and nervous disorders and substance abuse as follows:

- Inpatient Hospital (30 days/year maximum) – You pay all charges except \$175/day after your deductible is met.

For the Basic PPO 1000/2500 plans only:

- Professional Services (1 visit/day; 20 visits/year maximum) – You pay all charges except \$25/visit after your out-of-pocket maximum is met.

**For more details regarding these benefits, refer to the Policy booklet.**

## Emergency Care

Blue Cross covers emergency services necessary to screen and stabilize your condition. No authorization or precertification is required if you reasonably believe an emergency medical condition exists. A medical emergency is an unexpected acute illness, injury or condition that could endanger your health if not treated immediately. Examples of medical emergencies include:

- Severe pain
- Chest pains
- Heavy bleeding
- Difficulty breathing or shortness of breath
- Sudden loss of consciousness
- Sudden weakness or numbness of the face, arm or leg on one side of the body

When you consider a medical condition to be an emergency, immediately call 911 or go to the nearest hospital emergency room. Once your condition is stabilized, it is important for the hospital, you or a family member to contact your physician or Blue Cross about the authorization of additional services.

# Rights and Obligations

## No-Obligation Review Period

After you enroll in a plan offered by BC Life & Health Insurance Company (BCL&H), you will receive a Policy booklet that explains the exact terms and conditions of coverage, including the plan's exclusions and limitations. You have 10 full days to examine your plan's features. During that time, if you are not fully satisfied, you may decline by returning your Policy booklet along with a letter notifying us that you wish to discontinue coverage. Policy booklets are available for you to examine prior to enrolling. Ask your agent or BCL&H.

## Guarding Your Privacy

BCL&H is 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: the right to authorize release of information; the right to limit access to medical information; protection of oral, written and electronic information; use of data; and information shared with employers. You may obtain our complete Notice of Privacy Practices from our Web site at [www.bluecrossca.com](http://www.bluecrossca.com). You may also call the Customer Service number listed on your member ID card or prospective members can call 1-800-333-0912.

## Utilization Management and Pre-Service Review

The Blue Cross Utilization Management and Pre-Service Review Program helps members receive coverage for appropriate treatment in the appropriate setting. Four review processes are included:

- 1) Pre-Service Review assesses medical necessity before services are provided;
- 2) Admission Review determines at the time of admission if the stay or surgery is Medically Necessary in the event Pre-Service Review is not conducted;
- 3) Continued Stay Review determines if a continued stay is Medically Necessary;
- 4) Retrospective Review determines if the stay or surgery was Medically Necessary after care has been provided if none of the first three reviews were performed.

Utilization Management and Pre-Service Review is not the practice of medicine or the provision of medical care to you. Only your doctor can provide you with medical advice and medical care.

## Requirement for Binding Arbitration

If you are applying for coverage, please note that BCL&H requires binding arbitration to settle **any and all** disputes including medical malpractice, breach of contract and benefits. This means that you are waiving your right to a jury or court trial for **both** medical malpractice claims and any other disputes. California Health and Safety Code Section 1363.1 and Insurance

Code Section 10123.19 require specified disclosures in this regard, including the following notice: "It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration." Both parties also agree to give up any right to pursue on a class basis any claim or controversy against the other.

## California Department of Insurance

If you have a problem regarding your coverage, please contact BCL&H to resolve the issue. If you are unable to resolve the matter, you may request a review by the California Department of Insurance (CDI) at the following address and telephone number:

California Department of Insurance,  
Consumer Affairs Bureau  
300 South Spring Street, South Tower  
Los Angeles, California 90013  
1-800-927-HELP (4357).

You may also be eligible for an Independent Medical Review (IMR) of disputed health care services from the California Department of Insurance if you believe that BCL&H has improperly denied, modified, or delayed health care services. A disputed health care service is any health care service eligible for coverage and payment under your plan that has been denied, modified or delayed by BCL&H, in whole or in part because the service is not Medically Necessary.

The IMR process is in addition to any other procedures or remedies that may be available to you. If you need additional information about IMR or require help in completing the form, you may call (818) 234-3353 or you may write to:

BC Life & Health Insurance Company  
P.O. Box 4310  
Woodland Hills, CA 91365.

Your BCL&H Policy contains an arbitration clause. Disagreements between you and BCL&H which exceed small claims court jurisdictional limits will be resolved through arbitration. To initiate arbitration, a written request must be submitted to your dedicated processing unit who will provide you with information to initiate arbitration.

## Incurred Medical Care Ratio

As required by law, we are advising you that Blue Cross of California and its affiliated companies' incurred medical care ratio for 2006 was 81.53 percent. This ratio was calculated after provider discounts were applied.

# Enrollment Guidelines

## To enroll, you must be:

- Age 64¾ or younger;
- A permanent legal resident of California;
- A U.S. resident for at least the last 3 months;
- The applicant's spouse or domestic partner, age 64¾ or younger;
- The applicant's children (under 19 years of age), or the children (under 19 years of age) of the applicant's enrolling spouse or qualified domestic partner;
- The applicant's unmarried dependent children between the ages of 19 through 22 ("dependent" as defined by the Internal Revenue Service)

## Medical Underwriting Requirement

We believe that the cost of our plans should be consistent with a member's expected health care needs and risk factors. That's why Blue Cross offers various levels of coverage. To determine individual medical risk factors, all applications are subject to medical underwriting. Depending on the results of the underwriting review, a number of things may happen:

- You may be offered coverage at the standard premium charge, or
- You may be offered the plan you selected at a higher rate, or
- You may not qualify for the plan listed in this brochure, or
- You may be offered an alternate plan

If you have a significant medical condition and do not qualify for the plans in this brochure, or if you have discontinued group coverage, please contact your Blue Cross representative for information regarding other Individual coverage options.

## Waiting Periods

There is a specific six-month waiting period for coverage of any condition, disease or ailment for which medical advice or treatment was recommended or received within six months preceding the effective date of coverage. If you apply for coverage within 63 days of terminating your membership with another "creditable" health care plan, then you can use your prior coverage for credit toward the six-month waiting period. Blue Cross will credit the time you were enrolled on the previous plan. Consult with your Blue Cross agent or representative if you have a question about the underwriting process.

## Terms of Coverage

Coverage remains in force as long as you pay the required premiums on time and for as long as you remain eligible for membership. Coverage will cease if you become ineligible because of residency requirements or duplicate Individual coverage with Blue Cross.

Blue Cross may change or terminate coverage for all covered persons with the same plan, rating area and deductible (if applicable), including changing rates, with 30 days prior written notice. Blue Cross does not change coverage or rates unless the change applies to all covered persons of the same class.

# Medical Rating Area Definitions

The following indicates the counties and/or ZIP codes for each rating area. The subscriber's home address determines the rating area.

<b>Alameda</b>	95304, 95377, 95391	Area 2	<b>Riverside</b>	92883	Area 4
	all other Alameda ZIPs	Area 3		all other Riverside ZIPs	Area 6
<b>Alpine</b>		Area 2	<b>Sacramento</b>	94571	Area 3
<b>Amador</b>		Area 2		all other Sacramento ZIPs	Area 2
<b>Butte</b>		Area 3	<b>San Benito</b>	93930, 95004	Area 1
<b>Calaveras</b>		Area 2		all other San Benito ZIPs	Area 2
<b>Colusa</b>		Area 3	<b>San Bernardino</b>	91766, 91792	Area 9
<b>Contra Costa</b>		Area 3		93516, 93555	Area 7
<b>Del Norte</b>		Area 1		all other San Bernardino ZIPs	Area 6
<b>El Dorado</b>		Area 2	<b>San Diego</b>		Area 6
<b>Fresno</b>	93245, 93618	Area 7		<b>San Francisco</b>	
	all other Fresno ZIPs	Area 2	<b>San Joaquin</b>	94514	Area 3
<b>Glenn</b>		Area 3		all other San Joaquin ZIPs	Area 2
<b>Humboldt</b>		Area 3	<b>San Luis Obispo</b>	93252	Area 7
<b>Imperial</b>		Area 6		93426	Area 1
<b>Inyo</b>	93527	Area 7		all other San Luis Obispo ZIPs	Area 8
	all other Inyo ZIPs	Area 2	<b>San Mateo</b>		Area 2
<b>Kern</b>	93536	Area 9		<b>Santa Barbara</b>	93252
	93558	Area 6	all other Santa Barbara ZIPs	Area 8	
all other Kern ZIPs	Area 7	<b>Santa Clara</b>	94303, 95023	Area 2	
<b>Kings</b>	93242, 93631, 93656		Area 2	all other Santa Clara ZIPs	Area 3
	all other Kings ZIPs	Area 7	<b>Santa Cruz</b>		Area 3
<b>Lake</b>		Area 3		<b>Shasta</b>	
<b>Lassen</b>		Area 1	<b>Sierra</b>	95922	Area 3
<b>Los Angeles</b>	ZIP codes beginning with 906-912, 915, 917, 918 & 935 except 90623, 90630, 90631, 91709, 93560	Area 9		95960	Area 2
	90623, 90630, 90631	Area 4	all other Sierra ZIPs	Area 1	
	91709	Area 6	<b>Siskiyou</b>		Area 1
	93243, 93560	Area 7		<b>Solano</b>	95690
	all other Los Angeles ZIPs	Area 5	all other Solano ZIPs		Area 3
<b>Madera</b>		Area 2	<b>Sonoma</b>		Area 3
<b>Marin</b>		Area 2		<b>Stanislaus</b>	
<b>Mariposa</b>		Area 2	<b>Sutter</b>	95626, 95648, 95837	Area 2
<b>Mendocino</b>		Area 3		all other Sutter ZIPs	Area 3
<b>Merced</b>		Area 2	<b>Tehama</b>	95963, 95973	Area 3
<b>Modoc</b>		Area 1		all other Tehama ZIPs	Area 1
<b>Mono</b>		Area 2	<b>Trinity</b>	95526	Area 3
<b>Monterey</b>	93451	Area 8		all other Trinity ZIPs	Area 1
	95076	Area 3	<b>Tulare</b>	93631, 93641, 93646, 93654	Area 2
	all other Monterey ZIPs	Area 1		all other Tulare ZIPs	Area 7
<b>Napa</b>		Area 3	<b>Tuolumne</b>		Area 2
<b>Nevada</b>	95977	Area 3		<b>Ventura</b>	90265 and ZIP codes beginning with 913
	all other Nevada ZIPs	Area 2	93252		Area 7
<b>Orange</b>	90638	Area 9	all other Ventura ZIPs		Area 8
	all other Orange ZIPs	Area 4	<b>Yolo</b>		Area 3
<b>Placer</b>	95668, 95692	Area 3		<b>Yuba</b>	95960
	all other Placer ZIPs	Area 2	all other Yuba ZIPs		Area 3
<b>Plumas</b>	95981	Area 3			
	all other Plumas ZIPs	Area 1			

# Basic PPO 1000 Plan (7900)

These rates are Level 1 (standard) rates. Rates may be higher based on an individual's underwriting review.

# Basic PPO 1000

Monthly Rates Effective March 1, 2007

Level 1	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
<b>Single</b>									
19 - 29	70	64	62	58	65	58	57	56	54
30 - 34	89	79	74	70	78	69	69	67	65
35 - 39	105	91	85	81	90	80	79	77	75
40 - 44	130	113	105	99	113	101	99	99	92
45 - 49	163	140	131	130	142	127	122	120	121
50 - 54	208	177	170	165	182	162	155	152	151
55 - 59	270	246	227	219	244	219	214	208	207
60 - 64	294	273	262	271	286	260	253	247	239
<b>Subscriber &amp; Spouse</b>									
Under 30	142	128	119	111	125	110	109	108	102
30 - 34	174	144	136	130	147	129	128	126	125
35 - 39	214	182	170	160	185	161	159	154	149
40 - 44	262	222	205	191	218	190	189	185	182
45 - 49	324	274	254	235	273	234	233	231	225
50 - 54	418	363	346	341	375	327	317	307	305
55 - 59	542	486	458	447	502	432	423	410	406
60 - 64	614	544	522	525	569	511	489	487	477
<b>Subscriber &amp; Child</b>									
Under 30	135	116	111	110	120	104	100	102	103
30 - 34	149	131	122	123	134	118	113	116	118
35 - 39	164	145	135	132	148	134	130	129	127
40 - 44	179	157	145	141	163	141	139	141	137
45 - 49	208	182	171	171	193	166	160	157	155
50 - 54	252	222	210	209	237	202	195	192	187
55 - 59	319	292	269	264	302	259	255	247	242
60 - 64	347	320	327	319	352	304	297	291	284
<b>Family</b>									
Under 30	224	205	193	181	203	178	177	174	166
30 - 34	265	234	217	206	232	200	199	196	185
35 - 39	300	266	247	235	263	236	229	223	220
40 - 44	342	303	281	263	305	259	258	253	246
45 - 49	382	344	319	299	347	295	292	289	274
50 - 54	483	415	384	389	429	369	361	350	348
55 - 59	585	514	488	480	540	463	448	441	430
60 - 64	662	580	549	555	600	528	513	503	495
<b>Subscriber &amp; Children</b>									
Under 30	189	165	153	154	162	147	142	140	140
30 - 34	212	182	169	173	183	165	159	156	156
35 - 39	221	189	177	178	194	169	166	162	162
40 - 44	239	206	191	192	211	183	179	174	177
45 - 49	254	231	219	218	244	210	201	199	200
50 - 54	306	270	253	257	284	246	238	233	231
55 - 59	379	335	317	317	357	307	296	292	290
60 - 64	379	365	363	362	399	344	331	326	314
<b>Single Child</b>									
0	132	119	116	116	127	111	108	105	106
1 - 18	59	55	54	50	57	51	50	49	47
<b>2 Children</b>									
0	185	163	160	155	171	148	145	146	143
1 - 18	94	85	82	79	86	78	76	75	73
<b>3+ Children</b>									
0	217	205	191	183	202	178	176	172	169
1 - 18	139	129	127	121	137	122	120	118	112

These rates include \$1,000 Term Life coverage for the subscriber. A version of this plan is available without the \$1,000 Term Life coverage at rates of \$1 less for subscribers age 0-49 and \$2 less for subscribers age 50-64.

NOTE: For the "Subscriber & Spouse" and "Family" categories, rates are based on the age of the younger spouse (or younger domestic partner). In some cases, purchasing separate policies for each member may reduce the premium. For children-only contracts, rates are based on the age of the younger child (and the youngest child will be assigned as the subscriber).

# Basic PPO 2500 Plan (R418)

These rates are Level 1 (standard) rates. Rates may be higher based on an individual's underwriting review.

# Basic PPO 2500

Monthly Rates Effective March 1, 2007

Level 1	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
<b>Single</b>									
19 - 29	57	51	51	51	56	51	48	47	48
30 - 34	78	66	64	61	69	61	59	59	57
35 - 39	89	79	73	70	79	72	70	68	66
40 - 44	115	100	95	90	104	93	91	92	85
45 - 49	141	120	112	114	120	113	106	105	107
50 - 54	181	152	143	143	157	147	137	135	135
55 - 59	239	207	195	187	212	197	187	183	180
60 - 64	278	241	226	231	244	225	215	211	211
<b>Subscriber &amp; Spouse</b>									
Under 30	128	109	104	97	110	98	97	95	90
30 - 34	152	125	116	112	128	114	112	109	108
35 - 39	189	160	149	142	172	151	148	143	137
40 - 44	231	195	176	168	197	170	167	168	169
45 - 49	281	235	218	203	237	206	202	200	197
50 - 54	372	317	306	305	352	309	291	286	285
55 - 59	485	420	407	400	448	411	388	382	379
60 - 64	551	473	450	461	487	448	429	421	421
<b>Subscriber &amp; Child</b>									
Under 30	118	100	93	97	106	92	87	91	92
30 - 34	133	114	110	113	124	109	104	107	110
35 - 39	146	127	123	122	137	127	121	119	118
40 - 44	160	140	131	128	152	132	129	131	128
45 - 49	182	156	145	153	175	152	142	141	140
50 - 54	222	191	181	185	217	187	176	175	169
55 - 59	286	248	230	230	276	230	224	225	213
60 - 64	327	286	278	276	299	263	254	255	250
<b>Family</b>									
Under 30	205	173	166	156	177	157	153	152	145
30 - 34	240	203	188	178	205	178	174	176	164
35 - 39	274	231	214	205	233	215	203	204	196
40 - 44	307	263	244	227	279	231	226	223	220
45 - 49	349	296	275	256	305	261	255	254	242
50 - 54	429	358	339	350	399	345	326	324	318
55 - 59	526	453	441	449	515	447	424	421	409
60 - 64	597	509	492	514	543	494	464	477	472
<b>Subscriber &amp; Children</b>									
Under 30	169	143	133	134	142	133	124	123	128
30 - 34	187	157	146	152	160	149	140	139	144
35 - 39	196	164	154	161	171	156	148	149	151
40 - 44	213	179	167	174	188	172	163	162	165
45 - 49	232	197	183	186	209	182	171	170	176
50 - 54	273	228	215	221	252	218	205	204	210
55 - 59	333	284	269	276	314	273	258	256	262
60 - 64	361	317	307	311	338	296	283	283	277
<b>Single Child</b>									
0	116	104	96	100	107	97	93	91	93
1 - 18	56	50	48	46	51	46	45	45	43
<b>2 Children</b>									
0	163	140	137	134	148	131	126	129	127
1 - 18	87	73	71	69	76	70	67	67	65
<b>3+ Children</b>									
0	205	175	166	163	177	160	154	156	154
1 - 18	137	122	115	109	122	109	106	105	100

These rates include \$1,000 Term Life coverage for the subscriber. A version of this plan is available without the \$1,000 Term Life coverage at rates of \$1 less for subscribers age 0-49 and \$2 less for subscribers age 50-64.

NOTE: For the "Subscriber & Spouse" and "Family" categories, rates are based on the age of the younger spouse (or younger domestic partner). In some cases, purchasing separate policies for each member may reduce the premium. For children-only contracts, rates are based on the age of the younger child (and the youngest child will be assigned as the subscriber).

# PPO Saver Plan (NM31)

These rates are Level 1 (standard) rates. Rates may be higher based on an individual's underwriting review.

Level 1	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
<b>Single</b>									
19 - 29	123	106	100	104	120	100	93	94	92
30 - 34	149	123	127	133	149	128	128	128	128
35 - 39	165	144	144	151	166	152	152	151	151
40 - 44	240	210	189	183	215	194	183	185	177
45 - 49	270	238	236	224	265	241	229	230	220
50 - 54	360	316	277	273	318	284	286	282	283
55 - 59	469	391	342	342	410	342	331	341	349
60 - 64	533	459	432	433	518	432	405	409	400
<b>Subscriber &amp; Spouse</b>									
Under 30	242	208	210	224	235	196	194	194	194
30 - 34	297	263	245	245	269	245	244	250	253
35 - 39	349	333	331	331	381	346	335	321	317
40 - 44	485	435	422	407	442	367	386	408	386
45 - 49	601	504	476	475	495	418	446	475	487
50 - 54	783	671	615	611	709	615	613	601	596
55 - 59	938	800	726	699	838	729	729	750	710
60 - 64	1,066	918	865	866	1,037	865	811	818	800
<b>Subscriber &amp; Child</b>									
Under 30	234	194	194	211	234	202	192	206	188
30 - 34	291	234	234	261	268	226	222	227	227
35 - 39	311	257	257	280	286	246	246	246	246
40 - 44	327	306	299	292	332	276	274	275	249
45 - 49	371	333	337	336	384	320	313	316	288
50 - 54	464	419	404	391	464	386	383	385	347
55 - 59	603	498	493	468	570	474	466	469	427
60 - 64	648	558	549	540	638	559	520	567	521
<b>Family</b>									
Under 30	392	337	318	332	381	318	298	318	318
30 - 34	432	381	381	432	468	380	360	408	395
35 - 39	500	422	422	512	512	452	452	452	452
40 - 44	637	529	529	529	647	539	540	549	507
45 - 49	704	580	590	599	718	623	582	577	575
50 - 54	904	750	728	784	950	742	743	759	690
55 - 59	1,096	903	913	919	1,109	920	874	897	825
60 - 64	1,205	1,038	1,033	1,034	1,254	1,042	968	1,052	960
<b>Subscriber &amp; Children</b>									
Under 30	315	272	256	298	307	260	260	260	260
30 - 34	352	287	287	347	352	309	309	309	309
35 - 39	374	309	309	359	374	328	328	328	319
40 - 44	425	352	380	396	459	372	364	366	350
45 - 49	459	388	418	440	522	422	401	408	391
50 - 54	561	466	483	505	597	490	490	490	447
55 - 59	658	553	579	589	699	573	573	573	522
60 - 64	762	656	622	695	754	631	588	645	616
<b>Single Child</b>									
0	191	161	161	191	191	167	167	167	167
1 - 18	100	84	83	83	100	83	78	79	77
<b>2 Children</b>									
0	303	260	260	287	312	244	239	273	255
1 - 18	174	156	147	166	176	148	138	144	138
<b>3+ Children</b>									
0	374	318	318	384	384	318	304	337	337
1 - 18	258	242	232	245	279	232	218	219	217

These rates include \$1,000 Term Life coverage for the subscriber. A version of this plan is available without the \$1,000 Term Life coverage at rates of \$1 less for subscribers age 0-49 and \$2 less for subscribers age 50-64.

NOTE: For the "Subscriber & Spouse" and "Family" categories, rates are based on the age of the younger spouse (or younger domestic partner). In some cases, purchasing separate policies for each member may reduce the premium. For children-only contracts, rates are based on the age of the younger child (and the youngest child will be assigned as the subscriber).

Give yourself every advantage...

**good health, a bright smile**



## Why Dental Coverage?

We believe that a good dental plan should:

- Provide quality coverage at affordable rates
- Help minimize the cost of expensive dental care
- Contribute to your overall health

Improve your quality of life, self-confidence and appearance by making good oral health a part of your daily routine and by taking advantage of the benefits offered through our dental plans.

Whether you choose the flexibility of our Dental PPO plan from BC Life & Health Insurance Company or comprehensive coverage at a lower cost with our Dental SelectHMO<sup>SM</sup> plans from Blue Cross of California, you'll get the benefits you need from a company you can trust.

**And our rates are so affordable, they'll make you smile!**

# and financial security.



## Why Term Life Insurance?

Losing a loved one is hard enough without having to worry about financial obligations. Families are often unprepared for this sudden loss, and term life insurance can provide financial support and peace of mind at a difficult time. Here are just a few reasons why you'll want to purchase term life insurance from BC Life & Health Insurance Company:

- It's inexpensive – just pennies a day
- It's easy – no additional forms are required to enroll
- It's convenient – your life and health plan premiums will be on the same bill

For more information on our dental plans or life insurance, ask your Blue Cross agent today!

Term Life Monthly Rates					
Age	\$15,000 benefit	\$30,000 benefit	\$50,000 benefit	\$75,000 benefit	\$100,000 benefit
1-18	\$1.50	\$3.00	N/A	N/A	N/A
19-29	\$2.80	\$5.60	\$9.30	\$11.25	\$13.00
30-39	\$3.25	\$6.50	\$10.80	\$13.50	\$16.00
40-49	\$7.50	\$15.00	\$25.00	\$33.75	\$42.00
50-59	\$20.90	\$41.80	\$69.60	\$97.50	\$125.00
60-65	\$29.40	\$58.80	\$98.00	\$142.50	\$185.00

Ready to Enroll?  
Call Your Blue Cross Agent Today!



Blue Cross of California (BCC) and BC Life & Health Insurance Company (BCL&H) are Independent Licensees of the Blue Cross Association (BCA). The Blue Cross name and symbol are registered service marks of the BCA. The following plans are offered by BCC: PPO Share 2500/1500/1000/500, Individual HMO, HMO Saver, EPO and Dental SelectHMO. The following plans are offered by BCL&H: CORE 5000, Basic PPO 1000/2500, PPO Saver, PPO Share 5000/1000/500, RightPlan PPO 40, 3500 Deductible PPO, PPO 3500 (HSA-Compatible), Short-Term PPO, Tonik, Term Life and Individual PPO Dental.

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Rates and benefits effective 3/1/07

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