



BC Life & Health  
Insurance Company

It's all about the journey.

# PPO 3500 (HSA-Compatible) Plan

Individual and Family Health Plans

# PPO 3500 (HSA-Compatible) Plan

A plan designed to benefit a range of life stages and priorities

- Those wanting low monthly premiums
- Individuals who don't want maternity coverage
- Self-employed individuals
- Empty nesters and early retirees
- Those wanting a health plan that works hand-in-hand with a tax-advantaged health savings account (HSA)




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.

# PPO 3500 (HSA-Compatible) Plan It's all about financial strategy.

The PPO 3500 (HSA-Compatible) Plan from BC Life & Health Insurance Company gives you the opportunity to combine a health savings account (HSA) with your health plan. High-deductible health plans work together with HSAs to provide valuable health coverage and potential tax advantages. Tax-deductible contributions to the HSA (and tax-free interest) can be used to pay for qualified medical expenses not covered by the health plan.

And, if you don't want to open an HSA, this plan features great benefits all on its own. The monthly premiums for the PPO 3500 (HSA-Compatible) Plan are among our lowest, and you pay \$0 for most covered services after your annual deductible is met. The PPO 3500 (HSA-Compatible) Plan has a combined medical/pharmacy deductible, which means that your payments for prescription drugs apply toward your deductible and annual out-of-pocket maximum too. This plan does not offer maternity coverage.



This plan keeps things simple. Just meet your deductible and then you'll pay \$0 for most covered services at participating providers.

# 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 PPO 3500 (HSA-Compatible) Plan can help limit your out-of-pocket expenses, protect your assets and safeguard your future earnings. And the combination of this high-deductible health plan and an HSA can give you a strong financial strategy.

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.

## About Health Savings Accounts (HSAs)

If you would like to open a tax-advantaged health savings account, the first step is to enroll in an HSA-qualified health plan. Through our arrangement with JPMorgan Bank, N.A. (Chase) you can apply for both the PPO 3500 (HSA-Compatible) Plan and the Chase HSA at the same time ... or, you can apply for just the health plan and set up an HSA at another financial institution on your own. You may also choose to enroll in the health plan only.



## Consult Your Tax Advisor

A high deductible health plan (HDHP) is not a health savings account (HSA). An HSA is a separate arrangement between an individual and a qualified financial institution. To take advantage of tax benefits, an HSA needs to be established. Consultation with a tax advisor is recommended.

This brochure provides general information only and is not intended to be a substitute for the advice of a qualified tax professional. If you are considering an HSA, you should consult a tax advisor who can evaluate your needs and circumstances.

## Our PPO 3500 (HSA-Compatible) Plan includes:

- The option to sign up for an HSA through JPMorgan Bank, N.A. (Chase) or another bank
- 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 meeting your deductible
- No charge for most covered services after meeting your annual deductible
- Out-of-state coverage that allows you to use your plan's benefits when traveling


Even if you don't want to open an HSA, this plan features great benefits all on its own.



# PPO 3500 (HSA-Compatible) Plan

These amounts show your share of costs after deductibles

Benefit	In-Network	Out-of-Network	
<b>Annual Deductible</b> (Combined for medical benefits and prescription drugs)	Single member: \$3,500 Families: \$7,000 aggregate*		<p>* When one or more family members' eligible covered expenses (combined) meet the aggregate amount, the requirement is satisfied for all covered family members.</p> <p><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.</p> <p><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.</p> <p><sup>3</sup> Additional \$100 copay applies for each emergency room visit. Waived if admitted as inpatient.</p> <p><sup>4</sup> Tests ordered by a physician are covered, including appropriate screening for breast, cervical and ovarian cancer.</p> <p><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.</p> <p><sup>6</sup> Visits to participating and non-participating providers combined. Additional visits may be authorized.</p> <p><sup>7</sup> Non-Formulary Drugs: After deductible, you pay 50% for generic, 50% for brand-name if no generic is available, or generic copay plus the difference between brand-name and available generic equivalent.</p> <p><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.</p>
<b>Lifetime Maximum</b>	\$5,000,000 per member		
<b>Annual Out-of-Pocket Maximum<sup>1</sup></b> Participating and non-participating provider covered services apply (Combined for medical benefits and prescription drugs)	Single member: \$5,000 Families: \$10,000 aggregate*		
<b>Doctors' Office Visits</b>	\$0 after deductible	50% of negotiated fee plus all excess charges (after deductible)	
<b>Professional Services</b> (X-ray, lab, anesthesia, surgeon, etc.)	\$0 after deductible	50% of negotiated fee plus all excess charges (after deductible)	
<b>Hospital Inpatient (Overnight Hospital Stays)</b>	\$0 after deductible <sup>2</sup>	All charges except \$650 per day (after deductible)	
<b>Hospital Outpatient (If You Don't Stay Overnight)</b>	\$0 after deductible <sup>2</sup>	All charges except \$380 per day (after deductible)	
<b>Emergency Room Services<sup>3</sup></b>	\$0 after deductible	All charges in excess of customary and reasonable fees (after deductible)	
<b>Maternity</b>	<b>Not covered</b>		
<b>Preventive Care</b>	Routine mammogram, Pap and PSA tests <sup>4</sup> : \$0 after deductible  Well Baby and Well Child (through age 6): \$0 after deductible  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 (after deductible)  Well Baby and Well Child (through age 6): 50% of negotiated fee plus all excess charges (after deductible)	
<b>Ambulance</b>	\$0 after deductible	50% of negotiated fee plus all excess charges (after deductible)	
<b>Physical and Occupational Therapy; Chiropractic Services</b>	\$0 after deductible <sup>6</sup>	All charges except \$25 per visit <sup>6</sup> (after deductible)	
<b>Acupuncture/Acupressure</b>	All charges except \$25 per visit, up to 24 visits per year (after deductible)		
<b>Prescription Drugs (Blue Cross Formulary Drugs<sup>7</sup>)</b> (Amounts shown are copays for each 30-day retail or mail order supply)	\$10 copay generic; \$30 copay brand-name <sup>8</sup> (after annual deductible) 30% of negotiated fee for self-administered injectables, except insulin (after annual deductible)	50% of drug limited fee schedule and all excess charges plus the copay/coinsurance as stated for in-network benefits (after deductible)	

A silhouette of a man wearing a cap and a child wearing a cap and riding a bicycle. The man is leaning forward, supporting the child. The background is a warm, golden-yellow gradient. A solid blue rectangular shape is positioned on the right side of the page.

Wherever you are in your journey, the PPO 3500 (HSA-Compatible) Plan is easy to take along.

# 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 PPO 3500 (HSA-Compatible) Plan 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 Combined 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**

BCL&H 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

BCL&H 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 PPO 3500 (HSA-Compatible) Plan, 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.

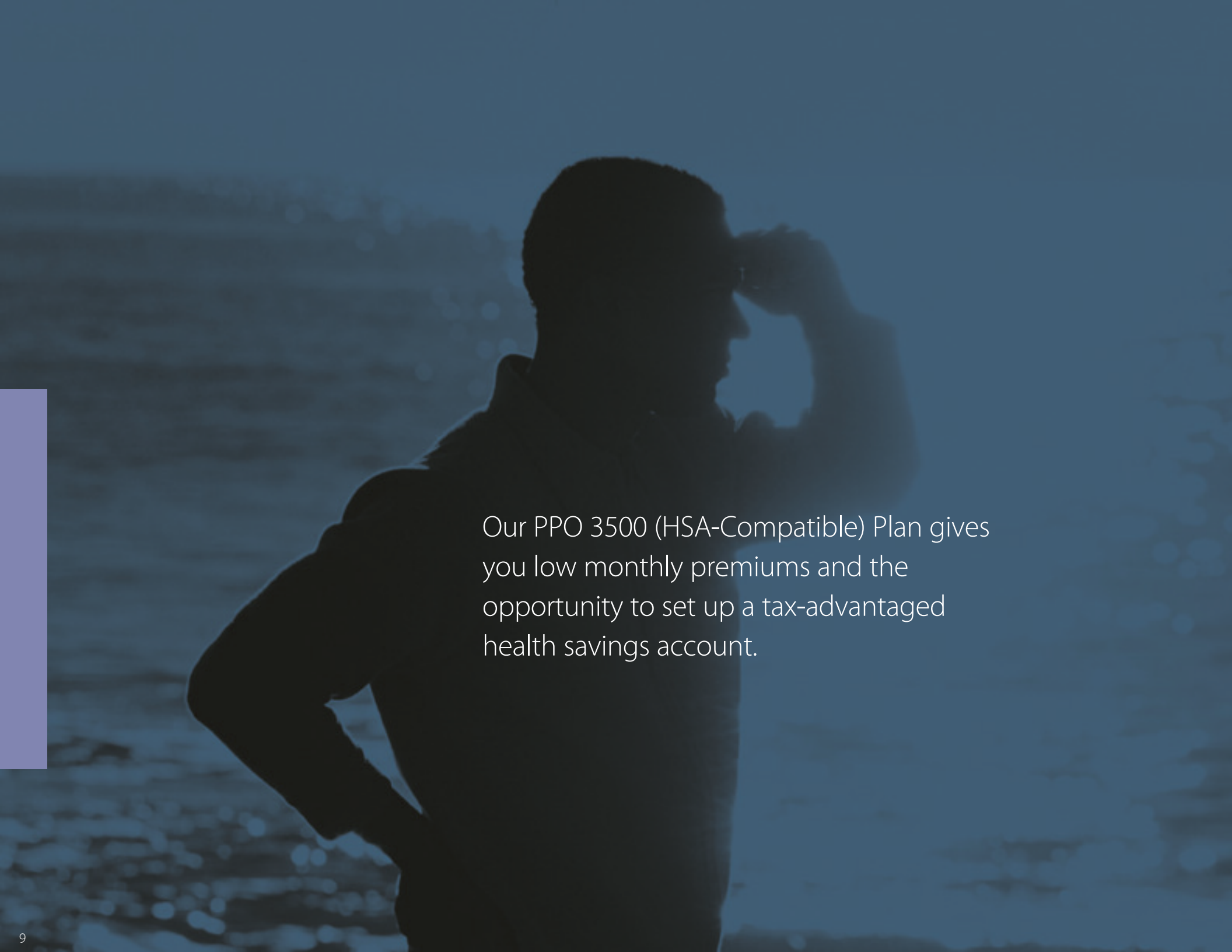
For more details regarding these benefits, refer to the Policy booklet.

## **Emergency Care**

BCL&H 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 BCL&H about the authorization of additional services.

A silhouette of a man standing on a beach, looking out at the ocean. He has his right hand on his hip and his left hand raised to his forehead, shielding his eyes from the sun. The background is a bright, hazy sky over the water. The entire image has a blue tint.

Our PPO 3500 (HSA-Compatible) Plan gives you low monthly premiums and the opportunity to set up a tax-advantaged health savings account.

# 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) **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. Insurance Code Section 10123.19 requires specified disclosures in this regard, similar to 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 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 the costs 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 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 PPO 3500 (HSA-Compatible) 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. BCL&H will credit the time you were enrolled on the previous plan. Consult with your BCL&H 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.

BCL&H 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. BCL&H does not change coverage or rates unless the change applies to all covered persons of the same class.

A silhouette of a person wearing a wide-brimmed hat, standing on a balcony or deck. The person is leaning their right arm on the railing, looking out over a body of water towards a sunset. The sky is a mix of orange, yellow, and grey, with the sun low on the horizon. The water shows gentle ripples. The overall mood is peaceful and contemplative.

Ready to enroll?  
Call your Blue Cross agent today!  
Also ask about our Dental and Life plans.

# 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 all other Alameda ZIPs	Area 2 Area 3
<b>Alpine</b>		Area 2
<b>Amador</b>		Area 2
<b>Butte</b>		Area 3
<b>Calaveras</b>		Area 2
<b>Colusa</b>		Area 3
<b>Contra Costa</b>		Area 3
<b>Del Norte</b>		Area 1
<b>El Dorado</b>		Area 2
<b>Fresno</b>	93245, 93313, 93618 all other Fresno ZIPs	Area 7 Area 2
<b>Glenn</b>		Area 3
<b>Humboldt</b>		Area 3
<b>Imperial</b>		Area 6
<b>Inyo</b>	93527 all other Inyo ZIPs	Area 7 Area 2
<b>Kern</b>	93536 93558 all other Kern ZIPs	Area 9 Area 6 Area 7
<b>Kings</b>	93242, 93631, 93656 all other Kings ZIPs	Area 2 Area 7
<b>Lake</b>		Area 3
<b>Lassen</b>		Area 1
<b>Los Angeles</b>	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
<b>Madera</b>		Area 2
<b>Marin</b>		Area 2
<b>Mariposa</b>		Area 2
<b>Mendocino</b>		Area 3
<b>Merced</b>		Area 2

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

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

# Individual PPO 3500 (HSA-Compatible) Plan (T160)

Monthly Rates Effective March 1, 2006

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

The PPO 3500 (HSA-Compatible) Plan is available with or without the Chase HSA. Rates are the same for the plan whether or not you enroll in the HSA.

**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
<b>Single</b>									
19 - 29	\$55	\$50	\$52	\$53	\$61	\$50	\$49	\$49	\$51
30 - 34	\$76	\$70	\$72	\$70	\$83	\$65	\$67	\$61	\$63
35 - 39	\$104	\$93	\$90	\$85	\$103	\$79	\$87	\$73	\$75
40 - 44	\$128	\$110	\$107	\$100	\$125	\$93	\$104	\$85	\$89
45 - 49	\$162	\$147	\$147	\$136	\$160	\$133	\$136	\$125	\$125
50 - 54	\$212	\$191	\$188	\$173	\$207	\$169	\$173	\$163	\$159
55 - 59	\$268	\$241	\$235	\$229	\$263	\$216	\$217	\$208	\$214
60 - 64	\$414	\$321	\$302	\$287	\$370	\$267	\$304	\$258	\$259
<b>Subscriber &amp; Spouse</b>									
Under 30	\$105	\$91	\$89	\$90	\$104	\$85	\$84	\$82	\$86
30 - 34	\$131	\$119	\$120	\$117	\$140	\$109	\$113	\$103	\$106
35 - 39	\$176	\$157	\$153	\$145	\$184	\$135	\$149	\$126	\$130
40 - 44	\$223	\$187	\$181	\$171	\$215	\$160	\$175	\$149	\$154
45 - 49	\$282	\$254	\$258	\$248	\$300	\$230	\$243	\$217	\$223
50 - 54	\$372	\$335	\$341	\$328	\$395	\$305	\$320	\$287	\$296
55 - 59	\$483	\$435	\$442	\$446	\$512	\$421	\$415	\$407	\$422
60 - 64	\$828	\$640	\$602	\$571	\$739	\$532	\$606	\$501	\$515
<b>Subscriber &amp; Child</b>									
Under 30	\$126	\$114	\$116	\$116	\$134	\$110	\$109	\$104	\$108
30 - 34	\$144	\$130	\$132	\$131	\$153	\$122	\$124	\$114	\$118
35 - 39	\$166	\$149	\$148	\$144	\$173	\$135	\$141	\$126	\$130
40 - 44	\$176	\$158	\$158	\$155	\$185	\$144	\$150	\$135	\$140
45 - 49	\$184	\$166	\$168	\$164	\$196	\$152	\$158	\$144	\$148
50 - 54	\$229	\$206	\$209	\$204	\$244	\$190	\$197	\$179	\$185
55 - 59	\$284	\$256	\$260	\$263	\$302	\$247	\$244	\$240	\$248
60 - 64	\$449	\$351	\$334	\$319	\$408	\$297	\$333	\$280	\$288
<b>Family</b>									
Under 30	\$178	\$158	\$161	\$162	\$186	\$153	\$150	\$145	\$152
30 - 34	\$210	\$190	\$192	\$190	\$223	\$176	\$180	\$166	\$172
35 - 39	\$255	\$229	\$225	\$217	\$265	\$203	\$216	\$190	\$195
40 - 44	\$290	\$262	\$261	\$253	\$306	\$236	\$248	\$222	\$228
45 - 49	\$325	\$293	\$297	\$288	\$346	\$268	\$280	\$253	\$261
50 - 54	\$416	\$375	\$381	\$368	\$442	\$343	\$358	\$323	\$333
55 - 59	\$526	\$473	\$481	\$486	\$558	\$458	\$452	\$444	\$459
60 - 64	\$863	\$672	\$636	\$605	\$778	\$564	\$637	\$531	\$546
<b>Subscriber &amp; Children</b>									
Under 30	\$170	\$153	\$155	\$157	\$180	\$147	\$146	\$140	\$145
30 - 34	\$187	\$169	\$171	\$171	\$199	\$159	\$161	\$151	\$155
35 - 39	\$210	\$189	\$187	\$185	\$220	\$173	\$178	\$162	\$168
40 - 44	\$219	\$197	\$197	\$195	\$231	\$181	\$188	\$172	\$176
45 - 49	\$228	\$205	\$208	\$204	\$242	\$190	\$195	\$180	\$186
50 - 54	\$273	\$245	\$249	\$244	\$290	\$227	\$234	\$215	\$222
55 - 59	\$328	\$295	\$300	\$303	\$348	\$285	\$281	\$276	\$285
60 - 64	\$484	\$383	\$367	\$353	\$447	\$329	\$364	\$311	\$320
<b>Single Child</b>									
0	\$89	\$81	\$84	\$86	\$98	\$80	\$79	\$75	\$78
1 - 18	\$50	\$45	\$46	\$48	\$55	\$45	\$44	\$43	\$44
<b>2 Children</b>									
0	\$156	\$141	\$143	\$144	\$165	\$135	\$134	\$126	\$130
1 - 18	\$87	\$77	\$78	\$80	\$92	\$75	\$74	\$72	\$74
<b>3+ Children</b>									
0	\$200	\$180	\$182	\$185	\$211	\$172	\$172	\$162	\$168
1 - 18	\$130	\$117	\$118	\$121	\$138	\$112	\$111	\$108	\$111



**BC Life & Health**  
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Rates and benefits effective 3/1/06

10413 2/06