

It's all about the journey.



BC Life & Health
Insurance Company

Basic PPO 1000/2500 and PPO Saver Plans

Individual and Family Health Plans

Basic PPO and PPO Saver Plans

These plans are designed to benefit a range of life stages and priorities

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

- Those wanting low monthly premiums
- Individuals who don't want maternity coverage
- Young adults losing dependent coverage
- Those wanting the security of basic coverage



It's all about the journey.

And, if you choose the PPO Saver Plan, you'll also get:

- Prescription drug coverage
- Immediate benefits for doctors' office visits

Basic PPO and PPO Saver Plans It's all about the basics.

These plans from BC Life & Health Insurance Company offer basic, valuable benefits for hospitalization and emergency services. And you receive more benefits after you meet annual deductible/annual out-of-pocket maximum requirements. The no-frills features help keep your monthly premiums low, and you'll carry peace of mind with you wherever you go.



These plans can help keep your monthly premiums low.

Basic PPO 1000/2500

Our Basic PPO Plans offer solid protection at affordable prices and let you choose either a \$1,000 or \$2,500 annual medical deductible. These plans offer basic coverage for hospitalization and emergency services. Once you meet your annual out-of-pocket maximums, doctors' office visits are also covered. These plans do not include maternity coverage or prescription drug benefits.

PPO Saver

Our PPO Saver Plan is a mid-range cost option providing coverage for hospitalization, emergency services and prescription drugs. Also included are immediate benefits for four doctors' office visits for children and two for adults (after a \$30 copay/visit.) The PPO Saver Plan features two annual medical deductibles: \$500 for hospital/emergency room services and \$5,000 for other covered services. This plan does not include maternity coverage.

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 Basic PPO and PPO Saver Plans can help limit your out-of-pocket costs, protect your assets and safeguard your future earnings.

Consider the Basic PPO and PPO Saver Plans if you want the security of health coverage without the additional costs of benefits you may not want, like maternity. With these plans, you'll pay lower monthly premiums and receive essential benefits like hospitalization and emergency services. The PPO Saver Plan offers additional coverage for prescription drugs as well as doctors' office visits for children and adults.

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



Our Basic PPO and PPO Saver Plans include:

- 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 and coinsurance
- Immediate benefits for preventive care to help you and your family stay healthy
- Information about discounts for products and services that promote your health and well-being
- Out-of-state coverage that allows you to use your plan's benefits when traveling



Be sure to ask about our Dental
and Life Plans.



Basic PPO 1000/2500 Plans

These amounts show your share of costs, after deductibles

Benefit	In-Network	Out-of-Network
Annual Deductible(s)	\$1,000/\$2,500 per member, inpatient or surgical procedures only (Once 2 members each reach the deductible, the deductible is satisfied for the entire family.)	
Lifetime Maximum	\$5,000,000	
Annual Out-of-Pocket Maximum¹ <i>(includes deductible)</i> Participating and non-participating provider covered services apply	\$3,500/\$5,000 per member, only hospital costs apply (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)	
Doctors' Office Visits	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
Professional Services (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
Hospital Inpatient (Overnight Hospital Stays)	20% of negotiated fee ²	All charges except \$650 per day
Hospital Outpatient (If You Don't Stay Overnight)	20% of negotiated fee ²	All charges except \$380 per day
Emergency Room Services³	20% of negotiated fee	20% of customary and reasonable fees plus all excess charges
Maternity	Not covered	
Preventive Care	Routine mammogram, Pap and PSA tests ⁴ : 20% of negotiated fee (deductible waived) 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 (deductible waived)
Ambulance	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.
Physical and Occupational Therapy; Chiropractic Services	Not covered unless during inpatient admission	
Acupuncture/Acupressure	Not covered	
Prescription Drugs	Not covered	

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.

PPO Saver Plan

These amounts show your share of costs, after deductibles

Benefit	In-Network	Out-of-Network
Annual Deductible(s)	This plan features two separate medical deductibles: \$500 per member for emergency and hospital inpatient/outpatient services; and \$5,000 per member for other covered services. (Once 2 members each reach the deductibles, the deductibles are satisfied for the entire family.)	
Lifetime Maximum	\$5,000,000	
Annual Out-of-Pocket Maximum¹ Participating and non-participating provider covered services apply	Both medical deductibles apply to satisfy a total of \$5,000 per member (Once 2 members each reach the maximum, the maximum is satisfied for the entire family.)	
Doctors' Office Visits Number of office visits is combined for participating and non-participating providers	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)
Professional Services (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.
Hospital Inpatient (Overnight Hospital Stays)	20% of negotiated fee ² after \$500 deductible	All charges except \$650 per day
Hospital Outpatient (If You Don't Stay Overnight)	20% of negotiated fee ² after \$500 deductible	All charges except \$380 per day
Emergency Room Services³	20% of negotiated fee after \$500 deductible	20% of customary and reasonable fees plus all excess charges
Maternity	Not covered	
Preventive Care	Routine mammogram, Pap and PSA tests ⁴ : 20% of negotiated fee (deductible waived) Well Baby and Well Child (through age 6): 50% of negotiated fee (deductible waived) 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 (deductible waived) Well Baby and Well Child (through age 6): 50% of negotiated fee plus all excess charges (deductible waived)
Ambulance	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.
Physical and Occupational Therapy; Chiropractic Services	20% of negotiated fee, up to 12 visits/year ⁶	All charges except \$25/visit, up to 12 visits/year ⁶
Acupuncture/Acupressure	All charges except \$25/visit, up to 24 visits/year	
Prescription Drugs (Blue Cross Formulary⁷) (Amounts shown are copays for each 30-day retail or in-network mail order supply)	\$10 copay generic; \$30 copay brand-name ⁸ 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 the 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.

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.

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.
- Services or supplies supplied to any person not covered under the Agreement in connection with a surrogate pregnancy.
- Outpatient drugs, medications or other substances dispensed or administered in any outpatient setting.

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 medicine or chiropractic services, except those provided during an inpatient hospital confinement.
- Eye glasses and eye examinations.

Rights and Obligations

No-Obligation Review Period

After you enroll in a plan offered by BC Life and 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 or by calling 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 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 (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.

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

Basic PPO 1000 Plan Monthly Rates Effective March 1, 2006

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

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).

Level 1	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
Single									
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
Subscriber & Spouse									
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
Subscriber & Child									
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
Family									
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
Subscriber & Children									
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
Single Child									
0	\$132	\$119	\$116	\$116	\$127	\$111	\$108	\$105	\$106
1 - 18	\$59	\$55	\$54	\$50	\$57	\$51	\$50	\$49	\$47
2 Children									
0	\$185	\$163	\$160	\$155	\$171	\$148	\$145	\$146	\$143
1 - 18	\$94	\$85	\$82	\$79	\$86	\$78	\$76	\$75	\$73
3+ Children									
0	\$217	\$205	\$191	\$183	\$202	\$178	\$176	\$172	\$169
1 - 18	\$139	\$129	\$127	\$121	\$137	\$122	\$120	\$118	\$112



Basic PPO 2500 Plan Monthly Rates Effective March 1, 2006

Level 1	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
Single									
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
Subscriber & Spouse									
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
Subscriber & Child									
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
Family									
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
Subscriber & Children									
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
Single Child									
0	\$116	\$104	\$96	\$100	\$107	\$97	\$93	\$91	\$93
1 - 18	\$56	\$50	\$48	\$46	\$51	\$46	\$45	\$45	\$43
2 Children									
0	\$163	\$140	\$137	\$134	\$148	\$131	\$126	\$129	\$127
1 - 18	\$87	\$73	\$71	\$69	\$76	\$70	\$67	\$67	\$65
3+ Children									
0	\$205	\$175	\$166	\$163	\$177	\$160	\$154	\$156	\$154
1 - 18	\$137	\$122	\$115	\$109	\$122	\$109	\$106	\$105	\$100

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

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

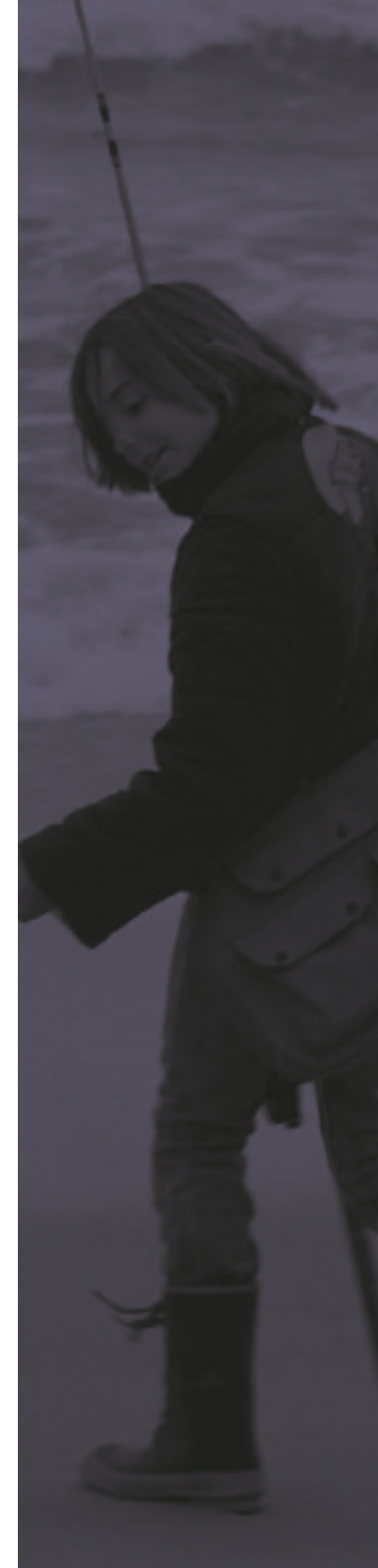
Monthly Rates Effective March 1, 2006

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

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).

Level 1	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9
Single									
19 - 29	\$103	\$90	\$91	\$104	\$104	\$90	\$90	\$90	\$90
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	\$338	\$338	\$391	\$331	\$331	\$341	\$349
60 - 64	\$469	\$409	\$388	\$361	\$447	\$398	\$398	\$409	\$361
Subscriber & Spouse									
Under 30	\$220	\$191	\$210	\$224	\$224	\$194	\$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	\$938	\$818	\$776	\$722	\$894	\$796	\$796	\$818	\$722
Subscriber & Child									
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	\$603	\$514	\$549	\$540	\$638	\$559	\$520	\$567	\$521
Family									
Under 30	\$357	\$299	\$299	\$332	\$364	\$280	\$278	\$318	\$318
30 - 34	\$428	\$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	\$1,096	\$958	\$1,033	\$1,034	\$1,254	\$1,042	\$968	\$1,052	\$960
Subscriber & Children									
Under 30	\$298	\$245	\$245	\$298	\$298	\$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	\$658	\$580	\$622	\$695	\$754	\$631	\$588	\$645	\$616
Single Child									
0	\$191	\$161	\$161	\$191	\$191	\$167	\$167	\$167	\$167
1 - 18	\$83	\$70	\$74	\$81	\$86	\$75	\$75	\$75	\$75
2 Children									
0	\$303	\$260	\$260	\$287	\$312	\$244	\$239	\$273	\$255
1 - 18	\$144	\$136	\$136	\$166	\$166	\$148	\$138	\$144	\$138
3+ Children									
0	\$374	\$318	\$318	\$384	\$384	\$318	\$304	\$337	\$337
1 - 18	\$214	\$200	\$200	\$245	\$245	\$219	\$209	\$219	\$217





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Rates and benefits effective 3/1/06

11133 2/06