

It's all about the journey.



BC Life & Health
Insurance Company

3500 Deductible PPO




Individual and Family Health Plans

3500 Deductible PPO

This plan is designed to benefit a range of life stages and priorities

- Those wanting coverage that is simple to use – just meet your deductible and then pay \$0 for most covered services
- Individuals who don't want maternity coverage
- Young adults losing dependent coverage
- Self-employed individuals
- Empty nesters and early retirees



It's all about the journey.

Without health coverage, you could pay an average of \$9,328 a day in the hospital. Get the protection you need.

3500 Deductible PPO It's all about making it **easy.**

The 3500 Deductible PPO from BC Life & Health Insurance Company features one of our lowest out-of-pocket maximums for a PPO plan: \$3,500 (which is satisfied for participating providers once the \$3,500 annual deductible is met). And here's more good news about this easy-to-understand plan: After meeting this deductible, you pay \$0 for doctors' office visits, \$0 for professional services and \$0 for hospital inpatient/outpatient services. Certain annual screenings for women and men are also \$0 after your deductible. What could be simpler? This plan does not include maternity coverage.

For prescription drugs, you pay just a \$10 copay for generic drugs and a \$30 copay for brand-name drugs (after you meet the \$500 brand-name deductible). And the 3500 Deductible PPO's monthly premiums are among our lowest.



The 3500 Deductible PPO gives you coverage that's easy-to-understand. Just meet your annual deductible and then you'll pay \$0 for most covered services at participating providers.

The 3500 Deductible Plan: No Charges, No Worries

The 3500 Deductible PPO Plan from BC Life & Health Insurance Company offers valuable health coverage that's easy to understand and use. Simply meet your deductible and then Blue Cross pays the rest – 100 percent of most covered medical expenses at participating providers. With no copayments or coinsurance to figure out for most health services within Blue Cross' extensive network of doctors, specialists and hospitals, this plan keeps health coverage simple and manageable.

Protect Your Health and Financial Future


Even if you're healthy, you could be caught off-guard by an unexpected illness, injury or serious accident. Medical care can quickly add up to a staggering financial loss. The 3500 Deductible PPO Plan can help limit your out-of-pocket costs, protect your assets and safeguard your future earnings.

You can get even more value from your health plan by taking advantage of programs and services to help you stay healthy – such as preventive care screenings, health and wellness programs, 24-hour information by phone from registered nurses, and healthy living resources.



Our 3500 Deductible Plan includes:

- Access to over 50,000 California network doctors and specialists and over 400 hospitals - so you're covered just about anywhere
- Significant savings for you - because we've negotiated lower fees with our network doctors and hospitals, your share of costs is less while paying your deductible
- No charge for most covered services after meeting your annual medical deductible
- Out-of-state coverage that allows you to use your plan's benefits when traveling

A person is sitting in a meditative pose on a dark, rocky cliff. The background shows a vast ocean under a twilight sky with soft, hazy light. The overall mood is serene and contemplative.

Wherever you are in your journey, the
3500 Deductible PPO is easy to take along.

3500 Deductible PPO Plan

These amounts show your share of costs after deductible

Benefit	In-Network	Out-of-Network
Annual Deductible	\$3,500 per member (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)	
Lifetime Maximum	\$5,000,000 per member	
Annual Out-of-Pocket Maximum¹ (includes deductible) Participating and non-participating provider covered services apply	This is satisfied once the annual deductible is met	\$10,000 per member (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)
Doctors' Office Visits	\$0 after deductible	50% of negotiated fee plus all excess charges (after deductible)
Professional Services (X-ray, lab, anesthesia, surgeon, etc.)	\$0 after deductible	50% of the negotiated fee plus all excess charges (after deductible)
Hospital Inpatient (Overnight Hospital Stays)	\$0 after deductible ²	All charges except \$650 per day (after deductible)
Hospital Outpatient (If You Don't Stay Overnight)	\$0 after deductible ²	All charges except \$380 per day (after deductible)
Emergency Room Services³	\$0 after deductible	All charges in excess of customary and reasonable fees (after deductible)
Maternity	Not covered	
Preventive Care	Routine mammogram, Pap and PSA tests ⁴ : \$0 after deductible Well Baby and Well Child (through age 6): \$0 after deductible HealthyCheck SM Centers ⁵ : \$25/\$75 copay for basic/premium screening (deductible waived)	Routine mammogram, Pap and PSA tests ⁴ : 50% of negotiated fee plus all excess charges (after deductible) Well Baby and Well Child (through age 6): 50% of negotiated fee plus all excess charges (after deductible)
Ambulance	\$0 after deductible	50% of negotiated fee plus all excess charges (after deductible)
Physical and Occupational Therapy; Chiropractic Services	\$0 after deductible ⁶	All charges except \$25 per visit ⁶ (after deductible)
Acupuncture/Acupressure	All charges except \$25 per visit up to 24 visits per year (after deductible)	
Prescription Drugs (Blue Cross Formulary⁷) Amounts shown are for each 30-day retail or in-network mail order supply	\$10 copay generic; \$30 copay brand-name ⁸ after annual \$500 brand-name prescription drug deductible; 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

¹ 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.

² 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.

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

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

⁵ 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.

⁶ Visits to participating and non-participating providers combined. Additional visits may be authorized.

⁷ 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.

⁸ 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.

A group of five people (three men and two women) are running on a sandy beach at dusk. They are wearing light-colored t-shirts and shorts. The background shows the ocean and a dark sky. The entire image has a blue tint.

With no copayments or coinsurance to figure out for most in-network services, the 3500 Deductible PPO is all about making it easy.

What the Medical Plan Does 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 3500 Deductible PPO Policy booklet contains a comprehensive list of the plan's 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.
- Services or supplies supplied to any person not covered under the Policy in connection with a surrogate pregnancy.
- Outpatient drugs, medications or other substances dispensed or administered in any outpatient setting.

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 Individual 3500 Deductible PPO, 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.
- Professional Services (1 visit/day; 20 visits/year maximum) – You pay all charges except \$25/visit after your deductible 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.



Ask about our Dental and Life Plans.

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

Blue Cross 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. 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) **Preservice 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 Preservice 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 all disputes, including claims of medical malpractice. 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:

**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 (CDI) 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 2005 was 80.87 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, or the children of the applicant's enrolling spouse, under 19 years of age; or
- 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 plan 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

For the 3500 Deductible PPO plan, 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.

A man in a patterned short-sleeved shirt and light-colored trousers stands on the deck of a white sailboat. He is leaning against the mast and looking towards the camera. The boat is on a body of water with a forested shoreline in the background. The entire image has a blue tint.

Ready to enroll?
Call your Blue Cross agent today!

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.

Alameda	95304, 95377, 95391 all other Alameda ZIPs	Area 2 Area 3
Alpine		Area 2
Amador		Area 2
Butte		Area 3
Calaveras		Area 2
Colusa		Area 3
Contra Costa		Area 3
Del Norte		Area 1
El Dorado		Area 2
Fresno	93245, 93313, 93618 all other Fresno ZIPs	Area 7 Area 2
Glenn		Area 3
Humboldt		Area 3
Imperial		Area 6
Inyo	93527 all other Inyo ZIPs	Area 7 Area 2
Kern	93536 93558 all other Kern ZIPs	Area 9 Area 6 Area 7
Kings	93242, 93631, 93656 all other Kings ZIPs	Area 2 Area 7
Lake		Area 3
Lassen		Area 1
Los Angeles	ZIP codes beginning with 906-912, 915, 917, 918 & 935 except 90623, 90630, 90631, 91709, 93560 90623, 90630, 90631 91709 93243, 93560 all other Los Angeles ZIP codes	Area 9 Area 4 Area 6 Area 7 Area 5
Madera		Area 2
Marin		Area 2
Mariposa		Area 2
Mendocino		Area 3
Merced		Area 2

Modoc		Area 1
Mono		Area 2
Monterey	93451 95076 all other Monterey ZIPs	Area 8 Area 3 Area 1
Napa		Area 3
Nevada	95977 all other Nevada ZIPs	Area 3 Area 2
Orange	90638 all other Orange ZIPs	Area 9 Area 4
Placer	95668, 95692 all other Placer ZIPs	Area 3 Area 2
Plumas	95981 all other Plumas ZIPs	Area 3 Area 1
Riverside	92883 all other Riverside ZIPs	Area 4 Area 6
Sacramento	94571 all other Sacramento ZIPs	Area 3 Area 2
San Benito	93930, 95004 all other San Benito ZIPs	Area 1 Area 2
San Bernardino	91766, 91792 93516, 93555 all other San Bernardino ZIPs	Area 9 Area 7 Area 6
San Diego		Area 6
San Francisco		Area 3
San Joaquin	94514 all other San Joaquin ZIPs	Area 3 Area 2
San Luis Obispo	93252 93426 all other San Luis Obispo ZIPs	Area 7 Area 1 Area 8

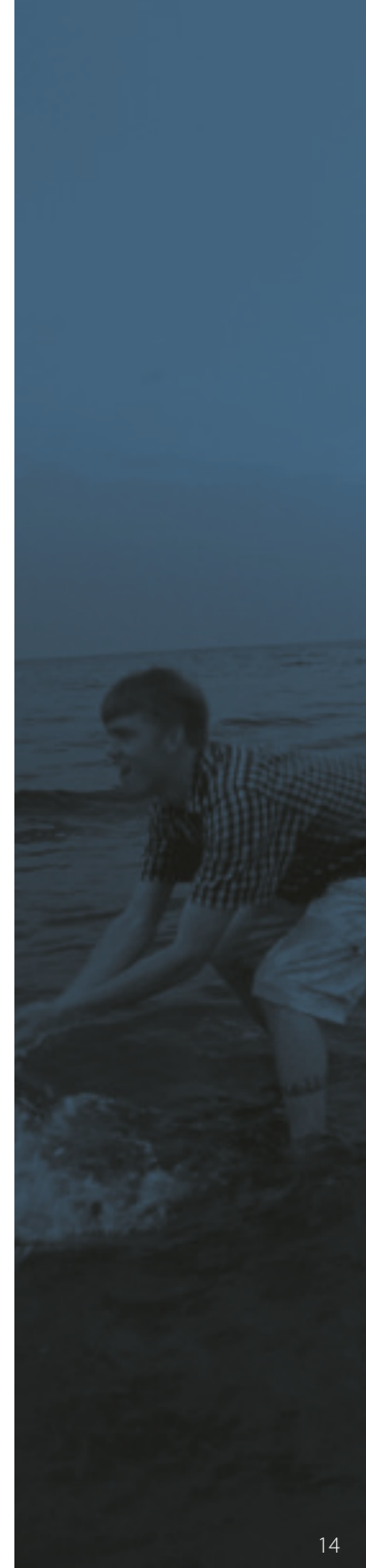
San Mateo		Area 2
Santa Barbara	93252 all other Santa Barbara ZIPs	Area 7 Area 8
Santa Clara	94303, 95023 all other Santa Clara ZIPs	Area 2 Area 3
Santa Cruz		Area 3
Shasta		Area 1
Sierra	95922 95960 all other Sierra ZIPs	Area 3 Area 2 Area 1
Siskiyou		Area 1
Solano	95690 all other Solano ZIPs	Area 2 Area 3
Sonoma		Area 3
Stanislaus		Area 2
Sutter	95626, 95648, 95837 all other Sutter ZIPs	Area 2 Area 3
Tehama	95963, 95973 all other Tehama ZIPs	Area 3 Area 1
Trinity	95526 all other Trinity ZIPs	Area 3 Area 1
Tulare	93631, 93641, 93646, 93654 all other Tulare ZIPs	Area 2 Area 7
Tuolumne		Area 2
Ventura	90265 and ZIP codes beginning with 913 93252 all other Ventura ZIPs	Area 5 Area 7 Area 8
Yolo		Area 3
Yuba	95960 all other Yuba ZIPs	Area 2 Area 3

3500 Deductible PPO Plan (R420) Monthly Rates Effective March 1, 2006

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

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).

Level 1	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
Single									
19 - 29	\$64	\$59	\$61	\$63	\$70	\$60	\$56	\$59	\$65
30 - 34	\$89	\$81	\$83	\$87	\$97	\$82	\$78	\$81	\$84
35 - 39	\$126	\$114	\$112	\$114	\$127	\$107	\$103	\$104	\$113
40 - 44	\$151	\$142	\$138	\$138	\$156	\$130	\$126	\$128	\$139
45 - 49	\$190	\$173	\$169	\$172	\$192	\$163	\$154	\$161	\$172
50 - 54	\$250	\$226	\$217	\$226	\$251	\$213	\$201	\$211	\$225
55 - 59	\$313	\$284	\$272	\$284	\$316	\$268	\$253	\$264	\$290
60 - 64	\$355	\$322	\$320	\$321	\$357	\$303	\$292	\$300	\$329
Subscriber & Spouse									
Under 30	\$151	\$138	\$142	\$144	\$164	\$140	\$131	\$138	\$144
30 - 34	\$213	\$193	\$190	\$192	\$214	\$182	\$173	\$179	\$192
35 - 39	\$275	\$247	\$238	\$249	\$279	\$231	\$219	\$227	\$249
40 - 44	\$339	\$307	\$295	\$308	\$345	\$291	\$274	\$283	\$308
45 - 49	\$436	\$385	\$378	\$395	\$440	\$373	\$352	\$367	\$393
50 - 54	\$557	\$480	\$482	\$504	\$561	\$476	\$449	\$470	\$501
55 - 59	\$662	\$581	\$574	\$599	\$667	\$566	\$534	\$558	\$612
60 - 64	\$705	\$639	\$617	\$638	\$710	\$603	\$569	\$594	\$652
Subscriber & Child									
Under 30	\$164	\$148	\$142	\$148	\$165	\$140	\$132	\$138	\$152
30 - 34	\$187	\$163	\$163	\$170	\$189	\$160	\$151	\$158	\$173
35 - 39	\$213	\$192	\$193	\$202	\$226	\$191	\$180	\$188	\$205
40 - 44	\$233	\$201	\$198	\$211	\$235	\$199	\$188	\$193	\$216
45 - 49	\$245	\$222	\$211	\$222	\$247	\$209	\$197	\$199	\$227
50 - 54	\$305	\$272	\$263	\$276	\$307	\$260	\$246	\$256	\$277
55 - 59	\$369	\$332	\$320	\$334	\$371	\$315	\$298	\$311	\$341
60 - 64	\$411	\$372	\$368	\$372	\$414	\$351	\$335	\$346	\$381
Family									
Under 30	\$253	\$231	\$236	\$238	\$271	\$233	\$220	\$230	\$239
30 - 34	\$315	\$287	\$289	\$286	\$319	\$270	\$264	\$267	\$292
35 - 39	\$384	\$348	\$337	\$348	\$387	\$328	\$309	\$323	\$355
40 - 44	\$440	\$398	\$388	\$399	\$444	\$376	\$355	\$371	\$408
45 - 49	\$495	\$448	\$438	\$449	\$499	\$423	\$399	\$418	\$446
50 - 54	\$617	\$552	\$534	\$558	\$621	\$526	\$497	\$520	\$566
55 - 59	\$720	\$644	\$622	\$651	\$724	\$614	\$580	\$606	\$665
60 - 64	\$764	\$692	\$678	\$691	\$769	\$652	\$618	\$643	\$707
Subscriber & Children									
Under 30	\$263	\$228	\$228	\$238	\$265	\$225	\$212	\$221	\$243
30 - 34	\$283	\$247	\$245	\$256	\$286	\$241	\$228	\$238	\$262
35 - 39	\$301	\$259	\$261	\$272	\$304	\$257	\$243	\$254	\$279
40 - 44	\$321	\$281	\$277	\$290	\$323	\$273	\$258	\$270	\$296
45 - 49	\$341	\$306	\$295	\$309	\$343	\$291	\$275	\$288	\$315
50 - 54	\$363	\$328	\$320	\$328	\$366	\$309	\$292	\$306	\$336
55 - 59	\$426	\$386	\$374	\$386	\$429	\$363	\$343	\$359	\$394
60 - 64	\$468	\$425	\$427	\$425	\$472	\$400	\$390	\$395	\$434
Single Child									
0	\$103	\$94	\$98	\$101	\$113	\$96	\$90	\$95	\$103
1 - 18	\$59	\$52	\$54	\$57	\$63	\$53	\$50	\$53	\$58
2 Children									
0	\$204	\$185	\$183	\$185	\$206	\$175	\$167	\$172	\$188
1 - 18	\$115	\$103	\$105	\$105	\$119	\$103	\$98	\$101	\$107
3+ Children									
0	\$263	\$239	\$241	\$240	\$270	\$231	\$225	\$229	\$245
1 - 18	\$173	\$156	\$159	\$161	\$183	\$157	\$148	\$155	\$162





BC Life & Health
Insurance Company

MEDICAL ■ DENTAL ■ LIFE
Give Yourself Every Advantage

ASK 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, Select HMO, EPO and Dental SelectHMO. The following plans are offered by BCL&H: 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 and Individual PPO Dental.

www.bluecrossca.com

Rates and benefits 3/1/06

9974 2/06