

Term Life Insurance†

† Underwritten by Blue Shield of California Life & Health Insurance Company (Blue Shield Life). Blue Shield of California and Blue Shield Life each offer a PPO 1500 and 2000 plan. The \$150 max/Rx for non-formulary brand-name drugs does not apply to Blue Shield Life Shield Spectrum PPO Plans 2000 or 1500. Please call (800) 431-2809 for more information.

No individuals will be eligible for benefits until after the family deductible is met.

1 For Access+ HMO and Access+ Value HMO plans, the deductible only applies to facility charges for inpatient hospital services, outpatient hospital surgery services, skilled nursing facility services, hospice program services and ambulatory surgery center services.

2 HMO Plans, Shield Spectrum PPO Savings Plans 2400/4800 and 4000/8000, Essential Plan 3000 and Essential Plan 4500 and Shield Spectrum PPO Plan 5000: the out-of-pocket/copayment maximums include the plan deductible. Shield Spectrum PPO Plans 2000-500: The copayment maximum does not include the plan deductible. For certain plans, copayments made for some services may not count towards the out-of-pocket or copayment maximum.

3 The initial flat dollar emergency room copayment is waived if you are admitted directly to the hospital as an inpatient.

4 Limited to the first three visits per calendar year. Subsequent visits are subject to the deductible.

5 Member pays full price and submits prescription drug claims to Blue Shield.

Essential Plan 3000 and Essential Plan 4500 are subject to regulatory approval.

This information is intended only as a brief comparison of some of the benefits of the various Blue Shield plans.

This document is not a contract. You should request and review the *Evidence of Coverage and Health Service Agreement/Policy for Individual and Families* for a more complete description of the benefits, terms and conditions and limitations of the health plans.

Protect your family when they need it most. Whether it's to contribute towards mortgage payments or a child's education, or to provide financial support in uncertain times, Blue Shield Life can help. Simply complete the life insurance section on your health coverage application and you'll be considered for coverage based on the information you're already submitting. We'll even combine your life insurance and health coverage bill on one simple statement.

Blue Shield Life Individual Term Life				
Available in conjunction with any Blue Shield individual or family health plan				
Age	\$10,000	\$30,000	\$60,000*	\$90,000*
1-18*	\$1.95	\$2.95	N/A	N/A
19-29	\$2.75	\$5.35	\$9.25	\$13.15
30-39	\$3.05	\$6.25	\$11.05	\$15.85
40-49	\$5.85	\$14.65	\$27.85	\$41.05
50-59	\$13.85	\$38.65	\$75.85	\$113.05**
60-64	\$20.45	\$58.45	\$115.45	\$172.45**

*Those younger than age 19 are not eligible for \$60,000 and \$90,000.
 **\$90,000 is not available for new sales to those ages 50 and older, but in-force customers who reach age 50 are eligible to keep coverage until age 65.

Rates effective July 1, 2006 and are subject to change.

protect
your family

† **Please Note:** Individual short-term health insurance and term life insurance are underwritten by Blue Shield of California Life & Health Insurance Company.

Short-Term Health Insurance†

Blue Shield Life short-term health plan Option One PPO	Blue Shield Life short-term health plan Option Twelve PPO
Often chosen by people who need temporary coverage for a specific amount of time. Option One is a perfect solution for a student just graduated from college or on a break, a person with a new job waiting for group health insurance to begin, or a person who has just lost their group coverage. Available from 30-185 days with a single payment.	Often chosen by people who need temporary coverage, but are uncertain for how long. Option Twelve offers immediate healthcare coverage with the flexibility of monthly payments and coverage for up to one year. Consider Option Twelve when you are in transition between long-term health plans.

Both Plans Offer:

- Annual deductible options of \$500, \$1,000, \$1,500, \$2,000 or \$3,000
- Coverage the day after your application is approved, or on a selected future effective date
- Valuable prescription drug coverage after your deductible has been met
- A choice of physicians in the Blue Shield Life Network
- Seventy percent coverage of the allowable amount of the first \$5,000 of covered services, and 100 percent of the allowable amount for covered services in excess of \$5,000, after you've met your deductible
- \$2 million maximum benefit per policy term
- Automatic \$50,000 accidental death and dismemberment insurance (primary subscriber only)
- Deductible is waived in the event of an accident

Dental Coverage



Cover your family's dental health with an affordable Blue Shield dental plan.

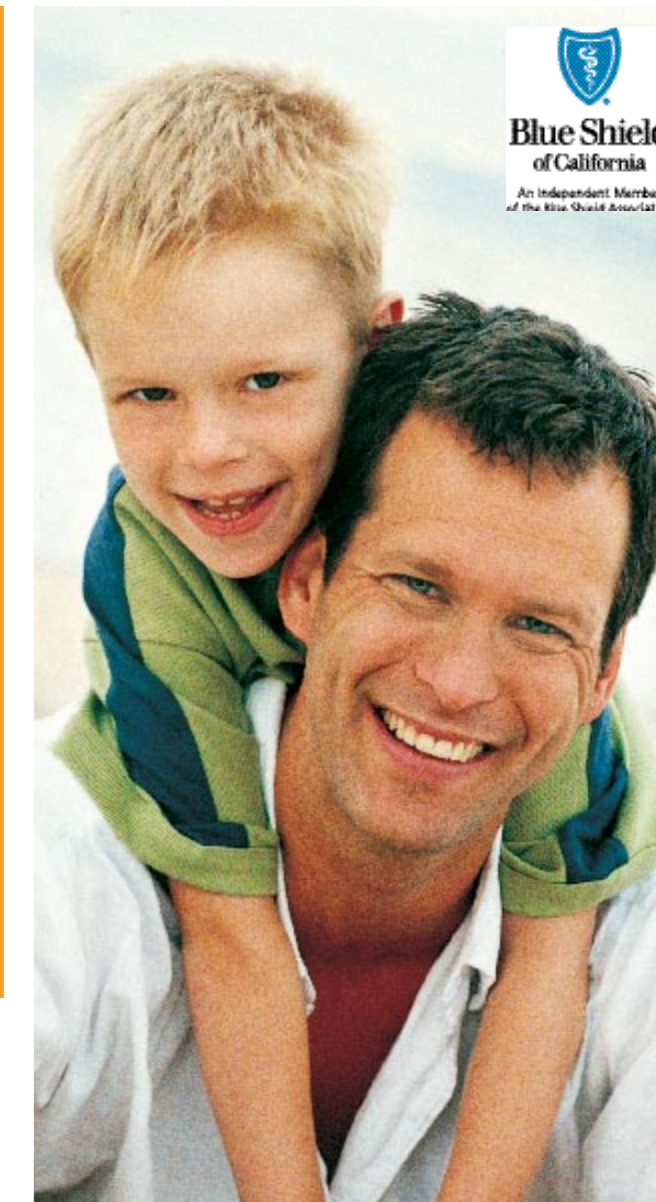
Blue Shield Dental PPO		Blue Shield Dental HMO	
You choose any dental provider; however, your out-of-pocket costs for covered services are lowest when you receive care from participating dentists.		You choose a dental care location from our list of Blue Shield Dental HMO dental providers, and all of your family's dental care will be provided or coordinated through that provider.	
Individual monthly rate	\$34	Individual monthly rate	\$16
Two-party monthly rate	\$65	Two-party monthly rate	\$30
Family monthly rate	\$101	Family monthly rate	\$50
Plan features: <ul style="list-style-type: none"> • An extensive network of general care and specialty dentists • Coverage even when using out-of-network dentists • Fixed copayments in network • A calendar-year deductible of \$50 per member • A wide range of dental benefits including orthodontics • Calendar-year benefit maximum of \$1,000 per member • No waiting period for diagnostic or preventive services 		Plan features: <ul style="list-style-type: none"> • An extensive network of general care and specialty dentists • No calendar-year maximums • Fixed copayments and no deductibles • A wide range of dental benefits including orthodontics • Specialty care available with referral from your dental provider • No waiting period for any type of service, other than orthodontics • Virtually no claims forms 	

Rates effective July 1, 2006, and are subject to change.

Additional Services

Blue Shield offers a wide variety of value-added services to help our members make better-informed healthcare decisions and manage their health plan benefits more effectively. The *Lifepath Advisers*™ program offers assistance for personal concerns 24 hours a day by connecting you with a registered nurse, master's level counselor or work-life balance resources. Through our innovative Web site, members have 24-hour access to resources such as My Health Plan to find out about their specific plan benefits and services, Pharmacy to compare the costs of generic versus brand-name drugs and *Lifepath Decision Guide*™ to find out about treatment options for a diagnosed condition.

Visit mylifepath.com today to learn about these and other valuable services provided for all Blue Shield members!



Blue Shield Health Plans
at a Glance

Explore Your Options

Individual and Family Plans

Plan Comparison Chart

Take the first step towards protecting yourself and your family with healthcare coverage. Use this chart to compare our different health plans and find the one that works best for you.

YOUR HEALTH PLAN OPTIONS	PPO PLANS							HMO PLANS			
	Individual-Only Plans				HSA-Compatible Plans		Shield Spectrum PPO SM Plan 5000 [†]	Shield Spectrum PPO SM Plan 2000 [†]	Shield Spectrum PPO SM Plan 750	Access+ Value HMO SM	Access+ HMO [®]
	Active Start SM Plan 35 [†]	Active Start SM Plan 25 [†]	NEW! Essential SM Plan 3000 [†]	NEW! Essential SM Plan 4500 [†]	Shield Spectrum PPO SM Savings Plan 4000/8000 [†]	Shield Spectrum PPO SM Savings Plan 2400/4800					
This plan may be right for you if you want:	Single-party coverage with low monthly premiums and no calendar-year medical deductible.		Economical single-party coverage including dental and vision benefits; annual deductible equals the out-of-pocket maximum to help you contain costs.		Affordable coverage for high-cost event; annual deductible applies to your out-of-pocket maximum payment; possible tax savings when combined with an HSA.		Low-cost coverage for high-cost event with added security of Critical Condition Protection SM (CCP) – a \$10,000 payout if, as a member, you are diagnosed with a critical condition as defined by the plan.	Choice of annual deductible: the higher the deductible, the lower the plan's monthly dues. Freedom to choose your own providers each time you seek care. Preventive care coverage is available before having to meet the plan deductible. Blue Shield also offers Shield Spectrum PPO SM Plan 1500 [†] and Shield Spectrum PPO SM Plan 500. Please contact your authorized agent or Blue Shield for more information.		Many covered services right away for a fixed copayment; virtually no claim forms to file; predictable out-of-pocket costs throughout the year.	
Annual medical deductible	No Individual Deductible	No Individual Deductible	\$3,000 Individual	\$4,500 Individual	\$4,000 Individual \$8,000 Family [#]	\$2,400 Individual \$4,800 Family [#]	\$5,000 Individual \$10,000 Family	\$2,000 Individual \$4,000 Family	\$750 Individual \$1,500 Family	\$2,000 Individual ¹ \$4,000 Family ¹	\$2,000 Individual ¹ \$4,000 Family ¹
Total calendar-year out-of-pocket costs with preferred providers (includes plan deductible) ²	\$7,500 Individual Copayment maximum	\$6,000 Individual Copayment maximum	\$3,000 Individual Copayment maximum Note: Annual deductible accrues to the copayment maximum	\$4,500 Individual Copayment maximum Note: Annual deductible accrues to the copayment maximum	\$4,000 (\$8,000 family) out-of-pocket costs Note: Annual deductible accrues to the out-of-pocket maximum	\$3,200 (\$5,800 family) out-of-pocket costs Note: Annual deductible accrues to the out-of-pocket maximum	\$7,000 (\$14,000 family) Copayment maximum Note: Annual deductible accrues to the copayment maximum	\$5,000 (\$10,000 family) Copayment maximum + \$2,000 (\$4,000 family) Deductible = \$7,000 (\$14,000 family) out-of-pocket costs	\$4,000 (\$8,000 family) Copayment maximum + \$750 (\$1,500 family) Deductible = \$4,750 (\$9,500 family) out-of-pocket cost	\$4,000 (\$8,000 family) Copayment maximum Note: Annual deductible accrues to the copayment maximum	\$3,000 (\$6,000 family) Copayment maximum Note: Annual deductible accrues to the copayment maximum
ALL COPAYMENTS/COINSURANCES LISTED BELOW ARE THE MEMBER'S RESPONSIBILITY											
Preventive care											
Annual physical exam, well-baby care, gynecological exam	\$35	\$25	\$40	\$40	\$35 (until deductible is met then no charge)	\$35	\$35	\$45	\$35	\$35	\$20
Pap test, approved cervical cancer screening, mammography, pediatric/adult immunizations	Covered by the copay when performed as part of the preventive care visit.	Covered by the copay when performed as part of the preventive care visit.	Covered by the copay when performed as part of the preventive care visit	Covered by the copay when performed as part of the preventive care visit	No charge	30%/service	Covered by the copay when performed as part of the preventive care visit.	Covered by the copay when performed as part of the preventive care visit.	Covered by the copay when performed as part of the preventive care visit.	\$35 (No charge for pediatric/adult immunizations)	\$20 (No charge for pediatric/adult immunizations)
Professional services											
Physician office visits	\$35	\$25	\$40 ⁴ (until deductible is met then no charge)	\$40 ⁴ (until deductible is met then no charge)	No charge	30%	\$35	\$45	\$35	\$35	\$20
Hospital inpatient (non-emergency)	\$500/admit + 40%	\$500/admit + 40%	No charge	No charge	No charge	30%	30%	30%	30%	40%/admit	\$250/admit
Maternity services (resulting in delivery)	Not covered	Not covered	Not covered	Not covered	Not covered	30%	30%	30%	30%	40%/admit	\$250/admit
Outpatient services (non-emergency)											
Surgery	\$500/admit + 40%	\$500/admit + 40%	No charge	No charge	No charge	30%	30%	30%	30%	40%/visit	\$250/visit
X-ray and laboratory	40%	40%	No charge	No charge	No charge	30%	30%	30%	30%	\$35/visit	\$20/visit
ER services											
Emergency room visits	\$35/visit ³ + 40%	\$25/visit ³ + 40%	\$100 ³	\$100 ³	No charge	\$75/visit ³ + 30%	30%/visit	30%/visit	30%/visit	\$150/visit ³	\$75/visit ³
Ambulance	40%	40%	No charge	No charge	No charge	30%	30%	30%	30%	\$50/trip	\$50/trip
ER physician visits/consultations	\$35	\$25	No charge	No charge	No charge	30%	30%	30%	30%	No charge	No charge
Prescription benefits											
Generic	\$10/Rx	\$10/Rx	\$10/Rx	\$10/Rx	You will receive Blue Shield's contracted rate at participating pharmacies. After meeting the medical deductible there will be no charge at participating and non-participating pharmacies. ⁵	You will receive Blue Shield's contracted rate at participating pharmacies. After meeting the medical deductible, you will pay 30% at participating and non-participating pharmacies. ⁵	\$10/Rx	\$10/Rx	\$10/Rx	\$10/Rx	\$10/Rx
Formulary brand-name drugs	\$35/Rx (after \$750 brand-name deductible)	\$35/Rx (after \$500 brand-name deductible)	Not covered	Not covered			\$35/Rx (after \$500 brand-name deductible)	\$35/Rx (after \$500 brand-name deductible)	\$35/Rx (after \$250 brand-name deductible)	\$35/Rx (after \$400 brand-name deductible)	\$35/Rx (after \$200 brand-name deductible)
Non-formulary brand-name drugs	\$50 or 50% (whichever is greater)/Rx (after \$750 brand-name deductible)	\$50 or 50% (whichever is greater)/Rx (after \$500 brand-name deductible)	Not covered	Not covered			\$50 or 50% (whichever is greater)/Rx (after \$500 brand-name deductible)	\$50 or 50%, whichever is greater (\$150 max/Rx) (after \$500 brand-name deductible)	\$50 or 50%, whichever is greater (\$150 max/Rx) (after \$250 brand-name deductible)	Not covered (except w/prior authorization)	Not covered (except w/prior authorization)

The Plan Comparison chart shows copayment/coinsurance amounts you will pay for covered services received from participating providers only. Please Note: Benefits shown as shaded in the gray boxes are provided right away, before you have to meet any plan deductible. You are responsible for all charges up to the allowable amount until the deductible is met. At that point, you will be responsible for the copayment or coinsurance noted in the chart when accessing preferred providers. See reverse for footnotes and legal information.